EXPERIENCE NEEDED: RECRUITMENT OF LESBIAN, GAY, AND BISEXUAL CLIENTS

IN COAMFTE-ACCREDITED TRAINING PROGRAMS

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The Supervisory Committee certifies that this *disquisition* complies with

North Dakota State University's regulations and meets the accepted

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ABSTRACT

This study explored the efforts that faculty at accredited Couple and Family Therapy (CFT) training programs made to recruit lesbian, gay, and bisexual (LGB) clients, and to what extent these reflected the LGB-affirmative therapy training literature. The sample for this study included 63 faculty members from accredited CFT programs. The data for this study originated from a larger survey and included one Likert scaled item and one open-ended item focused on LGB client recruitment. The thematic analysis revealed five categories: (1) Fostering an LGB-Affirmative Clinic Identity, (2) Marketing Efforts, (3) Networking and Collaborating, (4) Creating LGB-specific Training Opportunities and Programs, and (5) Limited or No Recruitment Efforts by Faculty. This study indicated that the majority of CFT faculty participants recruited LGB clients, while others reported no recruitment efforts. Implications for CFT clinical training from this study included communicating what a CFT training clinic stands for, and changes to accreditation standards.

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CHAPTER ONE. INTRODUCTION

Research indicates that while lesbian, gay, and bisexual (LGB) individuals seek therapy at higher rates and attend therapy for longer time periods than their heterosexual counterparts (Bradford, Ryan, & Rothblum, 1994; Cochran, Sullivan, & Mays, 2003; Grella, Greenwell, Mays, & Cochran, 2009; Liddle, 1997), LGB clients may be at a disadvantage in working with couple and family therapists (CFT) due to these clinicians' lack of experience with this population (Bepko & Johnson, 2000; Carlson & McGeorge, 2012; Carlson, McGeorge, & Toomey, 2013; Doherty & Simmons, 1996; Long & Serovich, 2003; Rock, Carlson, & McGeorge, 2010). For example, in a study of 190 graduate students from accredited CFT training programs, Rock et al. (2010) found that while CFT students viewed themselves as "somewhat competent" (p. 180) to work with LGB clients, more than 60% indicated that that they had received no training on LGB-affirmative therapy. A more recent study by McGeorge and Carlson (2016) found that 95.6% of faculty members surveyed agreed to some extent that their programs provided student trainees the opportunity to work with LGB clients. McGeorge and Carlson's (2016) findings represent a potential increase in opportunities to work with LGB clients compared to Rock et al.'s (2010) results, which may be due to differences in when these data were collected and the different populations (i.e., students versus faculty), who could have different perceptions of the opportunities provided. Given that the literature to date suggests that an important component of becoming competent to work with LGB clients involves CFTs having the opportunity to work with LGB clients (Carlson & McGeorge, 2012; Carlson et al., 2013; Doherty & Simmons, 1996; Frank & Cannon, 2010; Nova, McGeorge, & Carlson, 2013), this study seeks to examine whether training programs recruit LGB clients to their clinics, and if they do, how this recruitment occurs. Whereas the literature points to the importance of working

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with LGB clients but has not examined how training programs recruit LGB clients into their clinics, this study seeks to distinguish what efforts COAMFTE-accredited CFT training programs undertake to recruit LGB clients.

While there appears to be no existing study that has specifically examined the recruitment efforts that CFT training programs engage in to increase the number of LGB clients utilizing their clinics, scholars clearly argue for the importance of enhanced recruitment efforts and have made a number of recommendations (Biaggio, Orchard, Larson, Petrino, & Mihara, 2003; Carlson & McGeorge, 2012; Crisp & McCave, 2007). For example, Biaggio and colleagues (2003) maintained that countering heterosexist attitudes in the classroom with professors who are learned in the needs of LGB clients, in conjunction with advertising a program's LGB-affirmative services in the local community, can be helpful to recruit LGB clients. Similarly, Carlson and McGeorge (2012) suggested that to enhance the recruitment of LGB clients, CFT training programs with onsite clinics could utilize images of LGB couples and families in their advertising materials. The literature also indicated that recruiting additional LGB clients could be achieved by mailing clinic flyers to local LGB organizations and community leaders (Long & Serovich, 2003) and promoting relationship workshops geared at LGB couples in clinic advertising (Kerewsky, 2012).

The aforementioned literature proposed numerous options as to how CFT training programs can more effectively recruit LGB clients (e.g., Carlson & McGeorge, 2012; Carlson et al., 2013; Doherty & Simmons, 1996; Long & Serovich, 2003; Rock et al., 2010); however, such suggestions in the literature do not necessarily equate to action by accredited programs, as no research has explicitly explored the recruitment strategies being utilized. Scholars have, however, identified that a central part of working with LGB clients is integrating LGB-

affirmative therapy training into CFT programs (Godfrey et al., 2006; Greene, 1996; Rock et al., 2010). Thus, this study will use the theoretical lens of LGB-affirmative therapy training to explore what efforts, if any, faculty members in COAMFTE-accredited CFT training programs make to recruit LGB clients to their clinics.

Definition of Affirmative Therapy Training

The existing literature provides a number of definitions of LGB-affirmative therapy and training (Carlson & McGeorge, 2012; Matthews, 2007; McGeorge & Carlson, 2011; McGeorge & Carlson, 2016; Rock et al., 2010). For instance, scholars have argued that an important component of LGB-affirmative therapy training involves CFT faculty members encouraging trainees to examine any potential heterosexist and homophobic beliefs and biases they may hold (Carlson & McGeorge, 2012; Long & Serovich, 2003). Another important aspect of LGB affirmative therapy training is the ability for CFT trainees to have clinical and real-world experiences with LGB clients and the LGB community that help to decrease these negative views (Godfrey, Haddock, Fisher, & Lund, 2006; Long, 1996; Long & Serovich, 2003; Rock et al., 2010). Rock and colleagues (2010) defined LGB affirmative therapy as "an approach to therapy that embraces a positive view of LGB identities and relationships and addresses the negative influences that homophobia and heterosexism have on the lives of LGB clients" (p. 175). Furthermore, McGeorge, Carlson, and Toomey (2015) argued that affirmative therapy training "involves teaching about topics relevant to working with LGB clients and helping students develop more positive attitudes toward LGB individuals and relationships" (p. 58). McGeorge and Carlson (2011) similarly described that being an LGB-affirmative therapist involves acknowledging how heterosexism and homophobic biases may influence therapists and their clinical work. For the purpose of this study, LGB-affirmative therapy training is defined as

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the act of teaching and encouraging CFT trainees to take a positive and affirmative view of LGB

persons, relationships, and families, as well as recognizing how the societal influences of

homophobia and heterosexism can impact therapists, the therapy process, and LGB clients,'

lived experiences and relationships (McGeorge & Carlson, 2011; McGeorge et al, 2015; Rock et

al, 2010).

CHAPTER TWO. LITERATURE REVIEW

The existing literature clearly argues for the importance of students working with LGB clients in order to improve their clinical competence with this population (Bepko & Johnson, 2000; Carlson & McGeorge, 2012; Carlson et al., 2013; Doherty & Simmons, 1996; Giammattei & Green, 2012; Godfrey, Haddock, Fisher, & Lund, 2006; Long & Serovich, 2003; Rock et al., 2010). Despite numerous suggestions in the literature as to how clinical training programs can recruit LGB clients, current research appears to have not directly investigated the explicit efforts that clinical training programs make to recruit LGB clients. The scholarship reviewed in this chapter is the outcome of a comprehensive search of the extant literature in which I identified two categories of research that pertained to my study: (1) the importance of recruiting LGB clients, and (2) suggestions in the literature concerning LGB client recruitment practices. This chapter ends with a discussion of the theoretical framework being used for this study, LGB-affirmative training.

The Importance of Recruiting LGB Clients

The literature addressing the importance of recruiting LGB clients argues that actively recruiting LGB clients is beneficial to trainees (Carlson et al., 2013; Doherty & Simmons, 1996; Long & Serovich, 2003; Rock et al., 2010). For example, researchers have documented a relationship between working with LGB clients and LGB clinical competence (Carlson et al., 2013; Edwards et al., 2014; Henke et al., 2009; Rock et al., 2010). In particular, Rock et al. (2010) sampled 190 masters and doctoral students in programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), who had completed at least one year of CFT training and found that student trainees who worked with at least one LGB client reported higher LGB clinical competence with this population than those who had not completed such work. Graham, Carney, and Kluck (2012) also hypothesized in their study that

graduate students who saw greater numbers of LGB clients would have higher scores on self-reported clinical competency measures. In their study of 234 graduate counselor education and counseling psychology students in the United States, these scholars found that participants who reported more contact with LGB clients also reported higher levels of LGB clinical competence. These studies are significant to my proposed study, as they underscore that students who work with LGB clients have increased clinical competence with LGB clients. These studies are also important, as they raise the question of how accredited CFT training programs may be recruiting LGB clients.

In addition to Rock et al.'s (2010) and Graham et al.'s (2012) studies of LGB clinical competence in student trainees, Henke and colleagues (2009) examined the relationship between working with lesbian and gay (LG) clients and self-reported levels of homophobia in experienced clinicians. Using a larger sample of 741 clinical members from the American Association for Marriage and Family Therapy (AAMFT), these scholars concluded that clinicians who had seen LG clients reported lower levels of homophobia and higher levels of clinical competence with LG clients. These scholars also found that clinicians who had not worked with LG clients had higher levels of homophobia and lower levels of LG clinical competence. These scholars' findings appear to have important implications for my own proposed study, as they imply that seeing LG clients may lead clinicians to be less homophobic and more competent to work with LG clients.

Carlson et al. (2013) built upon these prior studies by surveying 248 masters and doctoral-level students in COAMFTE-accredited training programs, and asked participants if they saw LGB clients during their training, as well as what impact working with LGB clients had on their reported clinical competence with LGB clients. Carlson and colleagues (2013) used the

Affirmative Training Inventory (ATI), which included a Program subscale that examined the extent to which training programs provided students with the opportunity to work with LGB clients, perform research on LGB topics, and have an LGB-affirmative program environment. These scholars found a strong, positive association between the Program subscale and the Awareness subscale, which measured homophobia ($r = .19$, $p < .01$). This association suggested that when student trainees had experiences working with LGB clients and performed research within the context of an affirmative training program, they reported lower levels of homophobia. These researchers also found a positive association between the Program subscale and the Knowledge/Skill subscale, which measured LGB clinical competence ($r = .16$, $p > .05$). These scholars argued that this finding could suggest that students who gained clinical experience with LGB clients had increased clinical competence with LGB clients and decreased levels of homophobia. Carlson et al.'s (2013) findings suggested that increased LGB clinical competence, as well as lower levels of homophobia, appeared to result from a combination of working with LGB clients, doing research on LGB topics, and attending a training program with an affirmative environment. Outcomes from other scholars (Carlson & McGeorge, 2012; Edwards et al., 2014; Henke et al., 2009; Rock et al., 2010) provide additional credence for Carlson et al.'s (2013) argument that seeing LGB clients may increase LGB clinical competence.

Whereas the previous empirical studies concentrated on experienced clinicians and student trainees, Edwards and colleagues (2014) surveyed 84 faculty members from accredited CFT training programs to assess the degree to which students in their programs worked with LGB clients. These researchers found that 16.3% ($n = 9$ participants) of the sample indicated that they disagreed to some extent that their programs recruited LGB clients, while 30.9% ($n = 17$ participants) stated they were neutral, and 52.8% ($n = 29$ participants) of the sample agreed to

some extent that their training program recruited LGB clients. When asked to elaborate on their responses, only two faculty members chose to do so with this item, and provided the following responses: (1) more LGB clients should be recruited, and (2) the training program was "unsafe" (p. 20) for LGB individuals. Given these findings, Edwards et al. (2014) argued that additional work must be done to "increase inclusiveness and the affirmation of LGB identities at the program environment level" (p. 22). Specifically, Edwards and colleagues (2014) maintained that training programs must not only send a clear message to the public about their program's inclusiveness of all clients, but also mandate that all students work with LGB clients. Doing so, they argued, involves providing students with ample opportunities to work with LGB clients through clinic recruitment of LGB clients and internship placements.

McGeorge and Carlson (2016) also presented encouraging findings for recruitment based on faculty members' perceptions of LGB client recruitment in family therapy training programs. For instance, of the 117 faculty participants in these scholars' study, overall responses to the question "My program provides students with the opportunity to work with LGB clients" were as follows: 41.7% ($n = 48$) faculty members strongly agreed that their training programs allowed students to work with LGB clients, while 40.0% ($n = 46$) agreed, 13.9% ($n = 16$) somewhat agreed, 1.7% ($n = 2$) somewhat disagreed, 1.7% ($n = 2$) disagreed, and 0.9% ($n = 1$) strongly disagreed. These findings seemed to indicate that the vast majority of faculty members agreed to some extent that their training clinics recruited LGB clients. While these responses seemed encouraging, they do not shed light on any potential differences between participants who strongly agreed with this item and others who noted only somewhat agreeing. In particular, faculty members who somewhat agreed to this question could be engaged in fewer efforts to recruit, but the reader is uncertain to what extent. Furthermore, results from this study appeared

to suggest that while faculty members generally encouraged their students to work with LGB clients, a disparity existed between these responses and the reported number of training programs with affirmative policies in place that encouraged students to work with LGB clients. While this study provides important insight into the extent to which family therapy training program are recruiting LGB clients, it does not provide any information about how these programs are recruiting LGB clients, and thus highlights the importance of my study.

Existing research also posited that solely teaching students about LGB topics or ideas, while helpful, may not be adequate experience for trainees to increase their clinical competence with LGB clients (Bidell, 2013). For instance, Bidell's (2013) results from a comprehensive LGB elective course provided to counseling students found significantly higher sexual orientation competency scores for students who completed this course compared to students who did not. However, Bidell (2013) cautioned readers that training students to work with LGB clients "within the span of a few lectures or clients or activities" (p. 305) might not be plausible. Bidell (2012) also found that counseling student trainees who worked in community centers where there was the potential to work with diverse clients tended to have higher levels of LGB clinical competence than their counterparts who were limited to working only in schools where population diversity was limited. While Bidell (2012) acknowledged that these findings were not generalizable given this study's convenience sampling, these findings may suggest that trainees' LGB clinical competence could be improved when they have diverse clinical experiences that encompass working with LGB clients.

Farmer, Welfare, and Burge (2013) also found that, in a diverse sample of 468 counseling students, counselor educators, and school and community counselors, counselor educators reported the highest self-perceived clinical competence with LGB clients compared to other

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types of counselors in the study. Of the 40 counselor educators who responded to their survey, one respondent (2.5%) had never worked with an LGB client, 11 (27.5%) reported having worked with between one and five LGB clients, 23 (57.5%) indicated having worked with more than five LGB clients, and five (12.5%) declined to answer. Although many counselor educators in Farmer et al.'s (2013) study reported some experience with an LGB client, a major difference was found in responses from students. In particular, 37 (38.5%) counseling students reported that they never worked with an LGB client. This raises the question about the efforts counselor educators are making to recruit LGB clients for their training clinics.

Meier and Davis (2008), writing for an audience of clinical students, also argued for the importance of working with clients with diverse sexual orientations, but these scholars made this argument from the perspective that LGB clients should already be part of a clinic's client base. These scholars suggested that counselor trainees be responsible not only for learning about their clients' cultures, but also pay attention to the "stereotypes and biases about people who are different from themselves" (p. 45). These scholars maintained that counselor trainees who do not consider the needs of diverse clients may "inappropriately change the counseling process… [and] alter [their] idea of what constitutes healthy behavior" (p. 45). The perspective from which their argument is formulated appears to indicate that for clinicians in training to conceptualize client differences, they should work with a diverse base of clients.

The articles reviewed for this section bridge a gap in the literature regarding the importance of facilitating student trainees to work with LGB clients (e.g., Carlson et al., 2013; Doherty & Simmons, 1996; Long & Serovich, 2003; Rock et al., 2010). The literature thus far has indicated that students who see more LGB clients also have higher levels of self-reported LGB clinical competence (Carlson et al., 2013; Graham et al., 2012) and lower levels of

homophobia (Carlson et al., 2013; Henke et al., 2009). The establishment of these links in the literature is suggestive of the importance for accredited CFT training programs to recruit LGB clients. Two recent studies stand out in the present literature as particularly encouraging. In particular, Edwards and colleagues (2014) and McGeorge and Carlson (in press) found that fairly high percentages of faculty members reported that their training programs are recruiting LGB clients. However, given that other research has documented that student trainees lack necessary skills to work with this population (Biaggio et al., 2003; Long & Serovich, 2003) or attend training programs that do not provide extensive contact with LGB clients (Satcher & Schumacher, 2009), it would helpful if a study explored how LGB clients are being recruited.

Suggested Recruitment Efforts for LGB Clients

The literature to date focusing on LGB client recruitment in training programs reflects the belief that it is imperative for training programs to recruit LGB clients (Carlson & McGeorge, 2012; Doherty & Simmons, 1996; Edwards et al., 2014; Long & Serovich, 2003; Matthews, 2007), and provides a number of suggestions as to how training programs can recruit members of this population. This section of the literature review explores these suggestions in greater detail, and is subdivided into three sections: (1) marketing materials, (2) engaging the LGB community, and (3) welcoming clinical environments.

Marketing materials. The use of marketing materials geared toward LGB clients has been identified in the literature as a potential way in which CFT training clinics can recruit LGB clients both inside of their clinics and from the local LGB community (Carlson & McGeorge, 2012; Israel & Selvidge, 2003; Long & Serovich, 2003; Nova et al., 2013). For marketing to the local LGB community, scholars' suggestions included that therapy training programs use images of sexual minorities in their clinic flyers and brochures and disperse these materials in the local

LGB community (Carlson & McGeorge, 2012; Israel & Selvidge, 2003; Long & Serovich, 2003). Scholars also suggested calling or visiting local LGB community leaders to share a training clinic's interest in serving LGB clients and provide posters or flyers that continue the clinic interest in serving the LGB community (Long & Serovich, 2003). Additionally, Kerewsky (2012) and Lytle, Vaughan, Rodriguez, and Shmerler (2014) writing for an audience of practicing therapists argued that psychoeducational workshops geared at LGB couples could be included in marketing materials as a means of communicating that the clinic was open to serving the LGB community. These scholars' arguments appeared to demonstrate that CFT clinics could consider using advertising beyond the use of images of LGB persons to let the public know that a CFT training clinic is welcoming and affirming of the LGB community.

Kerewsky (2012) further argued that clinic advertising intended for LGB clients should "clearly state whether LGBT couples are welcome" (p. 371) and "reflect the relational concerns of couples with bisexual…partners" (p. 371) as ways to promote the clinic as a welcoming place for all persons in the LGB community. Regarding appropriate terminology to use in advertising materials to potential LGB clients, Kerewsky (2012) also recommended that "an LGBT consultant review…materials for possible misstatements or problems" (p. 371) so that clinics avoids language that could be deemed offensive by the intended audience, including the terms homosexual, gay women, and marital. Nova and colleagues (2013) also suggested that making subtle linguistic changes to CFT marketing materials could have a considerable impact on LGB client recruitment. Other scholars proposed the use of nondiscrimination statements in advertisements geared to local LGB communities as a way to publicize a CFT training clinic's commitment to serving LGB clients (Carlson & McGeorge, 2012; Long & Serovich, 2003; Matthews, 2007). Overall, scholars appear to support the view that CFT clinic marketing

materials geared toward the local LGB community are an important component of recruiting

LGB clients, given that they may help prospective LGB clients feel that their local CFT training

clinic is a safe and welcoming place for therapy services.

For clients who may not have disclosed their sexual orientation, but are already seeking

services within training clinics, marketing materials could be used within clinic waiting rooms to

communicate that the clinic is trying to be an LGB-safe space (Carlson & McGeorge, 2012;

Israel & Selvidge, 2003; Long & Serovich, 2003; McGeorge et al., 2015). In particular, waiting

rooms could have brochures that detail community-specific resources for LGB clients (Long &

Serovich, 2003). Scholars also proposed that CFT training clinic paperwork (e.g., consent forms,

confidentiality statements regarding sexual orientation, and nondiscrimination statements)

contain inclusive language that is welcoming of the LGB community (Carlson & McGeorge,

2012; Long & Serovich, 2003; Matthews, 2007). Examples of this inclusive language including

providing relationship descriptors such as long-term relationship, committed relationship,

partnered, married, and dating. Faculty members might also consider include a statement in

clinic brochures that speak to the affirmative stance of the training clinic, or include images such

as a rainbow flag that could signify that the CFT clinic is LGB affirmative (Israel & Selvidge,

2003; Long & Serovich, 2003). These materials may help increase LGB client recruitment, as

they serve as a potential indicator to clients that they can share a non-heterosexual orientation in

therapy, regardless of where they are in the coming out process. Additional marketing tools that

could serve to signify an accepting and welcoming environment to clients include trainees and

supervisors refraining from using diminishing language such as "homosexual" (Long &

Serovich, 2003, p. 63) inside the clinic, and intentionally "recruit[ing] and support[ing] sexual

minority trainees" (p. 64) to further indicate to clients that LGB individuals are welcome in the

clinic. Such efforts on the part of CFT training clinics could signify to current and potential LGB

clients that the space in which they entered is respectful of non-heterosexual identities and a safe

place to begin coming out or discussing LGB-specific life challenges (Carlson & McGeorge

2012; Long & Serovich, 2003; McGeorge et al., 2015). These scholars' suggestions are

significant to my study, as they appear to indicate that LGB-focused marketing efforts inside

CFT training clinics are a possible method for recruiting LGB clients by communicating that the

clinic environment is affirming of LGB identities. Such an environment within a CFT training

clinic may aid in retaining LGB clients who are currently receiving therapy services but are not

yet out to their therapist.

      Engaging the LGB community. The literature to date also suggested that in order to

recruit LGB clients, therapy training programs should actively engage with their local LGB

community (Carlson & McGeorge, 2012; Long & Serovich, 2003; Lytle et al., 2014; Matthews,

2007) and promote greater positive experiences for LGB clients at training clinics that help foster

client well-being by signifying a safe environment (Lytle et al., 2014). Suggestions as to how

training programs might engage their local LGB communities were offered by Carlson and

McGeorge (2012) when they argued that family therapy training programs "establish

relationships with agencies that serve the LGB community in order to actively recruit LGB

clients for their clinics" (p. 405). Scholars have also suggested that a training program's

relationships within the LGB community could foster LGB client recruitment efforts and are a

necessary aspect of allowing trainees to work with LGB clients (Long & Serovich, 2003). In

order to further develop these relationships with the LGB community, scholars have, for

example, recommended that family therapy training programs invite local LGB community

members to evaluate a program's strides toward being more affirmative by reviewing clinic

policies and procedures (Carlson & McGeorge, 2012). The benefit of inviting LGB community leaders to evaluate the policies and procedures of a training program is that this practice could offer CFT programs valuable feedback while also allowing the LGB community to assess for itself the degree to which a training clinic is affirming and safe, which ultimately aids in the recruitment process (Carlson & McGeorge, 2012).

Other scholars proposed that engagement with the LGB community could be achieved by changing intake forms to reflect the various relationship choices that LGB persons choose, as opposed to using commonplace terms such as single, married, and divorced (Long & Serovich, 2003). Comprehensive vocabulary changes proposed in the literature included long-term relationship, committed relationship, partnered, and dating (Carlson & McGeorge, 2012; Long & Serovich, 2003; Matthews, 2007). Recommendations also included that clinic intake paperwork have options for sexual orientation such as men who have sex with men, women who have sex with women, same-gender loving, queer, and questioning (Lytle et al., 2014, p. 340), as well the use of open-ended questions in paperwork and intake interviews that offer clients the option to describe their sexual orientation and relationship organizational structure (Heck, Flentje, & Cochran, 2013; Lytle et al., 2014). When communicating verbally or in writing with LGB clients, the literature recommended that training clinics engage with LGB clients by using inclusive language that is respectful of various identities to ensure respect for all clients (Lytle et al., 2014). Scholars also prescribed changing the language of informed consents to add specific language that reflects a clinic's commitment to the confidentiality of sexual orientation disclosure (Long & Serovich, 2003). These suggestions in the literature appear to indicate that CFT training programs that facilitate a process of engagement with the LGB community may also increase their recruitment of potential LGB clients.

In addition to engagement with the LGB community, scholars have provided a number of suggestions for how training clinics can participate in the LGB community in an effort to enhance the recruitment of LGB clients (Godfrey et al., 2006; Israel & Selvidge, 2003; Matthews, 2007). In particular, the literature included suggestions about the importance of "getting to know LGB persons" (Godfrey et al., 2006, p. 498) and "interacting with panels [groups] of LGB persons" (p. 500). In order to facilitate participation in the LGB community, Matthews (2007) argued that training programs could march in local pride parades with other affirmative therapists as a means of participating in local LGB communities and recruiting LGB clients. Well-intentioned ventures by training clinics into their local LGB communities might also serve as unassuming and realistic LGB client recruitment strategies, as they appear to publicly provide LGB individuals the opportunity to identify a program's efforts to be safe, affirming, and transparent.

Welcoming clinical environments. Although the overall clinical environment at a CFT training clinic may not necessarily be the first place that one would think LGB client recruitment would take place, the literature contains encouraging suggestions about modest interior changes that CFT training clinics can make to recruit LGB clients and make LGB clients feel more welcomed in these spaces (Israel & Selvidge, 2003; Long & Serovich, 2003). Such welcoming clinical environments are important, particularly given that CFT training clinics can expect to see not only openly LGB clients, but also LGB clients whose sexual orientation is not immediately apparent in session, or whose backgrounds make it difficult for them discuss their sexual orientation (Perez, 2007). Thus, CFT trainees may already be working with LGB clients who are searching for a therapeutic place of refuge (Fish & Harvey, 2011) in which the coming out process might begin. In the course of their training, CFT trainees may be given more

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opportunities to work with LGB clients, which increases their LGB clinical competence (Rock et al., 2010). This section details some of the suggestions in the literature that could serve to increase LGB client recruitment by making clinical environments more welcoming for LGB clients.

The literature to date has also suggested that the waiting room serves as a good place to begin creating a welcoming clinical environment for potential new LGB clients and those who have not yet felt comfortable revealing a non-heterosexual orientation in therapy (Carlson & McGeorge, 2012; Israel & Selvidge, 2003; Long & Serovich, 2003). Like the overall clinic environment, waiting rooms may not traditionally be perceived as places for client recruitment to take place. However, waiting rooms are places where CFT training clinics can commence the process of communicating to potential and current LGB clients that they are in an LGB safe space, which the literature suggests may aid in the recruitment of LGB clients (Lytle et al., 2014). Scholars have similarly argued that engagement with LGB clients in this setting could be fostered by providing lists of local resources specific to LGB persons (Carlson & McGeorge, 2012; Israel & Selvidge, 2003; Long & Serovich, 2003), and that doing so may serve as a beginning step in demonstrating that a training clinic is a welcoming and safe space for LGB clients and their families to begin the process of discussing sexual orientation (Carlson & McGeorge, 2012; Israel & Selvidge, 2003; Long & Serovich, 2003). Also, the use of LGB-affirming visual cues in training clinics' waiting rooms, including the use of safe space stickers, rainbow flags, pink triangle, and affirmative art and literature were all identified as ways to foster this engagement and create a safe place to possibly disclose a non-heterosexual orientation (Heck et al., 2013; Israel & Selvidge, 2003; Lytle et al., 2014; Mayer et al., 2008). Additional suggestions included that CFT training clinics intentionally use these visual cues to represent a

celebration of diverse client identities to help foster engagement and cultivate positive subjective experiences for LGBT clients (Heck et al., 2013; Lytle et al., 2014). A diversity of visual cues in the CFT training clinic could indicate to LGB clients who are still not out that the clinic welcomes conversations about sexual orientation and is affirming of LGB identities. Inside of the therapy room, McGeorge and Carlson (2011) proposed that therapists could further market themselves by identifying themselves to clients as LGB-affirmative practitioners. This practice could also help convey to LGB clients that the clinic they chose is safe, welcoming, and affirming, while also facilitating a clients' choice to reveal his or her sexual orientation.

In summary, the literature to date indicates that the capacity for student trainees in CFT programs to provide competent therapy to LGB clients is related to a student's opportunity to work with LGB clients (Carlson & McGeorge, 2012; Carlson et al., 2013; Edwards et al., 2014; Henke et al., 2009; Long & Serovich, 2003; McGeorge et al., 2015; Rock et al., 2010). However, scholars have not specifically examined the efforts that CFT training programs make to recruit LGB clients. Encouraging findings from Edwards and colleagues (2013) and McGeorge and Carlson (in press) suggested that training programs may be recruiting LGB clients; however, no studies have examined the mechanisms by which programs recruit these clients. Other scholars discussed in my literature review presented a number of theoretical ideas about how training programs could recruit LGB clients. These scholars' ideas included placing brochures in waiting and therapy rooms that detailed community-specific resources for LGB clients (Long & Serovich, 2003), using LGB-affirming visual cues inside waiting and therapy rooms, including the use of safe space stickers, rainbow flags, art, and literature (Heck et al., 2013; Israel & Selvidge, 2003; Lytle et al., 2014; Mayer et al., 2008), and marching in local LGB pride parades to engage LGB individuals outside of the training clinic (Matthews, 2007). Given that scholars

appear to have consistently made suggestions as to how CFT training clinics can recruit LGB clients (Carlson & McGeorge, 2012; Israel & Selvidge, 2003; Long & Serovich, 2003; Lytle et al., 2014), it will be interesting to explore how faculty members are recruiting LGB clients into training clinics.

Theoretical Lens

As stated previously, LGB-affirmative therapy training, which scholars have argued is necessary for CFTs to become culturally competent to work with LGB clients (Carlson & McGeorge, 2010; Rock et al., 2010), served as my guiding theoretical lens for this study. A central component of LGB-affirmative therapy training is the opportunity to work with LGB clients (Rock et al., 2010). Another element of LGB-affirmative therapy training involves CFT students and faculty using self-of-the-therapist work to identify and decrease the influence of potential personal biases and beliefs that can negatively influence therapy with LGB clients (Carlson & McGeorge, 2012; McGeorge et al., 2015). Other scholars have suggested that LGB-affirmative therapy training could be defined as including clinical experiences with LGB clients and becoming acquainted with LGB people (Edwards et al., 2014; Godfrey et al., 2006; Long & Serovich, 2003; Matthews, 2007) For this study, LGB-affirmative therapy training is defined as an overarching and guiding lens that is comprised of the following components: training that encourages students to have clinical and personal experiences with LGB persons, cultivating a positive view of LGB clients, and engage in self-of-the-therapist work to diminish the effect of homophobia and heterosexism on therapists and the therapy process (Godfrey et al., 2006; Long & Serovich, 2003; McGeorge et al, 2015; Rock et al, 2010). This study's theoretical lens was helpful in the data coding process, as it provided me the ability to make meaning of the data in a way that I could not have without this lens.

Research Question

Based on the findings from this literature review, my study serves as an exploratory examination of the efforts that faculty members from COAMFTE-accredited CFT training programs make to recruit LGB clients for their training clinics. This exploratory study sought to explore the following two research questions: (1) What efforts, if any, do faculty members at accredited CFT training programs make in recruiting LGB clients?; and (2) To what extent do faculty members' reports of their programs' LGB client recruitment efforts reflect the LGB-affirmative therapy training literature?

CHAPTER THREE. METHODS

The data for this study was secondary data from a larger study that focused on faculty

members' perspectives of LGB-affirmative training. This chapter is subdivided into the

following sections: (1) participants, including information regarding participant recruitment and

description, (2) measures, (3) procedures, and (4) data analysis.

Participants

Participant Recruitment

Recruitment efforts for the larger study included: (1) emails sent to individual faculty

members at COAMFTE-accredited programs, (2) emails sent to training program directors at

COAMFTE-accredited CFT programs requesting that the information about the study be passed

on to faculty members, (3) information posted online to the AAMFT research directory as well

as the AAMFT Community website for CFT faculty members, and (4) announcements posted to

the National Council on Family Relations (NCFR) Family Therapy Section list aimed at CFT

faculty members. Additionally, two reminder emails were sent biweekly to prospective

participants.

Sample Description

The sample for this study consisted of 63 faculty members from COAMFTE-accredited

CFT programs, who completed the items of interest, which were drawn from a larger sample of

118 participants (see Appendix A). The average age of the participants for this study was 48.20

years ($SD = 11.40$), with a range in age from 29 to 70 years. The majority of the participants

identified as White (77.8%) and female (69.8%). The average number of years that the

participants served as faculty members was 11.51 years ($SD = 9.83$), and the majority of

participants (65.1%) reported being core academic faculty members in their CFT training

program. In terms of the type of training program participants reported teaching in, 49.2% reported teaching in a Master's program, 31.7% in a combined Master's and doctoral program, and 15.9% in a doctoral program. Furthermore, 39.7% of the participants identified being employed at a public university, 30.2% reported working at a private non-religious university, and 20.6% reported working for a private religious university. Finally, the vast majority of the participants (93.7%) reported having worked with an LGB individual or couple in therapy.

Measures

The measures used for this study consisted of one Likert scaled item and an open-ended item. While the focus of this study was on participants' responses to the open-ended item, "What efforts, if any, does your program make to recruit LGB clients?," I also reported the responses from the following Likert scaled item: "My program provides students with the opportunity to work with LGB clients." The response options for this Likert scaled item ranged from strongly disagree (one) to strongly agree (six).

Procedures

In order to participate in the larger study, participants opened an e-mail link to an electronic survey that was previously granted Institutional Review Board (IRB) approval from North Dakota State University. At the commencement of the electronic survey, an informed consent document was provided to each participant. Participants who elected to progress through the electronic survey were provided with a series of Likert scaled and open-ended items from the Affirmative Training Inventory, Faculty Version (ATI-F; McGeorge et al., 2015), followed by a measure of self-reported clinical competence with LGB clients, and a demographic questionnaire. The items for this study were all from the ATI-F. Informed consent was automatically inferred for participants who submitted the electronic survey.

Data Analysis

Thematic Analysis

For this study, I used an LGB-affirmative therapy training lens to guide my thematic analysis, which means this lens was used as a filter through which I was able to make meaning of the data. My theoretical lens also helped me to better integrate the numerous responses within the data into a format that I believed to be reflective of the LGB-affirmative therapy literature. With this theoretical lens in mind, thematic analysis was used to identify any possible categories, themes, and subthemes that were contained in the data (Braun & Clarke, 2006; Morrow, 2005). Creswell (2006) described thematic analysis as a way for scholars to perceive silenced voices and appreciate "the complexity of the case" (p. 75) in order to avoid generalizing or missing important distinctions in the data. During this study, my theoretical lens guided my analysis by allowing me to question if the efforts of CFT faculty members to recruit LGB clients were characteristics of LGB-affirmative therapy training practices identified in the literature (Davies, 2000; Long & Serovich, 2003; McGeorge et al., 2015; Perez, 2007; Rock et al. 2010). Using an LGB-affirmative training lens to guide my thematic analysis also offered me an effective and unique way to examine and report the commonalities within the data with rich and exact descriptions (Braun & Clarke, 2005). Such descriptions in my thematic analysis originated through the analysis process in which categories, themes, and subthemes were identified (Braun & Clarke, 2005). Categories served as more collective ideas in the data, which comprised themes that were representative of more detailed response patterns (Braun & Clarke, 2005). As the analysis process proceeded, subthemes emerged within given themes, which represented more nuanced ideas (Braun & Clarke, 2005).

I began this thematic analysis process by immersing myself in the data to gain a better understanding of its content, while keeping my theoretical lens central in my mind. In order to immerse myself in the data, I read through the data three times to familiarize myself with it (Braun & Clarke, 2006). As I read through the data, I kept in mind my own background as a person who identifies as LGB, and the biases and assumptions I could hold in working with this data (Morrow, 2005). On the same token, I believe that my identity as a gay man provided me with important insight into understanding the data. Given that my unique positionality could have impacted the coding process in this study by influencing how I interpreted the data, my advisor and I used peer debriefing sessions (Braun & Clarke, 2006; Lincoln & Guba, 1985; Morrow, 2005) that helped me to explore my emerging hypotheses about the data and expose the potential biases I held to reduce this possibility (Lincoln & Guba, 1985).

After immersing myself in the data, I reviewed the data to identify key words or phrases from the participants that could be used to establish descriptive codes (Braun & Clarke, 2006; Morrow, 2005). The data was coded through a careful review of all responses that was "thorough, inclusive, and comprehensive" (Braun & Clarke, 2006, p. 96) in order to avoid the results being based on a limited set of responses (Braun & Clarke, 2006). Once these key words or phrases were identified, I went through my data and labeled each response with key words and phrases, keeping in mind my theoretical lens so that I remained grounded to the components of LGB-affirmative therapy training. After coding the data, I initiated an ongoing peer debriefing process with my thesis advisor, in which we met to discuss the data at every step (Braun & Clarke, 2006; Lincoln & Guba, 1985; Morrow, 2005). These peer review meetings served to increase the credibility of my analysis (Braun & Clarke, 2006; Lincoln & Guba, 1985; Morrow, 2005) by reviewing the codes, categories, themes, and subthemes that I generated and also

ensured that the data for this study and my subsequent analysis "match each other" (Braun & Clarke, 2006, p. 96). Additionally, meetings with my thesis advisor for peer debriefing sessions were focused on discussing my data through my theoretical lens. In particular, during these sessions and throughout the coding process, it was important for me to remain attentive of the ways in which I interpreted the data so as to remain grounded in my theoretical framework by frequently reviewing my definition of LGB-affirmative therapy training and staying mindful of the central components of LGB-affirmative therapy training as defined in the literature. These peer review sessions also helped me to consider and discuss my possible biases therein as an LGB student with my advisor. Reviewing the data at each peer review session with my advisor also allowed for opposing interpretations of the data to be clarified and provided me an opportunity to discuss how my own interpretations of the data might be supplemented by my theoretical lens. The quality of the data analysis was also enriched by confirming and questioning emerging issues and associations within the data during this process (Morrow, 2005; Stake, 2010).

During my first peer debriefing session, we reviewed my initial codes and discussed how the codes fit or did not fit the data. Once we came to an agreement about the codes for the data, I went through my data a second time using the agreed-upon codes. I then met again with my thesis advisor for a peer debriefing session to review my coded data and discuss my rationales behind my coding process. We met until we both agreed that the data had been coded in line with my theoretical lens. Following this meeting, I created word files that were organized based on the codes that I identified, and I then reviewed the data under each code to determine if I still felt that the codes fit the data. At this point, I used my theoretical lens to look for links between my codes to see if larger connecting ideas could be identified, which served as categories. Once I

identified my potential categories, I reviewed my data to identify and merge any analogous

categories in order to remove redundancies. To establish whether these categories were best

suited for the data set, I met with my thesis advisor again in order to review these categories and

discuss other categories that my thesis advisor had identified within the data and comparing these

against my theoretical lens. When we both agreed on the categories, I worked to identify

nuanced ideas within each category that might have represented potential themes consulting my

theoretical lens. Once I identified these potential themes, I met with my thesis advisor to discuss

my rationale for the themes as well as any possible changes to the themes and how these themes

fit within my theoretical lens. When we agreed upon these themes, I reviewed my data again to

identify any subthemes that emerged within any of my themes and met again with my thesis

advisor to review and discuss these subthemes within the context of my theoretical lens. At each

of these meetings focused on identifying categories, themes, and subthemes, my advisor and I

reviewed and discussed my analytic process from the perspective of my theoretical lens to ensure

consistency in the data analysis, but also to identify categories, themes, and sub-themes that

appeared to represent differences from the existing LGB-affirmative therapy training literature.

Throughout this process I worked with my advisor in peer debriefing sessions to discuss my

rationale for identifying these differences as a means to ensure that my own biases did not

influence the coding process. Verbatim quotations were selected to highlight these themes and

subthemes.

CHAPTER FOUR. RESULTS

The results from this study included responses regarding the efforts that CFT faculty members at COAMFTE-accredited therapy training programs make to recruit LGB clients. The thematic analysis revealed five categories which described faculty members' efforts or lack of effort to recruit LGB clients at accredited CFT training programs. These categories included: (1) Fostering an LGB-Affirmative Clinic Identity, (2) Marketing Efforts, (3) Networking and Collaborating, (4) Creating LGB-Specific Training Opportunities and Programs, and (5) Limited or No Recruitment Efforts. Within each category, I also identified themes and relevant sub-themes. Themes and sub-themes are illustrated using direct quotations to provide readers with the richest possible description of the data (Braun & Clarke, 2006). A full list of the categories, themes, and pertinent sub-themes can be found in Appendix A.

In addition to the thematic analysis, I also calculated the frequencies of a Likert scaled item that asked, "My program provides students with the opportunity to work with LGB clients," and found that a large majority of my sample endorsed this item. Specifically, 40.7% of faculty members strongly agreed, 39% agreed, and 13.6% somewhat agreed, while 4.2% disagreed to some extent, and 2.5% did not respond to the item (see Appendix B). This is an encouraging finding as it reveals that a significant proportion of CFT faculty members surveyed appear to be recruiting LGB clients to some degree.

Fostering an LGB-Affirmative Clinic Identity

This first category captured faculty members' responses in the data that indicated that they recruited LGB clients into their CFT training programs through creating an LGB-affirmative clinic identity. Within this category, two specific themes were identified: (1) Communicating an Affirmative Stance, and (2) Promoting LGB Research.

Communicating an Affirmative Stance

The first salient theme from this category arose from faculty responses indicating that their efforts to recruit LGB clients involved declaring, defining, or promoting what their clinic stood for and, in particular, that their clinic was LGB affirmative. There were several responses that exemplified faculty members' focus on communicating what the clinic stands for, including, "We make it explicit that we are an LGB-friendly program, approaching the issue from a social justice perspective," "We say specifically that we work with issues specific to the LGBTQ community," and "[We] publicly promote [the] agency as a safe setting for LGB clients and have policies regarding [the] same." Three sub-themes were also identified within this theme that provided additional insight into the specific ways that faculty members communicated what their clinics stood for, namely, (1) Communicating through nondiscrimination statements, (2) Communicating specifically through the clinic name, and (3) Communicating through the clinic environment.

Communicating through nondiscrimination statements. The first of three sub-themes identified faculty members' efforts to communicate what the clinic stands for through the use of nondiscrimination statements. In particular, response in this sub-theme reflected a belief that having a clear nondiscrimination statement aided in the recruitment of LGB clients. This sub-theme included one response in which a faculty member stated that their nondiscrimination statements was online, perhaps as a way to communicate to potential LGB clients. In particular, this participant provided the verbatim text from the clinic's online nondiscrimination statement that read, "The [clinic] is committed to creating a safe environment that honors diverse backgrounds, family forms, and experiences." This faculty member also identified specific wording within the clinic's online nondiscrimination statement that the clinic "does not

discriminate or refuse services to anyone on the basis of age, culture, ethnicity, gender, physical disability, race, religion, or sexual orientation." A second faculty member's response included the mention of a "written policy [that] states that we do not discriminate against clients on any basis."

Communicating specifically through the clinic name. A second sub-theme detailed that faculty members communicated what their clinic stood for through a process of changing the clinic's name. These faculty members appeared to suggest that by adopting a more inclusive clinic name that would assist in recruiting LGB clients. Quotations that illustrate this sub-theme included, "Changed the name of our program and degree to Couple and Family Therapy (as opposed to marriage), and "Changed the name of clinic to Couple & Family."

Communicating through the clinic environment. The third and final sub-theme that emerged from my larger identified theme revealed faculty members' efforts to communicate what the clinic stands for through the clinic environment. These faculty members appeared to indicate that being explicit about the clinic being a safe and affirmative environment, in addition to making clients feel welcome in clinics, could assist in recruiting of LGB clients. Quotations within this sub-theme included, "We also have a Safe Space emblem at our clinic's front door," "We are an LGB-affirmative program, this is explicit in our waiting room materials (posters, brochures, etc.), and "My program tried to make the clinic a welcoming environment."

Promoting LGB Research

A second and final theme within this category of Fostering an LGB-affirmative Clinic Identity focused on the use of LGB research as a mechanism to foster an LGB-affirmative clinic environment and, most importantly, recruit LGB clients. While this final theme under this category may initially appear not tied directly to the recruitment of LGB clients, research

produced on LGB topics could be advertised on the training clinic website where it can be seen by potential LGB clients. Advertising the training program's LGB-specific research on the clinic website could further communicate that the CFT clinic is ready to work with LGB clients, and could lead to increased LGB client recruitment. It is important to consider that LGB clients may search for LGB-affirmative therapists online, so publicizing LGB-affirmative research can provide a way for LGB clients to see that a clinic has an LGB-affirmative stance. In particular, CFT faculty members' responses under this theme suggested that recruiting LGB clients could be facilitated by promoting the research interests of faculty and students, as well as hiring faculty members whose research interests included LGB topics. This theme included the following quotations from CFT faculty members: "We advertise the research interests of our faculty," "We've hired a person…whose area of research is sexual minority youth, so I think our outreach in this area will improve," and "We promote faculty LGBT scholarship. We promote LGBT student theses."

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Marketing Efforts

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The second category identified through the thematic analysis included CFT faculty members' responses that appeared to convey that marketing could serve as an important means of recruiting LGB clients. Faculty members' responses under this category reflected both general marketing efforts, as well as marketing through resources that could be specific to the LGB community. Two themes emerged from this category: (1) Using Inclusive Marketing Materials, and (2) Marketing through LGB-Specific Resources.

Using Inclusive Marketing Materials

The first identified theme under the category of Marketing Efforts indicated that CFT faculty members use inclusive marketing materials to recruit potential LGB clients. Responses

under this theme also appeared to suggest that in order to recruit LGB clients, CFT faculty members use different mechanisms to reach out to and recruit LGB clients (i.e., online marketing versus flyers). Quotations from this theme included, "We promote this through our marketing material," We advertise on our website and through various flyers," and "Marketing materials are clear about our broad definition of family." One sub-theme was also identified under this theme, which appeared to specifically address CFT faculty members' utilization of pictures as an inclusive marketing material that could help recruit LGB clients.

Pictures. In particular, this sub-theme appeared to contain responses from CFT faculty members who indicated that including LGB-affirming pictures in CFT marketing materials may help recruit LGB clients. Quotations that illustrated this sub-theme included, "Inclusive brochures and pictures," and "We use photos of couples that can be seen as ambiguous in terms of gender."

Marketing Through LGB-Specific Resources

The second theme under the category of Marketing Efforts included responses from CFT faculty members that suggested that recruitment of LGB clients may be aided by marketing within specific resources that targeted the LGB community. In particular, CFT faculty members appeared to indicate that marketing through LGB-specific resources may help recruit LGB clients, given that they were specifically designed for the LGB community or serve as part of a larger, LGB-friendly, resource. Quotations that emerged from this theme included, "Advertisement in LGB-specific yellow pages," "Clinic is listed in resources at Outreach, which is a resource center for LGBT [individuals]," "Our clinic's services are included in an LGBTQ-friendly resource list," and "We advertise in an LGBTQ community newspaper."

Networking and Collaborating

The third category identified through the thematic analysis includes quotations that suggested that faculty members are using local community and campus-based connections to help recruit LGB clients. Additionally, several responses indicated that CFT student and faculty involvement in networking and collaborating serves as a way to recruit LGB clients. Two themes emerged during the thematic analysis that appeared to illustrate CFT faculty members' use of networking and collaborating to recruit LGB clients: (1) Connecting to Other Organizations, and (2) Student and Faculty Involvement in Recruiting LGB Clients.

Connecting to Other Organizations

The first theme under this category includes CFT faculty members' responses that suggested that networking and collaborating involved connecting with organizations both on campus and in the surrounding community to recruit LGB clients. This theme is organized into two sub-themes that also appeared to illuminate this dichotomy: (1) Connecting to LGB community organizations, and (2) Connecting to campus organizations.

Connecting to LGB community organizations. The first sub-theme under the theme of Connecting to Other Organizations contained responses from CFT faculty members who suggested that connecting to LGB community organizations was a specific method of networking and collaborating that may help recruit LGB clients. Quotations that illustrated the efforts of faculty members to connect to LGB community organizations included, "Direct faculty connections with local LGBTQ community outreach programs," "Informal networking, participation in the Gay Pride parade," and "Strong ties with local LGBT organizations, actively recruit with local transgender support group."

Connecting to campus organizations. The second sub-theme identified through the thematic analysis included responses from CFT faculty members that indicated potential efforts to connect directly to campus organizations as a means of networking, collaborating, and recruiting LGB clients. Quotations that exemplified this sub-theme included, "Marketing in the campus community," "We encourage students to attend Safe Zone training and work closely with [the] LGBTQI alliance on campus – informing them of the services we have for LGBTQI students on campus," and "As associate dean, I've been involved in LGBT support efforts on the college level."

Student and Faculty Involvement in Recruiting LGB Clients

The second and final theme under the larger category of Networking and Collaborating contains responses from CFT faculty members who seemed to suggest that networking and collaborating was a process undertaken by students and faculty members alike. In particular, these CFT faculty members appeared to indicate that students, as well as faculty members, could serve as powerful tools to recruit potential LGB clients. Quotations that helped illustrate this sub-theme included, "We have LGBTTQ faculty and therapists in training who help attract LGBTTQ clients" and "Our students are also great recruiters through word of mouth."

Creating LGB-Specific Training Opportunities and Programs

The fourth category identified in the thematic analysis includes responses from CFT faculty members who seemed to suggest that creating LGB-specific programming also helps to recruit LGB clients into their training programs. The results from this category also appeared to indicate that recruiting LGB clients was not limited to a CFT program's on-campus clinic, but also involves CFT faculty selecting external practicums or internship placements that have an LGB client base. Two themes emerged from the larger category and appeared to highlight

specific ways that CFT faculty members recruit potential LGB clients in these settings, including, (1) Selecting Opportunities for Students to Work with LGB Clients in External Practicum Sites, and (2) Creating LGB-specific Clinical Programs.

Selecting Opportunities for Students to Work with LGB Clients in External Practicum Sites

The first theme under the larger category of Creating LGB-Specific Training Opportunities and Programs contained responses from CFT faculty members that appeared to indicate that an important component of recruiting LGB clients may include selecting external practicum sites where students could gain experience with LGB clients and simultaneously promote the recruitment of LGB clients into a new therapy setting. Quotations from this theme included, "We regularly place students in practicum settings that are specifically for LGBTQ clients," Students have opportunities to work with very diverse clientele populations in the community," and "Our students see their clients in community agencies, most of which are LGBTQ-friendly; we are in the process of adding an agency which works exclusively with LGBTQ clients."

Creating LGB-specific Clinical Programs

The second theme identified from the larger category of Creating LGB-Specific Training Opportunities and Programs contained participant responses suggestive of faculty members aiming to create specific clinical programs for LGB clients as a means to enhance LGB recruitment. Four quotations from this theme appeared to illustrate this idea, including, "We have a dedicated program to LGBT clients," "We are starting an LGBQ/T community and support group this summer," "Run specific LGB support groups," and "We have a program for LGB families."

Limited or No Recruitment Efforts by Faculty

The final category that emerged during the thematic analysis included numerous

responses from CFT faculty members indicating that they were engaging in little, if any, efforts

to recruit LGB clients. Within this category, five themes emerged that seemed to suggest an

assortment of explanations as to why recruiting LGB clients was not currently occurring or was

difficult for participants to identify. These five themes included: (1) No On-site Clinic, (2) Need

to Improve, (3) LGB Clients Already Come to the Clinic, (4) Unknown, and (5) No Recruitment

Efforts.

No On-site Clinic

The first theme under the larger category of Limited or No Recruitment Efforts contains

faculty members' responses representative of a structural limitations that could hinder the

recruitment of LGB clients. Quotations from the first theme that illustrated possible structural

limitations on LGB client recruitment included: "We do not have an on-campus clinic, so we do

not recruit any kind of clients" and "I do not work in a program that provides internships or

regular clinical training." The lack of a training clinic noted in these quotations could certainly

impede LGB client recruitment, and seems to suggest the importance of off-campus practicum or

internship sites where CFT students might work with LGB clients. Encouragingly, another

participant appeared to indicate that structural limitations may not necessarily prevent the

recruitment of LGB clients at other agencies with which the CFT program is affiliated, noting,

"Our students see their clients in community agencies, most of which are LGBTQ-friendly."

Need to Improve

The second theme under this category contained a single response suggesting what aspect

of this faculty member's CFT program could possibly change in order to recruit additional LGB

clients. A segment of this response indicated the possibility of improving paperwork to better recruit LGB clients, illustrated through the statement, "I believe we could do a better job with our intake forms." This participant also indicated that his or her program could improve the recruitment of LGB clients within their local community. Specifically, this participant stated that, "We could do a better job of actively recruiting LGB clients and becoming known as an LGB affirming agency within the local mental health community."

LGB Clients Already Come to the Clinic

The third theme that developed under the larger category of Limited or No Recruitment Efforts by Faculty comprised responses in which CFT faculty members identified that LGB recruitment efforts were not needed as LGB clients may already be seen in their training clinic. These responses could also be suggestive of the notion that recruiting LGB clients could have occurred historically; however, the responses did not specify this notion. Quotations that illustrated this theme included: "It doesn't. They present spontaneously to our training clinic," "There aren't really any efforts, although my practicums regularly have LGB clients," and "We don't have specific outreach but have several LGBT couples and families in our client population." One sub-theme also emerged from this larger theme that appeared to illustrate a more nuanced idea about this, namely, LGB clients who already come to the clinic due to previous recruitment efforts.

Due to past recruitment efforts. A distinct sub-theme consisting of one response also emerged from the larger theme of LGB Clients Already Come to the Clinic. The response representing this sub-theme seemed to reveal that CFT faculty members' past recruitment efforts of LGB clients could result in a sustained pipeline of LGB clients in the CFT clinic. This sub-

theme was illustrated by a response indicating that "Referral sources recognize the university clinic's past involvement."

Unknown

The fourth theme under the larger category of Limited or No Recruitment Efforts by Faculty reflected responses from CFT faculty members who reporting being unaware of current efforts to recruit LGB clients. Two participants described themselves as adjunct instructors, and appeared to allude to this as a reason for not knowing about current recruitment efforts for LGB clients. Specific quotations from these participants illustrating this idea included: "I'm teaching as an adjunct instructor and I don't think I can speak to this," and, "As adjunct, I do not know if the LGB students are actively recruited." A third participant listed "Unknown" as the answer to the item.

No Recruitment Efforts

The fifth and final theme under the category of Limited or No Recruitment Efforts by Faculty included responses suggesting that CFT faculty members may not make efforts to recruit LGB clients. Quotations that illustrated this theme included: "None in particular," "No direct efforts to recruit LGB clients," and "Not applicable." A sub-theme also emerged from the theme of No Recruitment Efforts, specifically, No Recruitment Efforts Specifically for LGB Clients.

No recruitment efforts specifically for LGB clients. A single sub-theme emerged from the larger theme of no recruitment efforts, given that some CFT faculty members appeared to identify recruitment efforts that may not pertain directly to potential LGB clients. Quotations that illustrated this sub-theme included: "No efforts to specifically recruit LGB," which appeared similar to another participant's response stating, "None specifically targeting LGB clients." Another participant identified that while CFT faculty members did not recruit LGB clients, the

university in which the CFT program is located may be welcoming of LGB persons. In particular, this participant wrote: "Our University has a diversity initiative that organizes pride parades and day of silence events. We have also had a presidential lecture series on LGBTQ issues a couple of years ago." This participant further identified that the university in which the CFT program was located as housing "one of the foremost institutes in LGBTQ studies."

CHAPTER FIVE. DISCUSSION

The final chapter of this thesis is divided into the following sections: (1) Discussion of the Main Findings, (2) Implications for Clinical Training Programs, (3) Limitations of the Study, (4) Suggestions for Future Research, and (5) Conclusion.

Discussion of the Main Findings

Across the participants' responses, three main findings were identified: (1) Passive and Intentional LGB Client Recruitment Efforts, (2) CFT Faculty Members Work to be Welcoming and Inclusive of LGB Clients, and (3) Challenges with LGB Client Recruitment. My theoretical lens of LGB-affirmative therapy training helped to provide a filter through which to interpret and make meaning of these main findings. In particular, my first main finding, Passive and Intentional LGB Client Recruitment Efforts, examines LGB client recruitment efforts as interpreted by my theoretical lens. These included intentionally affirming recruitment strategies in which CFT faculty members followed an LGB-affirmative framework, as well as passive recruitment efforts that represented a focus on general diversity strategies that did not fully represent an LGB-affirmative therapy training framework. This section will conclude with a discussion of the second research question focused on the extent to which LGB recruitment efforts identified in this study reflect the LGB-affirmative therapy training literature.

Passive and Intentional LGB Client Recruitment Efforts

The theoretical lens of LGB-affirmative therapy training used in this study helped to provide an additional layer of analysis concerning how LGB recruitment efforts not only occurred in CFT training programs, but also how participants employed varying degrees of intentionality in their recruitment strategies. This section will explore how CFT faculty members recruited clients through intentional efforts that adhered to suggestions in the LGB-affirmative

therapy training literature as well as passive recruitment efforts that did not specifically focus on LGB clients. For the purpose of this study, intentional recruitment efforts are defined as efforts made by faculty members that followed a purposeful LGB-affirmative framework focused on specifically recruiting LGB clients. Passive recruitment efforts are defined as efforts that help recruit all clients, but use a generalized diversity framework.

Intentional recruitment efforts. Based on my theoretical framework, intentional efforts by CFT faculty members to recruit LGB clients in my data included faculty involvement in the LGB community through experiences such as pride parades. Pride parades are an example of an intentional recruitment effort due to how CFT faculty specifically focused on the LGB community by attending an LGB event, and appeared to match suggestions in the literature calling for CFTs to participate in these celebrations in an effort to develop relationships with LGB community members (Godfrey et al., 2006; Israel & Selvidge, 2003; Matthews, 2007). Additionally, these CFT faculty members' LGB recruitment efforts appeared to be more intentional because they were performed outside of the clinic, involved some degree of planning, and adhered to suggestions in the LGB affirmative therapy training literature (Godfrey et al, 2006; Israel & Selvidge, 2003; Matthews, 2007). Furthermore, CFT faculty members attending LGB community events could get to know LGB organizations and professionals in the community, which is also recommended in the LGB-affirmative therapy training literature and may help increase LGB recruitment (Carlson & McGeorge, 2012; Long & Serovich, 2003). CFT faculty members who participated in pride parades also appeared to publicly demonstrate that the training clinic was supportive and open to providing therapy services to LGB clients.

CFT faculty in this study also indicated that they focused on and recruited LGB clients by attending LGB support and advocacy groups in their local communities. This also appeared to be

an intentional effort to recruit LGB clients given the purposeful decision that CFT faculty made to attend these LGB-specific groups. This intentional effort to recruit LGB clients could result in the development of connections with LGB community members, and in that way matches suggestions in the literature that call for CFT faculty members to develop relationships within the LGB community to recruit LGB clients (Carlson & McGeorge, 2012; Long & Serovich, 2003; Matthews, 2007) Using my theoretical lens, I determined that attending LGB support groups was an intentional LGB recruitment effort given that CFT faculty who attended these groups needed to make purposeful efforts to identify, locate, and travel to these groups, and make time to leave the CFT clinic. These intentional recruitment efforts could also help demonstrate that the training clinic and the faculty are open to meeting and working with LGB clients in these settings.

A different example of an intentional effort to recruit LGB clients that mirrors the existing literature included CFT faculty members' use of LGB-inclusive marketing materials that could indicate a CFT's openness to working with LGB clients (Carlson & McGeorge, 2012; Long & Serovich, 2003). Based on my theoretical framework, the specific use of LGB-inclusive marketing materials (e.g., brochures that included photos of LGB couples and/or families) seemed to be an especially intentional way to for CFT faculty to increase LGB recruitment, as the development and execution of these marketing materials probably required a high degree of planning in order to communicate an LGB-affirmative stance to potential LGB clients. Such purposeful messages focused on LGB individuals, couples, and relationships could also encourage an LGB individual or family to schedule an appointment at the clinic, and thereby increase LGB client recruitment efforts (Carlson & McGeorge, 2012; Long & Serovich, 2003).

A final example of how CFT faculty members in my study described intentional LGB recruitment efforts included using clinic websites to display messages about the clinic's interest

in recruiting and working specifically with LGB clients. The use of content on CFT websites to recruit clients appeared to reflect intentional efforts by CFT faculty members as it involved the development of specific and affirmative messages to recruit LGB clients. Based on my theoretical lens, using clinic websites to display messages could be an intentional LGB recruitment effort given how CFT faculty chose to purposefully distributed these messages in a format available to a large number of potential LGB clients. The use of clinic websites as an intentional recruitment effort might also be an example of LGB-inclusive marketing strategy as discussed above. The importance of using LGB-inclusive marketing materials to recruit LGB clients is also well documented in the literature (Carlson & McGeorge, 2012; Israel & Selvidge, 2003; Long & Serovich, 2003; Nova et al., 2013).

Passive recruitment efforts. Based on my theoretical lens, an example of a passive LGB recruitment effort that participants shared in this study included the use of nondiscrimination statements in clinic paperwork or clinic websites (Carlson & McGeorge, 2012; Long & Serovich, 2003; Matthews, 2007). My theoretical lens helped me identify this passive recruitment effort, as nondiscrimination statements generally encompass protections required under U.S. law that do not specifically focus on the protection of LGB clients but include a number of protected groups (e.g., gender, race, or physical disability). Given this, the use of nondiscrimination statements as a recruitment strategy exemplifies a general diversity framework, as it would help to recruit all clients, regardless of their sexual orientation.

Another passive LGB client recruitment strategy used by CFT faculty members in my study entailed changing the training clinic's name from marriage and family therapy to the more inclusive name of couple family therapy. Based on my theoretical framework, this recruitment effort appears to be an example of passive LGB client recruitment, since a change to the clinic's

name is not a recruitment effort specifically directed at the LGB community. Furthermore, CFT faculty members in my study did not indicate that efforts to change the clinic name involved specific terminology or acronyms (e.g., LGB) that might help to indicate a purposeful focus on recruiting LGB clients. Given this, changing the clinic name would likely communicate the CFT clinic's commitment to working with all individuals, couples, and families, regardless of relationship status, rather than specifically targeting LGB clients. Furthermore, changing the clinic name would not require that CFT faculty members specifically recruit LGB clients, but rather relies upon the name of the clinic to communicate with potential clients.

CFT Faculty Members Work to be Welcoming and Inclusive of LGB Clients

The second main finding that emerged from the data appeared to be that CFT faculty members indicated that LGB client recruitment efforts were tied to making LGB clients feel welcomed and included. Based on my theoretical framework, CFT faculty members who indicated being welcoming and inclusive of LGB clients appeared to honor clients' individual sexual orientations by communicating their training clinic's LGB-affirmative stance (Carlson & McGeorge, 2012; Israel & Selvidge, 2003; Long & Serovich, 2003). For instance, CFT faculty members in my study indicated taking an affirmative public stance by promoting their clinics as safe settings for LGB clients. The significance of communicating an LGB-affirmative stance as a recruitment tool is also noted in the literature (Carlson & McGeorge, 2009; Carlson & McGeorge, 2012; Edwards et al., 2014; Long & Serovich, 2003; Lytle et al., 2014; Matthews, 2007). Additionally, some participants in this study described taking an LGB-affirmative public stance by changing the clinic name from Marriage and Family Therapy to more inclusive Couple and Family Therapy, which seemed to be a particularly public and intentional way for CFT clinics to communicate an affirmative stance. Given these responses in my study, it is interesting

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to wonder if these efforts to create a welcoming and inclusive environment not only aids in LGB recruitment, but also assists in retaining LGB clients by making them feel that the CFT clinic is a space in which they can come out to their therapist and continue therapy.

Furthermore, some CFT faculty members in the present study recruited LGB clients through specialized therapy services for the LGB community. For instance, participants in this study shared that their CFT training clinic offered support groups for LGB individuals and families. While the literature also refers to the importance of having specific therapy services for the LGB community and the need to communicate the services available as a means of creating a welcoming clinical environment to the LGB community (Kerewsky, 2012; Lytle et al., 2014), the literature has not tied this practice to LGB client recruitment, which seems to make these. Given this, the present study helps to offer insights into how faculty members might recruit LGB clients through specialized therapy services.

In addition to using specialized therapy services as an LGB client recruitment tool, CFT faculty in my study described other attempts to communicate their clinic's affirmative and welcoming stances from within the clinic as a way to improve LGB client recruitment efforts. These internal efforts, which may not appear to initially be classified as recruitment efforts, involved CFT faculty members creating a clinical environment that might invite both current clients to feel comfortable disclosing their sexual orientation as well as encouraging word of mouth recruitment by current clients. For instance, one participant in the present study described that LGB clients already knew that the CFT clinic supported them, which could indicate ongoing faculty efforts to be welcoming, inclusive, and affirming of LGB clients. More specifically, the participants in my study sought to recruit LGB clients by making their clinics' waiting and therapy rooms more welcoming and affirming to LGB clients with affirmative posters, photos of

individuals who could be seen as ambiguous in terms of gender, and the presence of LGB staff and student trainees. Other participants in this study indicated that LGB client recruitment efforts were enhanced inside their clinics by telling all clients that the CFT clinic worked specifically with issues specific to the LGB community. While the literature discusses the value of creating welcoming and inclusive waiting rooms for LGB clients (Carlson & McGeorge, 2012; Heck et al., 2013; Israel & Selvidge, 2003; Long & Serovich, 2003; Lytle et al., 2014; Mayer et al., 2008), scholars have not related these practices to LGB client recruitment. This study consequently helps to bridge a gap in the literature through this connection to LGB recruitment efforts. Finally, it is important to mention that the aforementioned CFT faculty efforts to recruit LGB clients highlights that LGB client recruitment does not always occur outside of the CFT clinic, but also from within.

Another example of recruiting LGB clients internally with a welcoming and inclusive environment involved displaying CFT clinic policies and statements that addressed the clinic's affirmative stance about LGB clients. For instance, the CFT faculty participants in my study indicated recruiting LGB clients by displaying their clinics' policies and statements through clinic paperwork such as intake forms, antidiscrimination statements, and including the clinic's broad definition of families in marketing materials. Whereas the literature recommends that CFT clinics should work to make their clinical environment more welcoming and inclusive of LGB clients through developing antidiscrimination clauses and clinical paperwork that convey the CFT clinic's LGB-affirmative stance (Carlson & McGeorge, 2012, Long & Serovich, 2003; Lytle et al., 2014; Matthews, 2007), the existing literature does not specifically suggest that CFT faculty members use clinical paperwork and affirmative statements to recruit LGB clients. Given this, clinical paperwork in particular could serve as an important LGB recruitment tool by

prompting an LGB client who came to the clinic to come out in therapy and/or potentially communicate to existing clients that it is safe to refer LGB clients to the clinic.

The fact that CFT faculty in this study indicated working to create welcoming and inclusive environments to recruit LGB clients was deeply encouraging. In particular, the CFT faculty members' efforts in my second main finding offered potential intentional methods to recruit LGB clients that are not specifically explored in the literature. An implication of this is the possibility that CFT faculty members may be successfully using innovative LGB recruitment methods which the CFT field has yet to adopt. Given that further work needs to be done to determine the viability of these identified LGB recruitment efforts, it would be interesting for future studies to measure the outcomes of making LGB clients feel welcomed and included and its impact on LGB client recruitment efforts.

Challenges with LGB Client Recruitment

The third and final main finding reflects that some of the CFT faculty members in this study appeared to experience challenges with recruitment efforts geared at LGB clients, and some participants also explained that targeted recruitment of LGB clients was not occurring. Historically, research has found that CFT trainees have limited experience with LGB clients during CFT training programs (Carlson et al., 2013; Edwards et al., 2014; Rock et al., 2010). For example, Edwards et al. (2014) found that only 52.8% of their sample agreed to some extent that their training programs recruited LGB clients. On the other hand, nearly my entire sample (i.e., 93.3%) indicated that their CFT training program recruited LGB clients to some extent (see Appendix B). However, in the qualitative data, some of the CFT faculty members reported being unaware of the specific LGB recruitment efforts used in their training programs, while others reported making no direct efforts to recruit LGB clients and still other participants reported not

needing to engage in direct recruitment of LGB clients given that LGB clients were already

seeking services at their training clinic. For some of these CFT faculty members, their responses

could indicate a belief that continued recruitment of LGB clients is unnecessary provided that

prior recruitment efforts were still successful at bringing LGB clients to their training clinics.

While those CFT faculty members who reported no direct efforts to recruit LGB clients

represented a small portion of the sample for this study, it is important to consider the potential

reasons behind this finding. For instance, this finding could reflect scholars' observations that

CFT faculty members, like everyone else, are influenced by a heterosexist society, which could

lead them to the false belief that LGB individuals do not require or seek therapy or would not

want to work with non-LGB therapists (Bepko & Johnson, 2000; Long, 1996; McGeorge &

Carlson, 2011). Another, albeit speculative, reason for this finding could include that some of my

participants may work at religious institutions that do not recognize LGB identities or consider

LGB sexual orientations sinful (Carlson, McGeorge, & Anderson, 2011; Fischer & DeBord,

2007; Haug, 1998; McGeorge, Carlson, & Toomey, 2014). Additional factors to consider that

other scholars have mentioned include that for some of my participants there may be a lack of

LGB scholars in their clinic or department and thus they might feel there is a lack of expertise,

which leads them to not recruit LGB clients (Long & Serovich, 2003; Rock et al., 2010).

Additionally, it is conceivable that CFT faculty members not engaging in LGB client recruitment

for their training clinics are still providing trainees the ability to see LGB clients through unique

internship sites, or experiences with LGB community agencies (Carlson & McGeorge, 2012;

Long & Serovich, 2003; Lytle et al, 2014). Other possibilities for why CFT faculty members

may have indicated not recruiting LGB clients for their training clinic could be due to ongoing

volunteer opportunities in the local LGB community that provide ways to connect with and/or

recruit LGB clients at events such as gay pride (Godfrey et al., 2006; Lytle, 2014; Matthews, 2007). While these possibilities are certainly reasonable, they are also concerning given that the literature argues that CFT faculty supervisors are responsible for making efforts to provide trainees with experiences with LGB clients (Long, 1996). In order to address this finding at the clinical level, CFT faculty members may need to learn more about how to recruit LGB clients by reviewing the extant LGB-affirmative therapy training literature.

The findings from study also suggested that some of the CFT faculty members who did not recruit LGB clients were hindered by structural issues within their training program. These included CFT faculty members who reported not having an on-site training clinic and thus were not responsible for the recruitment of any clients. Encouragingly, however, a couple of the CFT faculty members who reported working in programs without a training clinic described making efforts to place their students at local agencies known to work with LGB community as a means of providing their students the opportunity to work with LGB clients. These faculty members' efforts offer insight into a different "recruitment" approach that programs without training clinics could take to provide their students with experience with LGB clients, and reinforces the importance of using all of the clinical experiences that students receive during their training to expose them to diverse clients. The idea of utilizing diverse internship or community practicum placements is also suggested by the literature in order to increase clinical competence with LGB clients (Alessi, Dillon & Kim, 2015; Carlson et al., 2013; Graham et al., 2012; Rock et al., 2010). Another structural barrier that led some CFT faculty members to report that they did not engage in the recruitment of not only LGB clients, but any clients, was that their programs required students to recruit their own clients. Given these findings related to structural issues, it would be

interesting for a future study to explore how clinical experiences with LGB clients are encouraged or fostered within programs with similar structural limitations.

CFT faculty members in this study also indicated a desire to improve current LGB client recruitment efforts in their programs. Whereas previous scholars found that CFTs felt unprepared to work with LGB clients (Doherty & Simmons, 1996), faculty members' desires to improve LGB client recruitment efforts could reflect an awareness of the importance of providing trainees with the opportunity to work with LGB clients. While this finding represents that some CFT faculty may be working to overcome LGB recruitment challenges, it is also important to consider that some CFT faculty appear to make little to no efforts to recruit LGB clients.

Research Question Two: LGB-Affirmative Therapy Training Literature

The findings of this study appear to suggest that many of the CFT faculty members' efforts to recruit LGB clients are reflective of LGB-affirmative therapy training literature (Biaggio et al., 2003; Biddell, 2013; Crisp & McClave, 2007; Carlson et al., 2013; Carlson & McGeorge, 2012; Godfrey et al., 2006; Graham et al., 2012; Greene, 1996; Israel & Selvidge, 2003; Long, 1996; Long & Serovich, 2003; Matthews, 2007; McGeorge & Carlson, 2016; Nova et al., 2012; Perez & Amadio, 2004; Phillips & Fisher, 1998; Rock et al., 2013; Walker & Prince, 2010). For example, CFT faculty in this study reported using inclusive photos in advertising, mailings, and marketing materials as tools to recruit LGB clients, which reflects suggestions in the LGB-affirmative therapy training literature (Carlson & McGeorge, 2012; Israel & Selvidge, 2003; Long & Serovich, 2003; Nova et al., 2013). Additionally, CFT faculty members in this study noted recruiting LGB clients by using inclusive language in clinic paperwork, and incorporating affirming visual cues in the clinical environment such as rainbows and Safe Zone stickers in order to recruit clients, which also reflects suggestions in the LGB-affirmative therapy

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training literature (Carlson & McGeorge, 2012; Heck et al., 2013; Israel & Selvidge, 2003; Long & Serovich, 2003; Lytle et al, 2014; Mayer et al, 2008; McGeorge & Carlson, 2011). Other examples of participants engaging in recruitment efforts that reflect the existing LGB-affirmative literature included telling the LGB community that their clinic is LGB friendly and providing LGB-specific therapy programming options (Kerewsky, 2012; McGeorge & Carlson 2011). Some final recruitment strategies that CFT faculty in this study indicated using that also matched the LGB-affirmative therapy literature included reaching out to the local community to participate in speakers' bureaus, establishing relationships with local LGB organizations, and participating in gay pride marches (Carlson & McGeorge, 2012; Godfrey et al., 2006; Long, 1997; Long &Serovich, 2003; Matthews, 2007).

While the above findings reflected suggestions from the current LGB-affirmative therapy training literature, other suggestions in the LGB-affirmative therapy training literature were not mentioned by my participants but seemed directly linked to LGB client recruitment. These included incorporating antidiscrimination statements directly into clinic advertising, marketing the CFT clinic on LGB-specific listservs or website, adding specific LGB-affirmative wording into clinic paperwork, and re-evaluating policies and procedures within the clinic to ensure that they are as LGB-affirmative as possible (Carlson & McGeorge, 2012; Long & Serovich, 2003; Matthews, 2007; Phillips, 1999). Other ideas from the LGB-affirmative therapy training literature about how to recruit LGB clients included inviting members of the local LGB community to initially assess the clinic environment and having an outside LGB consultant review clinic advertising (Carlson & McGeorge, 2012; Kerewsky, 2012; Long & Serovich, 2003). Additionally, the CFT faculty in this study neither mentioned refraining from the use of language that could be perceived as deprecating to LGB clients, such as the word homosexual,

nor did any CFT faculty members mention focusing on the potential biases or stereotypes of student trainees that could negatively impact LGB recruitment efforts (Long & Serovich, 2003; Lytle et al., 2014; Meier & Davis, 2008). Furthermore, while clinic waiting rooms were mentioned by CFT faculty as a place where there were efforts made to recruit LGB clients, no respondent indicated that faculty included a list of local LGB-specific resources in the clinic waiting room, as other scholars have recommended (Carlson & McGeorge, 2012; Israel & Selvidge, 2003; Long & Serovich, 2003). While these suggestions from the literature are undoubtedly important, they could be outside of normal LGB client recruitment practices currently in place at accredited training clinics. Given that adopting one or more of these small changes suggested in the literature could result in improved LGB recruitment for CFT clinics, it certainly would be important for faculty to consider these recommendations.

The results from this study also indicated that CFT faculty make efforts to recruit LGB clients in ways that have not been suggested in the LGB-affirmative therapy training literature. For instance, CFT faculty members in this study described recruiting LGB clients through the promotion of LGB-specific research stemming from their training clinics. This is a novel finding as the existing literature has not specifically suggested that CFT clinics promote research on LGB populations or topics in an effort to recruit LGB clients, perhaps because this is perceived as an academic venture. However, promoting research produced within the CFT training clinic could serve as a way that faculty can communicate to LGB individuals and communities, and thus increase recruitment, which makes this finding particularly unique. Another recruitment practice that was seen in the data from this study was the specific use of CFT clinic websites to recruit LGB clients. While other scholars have traditionally argued for CFT clinics to use LGB-affirmative and targeted advertising for the purposes of LGB client recruitment (Carlson &

McGeorge, 2012; Kerewsky, 2012; Long & Serovich, 2003; Matthews, 2007), the literature has not specifically addressed how technology and Internet access may provide ways for CFT training clinics to recruit LGB clients. Encouragingly, however, other faculty members indicated using other new approaches to LGB client recruitment, such as changing the name of their clinic to be more encompassing of various forms of relationships that may be seen in the LGB community. For instance, one faculty member indicated that their clinic name changed to CFT and also maintained a population of LGB clients at the clinic, which could imply that changing the clinic name could aid in not only recruiting, but also retaining LGB clients.

In conclusion, the fact that these faculty members' responses both specified a potential congruency with the suggestions laid forth by scholars and also transcend current suggestions in the literature is encouraging. However, there are also ideas in the literature that could be helpful for enhancing LGB client recruitment that are not reflected in my findings. It was encouraging to find commonalities among reported recruitment efforts in this study and the LGB-affirmative therapy training literature, as this indicates that CFT faculty members are using recruitment efforts that scholars are also recommending in the literature. Thus, this research question appears to be answered in that the majority of the recruitment efforts reported by the CFT faculty members in this study reflect ideas that are proposed in the existing LGB-affirmative training literature. It is important to note, however, that CFT faculty members also provided new ideas about ways to recruit LGB clients, which could be used to enhance the LGB-affirmative therapy training literature.

Implications for Clinical Training

This study's results offer implications for CFT clinical training and for the COAMFTE that may help increase intentional LGB recruitment efforts. The theoretical framework of LGB-

affirmative therapy training used throughout my study helped me identify these clinical implication suggestions. This section offers recommendations for intentional LGB recruitment efforts that CFT faculty members could use to focus more specifically on LGB client recruitment at their training clinics. This section concludes with suggestions for potential changes to the COAMFTE's accreditation standards (COAMFTE, 2014a) that may also help CFT faculty intentionally recruit LGB clients.

Intentional Recruitment Efforts for Training Clinics

The principal recommendation from this study is that CFT faculty members need to use intentional recruitment efforts targeted at LGB clients. The first intentional recruitment strategy is that CFT training programs could recruit LGB clients through the use of inclusive marketing materials, which might include brochures, flyers, and the training clinic's website (Carlson & McGeorge, 2012; Israel & Selvidge, 2003; Long & Serovich, 2003; Nova et al., 2013). These inclusive marketing materials could provide information about the clinic's LGB-affirmative stance by using inclusive language to indicate that the clinic is interested in working with LGB clients and all types of relationships (Carlson & McGeorge, 2012; Israel & Selvidge, 2003; Long & Serovich, 2003; Nova et al., 2013). Furthermore, CFT faculty members could incorporate photos of LGB couples and families into these marketing material to be more inclusive (Long & Serovich, 2003). CFT training clinics could also intentionally recruit LGB clients with these materials by asking local LGB businesses to display these materials and by mailing these inclusive materials to the surrounding community (Long & Serovich, 2003). A second intentional recruitment strategy is that CFT faculty members could consider becoming more involved in the LGB community as a means to intentionally recruit LGB clients (Kerewsky, 2012; Long & Serovich, 2003; Matthews, 2007). For example, faculty members could begin this

process by attending LGB pride events, LGB workshops, or purposefully asking to speak to LGB support groups about the clinic's affirmative therapy services (Kerewsky, 2012; Long & Serovich, 2003; Matthews, 2007). A third and final intentional recruitment strategy is for CFT faculty members to collaborate with their students to add an additional layer of human power to LGB-specific recruitment efforts. Faculty members could collaborate with students by creating joint phone banks in which students and faculty call local LGB businesses, going with students to campus-based services where students and faculty could speak with LGB students about the clinic's affirming stance, and organizing LGB-specific events at the clinic that might help recruit LGB clients (Carlson & McGeorge, 2012; Long & Serovich, 2003; Matthews, 2007).

COAMFTE Accreditation Standards

Given that some CFT faculty members in my study indicated not recruiting LGB clients at their training clinics, there appears to be a need for the COAMFTE to consider making changes to its accreditation standards to explicitly require LGB client recruitment at CFT training clinics. While the COAMFTE's (2014a) accreditation standards state that CFT programs treat all clients, regardless of sexual orientation, with "respect, dignity, and in keeping with the tenants of diversity and inclusion in the AAMFT Code of Ethics" (p. 3), the findings from this study indicated that LGB clients are not recruited at all accredited CFT training clinics, or may be passively recruited. The COAMFTE's current accreditation specify that CFT programs must provide opportunities for students to "work with sexual and gender minorities and their families" (p. 4). This is a positive step for the COAMFTE, as this is the first time that the accreditation standards explicitly directed CFT programs to provide trainees with these clinical experiences. Still, the COAMFTE could encourage intentional LGB client recruitment at accredited CFT programs by assessing the ways in which CFT programs are meeting these standards, which

might include requiring training clinics to submit annual statistical reports of how many LGB clients are seen in the clinic.

Limitations of the Study

While this study had many strengths, several limitations need to be addressed. Most importantly, this study used self-reported data collected from a larger survey of CFT faculty members at COAMFTE-accredited therapy training programs. Thus, this study relied on a self-selecting sample, which means that CFT faculty members who replied to the survey could have held strong negative or positive beliefs about LGB identities. This self-reported data also leaves the possibility for the results to be skewed by participants' selective memories of recruitment efforts, or possible social desirability to appear to be engaging in more efforts to recruit LGB clients than they actually are. Given that the data for this study was collected in 2012 prior to changes to U.S. laws that grant additional federal protections to LGB persons (*Obergefell v. Hodges*, 2015; *United States v. Windsor*, 2013), there could be new recruitment efforts in place at CFT training programs to address the need for equal access to mental health services for LGB married couples. Furthermore, given that I also identify as a gay man, I held an inherent cultural bias during the course of this study. The peer review process with my thesis advisor served as an important element of this study that attempted to ameliorate any possible effects from this personal bias. Lastly, the sample composition for this study could impact generalizability of the findings, given that the sample was primarily White, female, and heterosexual. However, the demographics for this study appear to be remarkably similar to the demographics of CFT faculty members in accredited programs nationwide. In particular, COAMFTE's (2014b) most recent demographics report lists that 61.5% of all faculty identify as female and my sample is comprised of 69.8% women faculty. Furthermore, 72% of faculty members at COAMFTE-

accredited schools identified as White, while 77.8% of my sample identified as White.

Unfortunately, COAMFTE does not report demographic data on the sexual orientation of faculty members. Therefore, while my sample was not very diverse in terms of gender and race, it does appear to fairly closely mirror the composition of faculty at COAMFTE-accredited programs.

Suggestions for Future Research

This study offers a solid foundation upon which future research might continue to explore the efforts that CFT faculty members make to recruit LGB clients. For instance, given that some respondents to the open-ended question indicated the use of marketing materials as a means of recruiting LGB clients, future researchers might conduct a content analysis of CFT clinics' brochures and flyers to explore the use of inclusive language in these materials. Also, given the growing number of training clinics using the Internet to reach out to the public, future studies could involve coding CFT training clinic websites for inclusive phrases or words used in to recruit LGB clients. Furthermore, CFT faculty also indicated that marketing materials intended to recruit LGB clients contained pictures. Given this, researchers might explore these photos through a process of coding and thematic analysis to glean more information about this area of LGB client recruitment. Future studies could also utilize focus groups with LGB clients within the surrounding community to determine what efforts CFT faculty could continue to make in order to recruit LGB clients. In order to continue to formulate best LGB recruitment practices, future studies using focus groups could also be longitudinal in nature, or incorporate follow-up calls or surveys to determine how LGB mental health needs are met through CFT recruitment efforts over time.

It should be also noted that while there were many responses from faculty members that appeared to describe specific efforts to recruit LGB clients into COAMFTE-accredited training

programs, other responses pointed to faculty members not recruiting LGB clients, or not knowing what recruitment efforts took place in their programs. Given these responses, it would be interesting to do a survey of CFT faculty to determine if structural issues may cause a lack of recruitment, or if larger paradigms (e.g., faculty tenure issues, university values, and fears of retaliation from other university personnel) within the program or university may hinder or help LGB recruitment. There might also be a study exploring how the recruitment of LGB clients into the CFT training programs is a collective or limited effort by CFT faculty members, meaning how many faculty members per training program are actively engaged in LGB recruitment efforts. Lastly, based on the finding of this study, additional studies are clearly needed to understand the ways in which LGB recruitment practices identified in this study impact areas such as LGB client retention, and whether LGB clients choose to come out in therapy as a result of these specific recruitment efforts.

Conclusion

The purpose of this study was to explore what efforts, if any, CFT faculty members at COAMFTE-accredited training programs used to recruit LGB clients, in addition to examining the extent to which these recruitment efforts reflected the LGB-affirmative therapy training literature. Using a theoretical lens of LGB-affirmative therapy training, I identified numerous categories, themes, and sub-themes, which indicated that the vast majority of CFT faculty members in this study made intentional efforts to recruit LGB clients that reflected suggestions in the LGB-affirmative therapy training literature. In particular, CFT faculty in my study reported recruiting LGB clients through the intentional use of LGB-inclusive marketing materials and attending pride parades. On the other hand, the findings from this study also underscored that there was a small minority of CFT faculty members working at accredited

training programs who participated that do not recruit LGB clients, or used passive recruitment efforts. Given that no other research to date has specifically examined the efforts that CFT faculty make to recruit LGB clients, this study provides some important initial insights into this practice and will hopefully inspire future research on this topic. Finally, this researcher hopes that the findings of this study provide suggestions for how CFT faculty can enhance LGB client recruitment at accredited therapy training programs and encourages conversations about the importance of providing affirmative therapy services to LGB individuals, couples, and families.

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APPENDIX A. CHARACTERISTICS OF THE SAMPLE (*n* = 63)

Characteristics	<u>n</u>	<u>%</u>
Gender		
Female	44	69.8
Male	16	25.4
Missing	3	4.8
Ethnicity		
White	49	77.8
Latino/Hispanic	3	4.8
African American	3	4.8
Asian American/Asian	3	4.8
Middle Eastern	1	1.6
Other	2	3.2
Missing	2	3.2
Primary Role in Family Therapy Program		
Core Academic Faculty	41	65.1
Adjunct Faculty	7	11.1
Clinical Supervisor	5	7.9
Other	7	11.1
Missing	3	4.8

Characteristics	n	%
Educational Setting		
Public	25	39.7
Private, Non-Religious	19	30.2
Private, Religious	13	20.6
Other	3	4.8
Missing	3	4
Level of Graduate Training Program Instruction		
Master's Program	31	49.2
Doctoral Program	10	15.9
Both Masters and Doctoral	20	31.7
Missing	2	3.2
Prior Work with an LGB Client(s)		
Yes	59	93.7
No	1	1.6
Missing	3	4

APPENDIX B. RESULTS FROM LIKERT SCALED ITEM REGARDING CFT FACULTY EFFORTS TO RECRUIT LGB CLIENTS

Item	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
My program provides students with the opportunity to work with LGB clients.	40.7% (n = 48)	39.0% (n = 46)	13.6% (n = 16)	1.7% (n = 2)	1.7% (n = 2)	0.8% (n = 1)

Note. Three (2.5%; n = 3) faculty members did not answer this question. CFT faculty members answered this question using a 6-point Likert-type scale; Higher scores indicated a stronger agreement to this item ($N = 117$; $M = 5.16$; $SD = .951$).

APPENDIX C. LIST OF CATEGORIES, THEMES, AND SUB-THEMES OF CFT FACULTY EFFORTS TO RECRUIT LGB CLIENTS

Categories:	Themes:	Sub-themes:
Fostering an LGB-Affirmative Clinic Identity		
	Communicating an Affirmative Stance	
		Communicating Through Nondiscrimination Statements
		Communicating Specifically Through the Clinic Name
		Communicating Through the Clinic Environment
	Promoting LGB Research	
Marketing Efforts		
	Using Inclusive Marketing Materials	
		Pictures
	Marketing Through LGB-specific Resources	
Networking and Collaborating		
	Connecting to Other Organizations	
		Connecting to LGB Community Organizations
		Connecting to Campus Organizations
	Student and Faculty Involvement in Recruiting Clients	
Creating LGB-specific Training Opportunities and Programs		
	Selecting Opportunities for Students to Work With LGB Clients in External Practicum Sites	
	Creating LGB-specific Clinical Programs	
Limited or No Recruitment Efforts by Faculty		
	No On-site Clinic	

Categories:	Themes:	Sub-themes:
	Need to Improve	
	LGB Clients Already Come to the Clinic	
		Due to Past Recruitment Efforts
	Unknown	
	No Recruitment Efforts	
		No Recruitment Efforts Specifically for LGB Clients