

COUPLE AND FAMILY THERAPY FACULTY MEMBERS' LEVEL OF TRAINING IN  
LGB AFFIRMATIVE THERAPY

A Thesis  
Submitted to the Graduate Faculty  
of the  
North Dakota State University  
of Agriculture and Applied Science

By

Emily Marie Corturillo

In Partial Fulfillment of the Requirements  
for the Degree of  
MASTER OF SCIENCE

Major Department:  
Human Development and Family Science

September 2015

Fargo, North Dakota

North Dakota State University  
Graduate School

---

**Title**

COUPLE AND FAMILY THERAPY FACULTY MEMBERS'  
LEVEL OF TRAINING IN LGB AFFIRMATIVE THERAPY

---

**By**

Emily Marie Corturillo

---

The Supervisory Committee certifies that this *disquisition* complies with  
North Dakota State University's regulations and meets the accepted standards  
for the degree of

**MASTER OF SCIENCE**

SUPERVISORY COMMITTEE:

Dr. Christi McGeorge

---

Chair

Dr. Tom Stone Carlson

---

Dr. Christina Weber

---

Approved:

October 8, 2015

---

Date

Dr. Joel Hektner

---

Department Chair

## ABSTRACT

This study sought to investigate the training that Couple and Family Therapy (CFT) faculty members have received on lesbian, gay, and bisexual (LGB) affirmative therapy. The sample for this study included 65 faculty members from CFT programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education. The on-line data collection for this study included two Likert scale items and one open-ended question. In particular the results suggest that 45.6% of participants reported receiving some LGB affirmative therapy training. Additionally, the thematic analysis revealed six categories: (1) Negligible Training, (2) Informal Training, (3) Coursework, (4) Topic-Driven Training, (5) Tools for Training, and (6) Experience. The findings of this study provided crucial implications for both CFT graduate training programs as well as current CFT faculty members, such as including LGB topics throughout CFT program curricula and faculty members attending sessions at conferences or continuing education workshops on LGB topics.

## DEDICATION

To Pat, who taught me that we never leave anyone behind.

TABLE OF CONTENTS

ABSTRACT ..... iii

DEDICATION ..... iv

LIST OF APPENDIX TABLES ..... vi

CHAPTER ONE. INTRODUCTION.....1

CHAPTER TWO. LITERATURE REVIEW .....6

CHAPTER THREE. METHODS .....23

CHAPTER FOUR. RESULTS .....28

CHAPTER FIVE. DISCUSSION .....41

REFERENCES .....64

APPENDIX A. TABLES.....73

APPENDIX B. CATEGORIES, THEMES, AND SUBTHEMES .....78

LIST OF APPENDIX TABLES

<u>Table</u>	<u>Page</u>
A1. Characteristics of the Sample.....	73
A2. Non-significant Results Comparing Sub-samples Utilizing t-tests .....	75
A3. Non-significant Results Comparing Sub-samples Utilizing Chi-squared Tests .....	76
A4. Results from Likert-type Items Regarding LGB Affirmative Training.....	77
B1. Categories, Themes, and Sub-themes in LGB Affirmative Therapy Training .....	78

## CHAPTER ONE. INTRODUCTION

Scholars have documented the general lack of competence and training that couple and family therapists (CFTs) appear to have in working with lesbian, gay, and bisexual (LGB) clients (Bepko & Johnson, 2000; Bernstein, 2000; Carlson & McGeorge, 2012; Doherty & Simmons, 1996; Godfrey, Haddock, Fisher, & Lund, 2006; Green, 1996; Henke, Carlson, & McGeorge, 2009; Long, 1996; Long & Serovich, 2003). Moreover, CFTs have reported that approximately 10% of their practice consists of LGB clients, and researchers suggest that LGB clients seek out therapy services at a higher rate than heterosexual clients (Green & Bobele, 1994). Furthermore, scholars have argued that in order to competently work with LGB clients, CFTs need to be trained to provide LGB affirmative therapy, which is defined as therapy that engages with LGB clients in a way that is both inclusive and affirming of their sexual orientation while working to minimize the effects of societal oppression (Landridge, 2007; Long & Serovich, 2003). The primary method of increasing proficiency across the CFT field is through the integration of LGB affirmative training into CFT graduate programs, as programs that provide LGB affirmative training tend to yield students with greater competency in working with LGB clients (Carlson, McGeorge, & Toomey, 2013). However, in order for programs to provide LGB affirmative training, faculty members must have the necessary training in order to effectively teach such skills to their students. Therefore, this study sought to investigate the training that CFT faculty members themselves have received on LGB affirmative therapy.

There is currently little research on the type or amount of LGB affirmative training that faculty members receive, either in the CFT field or other mental health disciplines. However, there has been some research on the LGB competence of clinical professionals, which often includes faculty members. For example, a survey of clinical members of the American

Association for Marriage and Family Therapy (AAMFT), a role that faculty members in accredited CFT programs must maintain, found that nearly 50% of those surveyed felt they were not capable of providing competent services to LGB clients, largely due to lack of knowledge (Doherty & Simmons, 1996). Moreover, it has been found that most clinicians will work with at least one LGB client during their careers (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). A 2009 study by Henke and colleagues also surveyed clinical members of the AAMFT and found that those with higher levels of homophobia tended to report lower competency working with LGB clients, thus highlighting the importance of training programs addressing homophobia. To address the lack of competence that clinical professionals have historically expressed in working with LGB clients, Godfrey and colleagues (2006) performed a Delphi study, which resulted in various suggestions that are relevant to CFT faculty members. For this study, Godfrey et al. (2006) gathered 15 experts in the clinical mental health field, of which 7 (46.7%) were CFTs, to provide suggestions for training so that therapists would be able to work competently with LGB clients. Of these experts, nearly 75% had provided supervision for cases involving LGB clients and 13 (86.7%) of them had taught graduate classes, both of which are tasks typically required of faculty members in CFT training programs. Most relevant to this current study, Godfrey and colleagues (2006) provided suggestions for therapist educators that included self-of-the-therapist work and experience supervising cases in which clients identify as LGB. Again, while these studies were not focused on faculty members, they raise concerns about the training that CFTs have received, their levels of competency in working with LGB clients, and suggestions for improving clinical professionals' competency when working with LGB clients.

There have been a couple of studies on CFT faculty members focused on LGB affirmative therapy. In 2013, McGeorge, Carlson, and Toomey found a positive association between the training that faculty members have received on LGB topics and their self-reported competency when working with LGB clients. In a recent study, Edwards, Robertson, Smith, and O'Brien (2014) found that faculty members said that they wanted to see more integration of LGB identities and topics in their programs. While it was possible to identify two studies addressing LGB affirmative therapy that utilized samples including CFT faculty members, only the study by McGeorge and colleagues (2013) focused specifically on the training CFT faculty members have received; however, these researchers only provided information about the amount of training that faculty members had received and not about the type of training. This lack of literature detailing training of CFT faculty members in LGB topics indicates that further research is needed, thus validating the need for this study.

While there is limited research on CFT faculty members, various researchers and professional organizations have identified the need for more training so that clinicians can develop the skills necessary to effectively work with LGB populations (Annesley & Coyle, 1995; APA, 2000; Doherty & Simmons, 1996; Farmer, Welfare, & Burge, 2013; Fredriksen-Goldsen, Woodford, Luke, & Gutiérrez, 2011; Godfrey et al., 2006; Graham, Carney, & Kluck, 2012; Green, 1996; Henke et al., 2009; Wiederman & Sansone, 1999). Although the literature is limited regarding faculty members, scholars have made suggestions for ways to increase general competency with LGB clients. The suggestions which occur most frequently in the literature include accessing supervision for cases involving LGB-identified clients, seeking out further or continuing education on LGB topics and concepts, examining and confronting biases through self-of-the-therapist work, and/or by collaborating with experts in LGB affirmative therapy

(APA, 2000; Bernstein, 2000; Bepko & Johnson, 2000; Carlson & McGeorge, 2012; Clark, 1987; Edwards et al., 2014; Fredriksen-Goldsen et al., 2011; Godfrey et al., 2006; Green, 1996; Halpert, Reinhardt, & Toohey, 2007; Messinger, 2007; Murphy, 1992; Van Den Bergh & Crisp, 2004). Other suggestions include reading about LGB topics, becoming familiar with the LGB community, having personal relationships with LGB individuals, as well as recognizing the variation and oppressions that exist within the LGB community (Bepko & Johnson, 2000; Godfrey et al., 2006; Green, 1996; Halpert et al., 2007; Messinger, 2007; Murphy, 1992). While it is clear that scholars have provided suggestions for ways in which to increase competency in LGB topics, it is unclear whether CFT faculty members are putting these suggestions into practice, thus highlighting the need for additional research in this area. It will be interesting to learn if faculty members have utilized any of these resources to educate themselves on LGB topics or are engaged in actively seeking knowledge and skills regarding work with LGB clients.

Various scholars have scrutinized the lack of training that CFTs have received in working with LGB clients (Bepko & Johnson, 2000; Bernstein, 2000; Carlson & McGeorge, 2012; Godfrey, et al., 2006; Long, 1996; Long & Serovich, 2003). As noted by Dworkin and Gutierrez (1989), a majority of the training that CFTs acquire is through their graduate training programs; therefore, if CFTs do not receive training in working with LGB clients through graduate education, it is likely that they will have insufficient knowledge regarding work with LGB clients after their graduate training programs and thus will need to seek out such training through other means. Clark and Serovich (1997) were interested in other ways that CFTs might seek information about topics relevant to the LGB population and performed a content analysis of LGB topics in CFT journals. They found that in addition to few articles on LGB topics (N = 77, .006%), there were also few opportunities for CFTs to pursue further knowledge in LGB topics

in continuing education contexts with only five of the 146 presentations (3.4%) and none of the 75 posters on the topic of sexual orientation at the 1996 annual the AAMFT conference. In 2012, Hartwell, Serovich, Gafsky, and Kerr published a content analysis focused on CFT journals as an update to that which was previously conducted by Clark and Serovich (1997). In this more recent analysis, Hartwell and colleagues (2012) found that the number of articles focused on LGB topics in CFT journals had increased overall to 2%. Carlson and McGeorge (2012) reviewed the presentations and posters from the 2009 AAMFT annual conference to find that only four of the 113 presentations (3.5%) and five of the 121 posters (4.1%) were on LGB topics. While there has been a slight increase in continuing education opportunities for CFTs regarding LGB topics, this increase does not appear to be substantial enough to fulfill the need in the field.

Given what the research suggests about the competency of CFTs to work with LGB clients, faculty members in CFT programs may not have been trained in LGB affirmative therapy during their time in graduate school. This becomes problematic when a CFT program wants to provide students with training on how to be an LGB affirmative therapist, as it is difficult to teach a subject in which one has limited training. Thus, my study aims to examine the training that CFT faculty members have received in the area of LGB affirmative therapy.

## CHAPTER TWO. LITERATURE REVIEW

Given that the purpose of this study is to examine the training that CFT faculty members have received to provide LGB affirmative therapy, this literature review focuses on three areas: 1) LGB affirmative therapy training, 2) training CFT students have received and their competency working with LGB clients, and 3) LGB affirmative therapy training received by faculty. The first section of the literature on LGB affirmative training will be largely theoretical, due to the limited amount of empirical research that currently exists. The second section exploring the training students receive and their competency in working with LGB clients will consist of primarily empirical studies. This body of literature is relevant to the existing study because, given that most of the training CFTs receive occurs during their graduate education (Dworkin & Gutierrez, 1989), it is important to know what students are being taught. The final section in the literature review focusing on the training faculty members receive will include both empirical and theoretical sources. Due to lack of literature concentrated on CFT faculty members, this section will be expanded to include literature from other clinical mental health fields as well as recommendations for clinicians that can also be applied to faculty members. Finally, this chapter concludes with a section describing the research questions.

### **LGB Affirmative Training**

Scholars have developed various definitions of LGB affirmative therapy. An integral component, common to definitions of LGB affirmative therapy, is the belief that all sexual orientations are equally valid and none are superior to any other; moreover, in practice, it is important to actively demonstrate this belief in order to affirm the client's identity (Carlson & McGeorge, 2012; Davies, 2000; Edwards et al., 2014; Langdrige, 2007; McGeorge & Carlson, 2011). Davies (2000) described LGB affirmative therapy as based on the assumptions that all

sexual orientations are “valid and rich orientations in their own right” (p. 40). Scholars have also asserted that LGB affirmative therapists must be aware of and knowledgeable about the effects of homophobia and heterosexism that LGB clients experience (Langdrige, 2007; McGeorge & Carlson, 2011), as well as norms in the LGB community that may be different from those of the dominant heterosexual paradigm (Bepko & Johnson, 2000; Bernstein, 2000; Greene, 2007). Given its centrality to the definition of affirmative therapy, heterosexism can be explained as systemic privilege granted to heterosexuals while simultaneously oppressing those who are non-heterosexual, such as LGB individuals (Herek, 1990; McGeorge & Carlson, 2011; Ritter & Turndrup, 2002). Carlson and McGeorge (2012) asserted that “affirmative therapy goes beyond working with LGB clients and is about a belief system and attitude that is applied to our work with all clients regardless of sexual orientation” (p. 397), which is in line with Matthews (2007), who described LGB affirmative therapy as beginning before the client’s sexual orientation is known to the therapist.

Based on these definitions of LGB affirmative therapy, scholars have made recommendations about the three primary components of the training necessary to provide LGB affirmative therapy. The first recommendation is that CFTs should seek out information about LGB-related topics, including constructs such as models of identity development, the coming out process, and gay-related stress (Green, 1996; Greene, 2007; Halpert et al., 2007; Lewis, Derlega, Griffin, & Krowinski, 2003; Lindquist & Hirabayashi, 1979; McGeorge & Carlson, 2011; Messenger, 2007; Reynolds & Hanjorgiris, 2000), as well as be knowledgeable about resources relevant to LGB individuals, couples, and families (Halpert et al., 2007; Murphy, 1992). The second recommendation is that CFTs should have first-hand experiences with the LGB community, which might include meeting LGB individuals and families, attending events within

the LGB community, or working with LGB clients (Bepko & Johnson, 2000; Bernstein, 2000; Greene, 2007; Long & Serovich, 2003; McGeorge et al., 2013; Murphy, 1992). Finally, the third most frequent recommendation is that CFTs engage in self-of-the-therapist work through which they can address any heteronormative and homophobic beliefs and biases they possess, so that they are able to provide LGB affirmative therapy to their clients (Bepko & Johnson, 2000; Bernstein, 2000; Carlson & McGeorge, 2012; Clark, 1987; Edwards et al., 2014; Godfrey, et al., 2006; Halpert et al., 2007; Henke et al., 2009; McGeorge & Carlson, 2011; Rock, Carlson, & McGeorge, 2010). Heteronormativity can be explained as societal structures normalizing and privileging heterosexuality over any other sexual orientation as a form of social control (Long & Serovich, 2003). Given that the current study investigates LGB affirmative training that faculty members have received, I believe that reviewing scholars' recommendations will be helpful in understanding the results of the current study. Therefore, the remainder of this section will focus on these three highlighted components: knowledge, experience, and self-of-the-therapist work.

### **Knowledge**

To be effective in working with LGB clients, CFTs must have knowledge about LGB topics, relevant constructs, and resources applicable to LGB individuals and families (Green, 1996; Greene, 2007; Halpert et al., 2007; Lewis et al., 2003; Lindquist & Hirabayashi, 1979; McGeorge & Carlson, 2011; Messenger, 2007; Murphy, 1992; Reynolds & Hanjorgiris, 2000). Some scholars feel that it is important that CFTs are knowledgeable about LGB identity models and the challenges that LGB individuals may face as they establish their sexual identity (Greene, 2007; McGeorge et al., 2013; Reynolds & Hanjorgiris, 2000; Messenger, 2007; Murphy, 1992; Rock et al., 2010). In 2010, Rock and colleagues surveyed 190 CFT graduate students studying in training programs accredited by the Commission on Accreditation for Marriage and Family

Therapy Education (COAMFTE) and found that 62.6% of the students reported that they had not been taught about LGB identity development models at all. Additionally, scholars also recommend that CFTs become familiar with the coming out process, and seek out information about disclosure skills so that they may better understand the challenges associated with coming out and be able to aid LGB clients in the process (Green, 1996; Messenger, 2007).

Other scholars argued that it is important to be knowledgeable about gay-related stress (Lewis et al., 2003; Lindquist & Hirabayashi, 1979; McGeorge & Carlson, 2011), which is defined as stressors that are unique to non-heterosexual individuals and families as a result of living in a heterosexist and homophobic society (Lindquist & Hirabayashi, 1979). In their pioneering study, Lindquist and Hirabayashi (1979) surveyed 142 gay men and found that the participants reported similar levels of stress and psychological turmoil as was reported by other minorities, thus establishing gay-related stress as a legitimate form of minority stress. In 2003, Lewis and colleagues surveyed 204 LGB individuals and found a link between gay-related stress and depressive symptoms. This research further highlights the necessity that CFTs are aware of the concept of gay-related stress when working with LGB clients. In addition to these constructs, scholars emphasize the importance of seeking out other types of knowledge, such as reading recent LGB research, identifying community resources, developing a bibliography of LGB-related books, and attending workshops and other forms of continuing education focusing on LGB topics (Halpert et al., 2007; Murphy, 1992).

While scholars have identified a number of constructs that it is important for CFTs to be knowledgeable about in order to provide LGB affirmative therapy, they have also debated the best way to teach these concepts. In particular, some scholars have critiqued the additive nature with which LGB topics have been taught historically in training programs (Carlson &

McGeorge, 2012; Edwards et al., 2014; Long & Serovich, 2003; McGeorge, Carlson, Erickson, & Guttormson, 2006; Murphy, 1992; Rock et al., 2010). These scholars recommended that, rather than dedicating a single course to LGB topics, it is more helpful to take a centering approach and incorporate LGB topics into every aspect of program curricula in order for it to permeate the trainee's experience and create a truly LGB affirmative training program (Carlson & McGeorge, 2012; Edwards et al., 2014; Long & Serovich, 2003; McGeorge et al., 2006; Murphy, 1992; Rock et al., 2010). Discussion of sexual orientation topics can be prompted through various methods, including the inclusion of LGB individuals, relationships, and families in case studies, as well as role plays, speakers and films, which present a positive view of LGB individuals and families (Long & Serovich, 2003; Rock et al., 2010). This provides an opportunity for discussion about LGB individuals and families and creates a space for larger concerns to be voiced (Long & Serovich, 2003). It will be valuable to learn how CFT faculty members have been introduced to LGB topics and at what point in their careers they received this information.

While not exhaustive, the above section describes some of the relevant topics with which CFTs should be familiar in order to increase their competency in working affirmatively with LGB clients. Similarly, it could be argued that CFT faculty members must also be familiar with these concepts in order to effectively train students to be LGB affirmative therapists, and it will be interesting to learn the extent to which faculty have been trained on these topics.

## **Experience**

In order for CFTs to become competent in working with LGB clients, they must have experience with the LGB community, particularly so that they may better understand normative behavior among same-sex couples as well as the diversity within the LGB community, so that

behaviors of LGB individuals are not pathologized (Bepko & Johnson, 2000; Bernstein, 2000; Greene, 2007; Long & Serovich, 2003; Murphy, 1992). Scholars' suggestions vary widely, including viewing LGB films, reading LGB fiction, attending LGB events, interacting with and/or developing personal friendships with LGB individuals, meeting key figures in the local LGB community, interviewing non-client LGB individuals from the community, and using the internet to connect with the LGB community (Bernstein, 2000; Bidell, 2013; Brown, 1991; Carlson & McGeorge, 2012; Green, 1996; Herek, 1994; Long & Serovich, 2003; Matthews, 2007). Bernstein (2000) emphasized that heterosexual therapists have the responsibility to seek out information about the daily lives of LGB individuals and their families, rather than relying on their clients to educate them. Without knowledge of the unique challenges that LGB individuals face in society, it is difficult for a therapist to be effective in working with LGB clients. While seeking out information about the norms found in the LGB community, it is equally important to understand the effects of additional forms of oppression that a person experiences due to the relationship between sexual orientation, class, gender, etc., which is called intersectionality (Carlson & McGeorge, 2012). That is, CFTs must recognize the variability within sexual minority groups, particularly when individuals belong to multiple oppressed groups, such as lesbians of color (Carlson & McGeorge, 2012; Greene, 2007; Long & Serovich, 2003).

One of the primary suggestions in the literature related to experience is that LGB affirmative training programs should include opportunities for trainees to work with LGB clients (Henke et al., 2009; Long & Serovich, 2003; Rock et al., 2010). Studies have suggested that working with at least one LGB client is associated with greater competency and lower levels of homophobia (Henke et al., 2009; Rock et al., 2010). For example, Henke and colleagues (2009) surveyed 741 experienced CFTs and found that the more that clinicians worked with LGB

clients, the lower the levels of homophobia they reported. Similarly, Rock and colleagues (2010) surveyed 190 CFT graduate students and found that students with more experience working with LGB clients also reported lower levels of homophobia. In one of the only known studies focusing on the LGB affirmative training that CFT faculty members have received, McGeorge and colleagues (2013) surveyed 117 CFT faculty members from COAMFTE-accredited programs and observed similar findings. They found that CFT faculty members with greater levels of experience working with LGB clients reported greater levels of LGB-related knowledge and skills, as well as more positive attitudes and beliefs towards LGB individuals and families (McGeorge et al., 2013). These studies support a finding by Herek (1994) which suggested that people who have more contact with LGB individuals tend to have more positive attitudes towards them and exhibit less homophobia. All of this research highlights the importance of clinicians having direct experiences with the LGB community and LGB clients, which suggests that it would also be helpful for faculty members to have those same experiences.

As I discussed earlier, it is likely that most clinicians will work with at least one LGB client during their careers (Garnets et al., 1991). Since working with LGB clients is associated with lower levels of homophobia (Henke et al., 2009; McGeorge et al., 2013; Rock et al., 2010), it is helpful for CFTs to begin doing so while in their training program. In order to provide guidance, faculty members appear to need to have previous experience working with LGB clients so that they can competently train their students to be LGB affirmative through teaching and supervision. This emphasizes the need for the current study, which will examine the training and experiences that CFT faculty members have had.

## **Self-of-the-Therapist Work**

Becoming an LGB affirmative therapist not only requires knowledge about LGB-related constructs and first-hand experience of the LGB community, but, according to the existing literature, it also requires regularly engaging in self-of-the-therapist work (Bepko & Johnson, 2000; Bernstein, 2000; Carlson & McGeorge, 2012; Clark, 1987; Edwards et al., 2014; Godfrey, et al., 2006; Halpert et al., 2007; Henke et al., 2009; McGeorge & Carlson, 2011; Rock et al., 2010). An integral part of LGB affirmative training involves exploring one's own biases and assumptions regarding sexual orientation, particularly, but not exclusively, if the trainee is heterosexual (Bernstein, 2000; Godfrey et al., 2006; Long & Grote, 2012; Long & Serovich, 2003; Phillips & Fischer, 1998; Rock et al., 2010). Henke et al. (2009) found a link between homophobia and clinical competency, which is one reason why self-of-the-therapist work is integral to LGB affirmative training. In this study, as mentioned previously, Henke and colleagues (2009) surveyed 741 clinical members of the AAMFT, and found that CFTs who reported having less homophobia also reported higher competency working with LGB clients. Furthermore, this study found that CFTs who reported lower levels of homophobia tended not only to have attained knowledge about the LGB community, but also to have examined their own heteronormative biases and beliefs about sexual orientation (Henke et al., 2009). A study by Phillips & Fisher (1998) supported this finding, surveying 107 counseling and clinical psychology students and discovering a predictive positive relationship between examination of heterosexual bias and clinical competence.

The kinds of self-reflection that CFT faculty members are encouraged to engage in can be broken down into three main categories: examining heteronormative assumptions, exploring heterosexual privilege, and tracing one's heterosexual identity development (Carlson &

McGeorge, 2012). Heteronormative assumptions are unconscious expectations and biases that hold heterosexuality as the norm, which is important to challenge because it may influence CFTs to unintentionally ignore the unique needs of LGB clients (McGeorge & Carlson, 2011). Heterosexual privilege can be defined as unearned social and civil benefits that are given to dominant group members considering only their sexual orientation (McGeorge & Carlson, 2011). It is important for heterosexual privilege to be explored, as it provides its recipients with a positive view of their self-worth, while non-heterosexual people internalize a negative view of their self-worth, which can be easily overlooked in therapy (McGeorge & Carlson, 2011). Finally, it is particularly important that heterosexual therapists trace the development of their heterosexual identity, which involves acknowledging that they do indeed have a sexual orientation and exploring the way in which they came to develop a heterosexual identity (McGeorge & Carlson, 2011). This is important because therapists must acknowledge that everyone has a sexual orientation and understand the development of heteronormative assumptions and heterosexual privilege in more depth (Carlson & McGeorge, 2012). Given the pervasive presence of heteronormativity in society, it is important for CFTs of all sexual orientations to recognize and examine their own internalized homophobia, heterosexism, and heteronormative biases (Bepko & Johnson, 2000; Bernstein, 2000; Carlson & McGeorge, 2012; Halpert et al., 2007). One way in which CFTs can engage with their heteronormative assumptions is to examine how societal messages about sexual orientation and relationships have influenced their beliefs (Carlson & McGeorge, 2012). Another important area of self-reflection is the examination of heterosexual privilege, which is particularly relevant for heterosexual CFTs (Carlson & McGeorge, 2012; Carlson et al., 2013; McGeorge et al., 2006). According to McGeorge and Carlson (2011), heterosexual therapists must notice and acknowledge times in

which being heterosexual might prevent them from being able to understand LGB clients' experiences, due to their heterosexual privilege. The third primary component of LGB affirmative self-of-the-therapist work for heterosexual CFT faculty members is to consider the development of their heterosexual sexual identity, which is important because, historically, much emphasis has been placed on LGB identity development while heterosexual identity development has been largely ignored (Carlson & McGeorge, 2012; McGeorge & Carlson, 2011). Self-of-the-therapist work is particularly helpful for CFTs because it will help them deconstruct the dominant societal messages of heteronormativity, better preparing them to work affirmatively with LGB clients (Carlson & McGeorge, 2012; McGeorge & Carlson, 2011).

In addition to establishing the importance of self-of-the-therapist work in becoming an LGB affirmative therapist, the literature also provides suggestions about how to do this work (Bernstein, 2000; Bepko & Johnson, 2000; Carlson et al., 2013; Carlson & McGeorge, 2012; Clark, 1987; Edwards et al., 2014; Halpert et al., 2007; Henke et al., 2009; McGeorge & Carlson, 2011; Murphy, 1992). In order to address internalized heteronormative assumptions, scholars recommend that CFTs first recognize that these assumptions exist, and then regularly engage in self-reflection to consider how these assumptions might affect their work with LGB clients (Bepko & Johnson, 2000; Bernstein, 2000; Carlson & McGeorge, 2012; McGeorge & Carlson, 2011). This type of self-reflection may be done by considering questions such as "When I first meet someone, how often do I assume that person is heterosexual? What values and beliefs inform this assumption?" (McGeorge & Carlson, 2011, p. 17). To address heterosexual privilege, scholars have suggested that heterosexual CFTs engage in a similar self-reflection process by considering questions such as "Have you ever feared that you would be physically harmed based solely on your heterosexuality?" (McGeorge & Carlson, 2011, p. 19), as well as creating a list of

the heterosexual privileges that they themselves experience in their daily life (Carlson & McGeorge, 2012; McGeorge & Carlson, 2011). Carlson and McGeorge (2012) discuss a step-by-step strategy for exploring the development of a heterosexual identity. These scholars recommended that heterosexual CFTs review a list of self-reflection questions (see McGeorge & Carlson, 2011) and answer them through a process of reflective journaling. After these questions have been answered on their own, Carlson and McGeorge (2012) recommended that CFTs find a heterosexual accountability partner with whom they can review these questions regularly in order to develop further awareness of heterosexism and its influence on their lives and work. Other suggestions in the literature include recognizing the oppression that LGB people have experienced, noticing how internalized heterosexism and homophobia are present during therapy, being aware of countertransference regarding sexual orientation and how it might impact therapy, and considering how the sexual orientation of the therapist might interact with that of the client(s) (Bepko & Johnson, 2000; Clark, 1987; Halpert et al., 2007; Murphy, 1992).

Self-of-the-therapist work and self-reflection regarding heteronormative assumptions and biases is integral to developing competency in working with LGB clients, and thus a central part of LGB affirmative training. It will be interesting to learn how many faculty members have engaged in self-of-the-therapist work and have examined their heteronormative assumptions and biases, as well as the techniques they used to do so.

### **Student Training and Clinical Competency with LGB Clients**

While this study is focused on faculty members, the next section of the literature review will focus on the amount and type of LGB affirmative training that CFT students receive. This literature informs the current study because it has been noted that most of the training that CFTs receive is through their time as students in their graduate training programs (Dworkin &

Gutierrez, 1989). It has been reported that most training programs in the mental health field are not adequately preparing students to work with LGB clients (Fredriksen-Goldsen et al., 2011; Graham et al., 2012; Phillips & Fischer, 1998; Pilkington & Cantor, 1996; Rock et al., 2010; Savage, Prout, & Chard, 2004). A study by Phillips and Fischer (1998) surveyed 107 counseling and clinical psychology doctoral students before they began their internship and found that most students in their sample did not feel adequately prepared to work with LGB clients. This finding is important because Phillips and Fischer (1998) went on to argue that counselors are more likely to be harmful than helpful when working with LGB clients if they are operating under the unchallenged heteronormative social discourse. Rock and colleagues (2010) surveyed 190 CFT graduate students and found that 60.5% of participants reported never receiving any kind of LGB affirmative training; however, this study also found that those who had received LGB affirmative training reported higher clinical competency when working with LGB clients. These studies emphasize the need for graduate training programs to teach students how to be most helpful to LGB clients through LGB affirmative training. In a recent study, Bidell (2013) measured 23 counseling students' self-reported clinical competency working with LGB clients before and after an LGB affirmative counseling class, finding that the post-course assessment showed a statistically significant improvement in reported competency, emphasizing the importance of LGB affirmative training in increasing students' clinical competency.

Interested in the relationship between clinical experience with LGB clients and reported clinical competency, Graham and colleagues (2012) surveyed 234 counseling graduate students and found that those who reported working with more LGB clients in practicum also reported higher clinical competency working with LGB clients, which suggests that the more contact that students have with LGB clients, the more prepared they feel to work with them. Additionally,

O'Shaughnessy and Spokane (2013) surveyed 212 therapists in training and found a strong correlation between reported competency and clinical experience working with LGB individuals, which further highlights the importance of LGB affirmative programs in giving students the opportunity to work with LGB clients. Rock and colleagues (2010) found a significant relationship between hours of contact with LGB clients and reported overall competency working with LGB clients. These findings emphasize the need for training programs to focus on giving students the chance to work with LGB clients during their graduate training, as direct clinical exposure appears to yield higher clinical competency working with LGB clients.

A recent study by Carlson and colleagues (2013) surveyed 248 CFT graduate students, taking a more in-depth look at associations between aspects of LGB affirmative training and students' reported competency levels, and provided recommendations as to what specific pieces of LGB affirmative training are helpful in preparing students to work with LGB clients. The results of the study suggested that students who received LGB affirmative training reported higher clinical competency in working with LGB clients. More specifically, this study found a significant positive association between the amount of LGB-specific classroom content and students' self-reported competence working with LGB clients. This study also found that students who had more opportunities to examine their heterosexual biases reported greater knowledge and skills related to working with LGB clients. Integral to developing comfort and competency working with LGB clients, these scholars recommended that students are encouraged throughout the entire curriculum to examine heterosexist and homophobic beliefs and assumptions present in society as well as those they have internalized themselves. To be effective, Carlson and colleagues (2013) suggested that training programs take the stance that LGB clients and families are valued and teach students to adopt a similar position. In addition,

these scholars argued that, based on their findings, it is invaluable for programs to develop methods for recruiting LGB clients so that students can both observe sessions as well as have the opportunity to work directly with LGB clients.

Based on these studies, it can be argued that CFT students may not be adequately prepared to work affirmatively with LGB clients in their training programs. It can also be argued that opportunities to work directly with LGB clients during graduate training is helpful in increasing students' reported levels of competency with the LGB population. It will be interesting to see whether CFT faculty members feel that they have the necessary training to work competently with LGB clients as well as what type of training, if any, they have received.

### **LGB Affirmative Training of Faculty Members**

The final section of the literature review focuses on the LGB training that CFT faculty members have received. As this is the focus of the current study, in this section of the literature review I will summarize all of the empirical studies utilizing a sample of CFT faculty members, as well as those focusing on faculty members from across clinical disciplines. It is important to note that scholars have argued that although CFT faculty members are expected to train students to competently work with LGB clients, it is likely that they have not themselves received adequate training in how to be LGB affirmative (Carlson & McGeorge, 2012). Long and Serovich (2003) commented that it is likely that CFT faculty members are not prepared to address the topic of LGB affirmative training, as sexual orientation and same-sex relationships were likely not discussed positively, if at all, at the time of their own training. A study by Doherty and Simmons (1996) further supports this argument, having surveyed 526 clinical members of the AAMFT and found that nearly half of the CFTs surveyed did not feel competent in providing services to LGB clients. This study and others utilizing a sample of non-faculty

CFTs are relevant to my focus on CFT faculty members because faculty members in COAMFTE-accredited programs are required to hold clinical membership with the AAMFT, which means that it is likely that some of the clinical members surveyed for studies are indeed faculty members. While examining a different discipline, a similar study by Farmer and colleagues (2013) surveyed 1,480 clinical members of a professional counseling organization, which included counselor educators, and found that those surveyed reported high LGB affirmative attitudes but low knowledge and skills related to working with the LGB population. A study by Fredriksen-Goldsen and colleagues (2011) in another discipline surveyed 175 United States and Anglophone Canadian social work faculty members and suggested that the attitudes reflecting homophobia and heterosexism in their sample may be partially due to the lack of LGB topics present in professional social work education, thus highlighting the need for faculty members to receive greater training in LGB topics. In order for students to be trained in LGB affirmative therapy, faculty members must first receive training on how to be an LGB affirmative therapist so that they can effectively lead their students through the same process (Carlson & McGeorge, 2012; Edwards et al., 2014; Long & Serovich, 2003; McGeorge et al., 2013); therefore, it is important to know what kind of LGB affirmative training CFT faculty members have received, which highlights the need for the current study.

Unfortunately, studies focusing specifically on the LGB affirmative training received by CFT faculty members do not currently exist. Moreover, despite expanding my literature review to include other clinical mental health disciplines, I was not able to find any studies that addressed the training of faculty members in LGB affirmative therapy. While studies have surveyed faculty members about the inclusion of LGB topics in therapy or about their attitudes

towards the LGB community, I was unable to find a single study that specifically examined the LGB affirmative training that faculty members have received.

Although there has not been much research on LGB affirmative training for faculty members, empirical and theoretical articles have made suggestions as to what training faculty members should be receiving. Various authors have suggested that professors must be knowledgeable about the lives of LGB individuals and families, as well as the challenges they face (Green, 1996; Halpert et al., 2007; Messinger, 2007). Scholars argued that it is integral for faculty members, particularly those that identify as heterosexual, to examine their own biases and assumptions about the LGB population (Carlson & McGeorge, 2012; Godfrey et al., 2006). In the same vein, it is suggested that heterosexual faculty members find a heterosexual accountability partner with whom to explore their heterosexual privilege before taking students through the same process (Carlson & McGeorge, 2012). It will interesting to see which, if any, of the recommended strategies faculty members use to engage in self-of-the-therapist work regarding their heteronormative biases.

In addition to this self-reflection, scholars have also argued that faculty members need to explore the larger societal concepts and topics that LGB individuals will encounter before instructing their students to do so (e.g., gay-related stress, sexual identity development, the coming out process, etc.) (Carlson & McGeorge, 2012; Godfrey et al., 2006). It is also recommended that faculty members have personal relationships with LGB individuals or actively participate in local LGB community events because this will help them engage with and challenge their biases against the LGB population while simultaneously providing exposure to the types of challenges that LGB individuals and families face (Godfrey et al., 2006; Halpert et al., 2007). Since most of the training that CFTs receive is during their time in graduate school

(Dworkin and Gutierrez, 1989), scholars have recommended that CFT faculty members seek out continuing education focused on LGB affirmative therapy (Halpert et al., 2007; Long & Serovich, 2003; Murphy, 1992). Thus, it will be valuable to learn about the types of training that faculty members do report receiving.

### **Research Questions**

The literature review reveals that many mental health professionals do not feel competent when working with LGB clients, despite the fact that many of them have worked with this client population at least once (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). The literature also shows that LGB affirmative training may be a way to increase competency when working with LGB clients, although the training of the faculty members teaching LGB affirmative therapy is unknown. Due to the very limited research on the topic of LGB affirmative therapy training for faculty members, I have chosen to focus on the following research questions: 1) have CFT faculty members received any training regarding LGB affirmative therapy?, 2) if so, what type of training have CFT faculty members received?, and 3) how does the LGB affirmative therapy training reported by CFT faculty members compare to the types of training recommended by experts in the literature?

## CHAPTER THREE. METHODS

In this section, I will describe the sample used for my study as well as the recruitment, data collection, and data analysis procedures. The data for this study were secondary data from a larger study on CFT faculty members' beliefs about LGB affirmative therapy.

### **Participants**

#### **Participant Recruitment**

Faculty members from all COAMFTE-accredited master's and doctoral programs were contacted via email with an invitation to participate in the study. The emails received by the faculty members included a link to an electronic survey. Email addresses for individual faculty members were collected from the official websites of the CFT programs. However, ten programs did not list individual faculty members' email addresses; therefore, the program directors for these ten programs received an email about the study that requested that the directors forward information about the study to their entire faculty. In addition to individual emails, the information about the study was sent out in two separate announcements on the Family Therapy Section listserv of the National Council on Family Relations (NCFR). Information about the study was also posted on the AAMFT Community website as well as the online AAMFT Research Projects Directory. Email reminders were sent to all program directors who had not previously been contacted, asking them to forward information about the study to their faculty members. Finally, two reminder emails were sent to each individual faculty member with the goal that each faculty member received a total of three emails.

#### **Sample Description**

These recruitment strategies resulted in a total sample of 117 participants for the larger study. For this proposed study, I used a sub-sample of 65 participants who answered the open-

ended question about the LGB affirmative training they had received. The majority of these participants were female (73.8%), White (80.0%), and heterosexual (80.0%). Additionally, 52.3% of the participants reported working in a master's program only, 13.8% in a doctoral program only, and 32.3% reported working in both a master's and doctoral program. Additionally, 68.3% reported that their role in the program was part of the core academic faculty, while 13.8% reported being adjunct faculty, and 12.3% reported their role as a clinical supervisor. Participants ranged in age from 29 to 73 years old with an average of 47.5 years ( $SD = 11.9$ ). Participants had been faculty members for an average of 11 years ( $SD = 9.6$ ). Finally, 95.4% reported working with at least one LGB client in therapy (See Table A1 for additional information about the sample).

It is important to note that this current sub-sample of 65 participants did not vary significantly from the 52 participants who chose not to answer the open-ended question about the LGB affirmative training they received. In particular, I used independent samples  $t$ -tests and chi-square tests to explore differences in these two sub-samples on all existing demographic variables (See Tables A2 and A3 for non-significant results). The only statistically significant difference was that there were more men who did not answer the question about the LGB affirmative training they had received,  $t(85) = -2.47, p = .016$ . In particular, the sub-sample that answered the question of interest was comprised of 48 women, 15 men, and two participants who did not disclose their gender; inversely, the sub-sample that did not answer this question was comprised of 24 women, 21 men, and seven participants who did not disclose their gender. This mirrors existing research which suggests that female faculty members tend to respond to online surveys at a higher rate than male faculty members (Al-Hattami, 2012; Smith, 2008).

## **Data Collection**

### **Measures**

The primary data for this study came from participants' answers to an open-ended question. Specifically, this question asked "What graduate training, if any, did you receive on therapy with LGB clients? Please describe the topics covered in your own graduate training related to therapy with LGB clients." The quality of participants' responses to this question varied considerably, ranging from one word to multiple sentences. In addition to analysis of the qualitative responses, I will also report the frequencies from two Likert scale items that utilized a six-point scale ranging from strongly disagree to strongly agree. Those two questions are:

1. In my own graduate program(s), I received specific training on LGB affirmative therapy (i.e., an approach to therapy that embraces a positive view of LGB identity and relationships and addresses the negative influences that homophobia and heterosexism have on the lives of LGB clients).
2. I have sought out continuing education opportunities to further my knowledge of LGB affirmative therapy and training.

These two Likert items were part of a larger measure, the Affirmative Training Inventory Faculty Version (ATI-F) (McGeorge et al., 2013), and were clustered together towards the middle of the survey instrument.

### **Procedures**

Participants received an email containing a link to the survey. When the participants clicked the link, they were sent to the informed consent information for the survey, which they were asked to review. If they clicked that they agreed with the information on the informed consent page, they then saw the survey instrument, the ATI-F (McGeorge et al., 2013), which

consisted of a mixture of Likert-type items and open-ended questions. The survey concluded with a demographic questionnaire. If the participants reached the end of the survey and chose to submit their responses, then consent was inferred. No compensation was offered for participation in this study. This study was approved by the Institutional Review Board (IRB) at North Dakota State University.

## **Data Analysis**

### **Thematic Analysis**

I analyzed the relevant qualitative data through thematic analysis. Thematic analysis is a method that allows researchers to analyze qualitative data by identifying themes and patterns within the data (Braun & Clarke, 2006). I began the analysis by reading through the entire data set three times without performing any further actions in an effort to immerse myself in the data. At this point, I began the coding process by noting the key words and phrases that the participants used that may relate to my research question. I then created a list of these words and phrases in order to search for meaningful patterns and determine which I could use as codes to apply to the data, taking care to ensure that these codes reflected the language of the participants. I wrote these codes in the margins next to the data wherever relevant. After the initial coding process, I met with my advisor for peer debriefing to add more credibility to the coding process through reflexivity (Guba & Lincoln, 1989; Hill et al., 2005; Hill, Thompson, & Williams, 1997; Lincoln & Guba, 2000; Morrow & Smith, 2000; Patton, 2002). During peer debriefing, my advisor and I discussed which codes she found fitting or unfitting and asked me questions about my coding decisions. We then engaged in a conversation about the codes until we came to a consensus as to which codes best fit the data. The primary purpose of peer debriefing is to make

implicit biases overt and minimize their effect on the thematic data analysis process (Morrow, 2005).

After the first peer debriefing, I reread the data along with the codes and began to identify potential categories within the data. Categories are broader, all-encompassing concepts that encapsulate the larger patterns that exist within the data (Braun & Clarke, 2006). Once these categories were created, I met with my advisor for another peer debriefing to review and discuss these categories. We met until we both came to an agreement about the categories that existed within the data, which involved the same process as we used to determine the codes. After we agreed on categories, I then reread the data under each category and looked for any themes and possible subthemes within each category. Themes are common patterns that are present throughout the participant responses in a given category, and subthemes are more subtle patterns that exist within themes (Braun & Clarke, 2006). Once I identified any possible themes and subthemes, I again met with my advisor for a peer debriefing to compare the themes and subthemes we had each identified. Once we agreed, I then selected verbatim quotations to illustrate the various themes and subthemes that are related to my first research question.

## CHAPTER FOUR. RESULTS

The results are organized into categories, themes, and sub-themes. Using thematic analysis, I identified six categories that each described an aspect of the amount and type of LGB affirmative therapy training that CFT faculty members reported receiving. These categories were: (1) Negligible Training, (2) Informal Training, (3) Coursework, (4) Topics Covered in LGB Training, (5) Tools used for Training, and (6) Experience. Each of these categories is described below, detailing the themes and sub-themes that fit within them. The themes and sub-themes will be illustrated with direct quotations from the data in order to capture the language from participants' responses. A list of the categories, themes, and sub-themes can be found in Table B1. It is important to note that participants' responses to these questions were of various lengths. Some responses consisted of full sentences; however, most responses were much less descriptive, consisting of only a few words and at times a single word. Before detailing the categories, themes, and sub-themes, I will present the findings from the two Likert scale items.

The study included two Likert scale items inquiring about the existence of LGB affirmative therapy training received by participants. For both questions, participants were given six response options, ranging from Strongly Disagree (1) to Strongly Agree (6). In response to the question "In my own graduate program(s), I received specific training on LGB affirmative therapy," 54.6% of participants disagreed to some extent that they had received some training on LGB affirmative therapy in their graduate programs and 45.6% agreed to some extent that they had received some LGB affirmative therapy training ( $M = 3.06$ ,  $SD = 1.67$ ). Responding to the question "I have sought out continuing education opportunities to further my knowledge of LGB affirmative therapy and training," 11.2% of participants disagreed to some extent and 88.7% agreed to some extent that they sought out continuing education opportunities regarding the topic

of LGB affirmative therapy and training ( $M = 4.75$ ,  $SD = 1.17$ ) (See Table A4 for further information on the Likert-type items).

### **Negligible Training**

The first category contained comments related to the absence or lack of LGB affirmative training that participants received. The responses in this category seemed to suggest that some of the participants did not receive any training at all, while others commented that they received very little. Two themes emerged within this category: None and Minimal Training.

#### **None**

The first theme in this category suggested that many of the respondents did not receive LGB affirmative therapy training of any kind. Several participants responded by simply replying “none,” while others expanded on their responses and shared: “I did not receive any training in working with LGB clients,” “I received no official training on LGB related issues,” and “Absolutely no training.” There were two sub-themes that emerged within this theme of None that provided greater detail as to why participants reported receiving no training.

**Ignored.** The first sub-theme reflected my participants’ perceptions of action on the part of the training program in actively avoiding the topic of LGB affirmative therapy training. This sub-theme is illustrated by the following quotations: “Issue totally ignored” and “GLBT issues were never addressed or mentioned.”

**Went to school long ago.** A second sub-theme detailing a possible reason why some participants received no LGB affirmative therapy training was reflected by the historical time at which participants received their clinical training. For example, one participant stated: “I graduated a long long time ago!” Another participant stated that she or he was “Too old” to have received such training, and another explained her/his lack of training by saying “I went to

graduate school a long time ago.” These quotations seem to reflect a type of cohort effect related to LGB affirmative therapy training.

### **Minimal**

The second theme in this category of Negligible Training reflected participants’ responses demonstrating that they believe the topic surfaced at some point in their training, but that it was not explicitly covered in their graduate training. Participants responded that LGB affirmative therapy training was “Basically, very limited,” “Very little,” and “Minimal.” Another participant responded: “Nothing specific – this was lacking.” Two sub-themes were identified, explicating upon the small amount of LGB affirmative therapy training that participants indicated they had received. Those sub-themes were **Hard to Remember** and **No Specific Coursework**.

**Hard to remember.** The first sub-theme reflected participants’ inability to recall if any LGB affirmative therapy training was included in their own training experience. This sub-theme is illustrated by the following quotations: “I can’t recall much explicit training in this area,” “Hard to say. I don’t remember specific topic[s] that were covered,” “I do not remember,” and “I don’t think I had any.”

**No specific coursework.** The second sub-theme highlighted participants’ responses on the lack of coursework that focused on LGB affirmative therapy. For example, one participant stated: “My graduate training did not include directed coursework or training on queer lives.” One participant shared that “There was not specific courses,” while another explained that there was “No specific coursework” in her/his training program.

## **Informal Training**

The second category included responses regarding the LGB affirmative training that participants reported receiving that was not part of their graduate training program. The responses in this category seemed to suggest that some of the participants did not receive training through their graduate program curricula, but rather from more informal sources. For example, one participant shared: “My education [on LGB affirmative therapy] primarily came from my own personal and political associations in the 1960s and 1970s and clinical work in the decades to follow.” Two themes emerged in this category: Self-Study and Student-Driven Learning.

### **Self-Study**

The first theme in this category suggested that some of the respondents did not have LGB affirmative therapy training available to them in their graduate program and had to take it upon themselves to seek out training. For instance, one participant said, “This was through self-study,” and another said “No formal training. Self-taught.”

### **Student-Driven Learning**

The second theme in this category of Informal Training reflected that participants reported that their training program curricula did not include LGB affirmative therapy training, but they received some amount of training during their time in graduate school as a result of their fellow students. This theme is illustrated by the following quotations: “Most of my ‘training’ was from being with LGB classmates,” and “Queer topics were covered if students brought them up.”

## **Coursework**

The third category contained responses from participants indicating the LGB affirmative therapy training that they received through coursework in their graduate programs. The responses in this category seemed to suggest that respondents tended to receive training in

certain courses more often than others and to varying degrees of thoroughness. Two themes were identified in this category: Degree of LGB Training within Coursework and Course Type. The following quotation is illustrative of both themes, as the participant specified the courses in which she/he received LGB affirmative therapy training as well as demonstrated that the training occurred throughout the program curriculum: “The materials covered were mostly in family studies courses, diversity courses, couple and sex therapy and human sexuality, clinical practicum, and feminist informed material.” Furthermore, this response illustrates three of the four sub-themes in this category, Integrative Approach, Therapy-Specific Courses, and Human Development and Family Science Courses, as it detailed the type of classes in which training occurred and also indicated that training was received consistently across her/his graduate training program.

### **Degree of LGB Training within Coursework**

The first theme in this category focused on the extent of LGB affirmative therapy training participants reported receiving through their program’s coursework. Two sub-themes were identified, explicating on the depth in which LGB affirmative therapy training was included in the course curricula of participants’ training programs. Those sub-themes were: Additive Approach and Integrative Approach.

**Additive Approach.** The first sub-theme reflected participants’ experiences with coursework that included LGB affirmative therapy training in little depth, touching on the subject at times but not including it throughout the entire curricula. For example, one participant stated: “It was kind of a part of the course work, but not specific.” Other participants responded: “No specific coursework, only as chapters or perspectives as with all minority populations;” and “There was not specific courses, but conversations occurred in the context of discussing ethics.”

Yet another respondent said, “I had a course in my master’s program that addressed LGB issues,” which suggested that her/his training program included a single course that had some content on LGB topics.

**Integrative Approach.** The second sub-theme reflected participants’ experiences of the way LGB affirmative therapy training was included across their graduate program curricula. For example, participants responded that they were trained in LGB affirmative therapy in “Several courses” or through “Discussions about LGB issues dispersed throughout the curriculum.” The following quotations illustrated the integrative nature of LGB affirmative therapy training that some participants experienced: “I had some content in courses, and some scenarios with LG clients were included across the curriculum,” and “Sections in 6 different courses that train the therapist to work [with] the issues and relationships of LGBT clients.”

### **Course Type**

The second theme in the category of Coursework described the specific types of courses in which participants expressed they received LGB affirmative therapy training. In particular, there were two types of courses that were discussed, which are the sub-themes: Therapy-Specific Courses and Human Development and Family Science Courses.

**Therapy-Specific Courses.** The first sub-theme reflected participants’ responses that indicated that they received LGB affirmative therapy training in courses specific to clinical training. One participant indicated that she/he received training in multiple clinical courses in both graduate training programs: “Master's and PhD work in courses like sex therapy, couples therapy, and all of my practica and supervision courses.” Several participants responded by saying they received training in courses on “Couple Therapy” and “Sex Therapy.” These two

courses were the only two therapy-specific courses that were identified by the participants in their responses.

**Human Development and Family Science Courses.** The second sub-theme specifically highlighted participants' responses discussing the types of non-clinical courses in which they received LGB affirmative training. Various respondents discussed receiving training in "Human Sexuality," "Diversity," and "Family Studies" courses. One participant was more specific, as illustrated by the following quotation: "Although in my master's program we had some discussion about LGB clients, it was more from a sociological perspective than what therapies have been developed [to work with LGB clients]."

### **Topics Covered in LGB Training**

The fourth category contains quotations illustrating the topics that were included in participants' LGB affirmative therapy training. The responses in this category seemed to suggest that some topics were more prevalent than others in the LGB affirmative therapy training they reported receiving in their graduate programs. For example, one participant reflected on her/his own training: "Nothing more than the great variety of sexual orientation available to our species and the current inadequate responses of psychology to understand them." Six themes were identified in this category that represent the different topics in which participants reported receiving training: Identity Development, Coming Out, Relationship Dynamics, Constructs Related to Systems of Power and Oppression, Affirmative Therapy, and Reparative Therapy. While each of these themes seemed important to highlight in the results, each theme represents a small number of responses. Additionally, the number of themes in this category illustrate the diversity of training that participants reported receiving. An interesting finding is that the

participants whose responses were coded in this category often did not feel the need to elaborate by providing further details about the topics covered in their training.

### **Identity Development**

The first theme in this category reflected participants' responses that indicated that the topic of identity development was included in their training. In particular, two respondents talked about identity as an LGB person by referencing "Identity development," and one respondent talked specifically about gender identity, saying: "We talked about gender identity."

### **Coming Out**

The second theme in this category focused on the inclusion of the topic of coming out in LGB affirmative therapy training. Notably, all three participants who specifically mentioned the inclusion of this topic in their training simply stated "Coming out process."

### **Relationship Dynamics**

The third theme in this category of Topics Covered in LGB Training focused on relationship dynamics that might be present in LGB couples. This theme is illustrated by the following quotation: "Dynamics that exist in same-gender couples."

### **Constructs Related to Systems of Power and Oppression**

The fourth theme in this category focused on the topic of systems of power and oppression. Participants' responses indicated that systematic oppression was a topic included in their training. This is illustrated by the following quotations: "Issues of power and discrimination for GLBTTQ clients;" "Broader system influences (family, social);" and "Discrimination faced by LGB clients." This suggests that constructs related to power and oppression were covered in the LGB affirmative therapy training that some participants reported receiving.

## **Affirmative Therapy**

The fifth theme in this category of Topics Covered in LGB Training reflected participants' responses which suggested that some participants received training using pre-established LGB affirmative training methods. This theme is illustrated by the following quotations: "Specific affirmative models," and "Affirmative therapy regarding sexual orientation range." This suggests that some graduate training programs are utilizing existing LGB affirmative therapy training models.

## **Reparative Therapy**

The sixth and final theme in this category reflects the experience of one participant. This participant discussed her/his experience with being trained in reparative therapy, as well as the process that she/he went through in rejecting this practice. This is illustrated by the following quotation: "I was trained in reparative therapy, ages ago. I almost immediately realized on my own that it neither worked nor helped, but only damaged, and I refused to take part in it anymore." This suggests that not only was reparative therapy a type of training provided, but also that not everyone trained in reparative therapy finds it appropriate.

## **Tools used for Training**

The fifth category contained responses from participants reflecting the ways in which they received LGB affirmative therapy training, regardless of whether or not this training occurred during participants' graduate training programs. These results suggested that the most common tools used for training were readings and discussion of scenarios with LGB clients. Six themes emerged within this category: Panel Discussions and Speakers, Scenarios with LGB Clients, Readings, Tapes, Workshops, and Mentoring. Again, it is interesting to note the diversity in ways that participants were trained. While they are all tools, they are also very

unique tools, which benefit from being discussed separately. Similar to the previous category participants did not always feel the need to elaborate on their responses.

### **Panel Discussions and Speakers**

The first theme in this category suggested that panel discussions and speakers were utilized in some of the participants' training. This theme is illustrated by the following quotation: "I organized LGB panel discussions and other class activities that addressed these issues specifically." Additionally, another participant shared that "Speakers" were included in her/his LGB affirmative therapy training.

### **Scenarios with LGB Clients**

The second theme in this category of Tools used for Training suggested that discussions including scenarios with LGB clients were part of some participants' LGB affirmative therapy training experience. This theme is illustrated by the following quotations: "Some scenarios with LG clients," "Some discussion about LGB clients," and "We did talk about working with LGB clients in our courses."

### **Readings**

The third theme in this category reflects the prevalence of the inclusion of readings in LGB affirmative therapy training that was discussed in some participants' responses. For example, one participant stated, "Only as chapters or perspectives as with all minority populations," while two participants simply stated "Readings" and did not elaborate.

### **Tapes**

The fourth theme in this category of Tools used for Training reflects the use of recordings in LGB affirmative training. Specifically, one participant mentioned "Tapes" being utilized as a tool in her/his LGB affirmative therapy training. However, details were not provided about the

tapes referenced by the participant. It is unspecified whether these were audio or video tapes, or if they were tapes of the participant's own work, the work of another clinician, or a prepared video to demonstrate working with LGB clients.

### **Workshops**

The fifth theme in this category suggested that continuing education opportunities were utilized by some participants, which reflects a more active effort to seek out LGB affirmative therapy training. For instance, two participants specifically mentioned "Workshops" as a way that they received training.

### **Mentoring**

The sixth and final theme in this category of Tools used for Training also suggests a more active effort to seek out LGB affirmative therapy training through discussion with others. This is reflected by the response of one participant, who said that "Mentoring from colleagues" was part of her/his LGB affirmative therapy training.

## **Experience**

The sixth and final category contains quotations which reflect an experiential component to LGB affirmative therapy training. The responses in this category seemed to suggest that active participation was an integral part of many participants' LGB affirmative therapy training. For example, one participant shared: "All of my practica and supervision courses." Five themes emerged from this category: Client Contact, Supervision, Research, Teaching Others, and Self-Work.

### **Client Contact**

The first theme in this category reflected participants' responses indicating that working directly with clients was part of the LGB affirmative therapy training experience for many

participants. This theme is illustrated by the following quotations: “Adolescent LGB clients;” “Working with LGB clients in our clinic;” and “Working with LGB clients, working with LGB couples.” Additionally, one participant mentioned engaging with clients through “Clinical practicum.” Notably, one participant elaborated on the type of client contact that she/he received and the important role that this experience played in her/his own training: “I began receiving referrals to work with LGB clients in our campus clinic. This is where I learned how to develop my own ideas and practices that were LGB affirmative.”

### **Supervision**

The second theme in this category of Experience highlighted participants’ responses that reflected receiving LGB affirmative therapy training through supervision. For example, participants shared that they received training through “Clinical supervision,” “Supervisory experiences,” and in “Supervision courses.” Furthermore, some participants expressed that some of their LGB affirmative therapy training was “Client specific” or occurred through “Regular discussions in supervision about working with LGB clients.”

### **Research**

The third theme in this category illustrated that some participants felt that participation in research was part of their LGB affirmative therapy training. For instance, one participant said they received training through “Research direction on LGB parents,” while another shared “I completed a dissertation [on] gay families.”

### **Teaching Others**

The fourth theme in this category of Experience reflected teaching as a part of some participants’ LGB affirmative therapy training. This theme is illustrated by the following quotations: “I developed a course [on LGB topics] and taught it with faculty,” “Teaching

sexuality that respects client's sexuality," and "I was fortunate enough to be a TA and to teach the Human Sexuality course for undergrads." Additionally, one participant shared "I mostly provided presentations in courses related to LGBT issues as this was one of my primary areas of interest." While teaching others is not usually conceptualized as a part of training, these responses suggest that LGB affirmative therapy training can partially occur through the experience of preparing to teach others.

### **Self-Work**

The fifth and final theme in this category highlighted participants' responses that reflected engaging in self-reflective efforts as part of their LGB affirmative therapy training. This theme is illustrated by the following quotations: "General work on biases" and "I know that my acceptance and awareness grew during graduate school but I can't identify anything specific." This suggests that a component of LGB affirmative therapy training might involve efforts beyond acquiring knowledge and skills and might also involve a process of introspection, such as through self-of-the-therapist work.

## CHAPTER FIVE. DISCUSSION

This chapter is divided into five sections: (1) Discussion of the Main Findings, (2) Implications for Clinical Practice, (3) Limitations of the Study, (4) Suggestions for Future Research, and (5) Conclusion.

### **Discussion of the Main Findings**

The quotations provided in the results represent the types of training that CFT faculty members' have received related to LGB affirmative therapy. While these responses covered a range of categories, themes, and sub-themes, I have identified four commonalities, or main findings, regarding the LGB affirmative therapy training that CFT faculty members have received: (1) a segment of the participants reported receiving little to no training, (2) training is occurring within CFT graduate programs, (3) participants sought out training themselves, and (4) there was considerable diversity in the training participants reported. Finally, this section will conclude with a summary of how the main findings compare to the suggestions found in the literature.

As a summary of these main findings, this study revealed that many of the CFT faculty members that participated in the study did not receive any type of LGB affirmative therapy training in their graduate programs. However, a portion of the participants reported that they did receive some amount of LGB affirmative training during their time in graduate school. Results of this study included a large variety of ways in which such training occurred. However, as reflected by responses to the Likert-type item, most participants pursued LGB affirmative therapy training independently. Some of the ways participants' responses indicated that they sought out training included working with LGB clients, attending workshops focused on LGB topics, and pursuing a colleague to act as a mentor.

## **A Segment of Participants Reported Receiving Little to No Training**

One finding that was common across this study was that many of the CFT faculty members reflected that they received either very little LGB affirmative therapy training or no training at all, with nearly half of the participants indicating that they had not received any LGB affirmative therapy training. Within the subset of participants who reported very little LGB affirmative training, there was a small group of participants who reported that they believe that the topic of LGB affirmative therapy training was raised at one point during their graduate training experience, but that it was not a topic that was an explicit part of the curriculum. The finding of faculty members receiving no to very little training is not surprising, as Doherty and Simmons (1996) found that nearly half of the CFTs in their study expressed a lack of confidence in their ability to competently work with LGB clients. Additionally, this finding was supported by one of the Likert-type items utilized in this study, with 54.6% of my participants disagreeing to some extent that they had received such training in their graduate programs. A more recent study by Rock and colleagues (2010) surveying CFT graduate students found that over half of the students never received any type of LGB affirmative training, which provides further support for the findings of the current study, as much of a CFT's clinical training occurs during graduate school (Dworkin & Gutierrez, 1989). It would be interesting to measure the clinical competency of CFT faculty members who have not received LGB affirmative training, as numerous studies have found a link between LGB affirmative therapy training and clinician competency in working with LGB clients (Bidell, 2013; Carlson et al., 2013; Graham et al., 2012; O'Shaughnessy & Spokane, 2013; Rock et al., 2010). Additionally, it is hard to imagine how CFT faculty members could report feeling competent working with LGB clients if they have not received training. Furthermore, it remains undocumented how lack of LGB affirmative therapy

training for CFT faculty members affects their ability to train students to work with LGB clients, which may negatively affect the quality of the LGB affirmative therapy training CFT faculty members are able to provide their students.

Finally, an important trend within participants' responses reflecting a lack of LGB affirmative therapy training seemed to suggest a cohort effect, as many participants cited the years that have passed since their time in graduate school as a reason for not receiving training in this area. This finding was unsurprising, as a positive perspective on LGB individuals and relationships was likely not present at the time of many faculty members' graduate training experiences (Long & Serovich, 2003). However, given that the data for the current study was collected in spring 2012, it is possible that there might be newer CFT faculty members who may have received LGB affirmative therapy training in their graduate program whose training was not reflected in this study.

### **Training is Occurring in CFT Graduate Programs**

While it was important to begin the discussion of my main findings with the responses that reflected that some CFT faculty members had received no training given the large percentage of participants who indicated that they had received no LGB affirmative training, it is equally important to talk about the types of training CFT faculty did receive. Results indicated that some of my participants did indeed receive some LGB affirmative therapy training in their graduate programs. Participants described LGB affirmative therapy training as a part of their graduate training programs in various ways. For example, training was reported to occur through client contact, practicum and supervision courses, as well as other coursework.

One of the primary ways participants shared that they received LGB affirmative therapy training in their graduate programs was through their practicum and supervision courses. The

frequent mention of training occurring in clinical practicum is especially important, as studies have shown that direct client contact is a key component of gain clinical competence with LGB clients (Carlson et al., 2013; Graham et al., 2012; O'Shaughnessy & Spokane, 2013; Rock et al., 2010). Specifically, Rock and colleagues (2010) discovered that there is a strong correlation between the number of hours that are spent working with LGB clients in graduate training programs and the students' overall feelings of competency working with LGB individuals and families. A study by Graham and colleagues (2012) affirmed these results, finding that graduate students who worked more often with LGB clients during their practicum courses reported feeling more confident in their ability to work competently with LGB clients. A more recent study by O'Shaughnessy and Spokane (2013) further supported these studies, finding a strong correlation between students who had clinical experience working with LGB clients and their reported competency in working with the LGB population. Results of the current study indicate that, as is asserted by the literature, direct contact with LGB clients is an integral part of LGB affirmative therapy training in CFT graduate programs, although it is unclear as to whether or not these programs intentionally sought to recruit LGB clients to aid in the training process, as is recommended by the literature (Carlson et al., 2013), or if the presence of LGB clients was merely the result of the demographic makeup of the area in which participants attended graduate school.

In addition to first-hand clinical experience, there were three main types of classroom-based courses in which participants reported receiving LGB affirmative therapy training: clinical courses, diversity courses, and Human Development and Family Science courses. Interestingly, only two therapy-specific classroom-based courses were identified by participants: couple therapy and sex therapy. The fact that these were the only clinical courses reported is surprising,

as it assumes that sexual orientation only exists in a relational context. For example, training in working with LGB-identified individuals was not mentioned, nor was there report of training regarding working with parents of LGB-identified children or LGB parents. This raises the concern that the training that CFT faculty members received may not have adequately prepared them to teach their students how to work with an LGB person in an individual context or families in which at least one person identifies as LGB.

Additionally, multiple participants reported receiving training in various types of diversity courses; however, the context and content of these courses is unclear. Most participants did not specify whether their diversity courses were presented in a clinical or non-clinical context, nor if the courses were focused on sexual diversity or if they included other types of diversity such as race, gender, etc. Regardless of the course context, the results indicating inclusion of LGB topics during graduate coursework is encouraging, as scholars have found that exposure to LGB-specific classroom content is correlated with higher reported competence in working with LGB clients (Carlson et al., 2013).

It seems important to note that one of the topics that a participant explicitly stated was taught in their graduate training program was reparative therapy. This suggests that some CFT faculty members may have received such training and, given the documented significant negative outcomes of reparative therapy for LGB clients (Haldeman, 2002; McGeorge, Carlson, & Toomey, 2015; Serovich et al., 2008), it is possible that it may impact their ability to effectively teach their students in an LGB affirmative manner. However, it is encouraging to note that this particular participant expressed a dissenting opinion with regards to the reparative therapy training she/he received, which suggests that not all CFTs who have been trained in reparative therapy find it appropriate, and therefore, that it may not impact their ability to train

students to provide affirmative therapy to LGB clients. However, the fact that reparative therapy was present in the results is concerning in that it is unlikely that CFT faculty members who were trained in reparative therapy were also trained in LGB affirmative therapy. This again raises the question of how effectively these faculty members would be able to provide students with LGB affirmative therapy training.

While some participants reported receiving training in clinical courses, most reported receiving LGB affirmative therapy training in non-clinical courses focusing on human development, such as family science and sexuality courses. Results indicate that training in LGB topics occurring within graduate training programs is at least somewhat focused on human development and family science courses, with most of the discussion taking place using a broad developmental and systemic perspective. While it was promising that participants reported learning about broader constructs such as identity development and the coming out process, which are crucial aspects of LGB affirmative therapy training (Green, 1996; Greene, 2007; Halpert et al., 2007; Messenger, 2007; Reynolds & Hanjorgiris, 2000), it is equally important that training include topics specific to clinical work with LGB clients (Henke et al., 2009; Long & Serovich, 2003; McGeorge et al., 2013; Rock et al., 2010), which most of the faculty members in my study did not report receiving. Although it is encouraging that training is occurring in numerous types of courses, it is concerning that the training is not occurring equally across graduate training curricula. Moreover, it is particularly troublesome that the participants in the present study reported that the LGB affirmative training that is occurring is less likely to be specific to a clinical context.

Given that LGB affirmative training seems to be incorporated more often into courses specific to human development as compared with clinical courses, the study results raise the

question of how well LGB affirmative therapy is integrated into clinical training overall. For example, some participants shared that topics related to LGB affirmative training were integrated into all of their graduate coursework, while other participants reported that LGB topics surfaced only in some courses. The results of the current study indicated that training occurred in certain types of courses more often than others, and that this training varied in its levels of integration and detail. The disproportionate nature of the inclusion of LGB topics into course curricula lends itself to the indication that LGB affirmative therapy training is occurring most often in an additive way rather than integrative, as has been recommended by numerous scholars (Carlson & McGeorge, 2012; Edwards et al., 2014; Long & Serovich, 2003; McGeorge et al., 2006; Murphy, 1992; Rock et al., 2010). Results indicate that training has been focused on diversity, development, and couple-focused clinical courses rather than a part of the entire curriculum, which would provide an opportunity to discuss LGB topics across the training experience (Long & Serovich, 2003). While it is promising to see that LGB affirmative therapy training appears to be occurring in graduate training, the literature argues that it is necessary for this training to be expanded to permeate the entire training experience (Carlson & McGeorge, 2012; Edwards et al., 2014; Long & Serovich, 2003; McGeorge et al., 2006; Murphy, 1992; Rock et al., 2010).

The results suggest that LGB affirmative therapy training is occurring in CFT graduate programs; however, the results also indicate that this training occurs in varying degrees of thoroughness. While it is encouraging that training is occurring within graduate programs and that some programs are following existing LGB affirmative therapy training models to some extent, comparison to the literature indicates that the breadth and depth of this training appears to be in need of improvement.

## **Participants Sought Out Training Themselves**

While LGB affirmative therapy training is indeed occurring in CFT graduate programs, I found that over 88% of the participants in my study took it upon themselves to find LGB affirmative therapy training opportunities outside of the graduate training context. My qualitative results provided more detail, indicating that while a portion of this LGB affirmative therapy training occurred in continuing education contexts such as workshops or mentoring from colleagues, which are methods of training that are recommended by the literature (Halpert et al., 2007; Murphy, 1992), CFT faculty members in this study report they are primarily pursuing training through informal means. The most encouraging method of informal training was that of self-work including examination of biases and awareness of LGB individuals and families. Such self-of-the-therapist work is well-documented in the literature as a necessary component of LGB affirmative therapy training (Carlson & McGeorge, 2012; Long & Serovich, 2003; McGeorge & Carlson, 2011; Rock et al., 2010). Given that the examination of personal biases can be an uncomfortable process, the fact that participants reported that they chose to do so of their own volition is promising. It would be interesting to see if self-directed examination of biases in CFT faculty members would be related to the likelihood that faculty members lead their students through the same process while providing LGB affirmative therapy training. Despite the lack of overall LGB affirmative therapy training in the total sample, it is extremely encouraging that so many participants reported engaging in such a vital yet potentially uncomfortable part of the process of becoming an LGB affirmative therapist.

While some participants reported methods of pursuing LGB affirmative therapy training outside of their graduate program that aligned with scholars' suggestions, a majority sought out education in ways that were not previously documented in the literature. Others ways

participants acquired LGB affirmative training included spending time with queer-identified classmates, bringing up LGB topics in a classroom setting as students, electively conducting academic research on LGB-related topics, or seeking out information independently through self-study. Surprisingly, the most frequently reported method of seeking out LGB affirmative training was through preparation to teach others, be it through independently developing a course or as a teaching assistant for an existing course. While first-hand experience is an important part of LGB affirmative therapy training (Henke et al., 2009; Long & Serovich, 2003; Rock et al., 2010), preparing to teach others about LGB topics is clearly an influential way that CFT faculty members in this study have attained further training. This indicates that while suggestions for independent pursuit of LGB affirmative therapy training are being used, there are other ways of acquiring this training that have not yet been explored by the current literature.

It is encouraging that participants had an awareness that LGB affirmative therapy training was important to seek on their own. However, it is concerning that this training had to be sought out rather than offered by a standard curriculum. The large number of CFT faculty members in this study who felt the need to seek out training could suggest that either they did not receive LGB affirmative therapy training in their graduate programs or that the training they did receive was inadequate and needed to be supplemented by additional continuing education opportunities. A third possibility may be that as research in the area of LGB affirmative therapy training develops, CFT faculty members are finding it important to seek updated information on LGB affirmative therapy through additional clinical training opportunities, although this seems unlikely given the vast amount of participants who reported receiving little to no training.

## **Diversity in Training**

Another finding that is important to discuss is the breadth of the LGB affirmative therapy training that participants received. Results from this study presented a great diversity in the topics that participants reported being present in graduate training programs as well as the methods that were utilized to provide this training. In this section, I will discuss both the topics that the participants reported as well as the techniques that were employed to enrich the LGB affirmative therapy training to provide first-hand experience with the LGB community. Focusing specifically on topics discussed, results indicated that some topics were discussed more frequently than others in graduate training programs, with identity development, coming out, and systemic oppression being the most common topics that participants identified, which mirrors the topics scholars have emphasized as important to include in LGB affirmative therapy training (Carlson & McGeorge, 2012; Green, 1996; Greene, 2007; Long & Serovich, 2003; McGeorge et al., 2013; Messenger, 2007; Murphy, 1992; Reynolds & Hanjorgiris, 2000; Rock et al., 2010).

Although many of the topics recommended for effective LGB affirmative therapy training were reflected in the results, significant recommendations in the literature were not addressed, such as attending local LGB events, meeting key figures in the local LGB community, or familiarization with resources relevant to LGB individuals and families. For example, some participants reported discussion about systemic oppression; however, the lack of elaboration leaves the details of what exactly they were taught unclear, raising to question whether the concept of gay-related stress or homophobia were discussed, as an understanding of these concepts appears to be vital in being able to provide effective LGB affirmative therapy services, particularly for heterosexual therapists (Lewis et al., 2003; Lindquist & Hirabayashi, 1979; McGeorge & Carlson, 2011). It is interesting to note that the majority of the topical

discussions reported by participants that were specific to therapy focused on LGB couples and relationships to the exclusion of conversations about LGB individuals apart from identity development models, which reflects previous concerns regarding training to work affirmatively with LGB individuals or parents of LGB-identified children.

It is important for CFT graduate programs to include as many of the recommended topics as possible in LGB affirmative therapy training, as Fredriksen-Goldsen and colleagues (2011) found a connection between lack of LGB topics in clinical education and negative views of the LGB community, thus highlighting the need for CFT faculty members to receive more thorough training in LGB topics. Even though participants did not discuss learning about the everyday experience of LGB individuals, the breadth of topics participants did report being covered in LGB affirmative therapy training is reflective of the efforts that CFT graduate programs have been making in effectively training students to be LGB affirmative.

In addition to learning about specific LGB-related topics, scholars have emphasized the need for LGB affirmative therapy training to provide first-hand experiences with LGB individuals in order to increase familiarity with the norms within the LGB community and oppressions that LGB individuals face in their daily lives (Bepko & Johnson, 2000; Brown, 1991; Bernstein, 2000; Carlson & McGeorge, 2012; Greene, 2007; Long & Serovich, 2003; McGeorge et al., 2013; Murphy, 1992). Similar to responses regarding topics addressed in training, some participants did not feel that further explanation of the training methods was necessary, requiring some speculation in interpretation of the results. The four most frequent methods in which CFT faculty members received training were through discussion of scenarios including LGB clients, opportunities for contact with LGB clients, panel discussions and speakers including LGB individuals, and readings. The literature on LGB affirmative therapy

training is in agreement with these techniques, as scholars recommend increasing familiarity with the LGB community through inclusion of speakers, readings, case studies, and role plays in order to offer positive views of LGB individuals and families (Bernstein, 2000; Long & Serovich, 2003; Rock et al., 2010; Murphy, 1992).

While it does not appear in the literature, one participant presented the use of tapes as a method of training. It may be beneficial to explore the use of video or audio recordings of sessions with LGB clients as a way of providing training in CFT graduate programs. Although many of the LGB affirmative therapy training procedures that CFT faculty members reported experiencing match with the current literature, suggestions from scholars regarding ways to help familiarize CFT students with the LGB community were largely absent from the results, such as through viewing LGB films, attending local LGB events, using the internet to engage with the LGB community, and establishing personal friendships with LGB individuals (Bernstein, 2000; Bidell, 2013; Brown, 1991; Carlson & McGeorge, 2012; Green, 1996; Herek, 1994; Long & Serovich, 2003; Matthews, 2007). A main recommendation that was absent in my findings was familiarization with local resources pertinent to the LGB community, which some scholars argue is vital for therapists to provide LGB affirmative therapy (Halpert et al., 2007; Murphy, 1992). Despite some missing components of LGB affirmative therapy training, results indicate that CFT graduate programs are indeed making an effort to incorporate mechanisms of training that have been recommended by experts on LGB affirmative therapy.

The breadth of topics and methods in which CFT faculty members report being trained using is promising and largely aligns with recommendations in the literature. Additionally, results indicate that training is occurring in ways that have not yet been documented by scholars, which is especially encouraging as it suggests that CFT graduate programs are expanding the

ways in which they provide LGB affirmative therapy training. However, given that a large portion of the participants had not received any substantial training, it is unlikely that this breadth of LGB affirmative therapy training applies to a majority of programs, thus any optimism regarding the prevalence of such training must be cautionary.

### **Comparison to the Literature: A Response to Research Question Three**

In summary, the findings of my study resulted in ideas that both reflected recommendations in the literature as well as provided additional methods of LGB affirmative therapy training that are not present in the current literature. Additionally, it is important to note that there are some ideas recommend by scholars that were not found in my analysis. When examining results that converged with recommended components of LGB affirmative therapy training, I found that many of my participants reported that direct client contact was part of their LGB affirmative therapy training, which is a highly emphasized suggestion in the literature (Carlson et al, 2013; Graham et al., 2012; O'Shaughnessy & Spokane, 2013; Rock et al., 2010). Furthermore, one of the most encouraging ideas in the literature that was reflected by the study was the exploration of biases, which compares to the necessity of self-of-the-therapist work expressed by scholars (Bepko & Johnson, 2000; Bernstein, 2000; Carlson & McGeorge, 2012; Clark, 1987; Edwards et al., 2014; Godfrey, et al., 2006; Halpert et al., 2007; Henke et al., 2009; McGeorge & Carlson, 2011; Rock et al., 2010). Other ideas reflecting the literature included readings, LGB speakers, engaging in research, considering scenarios involving LGB clients, and learning about identity development as well as the coming out process (Bernstein, 2000; Green, 1996; Greene, 2007; Halpert et al., 2007; Long & Serovich, 2003; Messenger, 2007; Reynolds & Hanjorgiris, 2000; Rock et al., 2010; McGeorge et al., 2013; Murphy, 1992).

Although my results revealed many of the scholars' recommendations, there were others that were not present in this study. While some participants shared that LGB topics occurred throughout their graduate training experience (i.e., integrative or centering), as is recommended by scholars (Carlson & McGeorge, 2012; Edwards et al., 2014; Long & Serovich, 2003; McGeorge et al., 2006; Murphy, 1992; Rock et al., 2010), a majority of responses seemed to suggest that LGB topics were only covered in some courses (i.e., additive). Furthermore, it appeared that discussions regarding LGB clients seemed to focus on working with LGB couples and did not expand to include LGB individuals, LGB families, or LGB parents despite the documented importance of such training (Green et al., 2009; Tasker & Malley, 2012). Other missing suggestions included attending local LGB events, utilizing the internet to engage with the LGB community, viewing LGB films in graduate classes, and, most importantly, becoming familiar with local resources that would be relevant to LGB clients (Halpert et al., 2007; Murphy, 1992). Results also suggested that the topic of gay-related stress was not covered during graduate coursework, despite its emphasis in the literature (Lewis et al., 2003; Lindquist & Hirabayashi, 1979; McGeorge & Carlson, 2011).

Encouragingly, results revealed new methods of training that were not previously documented in the literature. The most interesting idea that expands beyond scholars' current recommendations for LGB affirmative therapy training is preparation for teaching others, which was mentioned by multiple participants. Other additional methods of LGB affirmative therapy training included spending time with LGB classmates or the utilization of tapes. However, the participant who mentioned tapes as being utilized in their LGB affirmative therapy training did not provide details as to how they were used; nevertheless, it provides a valuable suggestions regarding ways to further enhance LGB affirmative therapy training through the use of audio or

videotapes of LGB affirmative therapy sessions with clients. The presence of these previously unexplored ideas presents an opportunity for future researchers to expand the breadth of LGB affirmative therapy training.

### **Implications for Clinical Practice**

The results of this study highlight several implications for what CFT training programs need to do to effectively prepare future CFT faculty members for teaching LGB affirmative therapy to their students as well as what current CFT faculty members could do to procure suitable LGB affirmative therapy training. Thus, I will first discuss ways in which CFT graduate programs can improve the quality of their LGB affirmative therapy training, after which I will present methods that may be helpful for current CFT faculty members to gain or expand their knowledge of LGB affirmative therapy.

### **CFT Training Programs**

One implication that arises from this study is the need for CFT graduate programs to provide LGB affirmative therapy training by utilizing a centering approach, which is a recommendation found throughout the literature, so that LGB topics are integrated throughout the entire curriculum. This differs from an additive approach in which LGB topics are addressed only in specific courses or in a few class periods (e.g., diversity courses, sexuality courses, couple therapy, etc.) (Carlson & McGeorge, 2012; Edwards et al., 2014; Long & Serovich, 2003; McGeorge et al., 2006; Murphy, 1992; Rock et al., 2010). My findings suggest that when LGB affirmative therapy training is occurring in CFT graduate programs, it tends to be more present in certain areas of the curriculum rather than incorporated throughout. Utilizing a centering approach to incorporating LGB affirmative therapy could be helpful in complying with the most recent standards for COAMFTE accreditation (2014, version 12), which require programs to

train students to work affirmatively and competently with LGB clients, specifically naming sexual orientation as protected under the statement of diversity. This pointed inclusion further emphasizes the need for CFT training programs to incorporate LGB affirmative therapy training more thoroughly and intentionally throughout curricula.

Scholars have made numerous suggestions regarding ways to ensure that LGB affirmative therapy training permeates the entire CFT graduate program, such as through inclusion of LGB individuals, relationships, and families in case studies and role plays, as well as utilizing LGB speakers and films throughout the entirety of every course regardless of subject (Long & Serovich, 2003; Rock et al., 2010). Additionally, this type of wide inclusion of LGB topics may allow students to feel comfortable asking questions or voicing concerns about working with LGB clients, which may provide opportunities to deepen the LGB affirmative therapy training in CFT graduate programs (Long & Serovich, 2003). By incorporating LGB affirmative training into each part of the graduate curriculum, students may learn how to work with not only monogamous LGB couples, but also individuals, parents, youth, and LGB clients engaged in non-monogamous relationships, for example. The purpose of utilizing this type of integrative approach for LGB affirmative therapy training is so that students are prepared to work with all the relational compositions that LGB clients present, mirroring their training in working with all presentations of heterosexual identities.

Based on my findings, CFT graduate programs could also provide additional opportunities for students to have first-hand experiences with the LGB community. While my results showed that many of my participants reported that their own graduate programs provided them with opportunities to work with LGB clients, increased attention should be paid to giving students the chance to engage with the local LGB community outside of a clinical context. This

type of informal first-hand experience is valuable in that it provides students with circumstances to develop a better understanding of the lives of LGB individuals, have opportunities for positive interactions with the LGB community, as well as introduce them to local resources that they may recommend to LGB clients (Bernstein, 2000; Green, 1996; McGeorge & Carlson, 2011; Murphy, 1992).

In addition, it is important for CFT graduate programs to provide opportunities for interested students to do research on LGB topics (Carlson et al., 2013; McGeorge et al., 2006). Engaging in research will expose students to more accurate, research-based knowledge of LGB topics and may provide additional exposure to LGB lives, particularly through qualitative research. Moreover, through doing research on LGB topics, students contribute to furthering the CFT field's understanding of LGB clients and how an LGB sexual orientation may impact therapy, which could lead to even greater competency when working with LGB clients in a therapeutic context.

Furthermore, my results indicate that it is crucial to expand the breadth of LGB affirmative therapy training that is occurring in CFT graduate programs in order to address the fact that sexual orientation exists outside of the context of a couple relationship. Given that sexual orientation exists within each individual, CFT training programs that restrict training to focus on LGB clients in dyadic romantic relationships exclude the ways that LGB sexual orientations may impact individuals, families, and children in various parts of their lives. CFT graduate programs must expand their LGB affirmative therapy training to include scenarios, discussions, and role plays involving non-dyadic examples, such as LGB individuals, parents of LGB-identified children, LGB clients in non-monogamous relationships, and whole families in

which at least one member (e.g., parent, child, etc.) identifies as LGB (Green, Murphy, Blumer, & Palmanteer, 2009; Tasker & Malley, 2012).

### **CFT Faculty Members**

While it is important for CFT graduate programs to make changes in how they train future faculty members in LGB affirmative therapy, these changes are not helpful to current CFT faculty members. Therefore, my first implication for faculty members is similar to one of the implications for CFT graduate programs, which is that CFT faculty members should seek out first-hand experiences with the LGB community. Intentional exposure to the local community may help faculty members become familiar with local LGB community leaders and resources that may be helpful to LGB clients (Bernstein, 2000; Murphy, 1992). Familiarity with local LGB resources is key, as CFT faculty members cannot introduce such resources to their students if they themselves have no knowledge of them. Faculty members could become acquainted with these resources in various ways, such as by participating in local Pride events, joining local professional LGB organizations, and attending talks given by LGB individuals or focused on LGB topics (Carlson & McGeorge, 2012; Godfrey et al., 2006; Green et al., 2009).

In addition to interacting with the LGB community personally, CFT faculty members may also benefit from taking part in research focusing on LGB topics, whether it be by supervising a student's research or engaging in research themselves (Carlson et al., 2013). Such research may be helpful for faculty in order to provide further first-hand experience with the LGB community and/or topics important to working with the LGB community. Regardless of CFT faculty members' academic involvement in research, it is vital that they are keeping abreast of current research on LGB topics through reading journal articles or edited books (Carlson & McGeorge, 2012; Carlson et al., 2013; Green, 1996; Halpert et al., 2007). Other ways CFT

faculty members may independently pursue this knowledge include watching educational videos, attending regional and/or national conferences on LGB affirmative therapy and mental health, and watching documentaries that focus on the real challenges that LGB individuals, couples, and family face in their everyday lives (Bernstein, 2000; Carlson et al., 2013; Long & Serovich, 2003).

Another implication for CFT faculty members, which is mirrored in the existing literature, is the idea of regularly engaging in self-examination of biases in order to be mindful of the impact that these biases have on their own work with LGB clients as well as how they affect the way they teach LGB topics in the classroom (Bepko & Johnson, 2000; Carlson & McGeorge, 2012; Godfrey et al., 2006; Halpert et al., 2007; McGeorge et al., 2006; McGeorge & Carlson, 2011). Ways to ensure continuation of this self-of-the-therapist process include engaging in reflective journaling, seeking a mentor who is an expert in LGB affirmative therapy, and interacting with colleagues in order to help each other maintain accountability for their biases (Carlson & McGeorge, 2012; McGeorge & Carlson, 2011). Such self-work is necessary, as CFT faculty members are responsible for leading students through similar self-examination processes. Additionally, CFT faculty members may seek out supervisors in their local community who could both supervise faculty members' own cases involving LGB clients as well as help prepare them to supervise students in their work with LGB clients (Bepko & Johnson, 2000; Godfrey et al., 2006; Green, et al., 2009; Halpert et al., 2007; Murphy, 1992), as LGB affirmative supervision is a necessary component of LGB affirmative therapy training (McGeorge et al., 2006). These suggestions could better equip CFT faculty members to work with LGB clients in an affirmative manner as well as prepare them to provide LGB affirmative therapy training to students.

Given that a large portion of my participants reported little to no LGB affirmative therapy training, the study lends itself towards the implication that CFT faculty members must be intentional about seeking out LGB affirmative therapy training independently, which is also suggested by various scholars (Halpert et al., 2007; Long & Serovich, 2003; Murphy, 1992). As LGB topics become more widely discussed, such continuing education opportunities are becoming easier to find (Carlson & McGeorge, 2012; Hartwell et al., 2012). Faculty members may access continuing education on LGB topics through a variety of ways, including reading journal articles, seeking out workshops, as well as attending sessions and reviewing posters at conferences (Carlson & McGeorge, 2012; Hartwell et al., 2012; Long & Serovich, 2003; Murphy, 1992). Other suggestions for future education include faculty members taking LGB-related courses in fields of study other than their own or engaging in independent study with an expert on LGB topics at their institution (Godfrey et al., 2006; Murphy, 1992).

### **Limitations of the Study**

Although the study had many strengths, it is important to address the existing methodological limitations. A primary limitation of the study was the possibility of self-selection bias. Although recruitment was very wide-reaching and yielded a decent sample size, it is possible that the individuals who chose to participate in the study had strong views or opinions, and those whose views were more moderate chose not to respond to invitations to participate in the study. It is possible that people who have strong positive feelings towards LGB individuals chose to participate in this study, whether they were heterosexual allies or LGB-identified themselves.

Another key limitation is that the study design did not allow for additional clarification of the participants' responses. The type of data collection utilized for this study did not allow the

researchers to ask for further details from participants, which at times necessitated some speculation when interpreting the results. However, it is important to note that the current study is the first to examine the LGB affirmative therapy training that CFT faculty members have received and thus sought to gather a wide range of responses. Consequently, this study sought to explore the breadth of LGB affirmative therapy training, therefore limiting the assessment of depth. It may be helpful for future researchers to utilize a method that focuses on exploring the depth of the LGB affirmative therapy training that CFT faculty members have received, as the current study has already addressed the breadth. In particular, future studies may benefit from an interview format for data collection that asks participants to elaborate on their responses.

Finally, limitations related to sample composition must be addressed. Respondents to this study were primarily female, White, and heterosexual. While sexual orientation is unknown, data on CFT faculty members of COAMFTE-accredited programs shows that in 2014, 61.5% of CFT faculty members were female and 72.0% were White (AAMFT, 2014), which suggests that my sample may actually be fairly representative. Additionally, as existing CFT faculty members vacate their positions to allow for new CFT faculty members, the current findings may not remain accurate given the possible cohort effect in the results and as LGB affirmative therapy training becomes more prevalent.

### **Suggestions for Future Research**

The results of this study paved the way for several possible routes for future exploration. Primarily, the methods of data collection could be improved to allow for more detail in the results. For example, future studies could utilize an interview format so that the researchers can ask participants to elaborate or for clarification of their responses, thus minimizing the need for speculation of results. Moreover, there is currently no assessment tool to measure what clinical

faculty members know about LGB affirmative therapy. Development of such an assessment tool could be both beneficial in comparing results of future studies as well as improving open-ended questions to prompt the participants to provide more detailed responses to help clarify results.

Another study could be done to determine what kind of LGB affirmative therapy training is currently occurring in CFT graduate programs to evaluate whether or not it is adequately preparing CFT students to work with LGB clients. These studies could aim at increasing the effectiveness of current LGB affirmative therapy training so as to better prepare more recent cohorts of CFTs as they become clinicians and faculty members. Additionally, it may be beneficial for future researchers to replicate this study in other clinical disciplines, such as clinical counseling or social work, to assess the level of LGB affirmative therapy training that faculty members in other fields have received as well as what was addressed in their training.

### **Conclusion**

The purpose of this study was to determine if CFT faculty members have received any LGB affirmative therapy training, and if so, explore the type of training they have indeed received. It is unsurprising that a large portion of CFT faculty members expressed not receiving any type of LGB affirmative therapy training. However, the training that CFT faculty members did receive seems to reflect existing literature. Nevertheless, improvements must be made to better incorporate LGB affirmative therapy training into every aspect of graduate training curricula to ensure thoroughness, as is recommended by scholars (Carlson & McGeorge, 2012; Edwards et al., 2014; Long & Serovich, 2003; McGeorge et al., 2006; Murphy, 1992; Rock et al., 2010). My findings suggest CFT faculty members need to seek out this training independently in order to competently train their own students in LGB affirmative therapy. It is my hope that this study will serve as a catalyst for further exploration of how to successfully integrate LGB

affirmative therapy training into all CFT graduate training programs as well as to inspire future research into the LGB affirmative training that CFT faculty members have received in order to determine better ways of preparing CFT faculty members in LGB affirmative therapy.

## REFERENCES

- Al-Hattami, A. (2012). A comparison of web-based and paper-based survey response rates in a population with access to the internet. *Journal of Education Policy, Planning & Administration*, 2(1), 39-50.
- Annesley, P., and Coyle, A. (1995) Clinical psychologists' attitudes to lesbians." *Journal of Community & Applied Social Psychology*, 5(5), 327-331. doi:10.1002/casp.2450050504
- American Association for Marriage and Family Therapy. (2014). *Aggregated program demographic data*. Retrieved from [http://www.aamft.org/iMIS15/AAMFT/Content/COAMFTE/Program\\_Demographic\\_Data.aspx](http://www.aamft.org/iMIS15/AAMFT/Content/COAMFTE/Program_Demographic_Data.aspx)
- American Psychological Association. (2000). *Guidelines for psychotherapy with lesbian, gay, and bisexual clients*. Retrieved March 16, 2014 from <http://www.apa.org/pi/lgbc/publications/guidelines.html>
- Bepko, C., & Johnson, T. (2000). Gay and lesbian couples in therapy: Perspectives for the contemporary family therapist. *Journal of Marital and Family Therapy*, 26(4), 409-419. doi:10.1111/j.1752-0606.2000.tb00312.x
- Bernstein, A. C. (2000). Straight therapists working with lesbians and gays in family therapy. *Journal of Marital and Family Therapy*, 26(4), 443-454. doi:10.1111/j.1752-0606.2000.tb00315.x
- Bidell, M. P. (2013). Addressing disparities: The impact of a lesbian, gay, bisexual, and transgender graduate counselling course. *Counselling and Psychotherapy Research*, 13(4), 300-307. doi:10.1080/14733145.2012.741139

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101. doi:10.1191/1478088706qp063oam
- Brown, L. S. (1991). Commentary on the special issue of *The Counseling Psychologist*: Counseling with lesbians and gay men. *The Counseling Psychologist, 19*(2), 235-238. doi:10.1177/0011000091192007
- Carlson, T. S., & McGeorge, C. R. (2012). LGB-affirmative training strategies for couple and family therapy faculty. In J. J. Bigner & J. L. Wetchler (Eds.), *Handbook of LGBT-Affirmative Couple and Family Therapy* (pp. 395-408). New York: Routledge.
- Carlson, T. S., McGeorge, C. R., & Toomey, R. B. (2013). Establishing the validity of the affirmative training inventory: Assessing the relationship between lesbian, gay, and bisexual affirmative training and students' clinical competence. *Journal of Marital and Family Therapy, 39*(2), 209-222. doi:10.1111/j.1752-0606.2012.00286.x
- Clark, D. (1987) *The New Loving Someone Gay*. Berkeley, CA: Celestial Arts.
- Clark, W. M., & Serovich, J. M. (1997). Twenty years and still in the dark? Content analysis of articles pertaining to gay, lesbian, and bisexual issues in marriage and family therapy journals. *Journal of Marital and Family Therapy, 23*(3), 239-253. doi:10.1111/j.1752-0606.1997.tb01034.x
- Commission on Accreditation for Marriage and Family Therapy Education. (2014). *Accreditation Standards: Graduate & Post-Graduate Marriage and Family Therapy Training Programs, Version 12.0*. COAMFTE.
- Davies, D. (2000). Towards a model of gay affirmative therapy. In D. Davies & C. Neal (Eds.), *Pink therapy: A Guide for Counselors and Therapists Working with Lesbian, Gay, and Bisexual Clients* (pp. 24-40). Philadelphia, PA: Open University Press.

- Doherty, W. J., & Simmons, D. S. (1996). Clinical practice patterns of marriage and family therapists: A national survey of therapists and their clients. *Journal of Marital and Family Therapy*, 22(1), 9-25. doi:10.1111/j.1752-0606.1996.tb00183.x
- Dworkin, S. H., & Gutierrez, F. (1989). Counselors be aware: Clients come in every size, shape, color, and sexual orientation [Introduction to special issue]. *Journal of Counseling and Development*, 68, 6-8. doi:10.1002/j.1556-6676.1989.tb02483.x
- Edwards, L. L., Robertson, J. A., Smith, P. M., & O'Brien, N. B. (2014). Marriage and family training programs and their integration of lesbian, gay, and bisexual identities. *Journal of Feminist Family Therapy*, 26(1), 3-27. doi:10.1080/08952833.2014.872955
- Farmer, L. B., Welfare, L. E., & Burge, P. L. (2013). Counselor competence with lesbian, gay, and bisexual clients: Differences among practice settings. *Journal of Multicultural Counseling and Development*, 41(4), 194-209. doi:10.1002/j.2161-1912.2013.00036.x
- Fredriksen-Goldsen, K. I., Woodford, M. R., Luke, K. P., & Gutiérrez, L. (2011). Support of sexual orientation and gender identity content in social work education: Results from national surveys of US and Anglophone Canadian faculty. *Journal of Social Work Education*, 47(1), 19-35. doi:10.5175/JSWE.2011.200900018
- Garnets, L., Hancock, K. A., Cochran, S. D., Goodchilds, J., & Peplau, L. A. (1991). Issues in psychotherapy with lesbians and gay men: A survey of psychologists. *American Psychologist*, 46(9), 964. doi:10.1037/0003-066X.46.9.964
- Godfrey, K., Haddock, S. A., Fisher, A., & Lund, L. (2006). Essential components of curricula for preparing therapists to work effectively with lesbian, gay, and bisexual clients: A Delphi study. *Journal of Marital and Family Therapy*, 32(4), 491-504. doi:10.1111/j.1752-0606.2006.tb01623.x

- Graham, S. R., Carney, J. S., & Kluck, A. S. (2012). Perceived competency in working with LGB clients: Where are we now? *Counselor Education and Supervision, 51*(1), 2-16.  
doi:10.1002/j.1556-6978.2012.00001.x
- Green, R. J. (1996). Why ask, why tell? Teaching and learning about lesbians and gays in family therapy. *Family Process, 35*(3), 389-400. doi:10.1111/j.1545-5300.1996.00389.x
- Green, S. K., & Bobele, M. (1994). Family therapists' response to AIDS: An examination of attitudes, knowledge, and contact. *Journal of Marital and Family Therapy, 20*(4), 349-367. doi:10.1111/j.1752-0606.1994.tb00126.x
- Green, M. S., Megan, J. M., Blumer, M. L. C., Palmanteer, D. (2009). Marriage and family therapists' comfort level working with gay and lesbian individuals, couples, and families. *The American Journal of Family Therapy, 37*, 159-168.  
doi:10.1080/01926180701441429
- Greene, B. (2007). Delivering ethical psychological services to lesbian, gay, and bisexual clients. In K. J. Bieschke, R. M. Perex, & K. A. DeBord (Eds.), *Handbook of Counseling and Psychotherapy with Lesbian, Gay, Bisexual, and Transgender Clients* (2nd ed., pp. 181-199). Washington, DC: American Psychological Association.
- Guba, E. G. & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage.
- Haldeman, D. C. (2002). Gay rights, patient rights: The implications of sexual orientation conversion therapy. *Professional Psychology: Research and Practice, 33*(3), 260.  
doi:10.1037/0735-7028.33.3.260
- Halpert, S. C., Reinhardt, B., & Toohey, M. J. (2007). Affirmative clinical supervision. In K. J. Bieschke, R. M. Perez & K. A. DeBord (Eds.), *Handbook of Counseling and*

- Psychotherapy with Lesbian, Gay, Bisexual, and Transgender Clients* (2nd ed., pp. 341-358). Washington, D.C.: American Psychological Association.
- Hartwell, E. E., Serovich, J. M., Grafsky, E. L., & Kerr, Z. Y. (2012). Coming out of the dark: content analysis of articles pertaining to gay, lesbian, and bisexual issues in couple and family therapy journals. *Journal of Marital and Family Therapy*, 38(s1), 227-243.  
doi:10.1111/j.1752-0606.2011.00274.x
- Henke, T., Carlson, T. S., & McGeorge, C. R. (2009). Homophobia and clinical competency: An exploration of couple and family therapists' beliefs. *Journal of Couple & Relationship Therapy*, 8(4), 325-342. doi:10.1080/15332690903246101
- Herek, G. M. (1990). The context of anti-gay violence: Notes on cultural and psychological heterosexism. *Journal of Interpersonal Violence*, 5, 316-333.  
doi:10.1177/088626090005003006
- Herek, G. M., (1994). Assessing heterosexuals' attitudes toward lesbians and gay men: A review of empirical research with the ATLG Scale (pp. 206-228). In B. Greene & G. Herek (Eds.), *Lesbian and Gay Psychology: Theory, Research, and Clinical Applications*. Thousand Oaks, CA: Sage Publications.
- Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, 52, 196-205. doi:10.1037/0022-0167.52.2.196
- Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, 25, 517-572.  
doi:10.1177/0011000097254001

- Langdridge, D. (2007). Gay affirmative therapy: A theoretical framework and defence. *Journal of Gay & Lesbian Psychotherapy*, 11(1-2), 27-43. doi:10.1300/J236v11n01\_03
- Lewis, R. J., Derlega, V. J., Griffin, J. L., & Krowinski, A. C. (2003). Stressors for gay men and lesbians: Life stress, gay-related stress, stigma consciousness, and depressive symptoms. *Journal of Social and Clinical Psychology*, 22(6), 716-729.  
doi:10.1521/jscp.22.6.716.22932
- Lincoln, Y. S., & Guba, E. G. (2000). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The handbook of qualitative research* (2<sup>nd</sup> ed., pp. 163-188). Beverly Hills: Sage.
- Lindquist, N., & Hirabayashi, G. (1979). Coping with marginal situations: The case of gay males. *Canadian Journal of Sociology*, 4(2), 87-104. doi:10.2307/3339823
- Long, J. K. (1996). Working with lesbians, gays, and bisexuals: Addressing heterosexism in supervision. *Family Process*, 35(3), 377-388. doi:10.1111/j.1545-5300.1996.00377.x
- Long, J. K., & Grote, J. (2012). Queer supervision. In J. J. Bigner & J. L. Wetchler (Eds.), *Handbook of LGBT-Affirmative Couple and Family Therapy* (pp. 409-418). New York: Routledge.
- Long, J. K., & Serovich, J. M. (2003). Incorporating sexual orientation into MFT training programs: Infusion and inclusion. *Journal of Marital and Family Therapy*, 29(1), 59-67.  
doi:10.1111/j.1752-0606.2003.tb00383.x
- Matthews, C. R. (2007). Affirmative lesbian, gay, and bisexual counseling with all clients. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of Counseling and Psychotherapy with Lesbian, Gay, Bisexual, and Transgender Clients* (201-219). Washington, DC: American Psychological Association.

- McGeorge, C. R., & Carlson, T. S. (2011). Deconstructing heterosexism: Becoming an LGB affirmative heterosexual couple and family therapist. *Journal of Marital and Family Therapy*, 37(1), 14-26. doi:10.1111/j.1752-0606.2009.00149.x
- McGeorge, C. R., Carlson, T. S., Erickson, M. J., & Guttormson, H. E. (2006). Creating and evaluating a feminist-informed social justice couple and family therapy training model. *Journal of Feminist Family Therapy*, 18(3), 1-38 doi:10.1300/J086v18n03\_01
- McGeorge, C. R., Carlson, T. S., & Toomey, R. B. (2013). Assessing lesbian, gay, and bisexual affirmative training in couple and family therapy: Establishing the validity of the faculty version of the Affirmative Training Inventory. *Journal of Marital and Family Therapy*. doi:10.1111/jmft.12054
- McGeorge, C. R., Carlson, T. S., & Toomey, R. B. (2015). An exploration of family therapists' beliefs about the ethics of conversion therapy: The influence of negative beliefs and clinical competence with lesbian, gay, and bisexual clients. *Journal of Marital and Family Therapy*, 41(1), 42-56. doi:10.1111/jmft.12040
- Messinger, L. (2007). Supervision of lesbian, gay, and bisexual social work students by heterosexual field instructors: A qualitative dyad analysis. *The Clinical Supervisor*, 26(1-2), 195-222. doi:10.1300/J001v26n01\_13
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250. doi:10.1037/0022-0167.52.2.250
- Morrow, S. L., & Smith, M. L. (2000). Qualitative research for counseling psychology. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (3<sup>rd</sup> ed., pp. 199-230). New York: Wiley.

- Murphy, B. C. (1992). Educating mental health professionals about gay and lesbian issues. *Journal of Homosexuality, 22*, 229-246. doi:10.1300/J082v22n03\_10
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.
- O'Shaughnessy, T., & Spokane, A. R. (2013). Lesbian and Gay Affirmative Therapy Competency, Self-Efficacy, and Personality in Psychology Trainees. *The Counseling Psychologist, 41*(6), 825-856. doi:10.1177/0011000012459364
- Phillips, J. C., & Fischer, A. R. (1998). Graduate students' training experiences with lesbian, gay, and bisexual issues. *The Counseling Psychologist, 26*(5), 712-734.  
doi:10.1177/0011000098265002
- Pilkington, N. W., & Cantor, J. M. (1996). Perceptions of heterosexual bias in professional psychology programs: A survey of graduate students. *Professional Psychology: Research and Practice, 27*(6), 604-612. doi:10.1037/0735-7028.27.6.604
- Reynolds, A. L. & Hanjorgiris, W. F. (2000). Coming out: Lesbian, gay, and bisexual identity development. In R. M. Perez, K. A. DeBord, & K. J. Bieschke, (Eds). *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (35-55). Washington, DC: American Psychological Association.
- Ritter, K. Y., & Turndrup, A. I. (2002). *Handbook of affirmative psychotherapy with lesbians and gay men*. New York: Guilford Press.
- Rock, M., Carlson, T. S., & McGeorge, C. R. (2010). Does affirmative training matter? Assessing CFT students' beliefs about sexual orientation and their level of affirmative training. *Journal of Marital and Family Therapy, 36*(2), 171-184. doi:10.1111/j.1752-0606.2009.00172.x

- Savage, T. A., Prout, H. T., & Chard, K. M. (2004). School psychology and issues of sexual orientation: Attitudes, beliefs, and knowledge. *Psychology in the Schools, 41*(2), 201-210. doi:10.1002/pits.10122
- Serovich, J. M., Craft, S. M., Toviessi, P., Gangamma, R., McDowell, T., & Graftsky, E. L. (2008). A systematic review of the research base on sexual reorientation therapies. *Journal of Marital and Family Therapy, 34*(2), 227-238. doi:10.1111/j.1752-0606.2008.00065.x
- Smith, G. (2008). Does gender influence online survey participation?: A record-linkage analysis of university faculty online survey response behavior. *ERIC Document Reproduction Service No. ED 501717*.
- Tasker, F. & Malley, M. (2012). Working with LGBT parents. In J. J. Bigner & J. L. Wetchler (Eds.), *Handbook of LGBT-Affirmative Couple and Family Therapy* (pp. 395-408). New York: Routledge.
- Van Den Bergh, N., & Crisp, C. (2004). Defining culturally competent practice with sexual minorities: Implications for social work education and practice. *Journal of Social Work Education, 40*(2), 221-238. doi:10.1080/10437797.2004.10778491
- Wiederman, M. W., & Sansone, R. A. (1999). Sexuality training for professional psychologists: A national survey of training directors of doctoral programs and predoctoral internships. *Professional Psychology: Research and Practice, 30*(3), 312. doi:10.1037/0735-7028.30.3.312

APPENDIX A. TABLES

Table A1.

*Characteristics of the Sample*

Characteristics	<i>n</i>	%
<b>Gender</b>		
Female	48	73.8
Male	15	23.1
<b>Race</b>		
African American	4	6.2
Asian	3	4.6
European American/Caucasian	52	80.0
Latino(a)/Hispanic	2	3.1
Middle Eastern	2	3.1
Biracial/Multiracial	1	1.5
<b>Sexual Orientation</b>		
Bisexual	4	6.2
Gay	1	1.5
Heterosexual	52	80.0
Lesbian	5	7.7
Queer	1	1.5
Other	2	3.1

Table A1. *Characteristics of the Sample* (continued)

Characteristics	<i>n</i>	%
<b>Program Level of Teaching</b>		
Master's	34	52.3
Doctoral	9	13.8
Both Master's and Doctoral	21	32.3
<b>Primary Role in Program</b>		
Core Academic Faculty	43	68.3
Adjunct Faculty	9	13.8
Clinical Supervisor	8	12.3
Other	3	4.6
<b>Degree from COMAFTE-Accredited Program</b>		
No	12	18.5
Yes	51	78.5
<b>Worked with a Lesbian, Gay, or Bisexual Individual or Couple in Therapy</b>		
No	1	1.5
Yes	62	95.4

N = 65

Table A2.

*Non-significant Results Comparing Sub-samples Utilizing t-tests*

Variable	<i>t</i>	<i>p</i>
Years as a faculty member	0.54	.593
Age	0.31	.754
Worked with an LGB individual or couple in therapy?	1.23	.223
Degree from COAMFTE-accredited program?	0.87	.386

Table A3.

*Non-significant Results Comparing Sub-samples Utilizing Chi-squared Tests*

Variable	$\chi^2$	<i>p</i>
Race	9.39	.153
Sexual orientation	11.13	.085
Role in program	4.42	.219
Program level	0.16	.925
Institution type	4.31	.230

Table A4.

*Results from Likert-type Items Regarding LGB Affirmative Training*

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
In my own graduate program(s), I received specific training on LGB affirmative therapy	30.8%	15.4%	7.7%	21.5%	16.9%	6.2%
I have sought out continuing education opportunities to further my knowledge of LGB affirmative therapy and training	3.1%	1.5%	6.2%	18.5%	35.4%	35.4%

APPENDIX B. CATEGORIES, THEMES, AND SUBTHEMES

Table B1.

*Categories, Themes, and Sub-themes in LGB Affirmative Therapy Training*

Categories:	Themes:	Sub-themes:	
Negligible Training	None	Ignored	
		Went to School Long Ago	
	Minimal	Hard to Remember	
		No Specific Coursework	
		Informal Training	Self-Study
			Student-Driven Training
Coursework	Degree of LGB Training within Coursework	Additive Approach	
		Integrative Approach	
	Course Type	Therapy-Specific Courses	
		Human Development and Family Science Courses	

Table B1. *Categories, Themes, and Sub-themes in LGB Affirmative Therapy Training*  
(continued)

Categories:	Themes:	Sub-themes:
Topics Covered in LGB Training	Identity Development	
	Coming Out	
	Relationship Dynamics	
	Constructs Related to Systems of Power and Oppression	
	Affirmative Therapy	
	Reparative Therapy	
Tools Used for Training	Panel Discussions and Speakers	
	Scenarios with LGB Clients	
	Readings	
	Tapes	
	Workshops	
	Mentoring	
	Experience	Supervision
Research		
Teaching Others		
Self-Work		