

CFT FACULTY: SELF-ASSESSMENT OF LGB-AFFIRMING STANCES AND PROGRAMS

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ABSTRACT

The purpose of this study was to investigate the factors that Couple and Family Therapy (CFT) faculty were using to identify the extent to which their program was LGB-affirmative. The sample for this study included 71 faculty members from CFT training programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). The online data collection for this study included one open-ended question and one Likert scale item. The thematic analysis revealed seven categories: (1) Coursework and Training, (2) Training Programs' LGB Population, (3) Belief Systems, (4) Importance of Faculty, (5) Practical Implementation of Explicit LGB-affirmative Values, (6) Affirming Environment, and (7) Not LGB-affirming Environment. The findings of this study provided insights into how CFT faculty members are conceptualizing LGB affirmative training on an individual and program levels.

DEDICATION

To my CFT colleagues, thank you for providing much needed empathy as only those who go through graduate school can do.

To my brother and sister, thank you for being living examples of never giving up on your life goals.

To my parents, thank you for celebrating my successes with me, sitting in my challenges with me, and supporting me the way you do which I could not have done without.

To my grandmothers, thank you for your unconditional love which sustained me through the ups-and-downs of this project.

To my advisor, thank you for holding on to the belief that this project would reach fruition until I was ready to believe, too.

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CHAPTER ONE: INTRODUCTION

Developing an identity as a lesbian, gay, and bisexual (LGB) affirmative therapist is an ongoing process that requires therapists to be aware of and practice many different competencies (ALGBTIC, 2013; APA, 2012; Bidell, 2013; Burckell & Goldfried, 2006; Butler, 2009; Dillon et al., 2004; Greene, 1994; Israel, 2007; McGeorge & Carlson, 2011; Phillips, 1999). LGB affirmative therapy training for couple and family therapy (CFT) students is often defined as a process of becoming increasingly aware of the potential effects of heterosexism on LGB clients' well-being and clinical treatment (Henke, Carlson, & McGeorge, 2009; Rock, Carlson, & McGeorge, 2010). Carlson and McGeorge (2012) describe heterosexism as a belief system and behaviors that disparage LGB identities and experiences while holding up heterosexual identities and experiences as the privileged norm. As a discipline, scholars have suggested that CFT has gone from having a dearth of research on LGB topics to a burgeoning research base on LGB topics (Hartwell, Serovich, Grafsky, & Kerr, 2012; Clark & Serovich, 1997). Researchers in family therapy suggest that therapists are not receiving the training they need, but are still working with LGB clients as students and professionals (Carlson, McGeorge, & Toomey, 2012; Rock et al., 2010). This is problematic as CFT training programs are tasked to train students to meet specific ethical standards and core competencies, which includes being competent to work with diverse clients according to the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE, 2014). At this time, it is unclear what CFT faculty are teaching student therapists about LGB populations in accordance with COAMFTE standards. Therefore, this study is going to explore what CFT faculty define as LGB affirmative therapy and what factors they are using to determine the extent to which their program is taking an LGB affirmative stance.

Professional mental health organizations in counseling and psychology have created explicit competencies on LGB affirmative training whereas AAMFT has yet to develop clear expectations for LGB affirmative training. The Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC), an affiliated organization of the American Counseling Association (ACA), initially drafted a bibliography of LGB research in 1984 to support “peer education” and to increase visibility of “sexual minority issues in counseling” (Rhode, 2010); this initial commitment to LGB affirmative counseling research and praxis eventually led to publishing a set of formalized LGB counseling competencies in 2012 (ALGBTIC, 2013). The American Psychological Association (APA) has a similar history of commitment to LGB affirmative therapy. In 1975, the APA adopted the resolution that homosexuality does not equate to being a mental illness but did not establish guidelines until 2000 to better support education and training in serving LGB clients (APA, 2012). Although these guidelines are not mandatory, they offer students and professionals in the fields of counseling and psychology a direction, based on research, to train LGB affirmative clinicians in minimizing any prejudice or negative bias towards LGB sexual orientation.

CFT as a discipline has published LGB affirmative research and literature but there have been no clear guidelines established to translate research into practice for CFT training programs. The most recent COAMFTE accreditation standards outline that training programs must clearly demonstrate how they achieve “cultural diversity” in their curricula and their recruitment of faculty, students, and clients representing many identities including sexual orientation (COAMFTE, 2014). This expectation for achieving diversity seems ambiguous when considering how, if at all, LGB affirmative therapy would be included in program curricula. Based on present accreditation standards, it appears possible that programs could forgo LGB

affirmative training if, for example, being LGB affirmative goes against expectations for conduct in religiously-affiliated training programs (COAMFTE, 2014). Like the historical development of LGB affirmative training within the ACA and APA, the AAMFT and COAMFTE have taken the stance that being LGB is not a disorder and that LGB partnerships and families deserve equal legal protections, however, they have yet to create explicit guidelines for LGB affirmative therapy or training (AAMFT, 2004; 2005).

While COAMFTE has no guidelines for CFT training programs to train students in providing LGB affirmative therapy, the literature provides guidance on LGB affirmative training in curricula and training clinic development. Researchers have identified LGB affirmative training as happening at the program environment level, the course content level, and in the educational experiences of CFT trainees (Godfrey, Haddock, Fisher, Lund, 2006; McGeorge, Carlson, & Toomey, 2015). Scholars have argued that CFT training programs can foster competency in LGB affirmative training through explicit inclusion of LGB topics and identities across these three domains (Godfrey et al., 2006; Long & Serovich, 2003). However, while the literature is available for CFT faculty to develop significant insight about how to provide LGB affirmative training, we still do not know how CFT faculty themselves define LGB affirmative training. Edwards, Robinson, Smith, and O'Brien (2014) conducted one of the few studies on CFT faculties' views about LGB affirmative training, however, these researchers did not ask CFT faculty members about their definitions of LGB affirmative therapy. Given the lack of explicit guidelines and relatively limited research on faculty providing LGB affirmative training, this study will explore how CFT faculty are defining LGB affirmative training in COAMFTE-accredited training programs. Assessing how CFT faculty define LGB affirmative training will allow for a better understanding of how CFT programs are fulfilling their accreditation standards.

CHAPTER TWO: LITERATURE REVIEW

LGB Affirmative Training

In an effort to define LGB affirmative training I will review the literature and highlight the dimensions of program environments (Edwards et al., 2014; Israel, Walther, Gortcheva, & Perry, 2011; Long & Serovich, 2003), course content on LGB topics (Carlson & McGeorge, 2012; Long & Serovich 2003; Phillips 1999), and trainee learning experiences (Carlson & McGeorge 2012; McGeorge & Carlson, 2016) as these dimensions together contribute to LGB affirmative training.

LGB Affirmative Program Environments

In my review of the literature, I have found that the degree to which training programs have an LGB affirmative environment positively influences the level of LGB affirmative training that occurs (Alessi, Dillon, Kim, 2015; Bidell, 2013; Edwards et al., 2014; Henke et al., 2009; McGeorge et al., 2015). In this section of the literature review, the following topics related to an LGB affirmative program environment will be discussed: 1) program policies, 2) recruitment of LGB students, faculty, and clients, 3) creating an LGB affirmative training clinic, and 4) faculty members.

LGB affirmative program policies. Having and practicing explicit LGB affirmative policies is supported by knowledgeable and committed faculty in order to promote a feeling of welcome and safety for LGB clients, students, and faculty and is a central component of an LGB affirmative program environment (Phillips, 1999; Long & Serovich, 2003). McGeorge and Carlson (2016) found in their study of CFT programs that although most respondents stated having LGB affirming policies, they were unable to cite specific policies or did not know if specific policies existed within their programs. Phillips (1999) stated that generalist training does

not ensure adequate LGB cultural competency while Carlson and McGeorge (2012) added that such training can and does carry heteronormative assumptions (i.e., the unconscious thoughts that place heterosexual relationships as a standard to judge other relationships by) and therefore clinical programs should require explicit inclusion of LGB policies to counter heteronormative trends in programs with generalist training. Carlson and McGeorge (2012) advised that clinical programs actively review their LGB-affirmative policies to see how they compare to AAMFT's resolutions (AAMFT, 2005; 2009) on the topic and to other mental health standards of care (ALGBTIC, 2012; APA, 2012).

Scholars have suggested training programs adopt policies that address homophobia (and biphobia by attrition) and that actively support LGB clinical competency (Biaggio, Orchard, Larson, Petrino, & Mihara, 2003; Israel & Mohr, 2004; Phillips, 1999). Examples of helpful policies included creating a nondiscrimination statement that contains protection based on sexual orientation, addressing LGB discrimination and aversion with remediation procedures, and referencing appropriate use of terminology (ALGBTIC, 2012; APA, 2012; Carlson & McGeorge, 2012). McGeorge and Carlson (2016) found in their study of CFT programs that although most reported having a nondiscrimination statement, they did not necessarily include sexual orientation. Drafting a nondiscrimination statement highlights the importance of inclusion and intersectionality (i.e., the concept that a person can hold multiple identities simultaneously of privileged and/or minority status) (Biaggio et al. 2003; Greene, 1994); a thorough and up-to-date nondiscrimination statement provides programs a starting point for evaluating how inclusive and supportive they are of diversity in general and LGB identities in particular. Nondiscrimination statements can also include ethical stances like not supporting conversion therapy (i.e., the

attempt to change a person's sexual orientation from LGB to heterosexual) and banning the use of homophobic and biphobic language (Carlson & McGeorge, 2012).

Once a non-discrimination statement has been created, it then becomes important to have a clear plan for responding to anti-LGB language and behaviors. Edwards et al. (2014) found in their study on COAMFTE-accredited programs, although not a representative sample (N = 56), that 49% of respondents agreed or strongly agreed that they had a clear policy to respond to homophobic remarks whereas 41% of respondents disagreed or strongly disagreed to having such a policy. Additionally, Edwards et al. (2014) found that the respondents' programs are using a variety of policies to address students' aversion to LGB clients through remediation; LGB aversion was being addressed during the admission process and during their training (e.g., clinical supervision, exploration of bias with students, exposure to diversity, and reference to AAMFT code of ethics). Long and Serovich (2003) further suggested that remediation should be handled through supervisor observation of a trainee's session and/or assigning the aversive trainee a co-therapist that practices LGB affirmative therapy. These scholars advised programs that desire to create an LGB affirmative environment develop policies that clearly outline remediation processes for situations of homophobia and biphobia from therapist trainees.

Continual assessment of policies is needed to ensure that programs are practicing and supporting LGB affirmative training. Long and Serovich (2003) provided guiding questions for policy evaluation in their theoretical article on LGB affirmative training environments:

Are we training students to be competent in working with LGBT clients? Is our program adequately inclusive of sexual minority training materials? Do trainees have adequate exposure to working with LGBT individuals, couples and families? If not, why and what

can be done to improve the learning atmosphere? What struggles do we experience in cultivating an inclusive environment? (p. 60)

Scholars have argued that training programs need to conduct evaluations of their program policies on an annual basis and could utilize an internal assessment and an advisory group comprised of LGB community members to assist in such an evaluation (Biaggio et al., 2003; Bidell, 2013; Carlson & McGeorge, 2012; McGeorge et al., 2015).

Recruitment of LGB students, faculty, and clients. Another important component of an LGB affirmative program environment is the recruitment of LGB faculty, students, and clients. To recruit faculty, clinical programs should work to be supportive of LGB faculty and their unique needs. Biaggio et al. (2003) advised that clinical programs be aware of the possible risks faculty face when being visible as LGB (e.g., workplace discrimination). To counter possible risks for LGB faculty, scholars suggested that programs take an inclusive stance towards LGB faculty recruitment by explicitly stating that issues of diversity are addressed during the tenure process, providing domestic partner benefits (Biaggio et al., 2003; Phillips, 1999), promoting and supporting LGB scholarship and curricula throughout the program (Phillips, 1999), and participating in LGB community events as a program to increase political visibility (McGeorge & Carlson, 2011).

In the process of recruiting LGB trainees, Long and Serovich (2003) asked programs to reflect on the question: “Would gay, lesbian, and bisexual trainees feel comfortable disclosing their sexual orientation within the environment of this program?” (p. 65). Edwards et al. (2014) found an interesting split among program respondents finding that 40% were explicitly recruiting LGB trainees whereas another 45% were not. Purposeful recruitment of LGB trainees through regional and national advertisement will broadcast to prospective trainees that they would be

entering an LGB affirmative program (Carlson & McGeorge, 2012; Long & Serovich, 2003). As with LGB faculty recruitment, it would be important to highlight the potential opportunities LGB trainees would receive from participating in an LGB affirmative program, such as finding mentorship and support in their LGB identity (Biaggio et al., 2003), and receiving support for LGB research interests (Phillips, 1999).

For accredited programs with training clinics, actively recruiting LGB clients and making connections to LGB communities is integral in order to provide trainees with opportunities to practice LGB affirmative therapy (Alessi et al., 2015; Biaggio et al., 2003; Grove, 2009). Researchers have found that having more experience with LGB clients increases LGB clinical competency and appears to decrease self-reported homophobia (Henke et al., 2009; Rock et al., 2009). Networking with other clinical agencies, LGB community organizations, and LGB-friendly businesses can broadcast to LGB clients they have access to an LGB affirmative clinic and potentially could increase referrals for training clinics practicing LGB affirmative therapy (Carlson & McGeorge, 2012; Long & Serovich, 2003).

Creating an LGB affirmative training clinic. Another component that scholars have identified in establishing an LGB affirmative program environment is to focus on creating an LGB affirmative training clinic (Biaggio et al., 2003; Carlson & McGeorge, 2012; Edwards et al., 2014; Long & Serovich, 2003). Faculty can start being affirming before clients and trainees come for services and education, respectively. For example, intake paperwork for LGB clients should include language that acknowledges their relationship status and sexual orientation (e.g., same-sex and mixed orientation relationship) (McGeorge & Carlson, 2012; Long & Serovich, 2003). An LGB affirmative stance can also be conveyed on the intake form by including the clinic's nondiscrimination statement (McGeorge & Carlson, 2012). Special attention should also

be given to the imagery (e.g., photos showing same-sex partnerships) present within the clinic waiting rooms and therapy rooms. Edwards et al. (2014) found that about 38% faculty members they surveyed agreed or strongly agreed with having LGB images present. Another suggestion I found in my review of the literature on LGB affirmative training clinics is to have periodicals, brochures, or flyers that show affirmation of LGB relationships and individuals (Carlson & McGeorge, 2012; Long & Serovich, 2003).

Faculty members. Faculty play an integral role in how affirmative a CFT program can be for LGB faculty, students, and clients; Biaggio et al (2003) asked faculty to “recognize responsibility” for creating LGB affirmative spaces wherever possible inside of the program. Scholars have advised that faculty must continually be educated on LGB topics as CFT programs can never be free of the influences of heterosexist bias, ergo faculty should continually evaluate the impact of heterosexism through self-reflection on belief systems related to sexual orientation, conversation with colleagues, and staying up-to-date on LGB research (Bahr, Brish, Croteau, 2000; Biaggio et al., 2003; Carlson & McGeorge, 2012; Long & Serovich, 2003; Phillips, 1999; Phillips & Fischer, 1998). Edwards et al. (2014), in their study on CFT faculty, have highlighted how CFT programs seem to be growing in their awareness of how much heterosexism permeates mental health; of the faculty surveyed, 88% felt knowledgeable of LGB clients’ needs and 93% sought continue education related LGB topics.

Faculty having education on LGB experiences (e.g., navigating daily experiences of heterosexism), knowledge of local and national support systems, and awareness of LGB rights movements will create a more affirmative program environment (Biaggio et al., 2003). Phillips (1999) encouraged LGB affirmative faculty to be role models to students in general and LGB trainees in particular by helping trainees learn about successful LGB researchers and the possible

discrimination and benefits of pursuing a career in research as an LGB person. Trainees sometimes take their cue to discuss LGB topics from faculty members when faculty demonstrate how knowledgeable they are, how often they discuss or integrate LGB topics into training (i.e., in the classroom and supervision), and how much they are explicitly and enthusiastically LGB affirmative (Aducci & Baptist, 2011; Bahr et al., 2000; Burkard, Knox, Hess, & Schultz, 2009).

LGB Affirmative Course Content

The second major component of an LGB affirmative training program, according to scholars, is the inclusion of LGB course content. The section on “Diverse, Multicultural, and/or Underserved Communities” in the COAMFTE accreditation standards require programs to teach about sexual orientation as part of the curriculum (COAMFTE, 2014, p. 22). Scholars, pointing to the AAMFT Code of Ethics, have argued that trainees need to have specific knowledge and experience about LGB issues and therapeutic practices in order to uphold the non-discriminatory values in the Code of Ethics (Bieschke & Mintz, 2012; Lyons, Bieschke, Dendy, Worthington, & Georgemiller, 2010; Burkckell & Goldfried, 2006). Given the COAMFTE standards and the AAFMT Code of Ethics, the existing literature suggests that the following topics need to be addressed in CFT courses: 1) LGB-relevant constructs and 2) LGB lived experiences (ALGBTIC, 2012; APA, 2012; Butler, 2010; D’Augelli, 1994; Godfrey et al., 2006; Haldeman, 2002; McGeorge & Carlson, 2011; Phillips, 1999).

LGB-relevant constructs. Several scholars have asserted that LGB affirmative therapy training involves student therapists first learning about the constructs of heterosexism, homophobia, minority stress, internalized homophobia, heteronormativity, and then learning to be aware of and to assess the impact of these constructs on LGB clients and themselves (Godfrey et al., 2006; Shelton & Delgado-Romero, 2011).

Being able to recognize when heterosexism and homophobia are influencing the therapy process is an important skill for LGB affirmative trainees to learn. Butler (2009) provided a critical overview of homophobia and heterosexism; whereas the former term is an individual experience of being afraid of or disgusted by LGB people the latter term is a sociocultural dynamic that actively marginalizes LGB people. Carlson and McGeorge (2012) advised that clinical programs should help trainees identify and label moments of anti-LGB bias when they are working with LGB clients. In class, scholars suggested that students begin identifying heterosexism and homophobia through a self-reflection process that they can utilize throughout their education. Dillon et al. (2004) practiced a self-reflection process with 10 graduate-level counseling trainees to discern where heterosexist biases came from. As a result of group discussion, the major themes found regarding what contributed to developing heterosexist bias included being socialized by family members who did not discuss or encourage sexual diversity, being taught by religious perspectives that being LGB is not normative, trying to uphold male stereotypes (e.g., to be called gay or “faggot” was an insult for male trainees), and not being exposed to LGB identities in school (Dillon et al., 2004). Thus, based on this study, the course content that would be recommended for LGB affirmative programs would be self-of-the-therapist work (Dillon et al., 2004). Carlson and McGeorge (2012) recommended faculty go through similar self-of-the-therapist process before asking trainees to do the same; this process involved reviewing societal and familial messages about LGB identities, reflecting on societal sanctioned behaviors for straight individuals, and helping heterosexual faculty develop an awareness of how a heterosexual orientation is developed.

Knowing where heterosexist biases come from can assist students to engage with their beliefs about their clients (Carlson & McGeorge, 2012). Heterosexism, if not reflected upon, can

contribute to negative biases and assumptions about LGB clients and unwittingly create an unwelcoming environment (Burckell & Goldfried, 2006; Burkard et al., 2009; Shelton & Delgado-Romero, 2012). Phillips (1999) advised that trainees can engage in an exploration of the impact of heterosexism through guided imagery exercises that incorporate their values and feelings and/or reshaping a traditional theoretical orientation with special attention to heterosexist biases. Biaggio et al. (2003) also advised that building awareness of heterosexist attitudes can help trainees recognize how these attitudes can and have impacted LGB clients' lives; trainees can also learn about how LGB clients have been pathologized, stereotyped, and unfairly diagnosed because of their sexual orientation which can contribute to minority stress (Biaggio et al., 2003; McGeorge & Carlson, 2011).

Minority stress represents another construct that should be covered by CFT curricula and can be defined as the cumulative effect of dealing with negative life events and daily stressors as part of having a minority identity (DiPlacido, 1998; Lewis, Derlega, Griffin, & Krowinski, 2003; Meyer, 1995; Shelton & Delgado-Romero, 2012); this construct relates to any minority status (e.g., race/ethnicity, gender, ability), but for the purposes of this paper it will be used in relation to LGB identities. DiPlacido (1998) highlighted possible examples of minority stress unique to LGB individuals such as loss of employment or housing, loss of child custody, anti-LGB violence or jokes, and a sense of constant vigilance around others. Minority stress should be learned by all CFT trainees as it can contribute to significant health (e.g., depression, substance misuse) and relationship problems (e.g., relationship role ambiguity; biphobia in a same-sex partnership) that can be addressed and treated within the auspices of therapy (DiPlacido, 1998; Israel, 2007; Israel & Mohr, 2004; Meyer, 2013; Meyer, 1995; Mitchell, 2010).

Internalized homophobia and biphobia represent an additional construct to be learned by CFTs and can be defined as rejecting identification as LGB and not associating with LGB experiences and expressions which occurs as a result of being socialized in a heterosexist context (D'Augelli, 1994). Trainees should learn to assess the influence of internalized homophobia and biphobia as both can contribute to an LGB client becoming isolated from community and family resources that can support their identity development as an LGB person and can avert the development of mental health problems (D'Augelli, 1994; Greene, 1994; Haldeman, 2002; LaSala, 2013)

LGB experiences. Scholars have argued for the explicit inclusion of LGB materials in CFT curricula related to the lived experiences of LGB individuals, couples, and families. In particular in CFT courses, trainees could learn about LGB identities and their varied experiences in relationships (e.g., family of origin, romantic partnerships) because it is advised to never assume that LGB clients have a homogenous experience or identity (Carlson & McGeorge, 2012). In this section, I will provide an overview of LGB specific knowledge and coursework integration.

Scholars have argued that faculty should provide trainees with materials highlighting different areas of knowledge unique to LGB populations. Bidell (2013), offered a test course to counseling and psychotherapy trainees that provides a helpful starting point for training programs creating their own LGB-affirmative curricula: (a) LGBT terms, definitions, and stereotypes (ALGBTIC, 2013; Butler, 2010; D'Augelli, 1994); (b) history of labeling and diagnosing LGBT individuals (Drescher, 2002; Forstein, 2002; Kutchins & Kirk, 1997; D'Augelli, 1994); (c) psychological and biological theories of sexual orientation and gender identity (Butler, 2010; Drescher, 2002; D'Augelli, 1994); (d) LGBT civil rights movements and

history (Esterberg, 1996; Forstein, 2002; Kutchins & Kirk, 1997); (f) HIV/AIDS and LGBT specific medical issues (Crisp & McCave, 2007); and (g) mental health issues prevalent among LGBT adults and youth (ALGBTIC, 2013; Butler, 2010; Crisp & McCave, 2007; Mitchell, 2010; D'Augelli, 1994) (p. 303). Mitchell's (2010) position on building an LGB affirmative training experience was that, "No trainee has any reason to be ignorant about LGBT youth and their families, adults, or elders, or how to work with distressed individuals, couples, or families representing the major ethnic/racial groups in the United States today" (p. 8). Scholars continue to add to this growing area of research, which will allow educators creating LGB affirmative curriculum to continually be current on LGB topics (Bahr et al., 2000).

Trainee experiences. Based on existing literature, the last important part of LGB affirmative training involves providing students with the opportunity for the following experiences: working with LGB clients, LGB affirmative supervision, researching LGB topics, and advocacy (Aducci & Baptist, 2011; Alessi et al., 2015; Israel, 2007; Mitchell, 2010; O'Shaughnessy & Spokane, 2012).

Trainees need the opportunity to practice LGB affirmative therapy with LGB clients in order to develop self-efficacy behaviors (Alessi et al., 2015; Grove, 2007; O'Shaughnessy & Spokane, 2012). Self-efficacy behaviors that trainees can develop when working with LGB clients include asking questions about clients' sexual identities, developing a general awareness of LGB experiences, learning when sexual orientation is a relevant topic or not, and using non-heterosexist language as part of being LGB-affirming (Burckell & Goldfried, 2006). Practicum and internships provide opportunities for supervisors and trainees to evaluate how effective a trainee is at practicing the previously mentioned behaviors (Bahr et al., 2000). The more training hours and experience trainees have with LGB clients, the better they can practice of LGB-

affirmative therapy (Alessi et al., 2015; Henke et al., 2009; Long & Serovich, 2003; McGeorge et al., 2015).

LGB affirmative supervision provides trainees opportunities to engage their values and biases about LGB clients while developing professional ethics and behaviors (Aducci & Baptist, 2012; Alessi et al., 2015; Lyons et al, 2010; Breschke & Mintz, 2012; Grove, 2007). Scholars have argued the importance of developing a supportive alliance between supervisor, trainees, and sometimes with LGB clients (Aducci & Baptist, 2011; Burkard et al., 2009). Burkard et al. (2009) found that the supervision alliance was important not only for pursuing guidance on LGB affirmative therapy strategies but also served as an opportunity for self-disclosure by LGB trainees when they learned of their supervisor's affirmative stance on LGB clients. Supervisors should help trainees reconcile their personal values with CFT professional ethics (Bahr et al., 2000; Lyons et al, 2010; Bieschke & Mintz, 2012). For example, Lyons et al (2010) advised that this self-of-the-therapist work (i.e., reconciling personal and professional values) was especially important for trainees averse to working with LGB clients due to personal religious beliefs. Finding the overlap between transcendent religious beliefs (e.g., love for humanity) and LGB affirmative practices would allow trainees to integrate their personal and professional identities rather than being forced to choose one identity over the other (Lyons et al, 2010).

The final area of experience that can be a part of training therapists to provide LGB affirmative therapy is participating in research on LGB topics and/or advocacy work. Doing LGB research, as discussed earlier, requires faculty committed to being knowledgeable and to being supportive of LGB topics (Bieschke, Eberz, Bard, & Croteau, 1998). Doing LGB research provides trainees with skills to further explore the influence of heterosexist bias in research and to engage in and to not avoid research deemed too politically-charged (Bieschke et al., 1998;

Erwin, 2006). Bieschke et al. (1998) advised that it was the job of faculty to assist trainees to learn these skills as well as to navigate the challenges (e.g., systemic and cultural discouragement) and the benefits unique to LGB research (e.g., contributing to a growing base of research); Smith (2010) provided a list of prolific LGB researchers that have navigated these challenges whom faculty could refer trainees to for role models in LGB research (Phillips, 1999). Advocacy, like other training experiences, provide trainees the opportunity to develop unique skills like deconstructing the influence of heterosexism on LGB clients' experiences as well as building awareness of community resources to assist LGB clients in accessing social support (Carlson & McGeorge, 2012). Scholars have noted that trainees, as a result of LGB affirmative training experiences, become more sociopolitically aware and engaged in challenging heterosexism and its impact on LGB clients (Dillon et al., 2004; Grove, 2009).

Research Questions

As stated previously, there is limited research on CFT faculty members' beliefs about and practice of LGB affirmative training and there are no clear guidelines from AAMFT on how best to do LGB affirmative training. As my literature review found, there is ample research available to guide CFT programs to teach LGB affirmative therapy, this study becomes important in that it will explore how CFT faculty are defining LGB affirmative therapy. Therefore, the present study will seek to answer the following research questions: 1) to what extent do CFT faculty members believe their programs are taking affirmative stances? 2) what factors are CFT faculty members using to determine the extent to which their program is taking an LGB affirmative stance? and 3) how well do the indicators CFT faculty members are using to determine if their programs are LGB affirmative fit with the literature on LGB affirmative training?

CHAPTER THREE: METHODS

Participants

Participant Recruitment

Participants for this study were CFT faculty members from COAMFTE accredited programs and were recruited through various means: 1) email, 2) professional announcement boards, and 3) listserv. In particular, a list of all COAMFTE-accredited training programs were found at AAMFT.org, which also had the web address for each program. From the individual program websites, email addresses were gathered for each faculty member at 77 of the 87 accredited programs. For the ten programs that did not have individual faculty members' email addresses an email was sent to these CFT program directors (N = 10) inviting them to forward information about the study to their faculty members. An announcement was also posted on three of the AAMFT Community Forums as well as the AAMFT Member Research Projects Directory inviting faculty to participate in the study by going to the study link provide in the announcement. A National Council on Family Relations listserv email was also sent providing information about the study; a reminder email was sent one month after the initial mail. Participants had two months to complete the questionnaire during which time two reminder emails were sent in two week increments.

Sample Descriptions

The recruitment strategies for the larger data set resulted in a sample size of 117 participants. From this larger data set, a sub-set of 71 participants who answered the open-ended question for the focus of this study. In terms of gender, 73.1% of the sample self-identified as female, 25.4% as male, and 5.6% of respondents did not report gender. By ethnicity and race, 7% of the respondents self-identified as African American, 5.6% as Asian American/Asian, 77.6% as

Caucasian/White, 4.2% as Latino(a)/Hispanic, 1.4% as Middle Eastern, 2.8% as other, and 5.6 percent of respondents did not report race or ethnicity. By sexual orientation, 9.9 % of the participants identified as bisexual, 77.5% as heterosexual, 5.6% as lesbian, 1.4% as queer, 4.1% as other, and 1.4 percent preferred not to answer. The age range for participants was 29 to 70 years ($M = 47.97$; $SD = 11.45$). As educators, 63.6% of the respondents self-identified as core academic faculty, 45.5% taught at public education institutions, and 52.1% taught in Master's-level programs. The range of years participants had been a faculty member were 0 to 40 years ($M = 11.13$; $SD = 9.57$). As clinicians, 91.5% of the participants had worked with an LGB client in therapy. The sample is further described in Table 1. Additionally, the sample of those who answered the open-ended question of interest was compared with the sample of those who did not answer the question using a series of independent sample *t*-tests and chi-square tests of independence and no significant differences were found between these two samples in terms of demographic factors. Finally, the composition of this sample appears comparable in gender and race representation with the most recent COAMFTE data on the larger population of CFT faculty (AAMFT, 2015).

Measures

The primary data for this study came from an open-ended question and a Likert-scale item. The open-ended question used was, “What factors or indicators are you using to determine the extent to which your program is taking an affirmative stance?” In addition to the open-ended question, the six-point Likert-scale item used was, “my family therapy program takes an affirmative (i.e., a positive view of LGB identity and relationship) stance toward LGB individuals and relationships” with possible responses ranging from “strongly disagree” to “strongly agree.”

Procedure

Participants received an email invitation, which provided them with a web link to the survey. Upon clicking the link, participants were provided information about informed consent, which was followed by a series of self-report questions (i.e., Likert- scale and open-ended questions), and then finished with a demographic questionnaire. Once the survey was electronically submitted, consent was assumed. The items for this proposed study were located towards the middle of the survey. This study received approval from North Dakota State University's institutional review board.

Data Analysis

Frequencies were calculated for the data from the one Likert-scale item and thematic analysis were used to code the data from the open-ended question. Thematic analysis can be defined as qualitative analysis process that seeks to identify, analyze, and report patterns within data (Braun & Clarke, 2006). The method of analysis was conducted from a contextualist perspective which can be defined as an analytic approach that both reflects the semantic level (i.e., what participants literally said) and latent level (i.e., interpreting the impact of social context on participants' responses) in the final themes (Braun & Clarke, 2006). I began the process of analysis by reading the data four times in order to familiarize myself with the data.. Next, I began to create initial codes from the data by identifying keywords and phrases from within the data (Braun & Clarke, 2006). At this point, I took time to consult with my thesis advisor for a peer debriefing session.

Peer debriefing is necessary to increase credibility of the themes and patterns created by the researcher. Peer debriefing can be defined as a process in which a researcher must review their findings with a partner to ensure that the researcher's emerging codes are relevant to the

research question and true to the content of the data (Lincoln & Guba, 1985). I utilized this time to explore how my personal biases were helping or hindering the process (e.g., my emotional response to the data) of analyzing the data (Lincoln & Guba, 1985). At this first peer debriefing, my advisor and I reviewed my keywords and phrases and the data I coded under each keyword. Once we both agreed on what the codes should be, I re-coded the data using the agreed upon codes. We then met again for a peer debriefing session to review the coded data. Once consensus was reached, I began to identify the categories that existed within my data. Categories represent the larger overarching ideas within the data (Braun & Clarke, 2006). After I identified the categories that I believed represented the data, I met once again with my advisor to review and discuss the categories.

Once we achieved consensus about the categories, I examined the data within each category to see if themes existed. Themes are patterned responses or meanings that consistently appear within each category (Braun & Clark, 2006). With these initial themes, I organized them into a tentative structure of themes and sub-themes. I reviewed the themes and sub-themes I had created with my advisor until we reached a consensus on which themes were coherent and relevant to the research question. After this debriefing process, I re-read the data to discern how well my themes and sub-themes fit the data. While reading, I refined my themes to more accurately represent the data and to ensure that they were relevant to my research question. Then, I had an additional debriefing meeting with my thesis advisor to ensure the themes were still coherent and relevant.

Once my themes went through these processes, I was able to report my findings. For this portion of the analysis, I selected quotations that were representative for all of my themes and sub-themes.

CHAPTER FOUR: RESULTS

In response to the first research question, I calculated frequencies for the Likert-scale item. In particular, I found that 1.4% of the participants responded that they strongly disagree that their therapy program takes an affirmative stance toward LGB individuals and relationships., 1.4% disagreed, somewhat disagreed (1.4%), somewhat agreed (16.9%), agreed (26.8%), strongly agreed (50.7%). The Likert scale item responses can be reviewed in Table 2. Thus, the vast majority (94.4%) of my participants agreed to some extent that there program takes an affirmative stance toward LGB individuals and relationships as part of their program.

The qualitative results were analyzed to answer research question two and are organized into categories, themes, and subthemes. While using thematic analysis, I identified the following seven categories as factors participants used to determine the extent to which their program was taking an LGB-affirmative stance: (1) Coursework and Training, (2) Training Programs' LGB Population, (3) Belief Systems, (4) Importance of Faculty, (5) Practical Implementation of Explicit LGB-affirmative Values, (6) Affirming Environment, and (7) Not LGB-affirming Environment. Each of these categories is described below along with their relevant themes and subthemes. The categories, themes, and subthemes can be reviewed in Table 3. Verbatim quotations from the data are used to illustrate these findings. It is important to note that responses varied in length and detail from single-word phrases to full paragraphs.

Coursework and Training

The first category, Coursework and Training, had comments that illustrated how and where participants included LGB content, which my participants viewed as a factor or indicator for determining the extent to which their program was taking an LGB affirmative stance. The participants' responses in this category appear to suggest that participants viewed inclusion of

LGB-affirmative course content and discussions and as indicators that their training programs were LGB-affirmative. Five themes emerged within this category: Inclusion of LGB-affirmative Course Content, Course Discussions and Experiences with Students, Supervision, Student Self-work in Supervision and Coursework, and LGB-affirmative Training for Students.

Inclusion of LGB-affirmative Course Content

The first theme within the Coursework and Training category suggested that course content related to LGB topics was included in the curriculum and was perceived as a factor that faculty members were using to assess whether or not their program was LGB affirmative. The responses within this theme varied in terms of how pervasively available information on LGB topics was included within the courses. This difference in the responses reflects the two sub-themes that emerged from this theme of Inclusion of LGB-affirmative Course Content, namely, Additive Approach and Integrative Approach. It is important to note that both of these approaches were viewed as being indicators of being an LGB-affirmative training program with neither approach seeming to be viewed by participants as better than the other.

Additive Approach. The first sub-theme, Additive Approach, seemed to present LGB-affirmative content as add-on course material ranging from inclusion within a single course to inclusion of a separate course in a training program's curriculum. Participants viewed an additive approach as evidence of having an LGB affirmative stance. This sub-theme was illustrated by these quotations: "Inclusion of [LGB] affirmative information included in some of the courses," "Lectures," "Our diversity class," and "LGB couples are included each semester in the couple therapy course. LGB identity and the obstacles of LGB youth in the coming out process are covered in my human development course."

Integrative Curriculum. The second sub-theme seemed to describe LGB-affirmative content being pervasively integrated across a training's program curriculum. Responses in this subtheme illustrated the belief that having LGB-affirmative content integrated across the curriculum as a sign of being an LGB-affirmative training program. Some participants simply responded "curriculum" or "course content" whereas other provided more detailed descriptions: "We integrate LGBT experiences into course content, use case examples, use models of family development that are inclusive," "Our program addresses LGBT issues and relationships in the Diversity Class, Special Issues, Sexuality class, Couple Therapy class and Intro[duction] to Marriage and Family Therapy," and "The incorporation of LGBT concerns and social justice issues into the programs in general and all of the courses."

Course Discussions and Experiences with Students

The second theme in the Coursework and Training category focused on participants' belief that engaging students in LGB-affirmative topics through course discussions and experiences was a measure of the extent to which their program was LGB affirmative. Responses coded in this theme ranged from single word answers of "discussions" and "guest lecturers" to more descriptive answers, such as "Support efforts on campus and in the community that are affirming of LGB activity and encourage students to do the same," "We have events related to the LGBTQ population at our campus," and "We also have the LGBT center come speak in our courses as well as other LGBT people in the community." Additionally, the subtheme of Student Self-work in Supervision and Coursework emerged within this theme highlighting a more specific example of engaging students in LGB-affirmative topics.

Student Self-work in Supervision and Coursework. The subtheme of student self-work reflected participants' expectations of students to observe their own practice of and beliefs about

LGB-affirmative stances. Doing self-work on LGB topics as a student therapist was a specific identified indicator of how faculty members were assessing their programs as being LGB-affirmative. Participants explained this self-work process through the following examples: “Students do self-reflections on these issues and ask them directly when and how they would be affirmative,” “Student self-evaluation,” and “Encourage students with negative biases to explore those behaviors and beliefs.”

Supervision

The third theme in the Coursework and Training category reflected participants’ beliefs that the supervision they provided was another indicator of an LGB affirmative stance. Responses that illustrated this theme were: “Observations of clinical work,” “Our supervision,” and “Degree to which heterosexism is dealt with in supervision.”

LGB-affirmative Training for Students

The fourth and final theme in the Coursework and Training category illustrated participants’ belief that requiring students’ involvement in specific LGB-affirmative training outside of their coursework was another factor in being an LGB affirmative program. This belief is reflected by the following quotations: “Required training in LGBT topics outside [of] the program,” “Ally training is promoted by all faculty,” “Regular training on working with LGB couples presented by gay MFT educator,” “Support efforts on campus and in the community that are affirming of LGB activity,” and “Integrating outside training into the program when we lack expertise.”

Training Programs’ LGB Population

The second category included responses reflecting that having an LGB-affirmative program was correlated with having self-identified LGB people participate in different levels of

the program. Three themes appeared in this category which included Presence of LGBT Faculty, Presence of LGBT Students, and Presence of LGBT Clients. An important factor to notice in these themes is the distinction between *having* LGB people in a training program and *recruiting* from LGB populations for the training program. For example, one response was “number of LGBTQ students” (e.g., having LGB people) while another was “LGBT student recruiting.” This distinction between *having* and *recruiting* will be made clear in the discussion of the subthemes.

Presence of LGBT Faculty

The first theme in the Training Programs’ LGB Population category had responses suggesting that having LGBT faculty present within a training program was a factor in being an LGB-affirmative program. Some responses were simple in description, such as “having GLBTTQ faculty” and “having ‘out’ faculty.” More detailed responses included the following examples: “We have a dean who is gay and several faculty members who are openly gay,” and “We also have LBGT individuals teaching in our program and in our minor.”

Presence of LGBT Students

The second theme in the Training Programs’ LGB Population category included responses describing the presence of LGBT students as a factor in being an LGB-affirmative program. Some participants in this theme explained the presence of LGB students in terms of quantity: “Significant number of LGBTQ [students],” and “Several of our students are also openly gay.” Other participants in this category described the importance of having LGB students within the program: “Openly gay students matriculate in [our] program,” “Admitting LGBT students,” “We have many LGB students within our student population; they are welcomed and valued,” and “We have had lesbian and gay students in our program in the past –

at least a couple that were ‘out.’” From this theme emerged one subtheme, Recruitment of LGBT Students.

Recruitment of LGBT Students. This subtheme emerged because responses from the previous theme, Presence of LGBT Students, neither specify nor preclude that LGB student recruitment was occurring. A subset of participants responded that LGB student recruitment was an indicator of being an LGB-affirmative program. One response simply stated “LGBT student recruiting” whereas other responses went on to describe the recruiting process: “We make outward statements as part of our recruitment process in relation to diversity,” and “LGBTQ students selecting to come to our program because of our emphasis on diversity, the possibility students have to complete an LGBTQ specialty training program.” It is important to note that this last quotation did not use phrasing indicating that the training program was actively recruiting LGB students, but instead focused on fact that LGBTQ students were selecting to attend the program, however it could be inferred that the participants’ program must have engaged in some level of recruiting LGB students.

Presence of LGBT Clients

The third and final theme in the Training Programs’ LGB Population category had responses that indicated the presence of LGBT clients using a program’s clinical services as an indicator of being LGB-affirmative. Responses in this category included the following: “Client diversity,” “LGB clients,” “We serve LGBTQI clients,” and “LGBT client participation in clinical services.” From this theme emerged one subtheme, the Recruitment of LGBT Clients.

Recruitment of LGBT Clients. This subtheme emerged from Presence of LGBT Clients because the previous theme neither specified nor precluded that LGB clients were being

recruited. One participant responded that LGB client recruitment was an indicator of being LGB-affirmative. The participant simply stated, “intentional recruiting of LGB clients.”

Belief Systems

The third category consisted of responses describing the belief systems faculty and students as a measure of a training program’s LGB-affirmative stance. Two themes emerged from the data in this category, which included Faculty’s LGB-affirmative Worldviews and Knowledge, and Students’ Openness to LGB Topics and People.

Faculty’s LGB-affirmative Worldviews and Knowledge

The first theme in the Belief Systems category had responses from participants indicating that what faculty believe can be an indicator in determining if a training program is LGB-affirmative. It is important to note that most participants in this category did not include “LGB” in their phrasing, so this was inferred based on the context of the question being asked. Most responses were brief on the topic of faculty beliefs: “Our personal worldviews,” “Faculty lifestyles,” “the faculty’s beliefs,” and “supervisor attitudes.” Other responses provided a little more description: “I am also fortunate to be surrounded by colleagues who hold such an affirmative stance as a core value,” and “My knowledge of and experience with the people in the program.”

Students’ Openness to LGB Topics and People

The second and final theme in the Belief Systems category consisted of responses indicating that students having an attitude of openness towards LGB topics and people was indicative of an LGB-affirmative program. Most of the responses for this theme were succinct, such as “student attitudes,” “student openness,” and “open discussion about the topic...among students with faculty.” The most detailed responses build on the previous comments: “The

openness of my interns to me (I'm a lesbian) and to their working with LGB clients," and "Orientation of group discussion, comfort/openness of talking together with students about personal challenges as well as benefits of taking a positive view of LGB identity and relationships." One subtheme, Students' Actions within the Program, emerged from the theme of Students' Openness to LGB Topics and People.

Students' Actions within the Program. This subtheme consisted of two responses that suggested students' behaviors within a training program can be a measure of taking an LGB-affirmative stance. The responses were: "The depth of conversation, the students developing increased complexity in their thinking and attitudes," and "Behavior in the clinic...student behavior/responses in courses."

Importance of Faculty

The fourth category consisted of responses suggesting the important role that faculty members play in creating an LGB-affirmative program. In particular, participants responses revolved around the influence that affirmative faculty have with LGB students and other faculty. The two themes that emerged were Faculty Support of LGB Students and Faculty Expectations.

Faculty Support of LGB Students

The first theme in the Importance of Faculty category seemed to suggest that faculty providing unique support to LGB students was indicative of taking an LGB-affirmative stance. Responses in this theme included: "Personal support of students during the coming out process," "Support of faculty to LGBT students," and "Faculty support of current LGB students."

Faculty Expectations

The second theme in the Importance of Faculty category had responses from participants who seemed to suggest that faculty within their programs were expected to hold LGB-

affirmative values as an indicator of being an LGB-affirmative program. One participant explained succinctly, “in good faith, I expect that my colleagues take an affirmative response to LGB individuals....” Another response provided more detail regarding the expectation that faculty practice an LGB-affirmative stance: “I think this is a value that we all hold or all say we hold; however, it is difficult to determine the extent to which individual faculty members truly embrace an [LGB] affirmative stance. I think ‘affirmative stance’ should be seen on a continuum rather than an either/or.” These quotations highlight the importance of faculty in creating and maintaining an LGB-affirmative training program and the existence of such expectations may increase the likelihood that LGB-affirmative training is occurring. The subtheme of Faculty-to-Faculty Conversation emerged from this theme.

Faculty-to-faculty Conversation. This subtheme emerged from responses indicating that faculty do talk about LGB-affirmative practices and that these conversations serve as an indicator of being an LGB-affirmative program. Responses that reflected this subtheme included the following: “I have engaged in meaningful conversations round the commitment to being a[n] LGB affirming program,” “Indicators are discussions with program chair, clinical training director, and other faculty,” “I am personally quite vocal and proactive within my department around this issue,” and “Response of other faculty members to concerns I have raised in relation to LGBT issues.”

Practical Implementation of Explicit LGB-affirmative Values

The fifth category highlights responses that illustrate how faculty members assess their programs as LGB-affirmative through a variety of practical implementations, such as program identity, the existence of LGB affirmative policies, and the selection process used to admit students into their programs. In particular, five themes emerged from the responses, which

included: Program Identity, Program Statements, Interview Screening of Students, Research on LGB Topics, and Feedback and Dialogue.

Program Identity

The first theme in the Practical Implementation of Explicitly LGB-affirmative Values category included responses that illustrated how participants label and identify their training programs as an indicator of being a LGB-affirmative. For example, some participants explained how they changed their program identity to be more LGB affirmative: “Changed our name from MFT to CFT after the passing of anti-gay prop 8 in California,” and “We have recently changed the program name from MFT to CFT (Couple and Family therapy) to be more inclusive.” Other participants described how they specifically labeled their programs: “This is a social justice focused program,” “Our focus on social justice,” “We are a postmodern, non-pathologizing, inclusive community,” and “Affirmation of diversity and sexual orientation being a part. Significant number of LGBTQ and immigrants and aboriginals in our program.” This theme highlights responses that indicated it was important for programs to explicitly label themselves as LGB-inclusive and social justice focused as part of being an LGB-affirmative training program.

Program Statements

The second theme in the Practical Implementation of Explicitly LGB-affirmative Values category included responses that illustrated making formalized statements visible to the public as an indicator of being an LGB-affirmative program. Responses ranged from succinct (i.e., “our mission statement,” and “integration in program mission) to detailed: “Our overt value statements in the program that are included on our website, syllabi, etc.,” “Diversity program statement posted online and in application materials—developed for this very issue and reviewed

by university lawyers,” “Explicit statement of affirmative stance on our clinic’s website,” and “Explicit definition of family that includes LBG families.” The subtheme Program Policy emerged from this theme.

Program Policy. This subtheme provides a related but distinct response from the theme of Program Statements by including policy as an indicator of being LGB-affirmative. The response simply stated “the policies that we have in place.” It is important to note that a distinction was inferred between program statements and program policy. Whereas program statements seem to convey a set of informal, public declarations, program policy seems to convey a formal code of expectations to be practiced by a training program.

Interview Screening Students

The third theme in the Practical Implementation of Explicitly LGB-affirmative Values category included responses that illustrated the process of screening students during admissions interviews as an indicator of being LGB-affirmative. Responses in this theme included: “Pre-screening applicants to program to make sure they are open to LGB clients,” “Our students complete a diversity oath prior to acceptance into our program,” “Our admissions interview process includes screening for heterosexist and homophobic biases in applicants,” and “We use an LGBT scenario as a role play on our interview day for the admits.” It is important to note that each response provided a unique technique that they used during the student screening process to ensure applicants were LGB affirmative.

Research on LGB Topics

The fourth theme in the Practical Implementation of Explicitly LGB-affirmative Values category included responses that indicated that conducting researching on LGB topics was part

of being an LGB-affirmative program. The basic response of “research interests” is expanding on in the two subthemes of Faculty Research on LGB Topics and Student Research on LGB Topics.

Faculty Research on LGB Topics. The first subtheme contained responses pertaining to faculty research on LGB topics as an indicator of being an LGB-affirmative program. Responses in this subtheme included: “Conducting research on same-sex couples and using it to inform practice of all couple therapy,” “We also write articles and book chapters with students on this topics,” and “faculty/student publications.”

Student Research on LGB Topics. The second and final subtheme had responses indicating that student-driven research on LGB topics was an indicator of being an LGB-affirmative program. Responses in this subtheme included: “Dissertation topics relevant to, and pertaining to same sex marriage, gay fathers, same sex parenting practices, etc.,” “Supporting student ideas and research on LGBT topics,” “Thesis topics,” and “Encouraging the students to present, research, and have specializations interests with these populations.”

Feedback and Dialogue

The fifth and final theme in the Practical Implementation of Explicitly LGB-affirmative Values category contained responses related to student and client feedback about a training program as a measure of being LGB-affirmative. Participants gave the following responses: “Conversation with LGB students and faculty; curriculum review; frequent feedback,” “Client feedback,” “Through open conversation with LGBT students, [] it is a routine part of our conversation re[garding] diversity,” and “Mostly feedback from student (in and out of classroom settings).” This theme highlighted the importance of conversation within a training program as a means of assessment to determine the extent to which these programs were taking an LGB-

affirmative stance. The subtheme of Program Diversity Committee emerged as part of this theme's responses.

Program Diversity Committee. The response in this subtheme pertained to having a formal committee as part of being an LGB-affirmative program. The response simply stated “our program diversity committee.”

Affirming Environment

The sixth category included responses around creating a safe and affirming environment in classrooms and training clinics as a measure of being an LGB-affirmative program. The two themes that emerged were: Classroom Culture and Clinical Culture.

Classroom Culture

The first theme in the Affirming Environment category contained responses showing how creating an affirmative classroom environment could be part of being an LGB-affirmative program. The responses in this section included: “Monitoring of students’ opinions via classroom discussions,” “I also think that the climate in the classroom demonstrates that the culture is or at least is expected to be, affirming to be LGB people,” and “We teach our students to ‘be’ accepting of clients independent of clients’ personal beliefs or attributes.”

Clinical Culture

The second and final theme in the Affirming Environment category had responses detailing how a training clinic could be inviting to LGB clients as part of being an LGB-affirmative program. Some of the responses revolved around LGB clients’ experience of the clinic space: “Symbols of affirmation in our therapy centre, gender affirmative signage on bathrooms,” “Review of intake materials and wording used in all clinic forms,” and “Marketing materials.” The other responses revolved around clinical practice with student trainees: “We do

not allow student to reject clients based on sexual orientation,” and “Degree to which heterosexism is dealt with in our clinic.”

Not LGB-affirming Environment

The seventh and final category of my thematic analysis contained a small minority of participants, but possibly the most impactful data of the study, that expressed perspectives of not being an LGB-affirming environment or program. A selected quotation illustrates a central obstacle present across the responses within this category:

How beliefs affect treatment practices and the impact [and] ethics of trying to change student beliefs. We have acknowledged that in decades past efforts were made to change LGB affirmative individual’s beliefs by pathologizing them (i.e., DSM-III) and efforts at conversion/reparative therapy. What would the impact be if those programmatic agendas had won out? We would have a far worse environment for LGB clients [than] we currently do. This is not an excuse it is really an acknowledgement that students enter program with beliefs they feel are spiritual and moral and we do the same thing as was done to LGB affirmative individuals when we discount and degrade those beliefs. Further we have no evidence that pushing individuals to change beliefs they feel are spiritual in nature has long term impact. We may be able to make them see clients during the program but we have found no evidence that they will continue to work with LGB clients following graduation. [] What we are doing is trying to acknowledge the impact of personal beliefs and teach students how to practice most effectively if they have beliefs that will affect the way [they] treat clients. This direction is used in terms of GLB clients as well as ethnic groups and beliefs about personal and interpersonal behaviors. [] How

do we do this [except] encouraging them to make decisions that are based on the clients' best interest and not their own comfort?

Seeing religious and/or spiritual beliefs at odds with LGB-affirmative beliefs was a central obstacle present across all responses under this category. The two themes that emerged from this category were Absence of Anti-LGB Beliefs and Explicit Anti-LGB Beliefs.

Absence of Anti-LGB Beliefs

The first theme in the Not LGB-affirming Environment category had responses indicating that there was no explicit anti-LGB or pro-LGB experiences present as part of their program. The coded responses were as follows: "For the two [faculty] that are not [affirming] they think they are affirming by not saying negative things and allowing their student to do research on only het[erosexual] couples," and "I have not had any encounter with other colleagues that indicate anti-gay sentiments."

Explicit Anti-LGB Beliefs

The second and last theme in the Not LGB-affirming Environment category included individual and institutional perspectives that were explicitly against supporting an LGB-affirmative stance. On the individual level, one participant stated:

We affirm the individual but cannot in good conscience affirm something that is potentially harmful to them such as homosexuality. Homosexuality is not an identity but rather an experience and collection of many factors. So, if someone comes to us wanting their condition affirmed, it would be unfair to them for us to try and do something. Rather, it[']s more helpful to them if we try and find a better fit for them and do so in a caring way.

The other response on the individual level stated, “We only have [three] professors, and one of them, the program director, who has a lot of power and influence, would never take this stance, which I think he would claim as a right given his religious beliefs.” On the institutional level, one response stated, “Program is within religious institution affiliated with church, which takes an anti-gay stance. The other example on the institutional level stated: “The University does not welcome queer students. There are some [queer students] on campus but there [are] some clear culture differences. The school has a history of being evangelical and standing in judgement.”

While this study was focused on indicators of being LGB affirmative, it is interesting to note that a small percentage of the responses indicated that there were programs not practicing LGB-affirmative stances. The most notable aspect of these responses indicated religion as being an obstacle to practicing LGB-affirmative stances.

CHAPTER FIVE: DISCUSSION

This chapter will be divided into five sections: (1) Main Findings of this Study, (2) Implications for Training Programs and COAMFTE, (3) Limitations of this Study, (4) Future Research Suggestions, and (5) Conclusion.

Mains Findings of this Study

I have identified three main findings within the results of this study that summarize the factors or indicators that my participants identified to determine if their programs were LGB-affirmative: (1) LGB-affirmative course content and training, (2) Individuals (i.e., faculty, students, and clients), and (3) Goals supporting diversity. Finally, my last main finding is related to the segment of my participants who did not identify any factors to determine if their programs were LGB-affirmative.

LGB-affirmative Course Content and Training

LGB-affirmative coursework and training represented the most numerous of responses for factors determining the extent to which a program was LGB-affirmative. The participants defined coursework and training as consisting of LGB-affirmative course content, student self-of-the-therapist work, and trainings that were outside of the standard curriculum. It is significant to note that faculty members in my study did not identify particular topics that they taught about but instead seemed to talk about integrating across curriculum or adding lectures to a course that were focused on LGB topics. Thusly, it remains unclear what specific knowledge and skills faculty are teaching and thus using as factors in determining how they measure whether their course offerings are LGB-affirmative or not. It is also interesting to note that faculty members in this study viewed both an additive and integrated approach as an indication of being LGB-Affirmative. However, the existing literature argues that an integrative approach, or having

LGB-affirmative content available throughout all curricula, is a necessary factor of being an LGB-affirmative program in order to challenge the pervasive nature of heterosexist bias within programs and the content being taught (Bahr et al., 2000; Carlson & McGeorge, 2012; Israel, 2007; Long & Serovich, 2003; Phillips, 1999; Phillips & Fischer, 1998). As the existing literature suggests, requiring LGB-affirmative course content is an essential factor in being an LGB-affirmative program as such content can inform students' therapeutic practice as they become increasingly aware of the unique needs of LGB individuals and relationships as well as how mental health disciplines have historically both undermined and supported LGB clients (Biaggio et al., 2003; D'Augelli, 1994).

Having students engage in self-of-the-therapist work related to working with LGB clients within the context of supervision and coursework appeared to be another indicator that faculty members were using to determine the extent to which their training programs were being an LGB-affirmative training program. In particular, participants described the importance of students engaging in reflections and self-evaluation in order to practice awareness of their negative biases and how they would practice LGB-affirmative therapy. The existing literature highlights how important it is to encourage or require students to engage in self-of-the-therapist work, especially around the influence of heterosexism, in order to provide students with LGB-affirmative training (Butler, 2009; Carlson & McGeorge, 2012; Dillon et al., 2004; Israel, 2007; Israel & Mohr, 2004; Phillips, 1999). Faculty members in this study stating that they request their students to reflect on their beliefs about LGB clients suggests that participants see this self-of-the therapist work as essential to LGB affirmative training, which mirrors the current literature (Biaggio et al., 2003; Burckell & Goldfried, 2006, McGeorge & Carlson, 2011).

And finally, participants also highlighted the importance of requiring students to engage in LGB-affirmative training outside of their particular programs as an essential factor in their program being LGB-affirmative. Responses in this area seemed to suggest that it was important to augment the training they were providing their students either due to lack of “expertise” within their program and/or due to the opportunity for their students’ to have further exposure to LGB topics and individuals. These responses appear related to scholars’ recommendations that having more training hours, having training outside of one’s program, and having more time to interact with LGB populations are additional factors needed in LGB-affirmative programs that increase students’ sense of LGB competency (Alessi et al., 2015; Godfrey et al., 2006; McGeorge & Carlson, 2011; Henke et al., 2009; Rock et al., 2009).

Individuals’ Influence on LGB-Affirmative Training

The second main finding that was prevalent across the data was how important individuals’ identities, actions, and beliefs were as an indicator of a program being LGB-affirmative or not. In particular, faculty members were most frequently cited followed by a lesser extent to students and clients. Specifically, participants mentioned faculty’s influence on each other and their students in fostering or in opposing LGB-affirmative training. For example, some faculty members highlighted how they discussed LGB-affirmative training with their colleagues and expected that their colleagues upheld this perspective. Additionally, participants identified faculty that were not LGB-affirmative due to anti-LGB religious beliefs and how influential those individuals were to their programs not being LGB-Affirmative. The examples participants provided around support for or lack of LGB-affirmative training are consistent with the existing literature highlighting the importance of faculty-to-faculty interactions to support the continual effort of challenging heterosexism, staying up-to-date on LGB research, and practicing self-

evaluation as an LGB-affirmative educator (Carlson & McGeorge, 2012; Phillips, 1999). The present study also found that faculty are engaging students in LGB-affirmative practices through personal support of LGB students, clinical supervision based on LGB-affirmative practices, encouraging student self-reflections on LGB-affirmative ideas, engaging in LGB-focused research, and creating LGB-affirmative classroom culture. This was encouraging to find that participants saw the important role that faculty members could play in creating an LGB-affirmative program as the existing research suggests that students' beliefs and actions can be influenced by faculty members' beliefs and actions (Aducci & Baptist, 2011; Burkard et al., 2009). In addition to the important role that faculty members' actions and beliefs played in creating an LGB-affirmative program, participants also identified the presence of LGB faculty as an indicator of being an LGB-affirmative program which not only conveys to students that affirmation of LGB identities is valued by the training program but also that LGB scholars and their research are valued as well (Biaggio et al., 2003; Phillips, 1999).

CFT students were also reported as being important factors that could determine the extent to which a training program was LGB-affirmative. Participants offered examples of students' behaviors such as being open to LGB topics and people in both classroom discussions and therapy as part of being an LGB-affirmative program. This finding mirrors the existing literature that discusses the importance of LGB-affirmative programs providing students with opportunities to practice self-awareness of their biases as well as their own privileges and oppressions (Carlson & McGeorge, 2012; Dillon et al., 2004). Also, the faculty in this study pointed to the presence of LGB students as an indicator of the extent to which their programs were LGB affirmative which might convey that students were valued and supported in their unique needs as LGB persons (Biaggio et al., 2003; Carlson & McGeorge, 2012; Long &

Serovich, 2003; Phillips, 1999). Additionally, LGB students were, in some instances, choosing to come to a program and be “out” about their sexual identity which may indicate how safe a program is for LGB students which contrasts with instances students attending religiously-affiliated programs that “stand in judgment” of LGB students. Research asserts that having a safe environment for LGB student to be able to disclose their sexual identity was an additional factor in being an LGB-affirmative program (Biaggio et al., 2003; Burkard et al., 2009; Carlson & McGeorge, 2012; Long & Serovich, 2003).

LGB clients were another factor influencing the extent to which faculty members measured their training programs as LGB-affirmative. Responses related to this topic indicated having, and in one instance intentionally recruiting, LGB clients was important as part of being an LGB-affirmative program. The existing literature suggests that serving LGB clients is an essential factor in LGB-affirmative training as it provides trainees and supervisors opportunities to practice the skills needed to provide competent and effective LGB-affirmative therapy (Alessi et al., 2015; Godfrey et al., 2006; Henke et al., 2009; Israel et al., 2008).

Thus, the data for this study highlights the important influential role that individuals play in creating or abstaining from creating an LGB-affirmative training environment. Most notably, faculty appeared to have the strongest influence on having LGB-affirmative training. Relying solely on individual faculty to influence whether or not a program is LGB-affirmative is problematic in that faculty can either support or oppose LGB-affirmative training. This situation reflects the need for programmatic policy to sustain LGB-affirmative training regardless of individual faculty members’ biases. For example, should a faculty member retire that supported LGB-affirmative training, it is possible there would be no one to continue supporting LGB-affirmative training.

Goals Supporting Diversity

The third main finding identified in the data was pursuing program-level goals of diversity as an indicator of being an LGB-affirmative program. Goals supporting diversity in general were identified in program statements, recruitment strategies, and class conversation with students. It was interesting to note that more detailed descriptions of diversity goals appeared to connect being an LGB-affirmative program with having and encouraging racial and ethnic diversity within a training program. This suggests that advocating for diversity as a whole, while being an LGB-affirmative program, may highlight the practice of exposing students to identities different from their own as a means for developing cultural awareness (Alessi et al., 2015; Henke et al., 2009). This inclusion of other forms of diversity may also suggest that programs are discussing the importance of understanding intersectionality and its impact on clients (Greene, 1994). For example, it may not be enough to consider a client's sexual orientation during therapy without also considering their other identities (e.g., race) (Greene, 1994). Pursuing broader goals of program diversity was identified by faculty in this study as being an integral aspect of being an LGB-affirmative program.

No Clear Standards of LGB-affirmative Training

For the fourth and final main finding, none of the participants in this study cited following any existing LGB-affirmative guidelines or standards (e.g., APA, ALGBTIC), but most participants were able to identify factors that they used to assess the extent to which their programs were LGB-affirmative. Although LGB-affirmative guidelines or standards have existed for several years and have clearly identified common skills (e.g., using non-heterosexist language) and knowledge (e.g., sexual identity development) for serving LGB clients, it was surprising to not see any mention of the use of any existing guidelines or standard to structure

LGB affirmative training within CFT programs (ALGBTIC, 2012; APA, 2012; Giammattei & Green, 2012; LaSala, 2013). Scholars have argued for following established standard practices and up-to-date research which ideally would guide the factors faculty will use to identify if they are an LGB-affirmative program (Bahr et al., 2000; Biaggio et al., 2003; Carlson & McGeorge, 2012; Phillips, 1999; Phillips & Fischer, 1998). However, the guidelines and standards that do exist for LGB-affirmative therapy training exist outside of the CFT discipline as neither COAMFTE nor AAMFT have yet to develop comparable guidelines or standards to direct how LGB-affirmative training should be accomplished.

There were also participants who specifically identified their programs as not being LGB-affirmative either because they were lacking LGB-affirmative training or they were explicitly anti-LGB due to religious beliefs. These responses indicate that faculty appear to not be upholding a key dimension of COAMFTE accreditation standards and the non-discrimination clause in the AAMFT's Code of Ethics (AAMFT, 2004; COAMFTE, 2014). Under COAMFTE's (2014) Foundational Curricular Area of "Diversity, Multicultural and/or Underserved Communities," faculty are tasked to meet the following standard:

[Program] facilitates students developing competencies in understanding and applying knowledge of diversity, power, privilege and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual and/or beliefs, nation of origin or other relevant social categories throughout the curriculum. It includes practice with diverse, international, multicultural, marginalized, and/or underserved communities, including developing competencies in working with sexual and gender minorities and their families as well as anti-racist practices (p. 22).

Faculty members who reported that their programs were lacking LGB-affirmative training indicators simply appear to not be meeting this accreditation standard, whereas faculty members who were explicitly anti-LGB due to religious beliefs could be perceived as actively violating this standard in that they are not educating their trainees to be competent to work with LGB clients (i.e., sexual minorities). However, COAMFTE's (2014) accreditation standards accommodate religious exemption to providing LGB-affirmative training because religiously affiliated programs, "...may have policies that are directly related to their religious affiliation or purpose and that conflict with the [] anti-discrimination policy requirements, provided they are published and accessible policies, and available publicly" (p. 14). The option for religious exemption allows and to some extent explains the anti-LGB responses that faculty members provided. Additionally, AAMFT Code of Ethics (2015) in Subprinciple 1.1 states that CFTs will provide, "professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status." Explicitly anti-LGB responses from faculty members could be considered a violation of this Subprinciple and raises concerns about the training that students are receiving (Woody & Woody, 2001).

Implications for CFT Training Programs and COAMFTE

This study highlights several implications for defining factors that determine if a program is LGB-affirmative as well as how a program might not be LGB-affirmative. I will discuss the implications for training programs as well as the implications for COAMFTE standards. Suggestions will be offered to augment what programs are already doing well in accordance with present research and what COAMFTE can do to better support training programs that are working to be LGB-affirmative.

Implications for CFT Training Programs

The findings of this study offer several implications for CFT training programs, which can be organized in terms of LGB content integration, self-of-the-therapist work, recruitment, and LGB-affirmative program identity.

LGB content integration. While it is important to note that in the present study no participant appeared to argue that either an additive or integrative approach was necessary to be LGB affirmative, the existing literature suggests that having LGB-relevant material across the curriculum is the most effective approach for teaching students to work competently with LGB clients (Carlson & McGeorge, 2012; Long & Serovich, 2003; Phillips & Fischer, 1998). Choosing to take an integrative approach in teaching LGB course material becomes vital to a program being LGB-affirmative in part due to the pervasiveness of heterosexist bias present in society at large and in therapy in particular (Butler, 2010; Carlson & McGeorge, 2012). Thus, the recommendation would be that CFT faculty members integrate LGB content into every course and throughout the clinical training that students receive. For example, Bidell (2013) recommends that the following topics be included in clinical training: LGBT terminology and stereotypes, history of diagnosing LGBT individuals, theories of sexual orientation, LGBT history, LGBT-specific medical and mental health issues. Though Bidell (2013) offered an additive approach in LGB-affirmative training, which runs counter to this paper's recommendation for an integrative approach, CFT faculty can refer to Bidell's test-course as a starting point to integrate his topic areas across their curricula.

Additionally, this integration could be achieved by or augmented by utilizing outside training if faculty do not have expertise to integrate LGB content into their curricula. In particular, CFT programs can identify outside training opportunities within their local or national

communities (Carlson & McGeorge, 2012; Long & Serovich, 2003; McGeorg et al., 2015). CFT faculty members could also participate in pro-LGB community events, which could facilitate partnerships with LGB community groups and organizations that connect them with guest speakers or lecturers to participate in their programs classes (Bidell, 2013; Carlson & McGeorge, 2012; Godfrey et al., 2006). Accessing LGB community resources allows programs to not only incorporate LGB content into their training but also provides experiences for students to have exposure to LGB community members.

Self-of-the-therapist work. The second implication for CFT programs focuses on the importance of helping students develop attitudes of openness to the LGB community through self-of-the-therapist work. Self-of-the-therapist is an important process in LGB-affirmative training that requires students and faculty to reflect on their beliefs and biases about LGB people (Aducci & Baptist, 2011; Biaggio et al., 2003; Carlson & McGeorge, 2012). Engaging self-of-the-therapist work and developing an openness to LGB topics and people can be done as part of classroom instruction and through supervision.

In particular, during classroom instruction, students should go through a continual process of reflection on the influences heterosexism has on their own beliefs and attitudes. Providing time during class for students to discuss where their beliefs about sexual identity come from, about their own sexual identity and those of LGB clients, can reveal the presence of heterosexism in families of origin, religious communities, and among peers (Butler, 2009; Carlson & McGeorge, 2012; Dillon et al., 2004; McGeorge & Carlson, 2011). This process should especially be relevant for students that are averse to working with LGB clients due to specific anti-LGB religious beliefs. Scholars argue that serving LGB clients and holding anti-LGB religious beliefs do not need to be mutually exclusive if self-of-the-therapist work is

employed by faculty to help students find and connect to overlapping values between their ethical obligations as therapists and their religious beliefs (Bahr et al., 2000; Bieschke & Mintz, 2012; Lyons et al., 2010).

Supervision provides additional opportunities for students and faculty to practice self-of-the-therapist work. LGB-affirmative supervision is pivotal in that it provides students the opportunity reflect on how and when heterosexism is influencing therapy (Burckell & Goldfried, 2006; Burkard et al., 2009; Dillon et al., 2004). Students can be guided in supervision to learn how to make unconscious anti-LGB beliefs and biases conscious in order to address how students' thoughts and actions can be hurtful toward LGB clients and to ultimately dismantle these anti-LGB beliefs such that they have less influence on therapy (Aducci & Baptist, 2011; Long & Serovich, 2003; Phillips, 1999).

Recruitment. The third implication is the importance of having LGB faculty, students, and clients as a central part of a CFT training program. Research asserts the need for and benefits of recruiting LGB faculty, students, and clients in order to create a diverse training environment where LGB perspectives are represented (Alessi et al., 2015; Bahr et al., 2000; Biaggio et al., 2003; Edwards et al., 2014; Grove, 2009; McGeorge & Carlson, 2016). Whether recruiting LGB faculty, trainees, or clients it is important that training programs publicly broadcast their LGB-affirmative stance before recruiting starts, such as through an LGB-inclusive non-discrimination statement (Carlson & McGeorge, 2012; COAMFTE, 2014; Edwards et al., 2014; McGeorge & Carlson, 2016). When hiring LGB faculty, it is important for training programs to highlight the policies in place to support LGB faculty (Biaggio et al., 2003; Phillips, 1999). For example, a training program should clearly explain the process LGB faculty could use should they face workplace discrimination as well as identifying opportunities for supporting their research

agendas and explaining what employment benefits might be available (e.g., health insurance, etc.) (Bahr et al., 2000; Biaggio et al., 2003; Phillips, 1999). When recruiting LGB trainees, training programs should also highlight the opportunities trainees will receive such as being a part of an LGB-affirmative program that is safe to be “out” in, providing mentorship that can address trainees’ unique needs as LGB persons, and finding support for LGB research interests (Biaggio et al., 2003; Edwards et al., 2014; Erwin, 2006; Long & Serovich, 2003; McGeorge & Carlson, 2016; Phillips, 1999). To recruit LGB clients, training clinics should work on two fronts: community connections and advertisement. Training programs can increase LGB client referrals when they build relationships with other LGB-affirmative clinical agencies and LGB community organizations (Carlson & McGeorge, 2012; Crisp & McCave, 2007; Edwards et al., 2014). When advertising, training clinics should ensure that any printed and web-based information about their clinic includes their LGB-affirmative stance, language, and images (Carlson & McGeorge, 2012; Edwards et al., 2014; Long & Serovich, 2003).

Program identity. The fourth and final implication for training programs pertains to how CFT programs publically identify themselves as LGB-affirmative. A significant portion of responses from this study illustrated how CFT programs were labeling themselves as or making public statements about being LGB-affirmative. Research supports having an explicit and public identity as LGB affirmative is key in LGB-affirmative training (Biaggio et al., 2003; Carlson et al., 2012; Edwards et al., 2014; Long & Serovich, 2003; Phillips, 1999). CFT programs can adopt an LGB-affirmative program identity by establishing concrete LGB-affirmative policies and engaging in a continual review process (Bidell, 2013; Carlson & McGeorge, 2012; McGeorge & Carlson, 2016).

According to scholars, LGB-affirmative policies should include the creation of a non-discrimination statement and clear procedures to respond to anti-LGB actions by faculty and students (Biaggio et al., 2003; Carlson & McGeorge, 2012; Edwards et al., 2014; McGeorge & Carlson, 2016). An LGB-inclusive non-discrimination statement should not only affirm sexual minority identities but also include ethical stances like being opposed to conversion therapy (i.e., an approach to therapy intent to transform LGB individuals to heterosexuals; Carlson & McGeorge, 2012; Drescher, 2002; Forstein, 2002; Haldeman, 2002; McGeorge & Carlson, 2016; Serovich et al., 2008). Whereas a non-discrimination statement conveys a program's values about being inclusive and not tolerating discrimination based on protected classes, having LGB-discrimination procedures provide a concrete way to apply those values. Other policies that programs can implement to be more LGB affirmative is requiring students to work with LGB clients and to use non-heterosexist language (Edwards et al., 2014; McGeorge & Carlson, 2016). Additionally, LGB-affirmative programs could have remediation policies and procedures (e.g., reflection on anti-LGB bias, working with LGB-affirmative colleagues) should a faculty member or student prove to be averse to working with LGB clients and colleagues (ALGBTIC, 2012; APA, 2012; Carlson & McGeorge, 2012; Edwards et al., 2014).

Implications for COAMFTE

As discussed previously, faculty did not cite any guidelines or standards that informed how they identified the factors that made their programs LGB-affirmative. This lack of citing guidelines could be problematic as it highlights the power of individuals influencing how much, if at all, a training program is providing LGB-affirmative training. At present, there are no concrete guidelines or standards offered by COAMFTE to support CFT faculty in integrating LGB-affirmative training. The guidelines and standards that do exist fall outside of the CFT

discipline (e.g., ALGBTIC). Research asserts that having LGB-specific knowledge and skills is integral to creating an LGB-affirmative program so that trainees can work competently with LGB clients and LGB clients can feel welcomed and build rapport with their therapist (Alessi et al., 2015; Burckell & Goldfried, 2006; Henke et al., 2009; Israel, 2007). Thus, the primary implication based on the findings of this study for COAMFTE would be to create concrete guidelines for CFT training programs and ensuring that programs are following these guidelines as part of accreditation requirements (Carlson et al., 2012).

To create LGB-affirmative guidelines for CFT training programs, COAMFTE can defer to established guidelines with which they can imbue CFT relational perspectives that would expand the guidelines to use a systemic perspective. The ALGBTIC (2012) provides a thorough list of competencies that COAMFTE could adopt, which include “Competencies for Working with Lesbian, Gay, Bisexual, Queer, and Questioning Individuals,” and “Competencies for Working with Allies.” The ALGBTIC competencies would need to be augmented in terms of working from a relational and systemic perspective (Godfrey et al., 2006). In particular, the guidelines would need to include relational competencies for working with LGB partnerships (e.g., monogamous and non-monogamous), LGB parents (e.g., same-sex couples creating family, coming out as LGB to heterosexual partner), LGB children, LGB elders (Butler, 2009; Giammattei & Green, 2012). Scholars have already developed key recommendations for working with LGB relational and familial structures which could be used to create these guidelines. For example, Tunnell (2012), explains the impact of relational ambiguity, or not having or following heterosexual models of relationship, as an integral factor in serving gay couples in therapy. LaSala (2013) provides another example describing how family therapy has evolved with LGB rights from once seeing heterosexual parents and family as obstacles to LGB youth to supporting

heterosexual family members in being a source of affirmation and protection for LGB youth. CFT scholars are already providing the relational perspective necessary for COAMFTE to create LGB-affirmative guidelines.

COAMFTE guidelines could build on the relational and systemic perspectives available to CFTs by incorporating clear guidelines for faculty and students to reconcile their anti-LGB religious values with professional ethics by identifying the transcendent values of their religious beliefs and how they overlap with the CFT ethical injunction to not discriminate against clients of a protected class (Bahr et al., 2000; Bieschke & Mintz, 2012; Lyons et al, 2010). Being able to find the overlapping values between anti-LGB religious beliefs and CFT professional ethics may help faculty and students work through anti-LGB beliefs in order to offer LGB-affirmative therapy.

COAMFTE may need to revisit how they are evaluating the LGB-affirmative training programs are providing. There appears to be a discrepancy, which needs to be addressed, between COAMFTE requiring LGB-affirmative training in CFT programs and what faculty reported in this study about religiously-affiliated programs not providing LGB-affirmative training. Resolving this discrepancy could be achieved by COAMFTE establishing guidelines for site visitors to evaluating the extent to which a CFT program is meeting the accreditation requirement of providing LGB-affirmative training. Site visitors would also need adequate training to ensure they are able to identify that LGB-affirmative training is being provided in CFT programs.

Limitations of the Study

Though this study offers many insights on how faculty members are defining LGB-affirmative training, there are methodological limitations to be addressed. A primary limitation is

the possibility of self-selection by the participants. Also, it is possible that the faculty members in this study held strong beliefs either for or against LGB-affirmative therapy and chose to participate in this study to advance their perspective which could skew the data away from more moderate perspectives. It appears that the majority of the participants in this study held positive beliefs about LGB-affirmative therapy, however, they did not always have clear or concrete indicators of LGB-affirmative training, which indicates that there is still much work to do in order for LGB-affirmative therapy to be integrate into CFT field. Additionally, there was no methodological means to follow up with participants providing succinct responses. During the data analysis, there were numerous responses that were vague or not-fully explained such that coding the responses into categories and themes was difficult to do and at times resulted in speculation. Future research on LGB-affirmative training may benefit from interviews in order to seek more clarification on how faculty members are determining if their programs are LGB affirmative.

Suggestions for Future Research

This study has opened the door to a larger conversation of how CFTs conduct LGB-affirmative training and how COAMFTE can support such training as part of the accreditation process. Based on the findings of this study, researchers could explore the information sources CFT faculty utilize in creating an LGB-affirmative program and whether or not faculty members are utilizing resources created by professional associations. Another suggestion for future would be to ask CFT trainees to identify the factors that make a program LGB-affirmative and to ask LGB clients what they would like their therapist to be learning during a graduate training program. Changing the perspective from faculty to students and clients could yield insight into what makes a program LGB-affirmative depending on the similarities and differences in

responses. For example, LGB clients might identify factors that faculty and students had not considered before and thus help to improve LGB-affirmative training. An additional suggestion involves doing research on LGB students' responses to anti-LGB experiences in CFT programs. For example, it could be helpful to study the impact of reading anti-LGB perspectives (e.g., conversion therapy) has on LGB students. Knowing more about LGB students' experiences of heterosexism could assist faculty advisors in supporting LGB students in completing their degrees.

A final suggestion would involve replicating the present study or conducting a similar interview study focused on providing transgender affirmative services in CFT programs. Sexual minorities (i.e., LGB) and gender minorities (i.e., transgender) are distinct identities that should not be conflated together in research. Future research on transgender-affirmative therapy could benefit from the present study on LGB-affirmative therapy in terms of how to best conduct a study that helps identify factors necessary to effectively serve transgender clients.

Conclusion

The purpose of this study was to determine the factors CFT faculty used in determining the extent to which their programs were taking an LGB-affirmative stance. It is encouraging that most of the factors faculty identified are reflective of the existing literature on LGB-affirmative training (Bahr et al., 2000; Biaggio et al., 2003; Carlson & McGeorge, 2012; Edwards et al., 2014; Israel et al., 2011; Long & Serovich, 2003; McGeorge & Carlson, 2016; Phillips, 1999; Phillips & Fischer, 1998). For example, faculty members in this study identified the following as indicators of being an LGB-affirmative training program: LGB course content and training, evaluating the influence of individual beliefs and attitudes about LGB topics and people on therapy, and supporting broader goals of diversity in training programs. Unfortunately, there was

also a smaller, but notable, portion of faculty that were not able to identify any factors of LGB-affirmative training within their programs either due to the factors not existing or due to anti-LGB religious bias. My hope is that the findings of this study will start a conversation that will lead to the creation of concrete LGB-affirmative guidelines for CFTs and training programs alike.

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APPENDIX. TABLES

Table A1

Characteristics of the Sample

Characteristics	n	%
Gender		
Female	49	69
Male	18	25.4
Missing Data	4	5.6
Ethnicity		
African American	5	7
Asian American/Asian	4	5.6
Caucasian/White	52	73.2
Latino(a)/Hispanic	3	4.2
Middle Eastern	1	1.4
Other (please specify)	2	2.8
Missing Data	4	5.6
Sexual Orientation		
Bisexual	7	9.9
Heterosexual	55	77.5
Lesbian	4	5.6
Queer	1	1.4
Prefer not to answer	1	1.4
Other (please specify)	3	4.2
Program Role		
Core academic faculty	42	59.2
Adjunct faculty	12	16.9
Clinical supervisor	6	8.5
Other (please specify)	6	8.5
Missing Data	5	7
Educational Institution		
Private Non-religious	18	25.4
Private religious	16	22.5
Public	30	42.3
Other (please specify)	2	2.8
Missing Data	5	7
Graduate Level Taught		
Master's	37	52.1
Doctoral	10	14.1
Both master's and doctoral	20	28.2
Missing Data	4	5.6

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

Characteristics	n	%
Worked with an LGB Client		
Yes	65	
No	1	
Missing Data	5	57

N = 71

Table A2

Likert Scale Item Results

Items	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
My family therapy program takes an affirmative stance toward LGB individuals and relationships.	50.7% (n = 36)	26.8% (n = 19)	16.9% (n = 12)	1.4% (n = 1)	1.4% (n = 1)	1.4% (n = 1)

Table A3

Thematic Analysis Results

Category	Theme	Subtheme		
Coursework and Training	Inclusion of LGB-affirmative Course Content	Additive Approach		
		Integrative Curriculum		
	Course Discussions and Experiences with Students	Student Self-work in Supervision and Coursework	Supervision	
				LGB-affirmative Training for Students
	Training Programs' LGB Population	Presence of LGBT Faculty	Presence of LGBT Students	
				Recruitment of LGBT Students
		Presence of LGBT Clients	Recruitment of LGBT Clients	
Students' Actions within the Program				
	Importance of Faculty	Faculty Support of LGB Students	Faculty Expectations	
Faculty-to-Faculty Conversation				
		Practical Implementation of Explicit LGB-affirmative Values	Program Identity	Program Statements
Program Policy				

Table A3. *Thematic Analysis Results* (continued)

Category	Theme	Subtheme
Practical Implementation of Explicit LGB-affirmative Values		
	Interview Screening Students	
	Research on LGB Topics	
		Faculty Research on LGB Topics
		Student Research on LGB Topics
	Feedback and Dialogue	
		Program Diversity Committee
Affirming Environment		
	Classroom Culture	
	Clinical Culture	
Not LGB-affirming Environment		
	Absence of Anti-LGB Beliefs	
	Explicit Anti-LGB Beliefs	