COUNSELING COMPETENCY WITH LESBIAN, GAY, AND BISEXUAL

CLIENTS: PERCEPTIONS OF COUNSELING GRADUATE STUDENTS

Except where reference is made to the work of others, the work described in this dissertation is my own and done in collaboration with my advisory committee. The dissertation does not include proprietary or classified information.

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COUNSELING COMPETENCY WITH LESBIAN, GAY, AND BISEXUAL CLIENTS: PERCEPTIONS OF COUNSELING GRADUATE STUDENTS

Stephanie R. Graham

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VITA

Stephanie Rene` Graham, daughter of Charles Wesley and Ione Joan Graham, was born on September 13, 1976, in Dallas, Texas. She graduated from Lake Highlands High School in Dallas, Texas, in 1995. She attended Texas A&M University in College Station, Texas, and graduated *cum laude* with a Bachelor of Science in Psychology in August 1999. She then attended the University of Houston-Clear Lake in Webster, Texas and graduated with a Masters of Arts in Clinical Psychology in August 2003. In August 2004, she entered the Counseling Psychology doctoral program in the Department of Counselor Education, Counseling Psychology, and School Psychology at Auburn University in Auburn, Alabama. Stephanie completed her Pre-doctoral Internship at the University of Wisconsin-Madison Counseling and Consultation Services in July of 2009.

DISSERTATION ABSTRACT

COUNSELING COMPETENCY WITH LESBIAN, GAY, AND BISEXUAL CLIENTS: PERCEPTIONS OF COUNSELING GRADUATE STUDENTS

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The purpose of this dissertation was to examine graduate counseling students' self-perceived counseling competency with lesbian, gay, and bisexual (LGB) clients using the Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005). In addition, participants' self-perceived competency levels were examined across gender, degree program (counselor education, counseling psychology), training level (master's, doctoral), additional training experiences, and the number of LGB-identified clients seen in practica. A secondary purpose of this study was to explore participants' concerns regarding their development of counseling competency with LGB clients, as well as to identify life experiences (i.e., personal and professional) that have been beneficial in preparation to counsel LGB clients using qualitative methods. The sample included two hundred and thirty-five graduate students enrolled in counselor education and counseling psychology programs in the United States.

Simple linear regressions and mixed ANOVAs were used to statistically analyze the quantitative data. Emergent coding was used to describe the participants' responses to the three qualitative questions.

The results of this study suggested that participants' felt moderately competent in counseling LGB clients when assessed on the SOCCS. When looking across the SOCCS subscales of knowledge, skills, and awareness, they felt the least competent in their skills and most competent in their awareness of LGB issues. Although gender differences were not found, significant differences were found when examining self-perceived competency levels across program level (i.e., doctoral-level participants had greater competency levels) and program type. (i.e., counseling psychology students had greater competency levels). A significant relationship was also found between attendance at a workshop dedicated to counseling LGB clients and a general training session on LGB issues and self-perceived competency levels, suggesting that additional training influenced participants' overall perceived competency, as well as on the specific knowledge, skills, and awareness competencies. Moreover, the number of LGB clients seen in therapy was significantly related to self-perceived competency levels, with participants who had worked with zero clients having lower scores on the knowledge, skills, and awareness subscales than all other participants. Finally, as hypothesized, the number of LGB clients seen in therapy predicted self-perceived competency levels and accounted for a significant amount of the variance in overall self-perceived competency levels, as well as on the skills subscale. The qualitative results supported the above findings, particularly related to the importance of working with LGB clients on participants' development

of self-perceived counseling competency with LGB clients, as well as the need for additional training on working with LGB clients in their current training programs.

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CHAPTER I

INTRODUCTION

It has been reported that lesbian, gay, and bisexual (LGB) individuals comprise approximately 3-8 % of the U.S. population and yet remain an "invisible" minority (Dillon et al., 2004). With data gathered from the 2000 U.S. Census, surveys project the number of LGB individuals to be in the millions (approximately 2-25 million) with a conservative report of 601,209 same-sex households (as cited in Finkel, Storaasli, Bandele, & Schaefer, 2003). Persons who identify as LGB often experience undue stress, stereotyping, stigmatization by psychological, social and cultural discrimination, and negative reactions from majority members of society. The culmination of all of these factors has been termed "minority stress" (Meyer, 2003). Based on this, it is not surprising that research has found that LGB individuals utilize psychotherapy at a higher rate than their heterosexual counterparts (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000; Bradford, Ryan, & Rothblum, 1994), and average more sessions (Liddle, 1997).

Mental health professionals will undoubtedly be working with a client who is part of the LGB population, whether they are aware of it or not. Graham, Rawlings, Halpern, and Hermes (1984) reported that 86% of practicing therapists had counseled a gay man or a lesbian at some time during their career, and Murphy, Rawlings, & Howe (2002) found that 56% of the psychologists they surveyed had seen at least one LGB client in the past

week alone. Additionally, given the current sociopolitical context surrounding issues such as same-sex marriage and gay and lesbian adoption, which promote both internal and external homophobia, it could be assumed that LGB persons may be experiencing more challenges than ever before (Finkel et al., 2003). Finally, Liddle (1997) found that LGB clients tend to screen their prospective therapists for gay-affirming attitudes and behaviors, further emphasizing the importance of counselor competence with the LGB population.

There is a movement towards improving both the knowledge and practice of LGB-affirming mental health professionals. In 1973, the American Psychiatric Association removed homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders*, officially ending the notion that homosexuality was pathological and an underlying cause of emotional disturbance (Biaggio, Orchard, Larson, Petrino, & Mihara, 2003; Finkel et al., 2003). Two years later, the American Psychological Association (APA) followed, urging its members to work to remove the stigma associated with homosexuality (as cited in Biaggio et al.). Since 1979, the APA accreditation criteria have specified that "training programs must develop knowledge and skills in their students relevant to human diversity" which includes LGB individuals (as cited in Buhrke & Douce, 1991, p. 217). More recently, the APA has released the "Resolution on Appropriate Therapeutic Responses to Sexual Orientation" (APA, 1997) which stated that APA supports the "production and dissemination of accurate information about sexual orientation, and mental health, and appropriate interventions in order to counteract bias that is based in ignorance or unfounded beliefs about sexual orientation" (APA, 1997, p. 312). Then, in 2000, APA published the "Guidelines for

Psychotherapy with Lesbian, Gay, and Bisexual Clients". Both documents outline guiding principles, therapeutic recommendations, and references for providing effective mental health services to LGB individuals.

In addition, the American Counseling Association (ACA), the governing organization for master's level counselors and counselor educators, supports the call for LGB-affirming mental health professionals. In 1998, the ACA Governing Council passed a resolution opposing a pathological view of homosexuality and bisexuality (ACA, 1998, as cited in Whitman, Glosoff, Kocet, & Tarvydas, 2006). Additionally, Patricia Arredondo (2006), past president of ACA, writes "The ACA strongly opposes portrayals of lesbian, gay, and bisexual youth and adults as "mentally ill" due to their sexual orientation, and supports the dissemination of accurate information about sexual orientation and mental health." The ACA has also noted an increased need for improvement in graduate training regarding LGB clients, particularly in the last decade, as well as delineating ethical guidelines specific to working with LGB individuals. The Association for Gay, Lesbian, and Bisexual Issues in Counseling (AGLBIC), a division of the ACA, recently developed a list of counseling competencies to encourage affirming counseling practices with lesbian, gay, bisexual, and transgender clients (LGBT; Logan & Barret, 2005). Logan & Barret describe the rationale for the development of the competencies:

> AGLBIC leaders and allies developed competencies for counseling sexual minority clients in order to help graduate professors and programs train proficient providers of developmental guidance and mental health services to LGBT populations. These competencies are based on a comprehensive review of

professional literature and research on sexual minority topics in counseling and other allied mental health disciplines. (pp. 7-8)

Despite institutional support, the paucity of coursework and graduate training dedicated to LGB-related issues is documented in numerous studies. Research indicates that psychology graduate students and mental health practitioners believe their training has been limited and ineffective in preparing them to work with issues specific to this population (Allison, Crawford, Echemendia, Robinson, & Knepp, 1994; Biaggio et al., 2003; Bradford et al., 1994; Buhrke, 1989; Graham et al., 1984; Phillips, 2000). Buhrke's (1989) pioneering survey of female graduate students revealed that students were receiving little or no exposure to LGB issues as 30% of her participants indicated that LGB issues were not addressed in any of their courses. More recently, Phillips and Fischer (1998) surveyed psychology graduate students and found that only 15% of the respondents stated that their programs had a specific course on LGB issues and 50% reported having a multicultural course requirement which included LGB-specific issues. In addition, several studies surveying graduate students found that the modal number of LGB clients that graduate students reported seeing in practica was zero (Allison et al., 1994; Buhrke, 1989; Phillips & Fischer, 1998). In another study, Murphy, Rawlings, and Howe (2002) found that 72% of graduate students and practitioners surveyed did not believe that they were adequately prepared during their training to address the specific needs of LGB clients. Further, it was noted that only 10% of the practitioners in their study reported the availability of a graduate course in LGB issues and only about half of those respondents had actually taken the course. However, a recent study by Sherry, Whilde, and Patton (2005) found that training in doctoral programs to work with LGB

individuals may be improving. Sherry et al. assessed APA-accredited clinical and counseling doctoral programs for incorporation of LGB issues into their curriculum. In their survey of 104 training directors, 71% reported covering LGB issues in a multicultural training course, with 89.5% indicating that graduate students were exposed to LGB clients during their practicum and supervision experiences. However, few programs incorporated LGB competencies into yearly or end of program evaluations and little explanation was given to what the competencies were or how they were assessed.

A generalist educational paradigm does not ensure nor predict cultural competency in practicing psychologists and counselors because of the "ethnocentric framework" from which it is usually provided (i.e., a predominately White, male worldview) (LaFrombois, Foster, & James, 1996; Israel & Hackett, 2004). Similar generalist training in LGB issues will not produce mental health practitioners who will be able to work competently with LGB clients because it has historically been provided from a heterosexual worldview (Phillips & Fischer, 2000). Therefore, it could also be argued that because specialized training is necessary for psychologists and counselors to work competently with diverse populations such as women or ethnic minorities that this would also be the case for the LGB population.

Although mental health professionals are challenged in their training programs to develop general counseling competency, many counseling students and practicing psychologists reported feeling minimally trained to provide psychotherapy services to diverse groups (Sherry et al., 2005). To meet this demand, competencies for working with diverse groups have been suggested, for example, by the feminist and multicultural literatures (see Fassinger, 1991; Sue, Arredondo, & McDavis, 1992), though few address

the specific competencies needed in working with LGB clients. Sue et al. articulated counselor competencies for working with ethnic minority clients, which focuses on the development of attitudes, skills, and knowledge. However, there are differences between sexual minority and ethnic minority clients (e.g., homosexuality was once considered a mental disorder) which highlight the need to identify specific counseling competencies for practitioners who work with LGB clients (Israel, Ketz, Detrie, Burke, & Shulman, 2003).

Since the development of counselor competencies for working with ethnic minority clients, authors have speculated about the components of LGB counseling competency. Fassinger (1991) suggested that counselors "work to develop attitudes, knowledge, and skills necessary for effective scientific and therapeutic work with lesbian women and gay men" (p.171) and others have suggested LGB-specific counseling competencies. The more specific competencies include helping clients explore experiences with discrimination (Croteau & Thiel, 1993), being non-heterosexist (Fassinger & Sperber-Richie, 1997), and facilitating discussions about the coming out process (Browning, Reynolds, & Dworkin, 1991). Buhrke (1989), writes, "In order for counselors to facilitate the growth of their lesbian and gay clients, they must be familiar with and become sensitive to the special needs of this population. It is the ethical counselor who respects the worth, dignity, potential, and uniqueness of heterosexual, bisexual, and lesbian and gay clients" (p.77).

Many authors have contributed to the construct of counseling competency with LGB clients (i.e., APA, 2000b; Logan & Barret, 2005), with Israel et al. (2003) publishing the first study to empirically define the components of counselor competency

with LGB clients. Israel et al. delineated a total of 85 competencies across three domains (i.e., knowledge, attitudes, and skills). The authors note that the results of their study indicate the complex nature of working with LGB clients which, in turn, emphasizes the need for increased focus in training programs on the develop of a solid knowledge base, LGB-affirming counseling skills, and counselor self-awareness in their graduate-level trainees. In addition, they note that the next step in ensuring that training programs are fostering LGB-affirmative mental health practitioners would be the development of a psychometrically-sound instrument to assess competency in working with LGB clients. Israel et al. noted that a competency measure would be the next step in "determining what types of counselor training programs are most effective in increasing counselor competence with LGB individuals" (p. 14).

Then, in 2005, Bidell published the Sexual Orientation Counselor Competency Scale (SOCCS) which measures the knowledge, skills, and awareness of mental health professionals in working with LGB individuals. This is the first published measure developed to assess perceived levels of counseling competency with LGB clients. Bidell noted that the SOCCS fills the void in the counselor education and counseling literature in addition to providing a concrete assessment tool that can be used in conjunction with current training paradigms in the development of LGB-affirmative mental health practices. Bidell (2005) notes that additional research using the SOCCS would further the literature base by assessing levels of counselor competency with LGB clients in graduate students, particularly across varied disciplines. In addition, he encouraged research into variables that may influence aspects of counseling competency with LGB clients.

Purpose

There needs to be more LGB-affirmative mental health professionals. Research examining the perspectives of practicing mental health professionals, counseling students, and LGB clients indicates that there is a disconnect between the needs of LGB clients and the services that are being provided (see Phillips & Fischer, 1998). In addition, it is evident from the research that there is a lack of preparation in graduate training to work with LGB clients (Sherry et al., 2005). The current literature offers suggestions about the necessary components of counseling competency with LGB clients (Israel et al., 2003), with Bidell (2005) publishing the SOCCS, a measure of the knowledge, skill, and awareness components of this competency.

One purpose of the present study is to examine graduate counseling students' perception of their counseling competency with LGB clients (i.e., knowledge, skill, and awareness components) using the SOCCS (Bidell, 2005). In addition, participants' perceived competency levels will be explored across various demographic questions including gender, degree program, degree level, additional training experiences, and the number of LGB-identified clients seen in practica or clinical placements. A secondary purpose of this study is to explore using qualitative methods the concerns that counseling students have regarding their development of counseling competency with LGB clients, expanding the current literature base regarding possible barriers to the development of LGB-affirmative mental health practitioners. Finally, this study hopes to identify life experiences (i.e., personal and professional) that have been beneficial in the preparation of counseling students to work with LGB clients.

Significance of Study

There is a need for LGB-affirmative mental health professionals in a sociopolitical climate where LGB individuals are often the victim of heterosexism and oppression (Dillon et al., 2004; Fassinger, 1991). However, research has shown that a deficit in training regarding LGB issues in graduate programs is leading to psychologists and counselors who are reporting a perceived lack of competence in working with LGB clients (Allison et al., 1994; Biaggio, et al., 2003; Bradford, et al., 1994; Buhrke, 1989; Phillips & Fischer, 1998; Phillips, 2000; Sherry et al., 2005). Though many authors have speculated about the development and the components of counseling competency with LGB clients, the construct has only been empirically examined in one previous study (Israel et al., 2003) with only one published measure, the SOCCS, that can be used to assess this construct (Bidell, 2005). The SOCCS appears to have good psychometric properties and can be given to current students to assess their perceived level of competence in working with LGB clients. However, no study has used the SOCCS since its publication to assess counseling competency with LGB clients across a varied sample of counseling graduate students.

This study will investigate the level of perceived counseling competency of current counseling psychology and counselor education graduate students using the SOCCS. One benefit of this study will be the addition of research exploring counselor competency with LGB clients and the assessment of this construct using the SOCCS with a new population (i.e., counselor education and counseling psychology graduate students). In addition, this study has the potential to provide insight, qualitatively, to possible barriers in the development of LGB counseling competency among counseling

graduate students. Moreover, there is the potential to understand the life experiences (i.e., personal and professional) that may be beneficial in trainee development. Although many authors have discussed possible attitudinal, experiential, and knowledge based contributors to the lack of counseling competence with LGB clients reported by mental health professionals (APA, 2000b; Fassinger, 1991), research expounding on the concerns of current counseling students is lacking. The impact of certain life experiences on the development of counseling competency with LGB clients has yet to be explored.

Research Questions

The research questions for this study are:

1. What is the perceived competency level (i.e., knowledge, skills, awareness) of counseling students in relation to working with lesbian, gay and bisexual clients?
2. What is the relationship between perceived competency level (i.e., knowledge, skills, awareness) in relation to working with lesbian, gay, and bisexual clients and degree program (i.e., Ph.D./Masters and Counseling Psychology/Counselor Education)?
3. What is the relationship between perceived competency level (i.e., knowledge, skills, awareness) in relation to working with lesbian, gay and bisexual clients and gender?
4. What is the relationship between perceived competency level (i.e., knowledge, skills, awareness) in relation to working with lesbian, gay and bisexual clients and additional training experiences (i.e., workshops, conferences, general training sessions)?

5. What is the relationship between perceived competency level (i.e., knowledge, skills, awareness) in relation to working with lesbian, gay, and bisexual clients and the number of LGB-identified clients seen in therapy?
6. What are the concerns that graduate students in counseling programs identify in relation to counseling lesbian, gay and bisexual clients?
7. What life experiences (i.e., personal, professional/educational) do graduate students in counseling programs identify as being most beneficial in preparing them to work with lesbian, gay and bisexual clients?

Definition of Terms

Lesbian: The term lesbian in this study will be defined using a definition from Fassinger and Arseneau (2007) which reads "Women whose primary emotional, erotic, and relational preferences are same-sex and for whom some aspect of their self-labeling acknowledges these same-sex attachments." (p. 21)

Gay: In this study, this term will refer to gay men. The term gay men can be defined as "men whose preferences are same-sex and for whom some aspect of their self-labeling acknowledges these same-sex attachments" (Fassinger & Arseneau, 2007, p. 21).

Bisexual: For the purposes of this study, a bisexual individual will be defined using Weinberg, Williams, and Pryor's (1994) description of bisexuality. Weinberg et al. describe bisexuality four ways: (a) as having sexual attractions to both men and women; (b) as having sexual relations with both men and women; (c) as having romantic feelings for both men and women; and (d) as identifying oneself or one's sexual orientation as bisexual.

Competencies for Counseling LGB Clients: This competency includes the attitudes or beliefs, knowledge, and clinical skills of a mental health professional that are necessary to provide affirmative psychotherapy with LGB clients. For the purposes of this study, the evaluation of these competencies will be measured using the Sexual Orientation Counselor Competency Scale developed by Bidell (2005).

Degree Program: For the purposes of this study, degree program will be defined as a master's or doctoral degree program in counseling psychology or counselor education.

Counseling Students: Counseling students will be defined in this study as master's or doctoral counseling students enrolled in counselor education or counseling psychology programs.

Additional Training: Additional training in this study refers to either formal (i.e., in their training program) or informal (e.g., workshops, community programs) training in working with LGB clients that is above and beyond program curricula.

Life Experiences: Life experiences will be the personal and/or professional events in the participant's life that have positively influenced the development of counseling competency with LGB clients. These experiences will be defined by the participant in the qualitative portion of the study.

CHAPTER II

REVIEW OF THE LITERATURE

History

For well over a century, homosexuality and bisexuality were assumed to be mental illnesses (APA, 2000b; Fassinger, 1991). However, lesbian, gay, and bisexual (LGB) individuals have not always been criticized and devalued by mainstream cultures (Fassinger, 1991). The early Greeks and other eastern cultures accepted same-sex attraction and homoerotic relationships. For example, evidence of sexual attractions and relationships between women exist in the writings of Sappho, an ancient poet (Bullough, 1979, as cited in Fassinger, 1991). Sociological and anthropological research has shown that some modern day cultures also accept same-sex attraction and behaviors. Ford and Beach (1951, as cited in Fassinger, 1991) concluded from a comprehensive study of sexual practices throughout the world that 64% of the cultures studied viewed same-sex behavior as normal in at least some portion of the population.

It was not until the middle of the 16th century in the climate of the Protestant-Catholic conflict that societies began to prosecute LGB individuals (Millon, 1999, as cited in Estensen, 2005). In the century to follow, same-sex behavior was classified as a "crime against nature" and served as the basis for condemnation (Bullough, 1979, as cited in Fassinger, 1991). This pattern of discrimination toward same-sex behavior continues still today. LGB individuals continue to be devalued, discriminated against, and

even killed based on their sexual orientation (Bradford, Ryan, & Rothblum, 1994; Herek, Cogan, & Gillis, 2002).

The field of mental health has not been immune to negative attitudes and biases about homosexuality and bisexuality. Early scientific studies of LGB people were investigations of pathology, degeneracy, and sexual deviance (Bullough, 1979, as cited in Fassinger, 1991). This was followed by the neo-Freudian belief that LGB individuals were in an arrested stage of psychosexual development, repressed, and tormented by pathology (Atkinson & Hackett, 1988). Rollins (1997, as cited in Estensen, 2005) writes,

> In a kind of circular metamorphosis, homosexuality has gone from sin, to criminality, to illness, and back again to each status. Often by legal or other 'official' definition, when not sinners or criminals, gays and lesbians have been identified as sick. Therefore, the organization and access to appropriate mental health care have been and continue to be key issues for lesbians and gay men. (p. 77)

The original view of same-sex attraction as pathological has partly contributed to the harmful and, at the least, unhelpful experiences reported by LGB individuals seeking mental health treatment. The mental health profession has historically viewed homosexuality and bisexuality, and the concerns of LGB clients, as a result of unresolved neurosis, problematic family relationships, moral issues, or a personality disorder (Estensen, 2005). During this time, the therapeutic goal was most frequently focused on reversing sexual orientation in an effort to reduce conflict and increase adaptive functioning (McHenry & Johnson, 1991). This pathological view led to the American Psychiatric Association classifying homosexuality as a mental disorder (i.e., a sexual

deviation) in the first edition of the *Diagnostic and Statistical Manual*, the official list of mental disorders recognized by psychiatrists and other mental health practitioners (*DSM*; American Psychiatric Association, 1952).

In 1953, Evelyn Hooker began to question the pathologized view of homosexuality taught in her graduate training and launched a groundbreaking study examining the mental health of gay men (as cited in Hooker, 1993). Her findings suggested, based on results from projective assessment measures, that gay men were just as likely to be as mentally healthy as their heterosexual counterparts (Hooker). Similarly, Seligman (1972) found no differences in either adjustment or psychopathology between gay and heterosexual men. In addition to the findings above, there was an increase in pressure and attention paid to the role of sociocultural influences on the problems LGB individuals' experience (e.g., stigma and discrimination). All of these factors resulted in homosexuality being removed from the *DSM* in 1973 (as cited in Betz & Fitzgerald, 1993).

Moreover, the APA encouraged mental health professionals to avoid viewing homosexuality as a pathological condition in need of remediation and instead encouraged clinicians to focus on appropriate therapeutic interventions (as cited in Betz & Fitzgerald, 1993). The 1975 resolution adopted by the American Psychiatric Association and echoed by the APA stated:

> Whereas homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities, therefore, be it resolved that the American Psychiatric Association deplores all public and private discrimination against homosexuals in such areas as employment, housing, public

> accommodation, licensing and declares that no burden of proof of such judgment, capacity, or reliability shall be placed upon homosexuals greater than that imposed on any other persons. Further, the American Psychiatric Association supports and urges the enactment of civil rights legislation at the local, state, and federal level that would offer homosexual citizens the same protections now guaranteed to others on the basis of race, creed, color, etc. Further, the American Psychiatric Association supports and urges the repeal of all discriminatory legislation singling out homosexual acts by consenting adults in private. (APA, 1975, as cited in Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991, p. 971)

In 1984, Division 44 of the APA, the Society for the Psychological Study of Gay and Lesbian Issues, was formed. It urged all mental health professionals to take the lead in removing the stigma long associated with gay and lesbian orientations (Committee on Lesbian and Gay Concerns, 1986). These and similar groups have worked diligently toward advancing the civil rights of gay men and lesbians, which include the right to appropriate mental health care (Morgan & Nerison, 1993).

More recently, The Council of Representatives, the governing body of the APA, passed a resolution titled Appropriate Therapeutic Responses to Sexual Orientation (APA, 1997). This resolution offers a framework for psychologists working with clients who are concerned about the implications of their sexual orientation. It highlights the sections of the Ethics Code that are pertinent to psychologists working with LGB clients. Specifically, the resolution calls for the discussion of treatment options, theoretical basis for treatments, expected outcomes, and alternative treatment approaches. It also stresses

that a psychologist should provide clients with accurate information about the social stressors that often lead to discomfort with one's sexual orientation to minimize the effects of prejudice (APA).

Following this, the APA published the Guidelines for Counseling Gay, Lesbian, and Bisexual Clients (APA, 2000b) which provide mental health practitioners with "a frame of reference for the treatment of lesbian, gay, and bisexual clients and basic information and further references in the areas of assessment, intervention, identity, relationships, and the education and training of psychologists" (p. 1440). The guidelines, developed by Division 44 of the APA and the Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force, build upon the APA's Ethical Principles of Psychologists and Code of Conduct (APA, 2002). Intended to be aspirational in nature, the guidelines facilitate the continued development of the profession by helping to ensure a high level of professional practice when working with LGB individuals. The following are the guidelines for mental health professionals working with LGB clients suggested by APA's Division 44:

1. Psychologists understand that homosexuality and bisexuality are not indicative of mental illness.
2. Psychologists are encouraged to recognize how their attitudes and knowledge about lesbian, gay, and bisexual issues may be relevant to assessment and treatment and seek consultation or make appropriate referrals when indicated.
3. Psychologists strive to understand the ways in which social stigmatization (i.e., prejudice, discrimination, and violence) poses risks to the mental health and well-being of lesbian, gay, and bisexual clients.

4. Psychologists strive to understand how inaccurate or prejudicial views of homosexuality or bisexuality may affect the client's presentation in treatment and the therapeutic process.
5. Psychologists strive to be knowledgeable about and respect the importance of lesbian, gay, and, bisexual relationships.
6. Psychologists strive to understand the particular circumstances and challenges facing lesbian, gay, and bisexual parents.
7. Psychologists recognize that the families of lesbian, gay, and bisexual people may include peoples who are not legally or biologically related.
8. Psychologists strive to understand how a person's homosexual or bisexual orientation may have an impact on his or her family of origin and the relationship to that family of origin.
9. Psychologists are encouraged to recognize the particular life issues or challenges experienced by lesbian, gay, and bisexual members of racial and ethnic minorities that are related to multiple and often conflicting cultural norms, values, and beliefs.
10. Psychologists are encouraged to recognize the particular challenges experienced by bisexual individuals.
11. Psychologists strive to understand the special problems and risks that exist for lesbian, gay, and bisexual youth.
12. Psychologists consider the generational differences within lesbian, gay, and bisexual populations, and the particular challenges that may be experienced by lesbian, gay, and bisexual older adults.

13. Psychologists are encouraged to recognize the particular challenges experienced by lesbian, gay, and bisexual individuals with physical, sensory, and/or cognitive/emotional disabilities.
14. Psychologists support the provision of professional education and training on lesbian, gay, and bisexual issues.
15. Psychologists are encouraged to increase their knowledge and understanding of homosexuality and bisexuality through continuing education, training, supervision, and consultation.
16. Psychologists make reasonable efforts to familiarize themselves with relevant mental health, educational, and community resources for lesbian, gay, and, bisexual people. (p.10-19)

In addition, the vast majority of American mental health associations have affirmed that homosexuality and bisexuality are not mental illnesses. Subsequently, most have adopted resolutions and policy statements which guide mental health practitioners and influence graduate training in reference to the particular needs of LGB individuals. The ACA, the primary professional organization for master's-level counselors and Ph.D.-level counselor educators, outlines the specific need for education about, and the development of, affirmative counseling strategies for LGB individuals. Specifically, the ACA Governing Council passed a resolution in 1998 with respect to sexual orientation and mental health. This resolution specifically notes that ACA opposes portrayals of lesbian, gay and bisexual individuals as mentally ill due to their sexual orientation. The resolution supports the dissemination of accurate information about sexual orientation, mental health, and appropriate interventions. It also instructs counselors to be aware of

their own biases in relation to working with diverse clients (ACA, 1998). The past president of ACA, Mark Pope (2004) writes in support of increased attention to training related to working with diverse clients:

> …rarely do we talk about cultures of sexual orientation, age, gender, geographic location, physical ability, religion and spirituality, or social economy. You cannot be an excellent or even a good professional counselor without addressing your own issues of prejudice- racism, sexism, heterosexism, ableism and geographicism and others. Your awareness of your own capacity to prejudice is critical to your ability to function effectively as a professional counselor. (p. 10)

Moreover, in 2004, the ACA Governing Council endorsed a list of counseling competencies, developed by members of AGLBIC, to assist graduate professors and programs in training competent mental health professionals (Logan & Barrett, 2005). The competencies were developed to parallel efforts of accrediting boards in ensuring that counseling students were being exposed to, and trained in, issues relevant to the lesbian, gay, bisexual, and transgender (LGBT) population. The list of 32 competencies is based on the professional literature and research and includes sections related to professional identity, social and cultural diversity, human growth and development, career development, helping relationships, group work, assessment, and research and program evaluation (Logan & Barrett). The authors urged training programs to adopt and incorporate the competencies into each specific course as well as courses that are focused primarily on multicultural and diversity issues. The list of competencies provide training programs with a way to hold counseling students accountable for acquiring the

understanding and skills needed to provide affirmative mental health services to LGBT clients. An abbreviated list of the competencies listed by Logan & Barrett follows:

Competent counselors:

1. know the history of the helping professions, including significant factors and events that have compromised service delivery to LGBT populations

2. familiarize themselves with the needs and counseling issues of LGBT clients and use nonstigmatizing and affirming mental health, educational, and community resources.

3. recognize the importance of educating professionals, students, supervisees, and consumers about LGBT issues and challenge misinformation or bias about sexual minority persons

4. use professional development opportunities to enhance their attitudes, knowledge, and skills specific to counseling LGBT clients and their families

5. acknowledge that heterosexism is a world-view and value-system that devalues the sexual orientations, gender identities, and behaviors of LGBT individuals

6. understand that heterosexism pervades the social and cultural foundations of many institutions and traditions and that these foster negatives attitudes toward LGBT persons

7. recognize how internalized prejudice, including heterosexism, racism, and sexism, may influence their own attitudes as well as those of their LGBT clients

8. know that the developmental tasks of LGBT women and people of color include the formation and integration of racial, cultural, gender, and sexual identities

9. understand that biological, familial, psychosocial factors influence the course of development of LGB orientations and transgendered identities

10. identify the heterosexist assumptions inherent in current lifespan development theories and account for this bias in assessment procedures and counseling practices

11. consider that, due to the "coming out" process, LGBT individuals often experience a lag between their chronological ages and the developmental stages delineated by current theories

12. recognize that identity formation and stigma management are ongoing developmental tasks that span the lives of LGBT persons, from childhood through old age

13. know that the normative developmental tasks of LGBT adolescents frequently are complicated or compromised by identity confusions; anxiety and depression; suicidal ideation and behavior; academic failure; substance abuse; physical, sexual, and verbal abuse; homelessness; prostitution; and STD/HIV infection

14. realize that the typical developmental tasks of LGBT seniors often are complicated or compromised by social isolation and invisibility

15. counter the occupational stereotypes that restrict the career development and decision-making of LGBT clients

16. explore with LGBT counselees the degree to which government statutes and union contracts do not protect workers against employment discrimination based on sexual orientation and gender identity

17. help LGBT clients make career choices that facilitate both identity formation and job satisfaction

18. acquaint LGBT counselees with sexual minority roles models that increase client awareness of viable career alternatives

19. acknowledge the societal prejudice and discrimination experienced by LGBT clients as they guide and assist them in overcoming negative attitudes toward their sexual orientations and gender identities

20. recognize that their own sexual orientation and gender identity is relevant to the helping relationship and influences the counseling process

21. seek consultation or supervision to ensure that their own biases or knowledge deficits about LGBT persons do not negatively influence the helping relationship

22. do not attempt to alter or change the sexual orientations of gender identities of LGBT clients, given that (a) such efforts may be detrimental or even life-threatening, and (b) empirical evidence of lasting change is lacking

23. consider the necessity of including supportive allies for LGBT participants during member screening and selection for group work

24. establish group norms and provide interventions that facilitate the safety and inclusion of LGBT members

25. shape group norms and create a climate that allows for the voluntary self-identification and self-disclosure of LGBT participants

26. intervene when either overt or covert disapproval of LGBT members threatens group cohesion and integrity

27. understand that homosexuality, bisexuality, and gender nonconformity are neither forms of psychopathology nor necessary evidence of developmental arrest

28. recognize the multiple ways that societal prejudice and discrimination create problems that LGBT clients may seek to address in counseling

29. consider sexual orientation and gender identity among the core characteristics that influence clients' perceptions of themselves and their worlds

30. assess LGBT counselees without presuming that sexual orientation or gender identity is directly related to their presenting problems

31. differentiate between the effects of stigma, reactions to stress, and symptoms of psychopathology when assessing and diagnosing the presenting problems of LGBT clients

32. recognize the potential for heterosexist bias in the interpretation of psychological tests and measurements

33. formulate research questions that acknowledge the possible inclusion of LGBT participants yet are not based on stereotypic assumptions regarding these subjects

34. consider the ethical and legal issues involved in research with LGBT participants

35. acknowledge the methodological limitations in regard to research design, confidentiality, sampling, data collection, and measurement involved in research with LGBT participants

36. recognize the potential for heterosexist bias in the interpretation and reporting of research results. (Logan & Barrett, 2005, pp. 8-12).

Ethical Guidelines

Ethics are established as guidelines for professional behavior across persons and situations. Ethics are necessary in professional psychology and counseling because they act as a corollary to state and federal laws and provide practitioners with direction and principles of professional conduct. The APA's Ethical Principles of Psychologists and Code of Conduct (the Ethics Code, APA, 2002) contains both general principles and ethical standards that apply to a psychologist's professional, scientific, and educational roles. The Ethics Code specifically addresses professional obligations of a psychologist and underscores the competency required to implement services and research.

Several general principles of the Ethics Code can be applied to working with LGB individuals. First, Principle B of the Ethics Code provides a general statement aimed at maintaining integrity in all aspects of the psychological profession including academia and clinical practice (APA, 2002). This principle encourages psychologists to be aware of their own limitations and to accept responsibility for their actions. However, an inherent difficulty is recognizing when one's professional integrity is at risk of being compromised or when the best interest of the client is not being met. Despite this difficulty, it is the psychologist's obligation to be aware of this possibility (Fisher, 2003). In addition, Principles D and E of the Ethics Code generally establish a psychologist's duty to examine his or her practices for just and equal treatment and to respect the rights of all people (Fisher). It is particularly important for psychologists to be aware of cultural, individual, and role differences, so they can attempt to accommodate these differences in their work.

Ethical Standards 2.01, 3.01, and 3.03 are relevant to practice and research with the LGB population. First, Ethical Standard 2.01 states that it is the responsibility of psychologists to gain experience and training regarding areas and techniques with which they may not be familiar (APA, 2002). This includes training regarding the influence of various factors such as sexual orientation. Furthermore, Ethical Standard 2.01 requires psychologists to practice within the boundaries of their expertise until the necessary training is acquired (APA). Contrary to the standard that has been established, professionals may find themselves in situations where they may not have appropriate training. When this occurs, psychologists are ethically required to gain the training or supervision necessary or they are to make an appropriate referral (Fisher, 2003). If psychologists were to practice outside of their training and experience, a client may be negatively affected by the treatment. In addition, Ethical Standard 3.01 requires that psychologists not engage in discriminatory practices and should appropriately consider the relevance of individual differences like sexual orientation in their work (APA). Finally, Ethical Standard 3.03 prohibits behaviors that are harassing or demeaning to persons with whom psychologists interact with in their work based on several factors including sexual orientation (APA).

Several Ethical Standards from the Ethics Code specifically mention sexual orientation. For example, Ethical Standard 2.01b reads:

> When scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, *sexual orientation*, disability, language, or socioeconomic status is essential for effective

> implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure competence of their services, or they make appropriate referrals [italics added]. (p. 5)

Related to this standard, Fisher (2003) noted that an understanding of individual differences related to psychological phenomena is essential to competency in service delivery and research. Insensitivity to factors including sexual orientation can result in an underutilization of services, misdiagnosis, harmful treatments, and impairment (Fisher; Glass, 1998). Fisher also noted that competence (i.e., the development of knowledge and skills) is imperative in working with individuals from diverse groups.

The 2005 ACA Code of Ethics also addresses the need for counselors to obtain the skills, knowledge, and self-awareness necessary to work with diverse clients. The ACA Code of Ethics cautions that counselors should practice only within the boundaries of their competence and that counselors are to "gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population" (ACA, 2005, C.2.a.). If counseling students are working with a LGB client, it is an ethical mandate to receive the education, training, supervision, and appropriate professional experiences to develop the skills and knowledge-base necessary to provide competent services (Whitman et al., 2006). Similar to the APA's Ethics Code, the ACA Code of Ethics contains direct statements that counselors do not condone or engage in discrimination based on their "age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, *sexual orientation*, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law" (italics added, ACA, C.5.). In addition, the primary responsibility of counselors is to "respect the dignity and to

promote the welfare of clients" (ACA, A.1.a). Another important statement from the ACA Code of Ethics for counselors to be aware of when working with the LGB population is that counselors should be "aware of their own values, attitudes, beliefs and behaviors and avoid imposing values that are inconsistent with counseling goals" (ACA, A.4.b).

Accreditation

The accreditation standards of the APA (2000a) advise doctoral training programs in psychology to recognize the importance of cultural and individual differences. One of the two components of this standard requires programs to educate students about diversity as it relates to the science and practice of psychology. The statement addressing cultural and individual differences reads, "The program has and implements a thoughtful and coherent plan to provide students with relevant knowledge and experiences about the role of cultural and individual diversity in psychological phenomena as they relate to the science and practice of professional psychology" (APA, 2000a). Given research noting biased treatment of sexual minority persons by psychologists (Garnets et al., 1991), it is especially important for programs to scrutinize their training regarding sexual orientation (Biaggio et al., 2003).

In addition to accreditation requirements, the Council of Counseling Psychology Training Programs (CCPTP) and APA's The Society of Counseling Psychology (SCP) established criteria for a model training program (MTP) in counseling psychology (CCPTP & SCP, 2006). The criteria for a MTP emphasize a focus on diversity, with a specific mention of sexual orientation. The MTP states that one philosophical theme of training should include "a strong commitment to attending to issues of culture, race, and

ethnicity, as well as other areas of individual diversity such as gender, age, ability, socioeconomic status and sexual orientation". In addition, the criteria also mention the need for the development of counseling competency with diverse clients. The statement reads:

> The program fosters the development of student awareness, skills, and understanding needed in applying the science and practice of Counseling Psychology with diverse populations. Programs should promote understanding of the major professional guidelines for working with diverse clients such as the Multicultural Guidelines for Education, Training, Research, Practice, and Organizational Change, the Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual clients, and the Guidelines for Psychological Practice with Older Adults (APA, 2004), practice guidelines in process for girls and women, boys and men, and those concerning other groups that may be addressed in the future (APA, 2003; APA, 2004; Division 44/Committee on Lesbian, Gay and Bisexual Concerns Joint Task Force on Professional Practice 2000). A critical aspect common to all of these guidelines is (a) the recognition that psychologists may hold beliefs about others who are different from them (e.g., racially, ethnically, and in terms of sexual orientation, ability, religion, gender**,** or socioeconomic status) that may detrimentally influence their perceptions of those individuals, and (b) the admonition that psychologists must strive to increase their sensitivity to individuals living in different contextual environments. (p. 222)

The Council for Accreditation of Counseling and Related Educational Programs (CACREP), the national accrediting board for counseling programs, encourages

counselor educators to prepare counselors for dealing with clients from a wide range of cultural backgrounds that include race, ethnicity, gender, sexual orientation, ability status, age, religion, and socioeconomic status (CACREP, 2001). Counselor education programs have established standards that include addressing sexual orientation issues. Diversity issues are included in all eight of the core subject areas; sexual orientation is specifically indicated as program components in both social and cultural diversity and the assessment areas (CACREP). The CACREP standards for accreditation also note that programs should help provide students with an "understanding of the cultural context of relationships, issues, and trends in a multicultural and diverse society related to such factors as ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values …" (p. 7). A call for counselor education programs to specifically address the training of counselors to work with LGB clients is supported by ACA and echoed by counselor educators (Buhrke & Douce, 1991).

Mental Health Concerns of LGB Individuals

LGB individuals experience discrimination as a result of the heterosexism that is pervasive in western culture (Daniel, Roysircar, Abeles, & Boyd, 2004). In a study of 73 LGB individuals in the United States, Mays & Cochran (2001) reported that 75% of those surveyed claimed to experience discrimination as a result of their sexual orientation. This discrimination included being fired from a job or negative interactions with others due to their sexual orientation. Many of the respondents reported being denied housing, experiencing physical and verbal attacks, and had problems obtaining social services. The majority of the participants said that discriminatory practices had resulted in psychiatric disturbances such as depression and anxiety, as well as a lower quality of life. Mays &

Cochran concluded that being a member of a stigmatized group has a negative effect on mental health.

In their pivotal study examining the mental health of 1,925 lesbians, Bradford, Ryan, and Rothblum (1994) found that many of the respondents experienced various stressors due to society's condemnation of the LGB "lifestyle". Fifty-two percent of their participants reported being verbally attacked for being a lesbian, 8% reported losing their jobs, 6% had been physically attacked, and 4% of the participants' health was negatively affected. The authors noted that many lesbians risk rejection and discrimination when they come out to heterosexuals and that "to live a two-world existence requires a great deal of psychic energy and is thereby inherently stressful" (p. 229). In addition, the authors stated that, despite improved social support, many still view lesbians as "profoundly different and disgusting" (p. 229). Given these stressors, it is not surprising that nearly 30% of the sample experienced a "long depression or sadness" at some point in the past. Furthermore, over half of the participants reported having suicidal thoughts at some point in their life, with 18% attempting suicide.

Van Voorhis and Wagner (2002) argue that discrimination based on the intolerance of homosexuality is a major concern for the LGB population in the United States. A society that places a higher value on a heterosexual lifestyle (i.e., a heterosexist society) may be detrimental to LGB individuals (Van Voorhis & Wagner). Internalized homophobia, or an internal fear of homosexuality, is often a byproduct of a heterosexist society (Fassinger, 1991). Internalized homophobia has been correlated with not being open about one's sexual orientation, alcohol abuse, suicidal ideation, and low self-esteem (D'Augelli, Grossman, Hershberger, & Connell, 2001). In a study by D'Augelli et al.

(2001) which assessed 416 LGB individuals, lower levels of internalized homophobia were correlated with higher self-esteem, less alcohol and drug use, and less suicidal ideation. In addition, the more people that were aware of the individual's sexual orientation, the higher the level of self-esteem. This finding supports a study by Lewis, Derlega, Berndt, Morris, & Rose (2001), which found that being forthright with others about one's sexual orientation was correlated with less dysphoria and internal conflict.

Research has confirmed that people in our society have negative attitudes towards LGB individuals (Herek, 1988; Herek, 1994; Liddle, 1995). Studies have demonstrated that individuals hold more negative attitudes toward gay men than lesbian women and that men hold more negative attitudes toward LGB individuals than women (Herek, 1988). Individuals with negative attitudes are also generally older, less educated, more religious, express traditional values about sex roles, and are less likely to have personal contact with lesbians or gay men (Herek & Glunt, 1993).

Given the pervasive heterosexism and discrimination towards LGB individuals in the United States (Bradford et al., 1994; Mays & Cochran, 2001), coupled with the research confirming the presence of societal negative attitudes (Herek, 1984; Herek, 1988; Herek, 1994; Herek & Glunt, 1993), it is not surprising that LGB individuals are experiencing mental health problems. Razzano, Cook, Hamilton, Hughes, and Matthews' (2006) study examined the use of mental health services among a sample of lesbian women. The researchers found higher rates of depressive symptoms, suicide attempts, and mental health utilization among lesbians when compared to heterosexual women in their sample. The results also indicated that lesbians reported more usage of formal mental health services and past suicide attempts. The authors also noted that within their

sample, lesbians were three and one-half times more likely to report using mental health services than were heterosexual women. This finding is especially important because it suggests that lesbians confront additional factors due to their sexual orientation, which are over and above traditional predictors for the use of mental health services. They hypothesized that this discrepancy in service utilization may be a result of discrimination, stigma, alienation, and potential victimization from hate crimes, all of which stem from homophobic attitudes in modern society. The authors write that lesbians "may be more vulnerable than heterosexual women" (Razzano et al., 2006, p. 295), given the stressors associated with their sexual minority identity. It can be assumed that gay men and bisexual individuals would have similar experiences.

Several studies have investigated counselors' attitudes toward homosexuality (Garnets et al., 1991; Hayes & Gelso, 1993; Rudolph, 1989). Rudolph found counselors' and counselor trainees' attitudes to be generally affirming toward same-sex attractions in non-erotic interactions and in terms of morality, psychopathology, and civil liberties. The participants in his study held more favorable stances towards distant, conceptual ideas regarding same-sex attraction when asked to endorse attitudinal statements regarding gay male clients. In contrast, he found that counselors and counselor trainees were more likely to hold negative attitudes toward gay men with regard to ideas and concepts related to sexual acts and eroticized interactions (e.g., being attracted to a person of the same sex). In addition, the participants held negative attitudes regarding the placement of gay men in sensitive professional positions, such as teachers and clergy.

Hayes and Gelso (1993) investigated the relationship between counselor homophobia and counselor discomfort with gay clients. The researchers found that

counselor homophobia was highly predictive of counselor discomfort with gay clients. Specifically, male therapists' homophobia predicted therapeutic responses that discouraged, inhibited, or diverted further exploration like silence and ignoring pertinent issues brought upon by the client. In addition, years of counseling experience did not correlate significantly with degree of homophobia or discomfort with homosexual clients. The authors note that "It appears clear that homophobic reactions, when present, are highly problematic in counselors when interacting with gay clients" (p. 90).

Similarly, Garnets et al. (1991) found that biased attitudes may have a negative impact on the client's perception of the mental health professional's credibility. They also found that a counselor's heterosexism may contribute to the perception of an unsafe environment by the client. This lack of safety may decrease a LGB client's willingness to self-disclose, thus hindering therapeutic progress. Finally, a LGB client may also be less willing to return to see a counselor who displays heterosexist behavior.

Liddle (1996) investigated helpful versus non-helpful therapist practices and attitudes using the reports of 392 lesbian and gay participants who had been in therapy previously. Specifically, the participants were asked to note whether a previous therapist had exhibited any of the 9 negative and 4 positive or "helpful" practices and attitudes related to sexual orientation derived from the 1991 study by Garnets et al., which elucidated behaviors and approaches ranging from inappropriate to exemplary in practice with gay and lesbian clients. The researcher wanted to ascertain whether certain therapist behaviors and/or beliefs might be related to premature termination of therapy and perceptions of the therapist's ability. She found that heterosexist counselor attitudes were associated both with a significantly decreased perception of counselor helpfulness and an

increased risk of termination after one session, as much as five times more likely. Examples of the nonhelpful attitudes endorsed by her participants, thus resulting in premature termination and client perceptions of the therapist as unhelpful, included the therapist assuming the client was heterosexual and holding negative or biased attitudes about a gay or lesbian identity (e.g., being gay or lesbian is bad, sick, inferior).

In a follow-up analysis, Liddle (1997) found that 63% of gay men and lesbians in her study had prescreened their therapists for LGB-affirmative attitudes. The most reported method of prescreening used by the participants was to ask for recommendations from friends or acquaintances in the gay and lesbian community. In addition, some participants reported talking directly to the potential therapist about his or her attitudes toward gay men and lesbians. Participants also reported greater client satisfaction when prescreening for gay-affirmative attitudes. Liddle noted that these findings point to the need for therapists, regardless of sexual orientation, to hold gay-affirming attitudes, given the finding that gay men and lesbians will be looking for this both in selection and initial contact. Overall, the results of these studies by Liddle (1996, 1997) suggest that LGB clients tend to perceive, attempt to avoid, and are affected by counselor heterosexism and biased attitudes.

Use of Mental Health Services by LGB Individuals

Given that LGB clients experience undue stress and may exhibit higher levels of mental health problems due to their marginalized status, it is not surprising that mental health professionals across all levels and work settings have reported working with at least one LGB client during their careers (Garnets et al, 1991). In addition, research indicates that LGB individuals are more likely to seek mental health services than their

heterosexual counterparts (Bieschke et al., 2000; Bradford et al., 1994; Garnets et al.; Liddle, 1997), are in therapy for longer periods of time (Liddle), and average a greater number of therapy sessions (Bieschke et al.; Liddle).

Garnets et al. (1991) examined the proportion of lesbian and gay clients in the caseloads of a sample of psychotherapists belonging to APA. Of the sample of 2,544, 99% of respondents reported that they had seen at least one gay male or lesbian client in psychotherapy at some point during their careers. In addition, the average respondent reported that 6% of their current clients were gay men and 7% of their current clients were lesbians. Only 1% of the sample had never worked with a gay male or lesbian client and 38% had seen more than 20 lesbian or gay individuals in their professional careers. Given the high proportion of LGB clients seeking mental health services, the authors concluded that it is vital for the profession to encourage education and training in LGB issues. They specifically noted that education must include increased awareness of personal biases based on sexual orientation and the dissemination of accurate information about LGB individuals. Finally, Garnets et al. concluded that training must be undertaken in all settings in which graduate students are trained, including graduate school (courses and supervision), professional trainings, and continuing education. This training is important for all mental health professionals, not just those who intend to specialize in the provision of therapy to LGB individuals.

In the National Lesbian Health Care Survey, 73% or 1, 442 self-identified lesbians had sought mental health services or seen a professional mental health counselor at some time in their life (Bradford et al., 1994). Among those who had sought counseling, 50% of them reported seeking a counselor for depression or long periods of

sadness. Other emotional problems that contributed to seeking mental health services in this sample included feeling anxious or scared (31%) and loneliness (21%). Many lesbians sought counseling because of interpersonal problems with lovers, family, and friends. The sample also reported length and frequency of counseling. Most had been in counseling for one year or less (49%) and 14% reported being in counseling for over four years. In addition, the majority of participants who had sought counseling indicated that they had seen more than one counselor during their therapy experience. The authors concluded that it is highly likely that a mental health professional will, at some point in their career, work with a member of the LGB population, especially given the reliance on mental health services in this sample when compared to research examining the use of mental health services by heterosexual individuals.

Liddle (1997) found that lesbians and gay male respondents reported seeing more therapists during their lifetime (M = 4.32 therapists) when compared to matched heterosexual respondents (M = 3.08 therapists). In addition, her participants reported a greater number of sessions with each therapist. Gay men and lesbians reported an average of 82 sessions while the matched heterosexuals reported only 29 sessions. This suggests an overall greater use of therapy among the gay and lesbian population. In addition, Liddle analyzed her sample for preferences regarding the sexual orientation of their therapist. She found that the gay men and lesbians selected LGB-identified therapists 41% of the time. She speculated that this finding, combined with higher psychotherapy utilization rates among the LGB population, indicated that heterosexual therapists are working with gay and lesbian clients, whether they are aware of it or not.

More recently, Murphy, Rawlings, & Howe (2002) investigated the proportion of LGB clients relative to the average caseload of 378 APA members who were licensed psychologists. The respondents reported seeing an average of 1.74 LGB clients a week, given a mean of 25 clients per week. The average caseload of their participants included approximately 3% lesbians and gay men, combined, and less than 1% bisexual individuals. The researchers noted that the more training in LGB issues endorsed by the practitioner, the higher proportion of LGB clients they had in their caseloads. Among the sample, 56% reported seeing an LGB client in the last week alone. However, the finding regarding the proportion of LGB clients on the participants' caseloads is smaller than reported in previous studies. The authors concluded that the smaller proportion may be a result of client screening. The literature suggests that many lesbians and gay men screen therapists for previous experience with LGB clients or for gay-friendly attitudes (e.g., Liddle, 1997). In this study, Murphy et al. found that their participants who had more formal training in LGB issues were more likely to have LGB clients. Thus, they concluded, that these practitioners were perhaps more likely to pass the screening process employed by LGB clients if they had some training on LGB-relevant issues.

Discriminatory Services

Previous literature suggests that LGB individuals may be experiencing higher rates of mental illnesses due to social stressors like discrimination (Bradford et al., 1994; Herek, 1988) and, in turn, utilize mental health services more frequently than their heterosexual counterparts (Liddle, 1997). However, research has found that LGB clients are not reporting overly positive experiences in therapy (Liddle, 1996). This may be a result of the negative or biased attitudes that mental health professionals hold toward

LGB individuals, in general, as well as the lack of requisite knowledge and skills to work with LGB clients.

For example, The Committee on Lesbian and Gay Concerns (1991) studied 2,544 psychologists and revealed extensive bias among the respondents in therapeutic approaches and treatment with lesbians and gay men. Of the psychologists surveyed, only 5% held a gay-affirmative theoretical approach in working with LGB clients. The research found bias and misinformation among therapists in numerous areas including, the belief that homosexuality is pathological, failing to recognize the effects of internalized oppression, focusing on sexual orientation when it is irrelevant, discouraging a person from advancing in gay/lesbian identity development, abruptly terminating therapy when a client discloses a homosexual orientation, and providing services to gay and lesbian clients despite a lack of knowledge or training (Garnets et al., 1991). In addition, 58% of the sample knew of negative incidents in the treatment of LGB individuals from other mental health professionals, including cases in which lesbians and gay men were defined as sick and in need of changing their sexual orientation. It was also suggested that psychologists were distracted in therapy by the client's sexual orientation, which reduced their effectiveness in treating the primary problem.

Following this, Jordan and Deluty (1995) asked 139 psychologists (69 females and 70 males) to discuss their views of a LGB sexual orientation. The researchers found that 79% of the respondents viewed homosexuality as "acceptable", 11.5% as "not as acceptable as a heterosexual lifestyle", and 2.9% as "unacceptable". Furthermore, 12.9% of respondents considered an active LGB lifestyle as a "psychosexual disorder" and 5% regarded it as a "personality disorder". Of those surveyed, 5.8% supported the use of

aversion methods to change their client's sexual orientation, while 11% indicated that they supported the use of "alternative methods" to change a client's sexual orientation.

In 1996, Liddle asked 392 gay and lesbian participants to evaluate their experiences in therapy. The participants acknowledged several practices and attitudes exhibited by mental health practitioners that contributed to premature termination (after one session) and were described as "unhelpful". The participants indicated the following inappropriate or "unhelpful" practices: (a) the therapist indicated that he or she believed that a gay or lesbian identity is bad, sick, or inferior, (b) therapist discounted, argued against, or pushed the client to renounce his or her self-identification as a lesbian or gay man, (c) the therapist blamed the client's problems on their sexual orientation or insisted on focusing on sexual orientation without evidence that sexual orientation was relevant to the presenting problem, and (d) the therapist suddenly refused to see the client after disclosing his or her sexual orientation, and (e) the therapist lacked the basic knowledge of gay and lesbian issues necessary to be an effective therapist and/or the client had to be constantly educating the therapist about these issues.

In a follow-up study, Liddle (1999) asked 392 gay and lesbian adults who had been in therapy with heterosexual therapists to describe their experiences. Liddle found that LGB clients are increasingly more satisfied with their therapy experiences. Gay and lesbian clients rated 75% of their therapists as "very helpful" and another 19% as "fairly helpful", compared to heterosexual clients' ratings of 62% and 24%. Though the participants did not report on the reasons for their satisfaction with therapy, Liddle suggested that this increase may be the result of increased attention and sensitivity to gay and lesbian issues in the mental health profession. Her findings also suggested that, with

training, practitioners can become well equipped to provide competent treatment to LGB clients.

The 2005 study by Kilgore, Sideman, Amin, Baca, and Bohanske asked 437 doctoral-level psychologists from the APA to discuss their attitudes towards LGB individuals and interventions used in working with LGB clients. Among their participants, 92.4% viewed an active LGB lifestyle-identity as "acceptable", 3% indicated that is was "somewhat acceptable", 2% as "not as acceptable as a heterosexual lifestyle", and 2% as "unacceptable". 58% endorsed a gay-affirmative theoretical approach to working with LGB clients while 81% believed that a LGB lifestyle-identity was "not a disorder at all". In addition, 96% did not support any conversion therapies to change sexual orientation. This study noted significant improvement in the attitudes held by psychologists towards a LGB sexual orientation when compared to previous studies.

In a recent study, Burckell and Goldfried (2006) asked 42 non-heterosexual young adults, ages ranging from 18 to 29, to describe their prior therapy experiences and attitudes about their therapy experience. Participants were also asked to rate therapist characteristics on a scale from "exclusionary" (e.g., would cause the participant to terminate therapy) to "less important" to "essential" using a Q-sort methodology. The therapist characteristics were derived from a variety of sources, including the APA Guidelines (APA, 2000) and relevant studies concerning LGB individuals' therapy experiences (e.g., Liddle, 1997). These characteristics included both LGB-related characteristics (i.e., knowledge, skills, and attitudes) and general therapeutic characteristics (e.g., gender, working alliance, etc.). The exclusionary characteristics noted by the participants included an assumption of heterosexuality, misunderstanding by

the therapist regarding therapy goals, a belief that people can change their sexual orientation, and not asking pertinent questions related to sexual orientation. The authors noted that these items may reflect a tentativeness or discomfort in working with LGB clients, which many manifest as a reluctance to ask questions about the individual's sexual identity. Furthermore, the authors stated that these attitudes and beliefs "are indicative of a therapist who lacks awareness of LGB issues" (Burckell & Goldfried, 2006, p. 44). It could be assumed that counselors that exhibit these behaviors would have difficulty retaining and providing effective mental health services to LGB clients. These findings reiterate the importance of training counseling students to have an increased awareness of how language, attitudes, and behaviors affect the therapeutic relationship, especially when working with LGB clients.

The Status of Training

Although it has been reported that some mental health professionals hold negative attitudes regarding homosexuality and bisexuality (e.g., Burckell & Goldfried, 2006; Liddle, 1997), improvement has been reported in recent years (Kilgore et al., 2005; Liddle, 1999). However, there are still significant concerns about the preparation of counselors and psychologists to work with LGB clients. While the ethical and professional obligations of counselor educators and graduate training programs to provide the training necessary for their students to develop LGB-affirmative attitudes and clinical practices have been emphasized (ACA, 2005; APA, 2000; Whitman, 2006), there are indications that such training is not a consistent part of graduate-level training (Sherry et al., 2005). Moreover, there is a breadth of research indicating that counselors and psychologists feel inadequately prepared to work with LGB clients (Allison et al., 1994;

Biaggio et al., 2003; Bradford et al., 1994; Fischer, 1998; Murphy et al., 2002; Phillips, 2000; Sherry et al., 2005), thus pointing to a discrepancy in graduate training. The following section will address studies documenting a paucity of coursework or graduate-level training in LGB issues (Burke, 1989; Phillips & Fischer, 1998; Pilkington & Canter, 1996).

Though APA and ACA have advocated for an increased focus on training graduate students to work with diverse clientele (ACA, 2005; APA, 2000), a review of earlier studies is essential to examining the current status of training. In an early study, Buhrke (1989) examined 213 female counseling psychology doctoral students' perceptions on the incorporation of lesbian and gay issues into their training. Twenty-nine percent of the students reported that gay and lesbian issues were not addressed in any of their courses and when the issues were addressed, it occurred in practicum or specialty seminars. The students felt more comfortable counseling clients in general than they did in counseling lesbian or gay clients. The students rated themselves higher than their faculty and supervisors on acceptance of LGB people and expressed limited exposure to LGB role models in their counseling psychology programs. Buhrke's participants also reported a perceived heterosexist bias in their training programs, with the assumption that faculty possessed more heterosexual bias than students.

Fischer (1998) examined the training experiences and perceptions of advanced graduate students regarding counseling competencies for LGB-related issues and homophobic attitudes. Of the 108 counseling and clinical psychology students surveyed, most reported feeling ill-prepared to counsel LGB clients. About half of the students reported having had a multicultural counseling course that covered LGB issues, but most

still reported obtaining information on LGB issues from sources other than their doctoral programs (i.e., workshops, asking friends). Nearly half of the students had not been encouraged to explore their personal heterosexist biases, and approximately two-thirds did not recognize expertise in LGB clinical issues in at least one faculty member. The modal number of articles about LGB issues that students reported reading during their program was zero; the modal number of hours of training received on LGB issues was also zero. Finally, students reported that the modal number of LGB clients seen in practica and internship was zero. However, ratings of homophobic attitudes revealed positive attitudes overall, with 50% in the low-grade non-homophobic range and 45% in the high-grade non-homophobic range. Only 5% scored in the low-grade homophobic range. In addition, almost all students reported feeling inadequately prepared to counsel LGB clients. The authors suggested that this contrast between low levels of homophobia and low perceptions of counseling competency indicated a need and receptivity of clinical and counseling psychology students to have more formal training in the knowledge and skills needed to work with LGB clients.

In a recent study, Kilgore et al. (2005) explored the training experiences of doctoral-level psychologists in the United States. They found that male psychologists were less likely to have received formal education in LGB issues when compared to female psychologists in their sample. In addition, 65% of the LGB psychologists in their study reported that they received formal training in LGB issues during their graduate programs. In contrast, only 13% of heterosexual psychologists reported that they had received such training. The authors hypothesized that LGB training may be of particular interest to LGB-identified psychologists, thus accounting for the sharp differences.

Another finding showed age-related differences in training. Specifically, psychologists whose ages ranged from 30 to 39 reported more education in gay-affirmative counseling approaches (32%) than those psychologists whose ages ranged from 60-69 years (9%). In reference to age differences, the authors stated that the younger cohorts of psychologists have access to more education and training regarding LGB issues, or more exposed to openly LGB persons, whereas older psychologists may have been trained during the time when homosexuality was viewed as pathological. Overall, this study further suggests that psychologists' views about LGB lifestyles and identities may be changing, possibly due to increased attention on gay-affirmative practices in graduate training and professional education.

In another recent study, Sherry et al. (2005) surveyed APA-accredited clinical and counseling psychology doctoral programs in an effort to determine the type of training that exists in LGB issues. A total of 104 training directors completed a survey assessing the representation, curriculum, practice and supervision, research, student and faculty competency, and physical environment relative to the LGB population. In addition, the authors asked whether LGB issues were covered in a multicultural course, availability of a graduate-level sexuality course, exposure to LGB issues in practicum and supervision, research or faculty interest in LGB issues, and the presence of a LGB organization or support group on campus. Of the 67.6% of programs that require a multicultural course, 71% of them reported covering LGB issues in this course. In addition, 89.5% of programs indicated that graduate students are exposed to LGB clients during practica, while 94.3% reported covering LGB issues in supervision. However, few programs (17%) indicated the incorporation of LGB counseling competencies into yearly or end of

program evaluations, with only 2.9% reporting use of a written or paper-and-pencil mechanism in place. Finally, only 21% of the programs reported infusing LGB issues into courses that were not specifically related to multicultural counseling.

Developing Counseling Competency with LGB Clients

The literature suggests that most mental health professionals are either currently working with, or may work with, a LGB client at some point in their career (Garnets et al., 1991; Liddle, 1997; Murphy et al., 2002). Thus, it is important that the graduates of counseling training programs be well informed about the experiences and mental health needs of LGB persons in order to provide LGB-affirmative mental health services (Biaggio et al., 2003). Given the recent suggestions regarding counseling competencies for working with LGB clients developed by the APA (2000) and ACA (see Logan & Barret, 2005), graduate training programs have only begun to implement these into their curricula. Phillips and Fischer (1998) concluded that

> Both counseling and clinical psychology need to ensure that graduate programs make a more consistent and more concerted effort to integrate LGB issues into their curricula if they are to produce psychologists who are competent to work with LGB clients. (p. 729)

Though researchers have found an increase in training regarding LGB issues over the last decade (Sherry et al., 2005), there is still work to be done. Given that practitioners are reporting a lack of competence and preparation in working with LGB clients (Graham et al., 1994; Phillips & Fisher, 1998; Sherry et al.), it has been proposed that graduate training, or the "strategies and suggestions for fostering the growth of LGB-affirmative scientist-practitioners" (Phillips, 2000, p. 340), related to working with LGB clients

receive greater attention in training programs. This may include providing a LGB-affirming training environment, conveying accurate information about LGB individuals, increasing practitioner awareness, and offering opportunities to learn and practice effective counseling skills with LGB clients (Buhrke & Douce, 1991; Phillips; Whitman, 1995).

Authors began to speculate about the knowledge and skills necessary to work with LGB clients in the 1980's, which aligned with the movement to depathologize LGB sexual orientations by professional organizations. In 1987, Clark outlined specific goals and guidelines in order for mental health practitioners to provide gay-affirmative psychotherapy. Clark noted that practitioners must (1) be comfortable and appreciative of their own sexuality, (2) rid themselves of homophobic feelings, (3) be cognizant of the reasons clients may ask to change their sexual orientation, (4) encourage clients to establish a gay support system, (5) assist clients in becoming aware of how oppression affects them, (6) desensitize shame and guilt associated with LGB sexual orientations, (7) encourage discussion of gay experiences, and 8) show your approval and affirmation. Clark also noted that training programs are encouraged to facilitate in their students the ability to explore their own assumptions and biases prior to clinical practice.

Additionally, Buhrke (1989) stated that in order for counseling students to develop the skills necessary to facilitate the growth of their lesbian and gay clients, they "must be familiar with, and become sensitive to, the special needs of this population" (p. 77). Given that roughly 10% of the population is LGB, it is imperative for counselors to be well equipped for their caseloads, a responsibility that rests on the training programs (Buhrke). Buhrke wrote that it is important for counselor educators to incorporate lesbian

and gay issues into courses, including introduction to counseling, counseling theories, career and marriage/family courses, and practica and supervision. Buhrke also encouraged class discussion on topics such as the effects of oppression, heterosexist bias, specific therapeutic issues including transference/countertransference, the "coming out" process, lifespan development issues, relationship issues, career concerns, and cultural/ethnic issues.

Following this, Fassinger (1991) added several guidelines for researchers and mental health practitioners to the recommendations of Clark (1987). She noted that mental health professionals must work to "develop the attitudes, knowledge, and skills necessary for effective scientific and therapeutic work with lesbian women and gay men" (p. 171). In addition, she encouraged education about lesbian and gay lifestyles and concerns, increased understanding of diversity (e.g., racial/ethnic, age, ability, etc.) and its effects on LGB individuals, awareness of the coming out process, addictive behaviors, AIDS-related issues, and sensitivity to ethical issues, such as confidentiality and dual relationships. Fassinger supported the notion that a variety of therapeutic approaches are effective in working with LGB clients, given that the practitioner possesses the requisite attitudes, knowledge, and skills.

Whitman (1995) posited that without proper training, it is unlikely that mental health professionals could provide unprejudiced treatment to LGB clients. She noted that the lack of emphasis on LGB issues in graduate training programs and the inaccurate and biased practices of clinicians are indicative of where the counseling field is in the development of a positive view towards LGB individuals. Whitman made several suggestions about graduate training in LGB issues. First, echoing the literature, she stated

that it is important to provide counseling students with a cognitive component, which includes information about LGB issues and lifestyles. Topics suggested by Whitman included (a) definition and assessment of sexuality, myths, and stereotypes; (b) homosexual identity development; (c) developmental differences; (d) therapeutic issues; (e) affirmative counseling strategies; and (f) diversity issues within the LGB subculture. In addition, she noted that it is important for students to be aware of their own values and be willing to confront their own homophobia and heterosexist bias.

Given the suggestions in the literature, many authors began to propose training models that incorporated the suggested components (e.g., Clark, 1987; Fassinger, 1991). Lidderdale (2002) developed a psychoeducational model that concurrently increases counseling students' awareness, knowledge, and skill in counseling LGB clients. The author suggested that the combined effects of heterosexual bias and a lack of formal training on LGB issues manifests into inappropriate practitioner behaviors when addressing the needs of their LGB clients. In addition, the inappropriate and discriminatory behaviors violate the ethical codes and practice guidelines outlined by ACA (2005) and APA (2000; 2002). Following Buhrke (1989) and Whitman (1995), Lidderdale argued that training programs need an in-depth focus on LGB issues to further the development of student competency and preparedness for working with LGB clients. The major educational objective is to increase awareness of attitudes toward LGB people, knowledge of LGB people and unique concerns, and skills in counseling LGB clients across the lifespan.

More recently, Pearson (2003) outlined a three-hour seminar on counseling LGB clients, which included recommended topics for training based on the current literature.

Pearson noted that despite the format of the training, counseling students must be presented with information to counter the reported negative experiences of LGB persons in their mental health treatment. Recommended topics included an exploration of homophobia, heterosexism, and oppression; information on the mental health risks of LGB individuals, including increased risks of attempted and completed suicide for LGB adolescents; sexual identity, terminology, and the "coming out" process; stereotypes; LGB identity development; and therapeutic strategies. Pearson also noted that using a model that involves a three-stage progression from awareness to knowledge to skill might provide a useful framework when training counselors to work with LGB clients

Furthering the literature on what mental health professionals need to know in working with LGB clients, Pachankis & Goldfried (2004) suggested that it is important for therapists to understand what biases are operating in both obvious and subtle ways in our society. They discussed the large impact that homophobia and heterocentrism have on conceptualizations of client concerns by therapists, and the influence of these constructs on the clients' conceptualization of themselves. Pachankis & Goldfried proposed that the most powerful sources of biased treatment include biased training, lack of contact with LGB individuals, and fear or denial of same-sex feelings or feelings towards LGB orientations. Gaps in training and a lack of accountability for counseling students in LGB-affirmative counseling practices leave mental health practitioners to draw from sources of information that have societal and personal biases. They go on to describe gay-affirmative therapists as professionals who "utilize the body of knowledge that addresses issues specific to LGB individuals with the purpose of bridging the gaps left by the heterocentric assumptions of prevailing therapy models" (p. 230). In addition,

the authors noted several key issues that therapists need to understand to be effective in working with LGB clients: knowledge of LGB identity development, couple relationships and parenting, families of origin and families of choice, aging in LGB individuals, religiosity and spirituality, the experience of racial/ethnic minority LGB individuals, the unique issues of bisexual individuals, and legal and workplace challenges.

Eubanks-Carter, Burckell, and Goldfried (2005) discussed clinical issues specifically associated with being LGB in a heterocentric society. They noted that mental health professionals need to learn about LGB issues in order to provide the most effective care to LGB clients. Knowledge about the following LGB issues underlies competent practice with LGB clients, according to Eubanks-Carter et al.: rejection, discrimination, and harassment due to status as a stigmatized group and its effects on mental health and wellbeing (e.g., minority stress, family difficulties); chosen versus birth family; challenges of LGB individuals who are also members of racial and ethnic minority groups; career and workplace challenges; internalized homophobia; sexual identity development; "coming out" process; religion and spirituality issues; and the benefits of being LGB. The authors also suggested that while gaining knowledge is imperative in the development of counseling competency with LGB clients, practitioners need to use caution when assuming that every LGB client's treatment should center on his or her identity. In addition to a solid knowledge base, Eubanks-Carter et al. emphasized that mental health practitioners are influenced by subtle biases against non-heterosexual feelings and behaviors. They challenged training programs and mental health professionals to explore biases, including the assumption that all clients are heterosexual,

the view that homosexuality is pathological, and in-session behaviors that communicate discomfort with LGB individuals.

In a relevant study, Flores, O'Brien, & McDermott (1995) examined how clinical experiences and attitudes affect counselor self-efficacy with LGB clients. Counselor self-efficacy when working with LGB clients indicated the degree of confidence a counselor would have in working effectively with LGB clients, persistence in that work when obstacles occurred, and actively seeking out opportunities to counsel LGB individuals (Flores et al.). The researchers surveyed 125 master's- and doctoral-level students in counseling psychology programs who completed a standardized measurement of attitudes, the Index of Attitudes Towards Homosexuals and a modified version of the Counseling Self-Estimate Inventory. Questionnaires were designed that assessed clinical experiences with LGB individuals and knowledge about homosexuality. The results indicated a positive correlation between perceived self-efficacy and successful experiences with LGB individuals. Conversely, perceived self-efficacy was negatively correlated with homophobic attitudes. Students who had experiences with LGB individuals were more knowledgeable about LGB issues and held lower homophobic attitudes. Homophobic attitudes correlated negatively with knowledge about homosexuality. This study emphasized the importance of examining the relationship between knowledge, skills, and attitudes towards homosexuality and counseling competencies with LGB clients. In addition, it reiterated the importance of positive experiences with LGB clients on counselor self-efficacy.

The Influence of Multicultural Counseling

Though a paucity of research exists regarding the actual content of training or coursework for counseling students about sexual orientation, descriptions and anecdotal reports of graduate-level training often involve attitude exploration and encourage the dissemination of knowledge pertinent to LGB individuals. These educational approaches, however, have not been typically developed within a theoretical framework (Israel & Selvidge, 2003). More recently, authors and researchers have speculated about the possibility of understanding the concept and development of counseling competency with LGB clients within a multicultural education conceptual model (Fassinger, 1991; Fassinger & Sperber-Richie, 1997; Israel, 1998). Specifically, many authors have suggested using a paradigm developed in the multicultural counseling literature which focuses on the development of attitudes, knowledge and skills in mental health professionals (see Atkinson, Morten, & Sue, 1989).

The groundwork for this multicultural counseling paradigm was laid in the 1950s and 1960s through literature that pointed to psychology's lack of attention to ethnic minorities, particularly African Americans (Jackson, 1995; as cited in Israel, 1998). Multicultural counseling flourished in the wake of the civil rights movement and gained popularity in the 1970s (Israel, 1998). Although literature emerged that addressed the nature of multicultural counseling, authors have only recently developed models of multicultural counselor competency (see Ponterotto & Casas, 1987; Sue et al., 1992).

In 1992, Sue, Arredondo, and McDavis proposed the Multicultural Counseling Competencies and Standards. The authors delineated competencies based on counselors' knowledge, attitudes, and skills which include counselor awareness of his or her own

assumptions, values, and biases; understanding the worldview of the culturally different client; and developing culturally-appropriate interventions. In creating this multidimensional model, the authors integrated the literature on knowledge and attitudes and added the area of skills, leading to a comprehensive approach to the development multicultural counseling competency. Following this, Ponterotto, Alexander, and Grieger (1995) developed a checklist to assess the multicultural competence of counseling training programs, titled the Multicultural Competency Checklist for Counseling Training Programs. This assessment of training programs furthered the literature by creating a means by which programs can evaluate their contribution to the development of multicultural competent counselors. In 1996, the Association for Multicultural Counseling and Development (AMCD) published its Operationalization of the Multicultural Counseling Competencies (Arredondo et al., 1996). These multicultural counseling competencies were the culmination of the 20-year effort to operationalize the work of counselors in the area of multicultural counseling (Sue et al., 1992; Sue et al., 1982). Proponents then successfully advocated that these competencies be adopted by the ACA, each of ACA's divisions, CACREP, the APA, and a variety of other professional entities.

Though multicultural counseling and LGB counseling have developed somewhat independently from each other, authors have suggested using contributions from multicultural counseling in furthering the development of counseling competencies for LGB clients (Israel, 1998). More specifically, it has been posited that the multicultural counseling literature be used to develop a model that assists mental health professionals and counselor educators in fostering affirmative knowledge, attitudes, and skills for

working with LGB clients (Fassinger & Sperber-Richie, 1997). Israel and Selvidge (2003) extended the literature on multicultural counselor competence to describe a model of counseling competence with LGB clients. They suggested that LGB individuals and ethnic minorities share similar experiences such as stereotyping, stigmatization, and negative reactions from majority members of society. In addition, it may be that both People of Color and LGB individuals undergo similar processes of identity development, as well as biased treatment by the mental health profession. These similarities make an extrapolation of the literature relevant (Israel & Selvidge).

In contrast, LGB individuals differ from ethnic minorities. Israel & Selvidge (2003) described several differences between the experiences of individuals in both groups including the visibility of minority status, family of origin experiences, etiological arguments, and fears that have implications for training counselors to work with LGB clients. First, LGB individuals are an "invisible" minority (Fassinger, 1991), while an ethnic minority status is more often readily visible. Second, the majority of LGB individuals are raised in predominately heterosexual families and communities (Israel & Selvidge). In addition, many people still view sexual orientation as malleable, which results in fears of being or becoming gay and the idea that sexual orientation can be changed through intervention (Israel & Selvidge). An example used by the authors explains that most people do not fear that they may really be or become an ethnic minority or worry about their child being recruited to another ethnicity; these are concerns often voiced about LGB people. It is also not possible for a Person of Color to change their ethnicity or race which it is often assumed that an LGB person can change their sexual orientation (Israel & Selvidge). These distinctions between LGB and ethnic

minorities further highlight the need for training counselors, above and beyond multicultural counseling competency, to work with LGB clients.

Based on the models of counselor competence developed in the field of multicultural counseling (Arredondo et al., 1996; Sue et al., 1992), Israel and Selvidge (2003) explored the specific knowledge, skills, and attitudes recommended for counseling competency with ethnic minority clients in order to conceptualize counselor competence with LGB clients. They noted that a large component of knowledge-related training for working with ethnic minority clients exposes the trainee to unfamiliar cultures and encourages an increased understanding the worldview of clients, greater knowledge about appropriate interventions, strategies, and techniques, and skills related to appropriate case conceptualizations and treatment approaches. Finally, training deepens the understanding of sociocultural factors that may be impacting various groups, recognition of heterogeneity of the various groups, and increases knowledge about the sociocultural history and the processes of acculturation and adaptation to the majority group (Sue et al., 1992, as cited in Israel & Selvidge).

A number of authors have addressed the knowledge components necessary to provide affirmative mental health services to LGB clients (e.g., APA, 2000; Buhrke, 1989; Clark 1987; Fassinger, 1991), which are similar to the knowledge base suggested by the multicultural literature. However, some content areas differ from the multicultural model, including differing parent and family structures, the coming out process, family of origin versus family of choice concerns, non-traditional notions of gender and sexuality, and the importance of LGB community support (APA; Garnets et al., 1991; Israel & Selvidge, 2003).

Attitude exploration has been noted as integral in the development of multicultural counseling competency (Arredondo et al., 1996; Sue et al., 1992). This also appears to be central in developing competency in working with LGB clients (APA, 2000; Israel & Selvidge, 2003; Logan & Barret, 2005). Many authors have addressed the influence of negative attitudes and stereotypes in the treatment of LGB individuals by the mental health profession (Burckell & Goldfried, 2006; Eubanks-Carter et al., 2005; Flores et al., 1995; Liddle, 1996). Israel and Selvidge described the attitudinal biases often held by counselors towards LGB individuals; including the belief that homosexuality is immoral. There also exist the more subtle biases against same-sex attraction and behaviors, which are unlikely to change solely with the presentation of accurate information and research findings. The authors suggested that awareness and exploration, under supervision, is key to developing affirmative attitudes. In addition, counselors working with LGB clients would need to be aware of transference and countertransference issues and be willing to explore reactions to these phenomena (Israel & Selvidge).

Many of the skills necessary to provide culturally competent mental health services to ethnic minority clients are relevant to counseling LGB clients. An example of this is a recommendation by Arredondo et al. (1996) that a culturally competent counselor be able to assess a client accurately within his or her cultural context. This is echoed by writers in the LGB literature (e.g., Buhrke & Douce, 1991) who have suggested that LGB individuals are often misdiagnosed as pathological when struggling with LGB-specific issues like coming out, family adjustments, discrimination, and harassment. Other skills suggested by the literature for working with LGB clients, which

are similar to the skills components of multicultural counseling competency delineated by Sue et al. (1992), included knowing when a clients' minority status should be the focus of clinical attention, adjusting for bias in traditional assessment tools, tailoring interventions based on identity development, advocacy skills, and ethical practice (Israel & Selvidge, 2003).

In contrast, Israel and Selvidge (2003) noted several skills which are specific in working with LGB clients. For example, given that most LGB individuals are raised in predominately heterosexual families and communities, counselors should be able to provide community resources to LGB clients. In addition, counselors must exhibit verbal and nonverbal behaviors that communicate safety and acceptance. This includes using appropriate non-heterosexist language, creating a welcoming office environment, and developing and using inclusive intake forms and assessment instruments (APA, 2000b; Israel & Selvidge; Phillips, 2000).

Assessment of Counseling Competency

The multicultural literature offers several means of assessing counselor competency in working with culturally diverse clients (see Ponterotto et al., 1996; Sodowsky et al., 1994) that are based on the multidimensional model first proposed by Sue et al. (1992) which measures knowledge, attitude, and skills components. Despite the recommendations in the literature about the knowledge, attitudes, and skills needed by counselors and psychologists to provide affirmative mental health services to LGB clients (APA, 2000b; Clark, 1987; Fassinger, 1991; Israel & Selvidge, 2003; Logan & Barret, 2005), measures that assess counselor competency with LGB clients are lacking. In addition, a professional consensus on the specific competencies has yet to be determined.

Following the lead of the multicultural counseling field, it seems beneficial to first have the specific components of counseling competency with LGB clients comprehensively and operationally defined in order to develop a means to assess both training programs and current counseling students.

In their pivotal study, Israel et al. (2003) empirically defined the components of counselor competence with LGB clients. She and her colleagues sought to gain consensus of experts using the Delphi method. This methodology allows for well-defined group of experts to provide a comprehensive evaluation of an issue or construct (Linstone & Turoff, 1975, as cited in Israel et al.). The two types of experts used in the study were those who demonstrated professional expertise and those who gained expertise through their personal identity (i.e., LGB-identified individuals). Forty-six professional experts and 33 personal experts participated in their study. All participants were asked to "individually brainstorm knowledge, attitudes, and skills" that they believed were important to effectively work with LGB clients (Israel et al., p. 9). The two groups together generated a final list of 88 competencies in three domains (e.g., knowledge, skills, and awareness). The authors noted that the results of their study indicate the complex nature of working with LGB clients which, in turn, emphasizes the need for increased focus in training programs on the develop of a solid knowledge base, LGB-affirming counseling skills, and counselor self-awareness in graduate-level trainees. In addition, they noted that the next step in ensuring that training programs are fostering LGB-affirmative mental health practitioners would be the development of a psychometrically-sound instrument that could assess competency in working with LGB clients.

Then, in an effort to fill this gap, Bidell (2005) published the Sexual Orientation Counselor Competency Scale (SOCCS), an instrument that measures the attitudes, skills, and knowledge need to work effectively with LGB clients. Developed from the multicultural and LGB counseling literatures, the SOCCS is the first valid and reliable scale for measuring the requisite knowledge, skill, and attitude (i.e., counselor self-awareness) competencies for counseling LGB clients. Using a rational-empirical approach, Bidell initially developed a list of 100 items from the LGB literature designed to measure attitude, skill, and knowledge competencies. He then used a focus group and two independent card-sort procedures to further refine and categorize the items into subscales, all of which resulted in a total of 42 items. Following the development of instruments designed to measure multicultural counseling competency, Bidell then conducted factor analysis, reliability testing, and validity assessments. The SOCCS was found to have sound internal consistency with a coefficient alpha of .90 for the overall SOCCS, .88 for the attitude subscale, .91 for the skills subscale, and .76 for the knowledge subscale. Convergent validity was established by the author by examining the effects of education and sexual orientation on SOCCS scores. As predicted, LGB respondents as well as those with higher levels of education scored higher on the overall SOCCS and on all three subscales. Finally, convergent validity was established by comparing the SOCCS subscales to established instruments in the multicultural and LGB literature designed to measure knowledge, skill, and attitudes. As predicted, each subscale of the SOCCS correlated strongest with the matched instrument.

Bidell (2005) developed a comprehensive and psychometrically-sound instrument, the SOCCS, in an attempt to further the literature regarding the assessment of

counseling competency with LGB clients. He suggested that future research could examine counseling competency with LGB clients using the SOCCS with new populations. While his sample included undergraduate psychology students, master's-level counselor education students, doctoral-level counselor education students, and post-doctoral counselor educators and supervisors, no study to date has examined levels of perceived counselor competency with LGB clients in counseling psychology programs with the SOCCS. Moreover, no study has used the SOCCS to compare perceived competency levels across counselor education and counseling psychology graduate students or across variables such as gender, additional training experiences, and the number of LGB clients seen in therapy.

The current study could provide two important elements to the literature; the first is the ability to consider how this group of developing professionals perceives their counseling competency in working with LGB clients using a relatively new and sound instrument. This leads us to the second element which may provide some insight into the training these students have received on these competencies. Specifically, this can be an opportunity to consider the type and nature of training students have received in the area of counseling LGB clients as part of their educational and professional experiences by looking at the perceived competency levels in the areas of skill, knowledge, and attitudes. This could provide counselor educators and training directors some insight into where students are lacking in their training. An examination of these differences across counseling program types (i.e., Counseling Psychology, Counselor Education) and degree level (i.e., Masters, Doctoral) could provide a broader perspective on not only the nature of this training but where it might be occurring. Finally, a qualitative exploration into

students' concerns about their counseling competency with LGB clients as well as experiences that have been helpful in their development as LGB-affirmative practitioners may highlight additional areas of focus for both future research and training programming.

Summary

This chapter contained a review of the literature including the history of the mental health professions' attitudes towards homosexuality and bisexuality, ethical and accreditation standards relevant to working with LGB clients, past and current treatment of LGB individuals by mental health professionals, and the status of graduate training to work with LGB clients. In addition, contributions of the multicultural counseling field were briefly discussed as they pertain to furthering the development of counseling competency with LGB clients. The movement toward developing specific components of counseling competency with LGB clients as well as instrumentation was highlighted. Finally, research leading to the present study was described.

CHAPTER III

METHODOLOGY

This chapter will discuss the research methodology and design used by the researcher to examine counseling competency with LGB clients based on responses from graduate-level counseling students. The research questions, participants, data collection, instruments, and overall procedures are also discussed.

Research Questions

1. What is the perceived competency level (i.e., knowledge, skills, awareness) of counseling students in relation to working with lesbian, gay and bisexual clients?
2. What is the relationship between perceived competency level (i.e., knowledge, skills, awareness) in relation to working with lesbian, gay and bisexual clients and degree program (i.e., Ph.D./Masters and Counseling Psychology/Counselor Education)?
3. What is the relationship between perceived competency level (i.e., knowledge, skills, awareness) in relation to working with lesbian, gay and bisexual clients and gender?
4. What is the relationship between perceived competency level (i.e., knowledge, skills, awareness) in relation to working with lesbian, gay and bisexual clients and and additional training experiences (i.e., workshops, conferences, general training sessions)?

5. What is the relationship between perceived competency level (i.e., knowledge, skills, awareness) in relation to working with lesbian, gay, and bisexual clients and the number of LGB-identified clients seen in therapy?
6. What are the concerns that graduate students in counseling programs identify in relation to counseling lesbian, gay and bisexual clients?
7. What life experiences (i.e., personal, professional/educational) do graduate students in counseling programs identify as being most beneficial in preparing them to work with lesbian, gay and bisexual clients?

Participants

The non-random sample consisted of master's- and doctoral-level counseling students attending graduate school at colleges and universities in the United States. Participants were solicited by sending emails to the directors of training of a national sample of accredited training programs which were identified from the Council of Counseling Psychology Training Programs (CCPTP) member list and the directory of CACREP accredited programs, both of which were found online. The researcher sent email requests to every other program listed in the CCPTP member list and to every fifth program listed in the CACPREP directory. Email requests were sent to a total of 67 counseling psychology program training directors and to 40 training directors of CACREP-accredited counseling and counselor education training programs. However, three programs on the CCPTP member list and five from the CACREP list were not able to forward the request for participation to their current students due to IRB requirements at their institutions, thus making the program response rate for the CCPTP programs 95.52% and a response rate for the CACREP programs of 87.50%. In addition,

participation requests were posted on the Division 44 and the ACA Graduate Student Association listservs. Given the variety of sampling methods employed in this study, it is impossible to know the exact number of participants who received the research participant request but who chose not to participate.

Training directors were asked to forward the information email and link to the online survey to current counseling students. All participation in this study was voluntary. Participants were asked several demographic questions including gender, ethnic background, sexual orientation, degree program, accreditation status of training program, educational level (i.e., master's or doctoral level), additional educational training experiences, and the number of LGB-identified clients seen in therapy. The participants were also asked to complete one additional survey and provide responses to three qualitative questions.

Approximately 235 participants were recruited from CACREP- and APA-accredited graduate-level counseling psychology and counselor education training programs. The sample included 139 doctoral-level students (59.4%) and 96 master's-level students (41.0%). The majority of participants indicated living and studying in the Southeast region of the United States (n = 126, 53.6%), with 21.4% from the Midwest (n = 50), 12.4% from the Northeast (n = 29), 7.3% from the West/Northwest (n = 17), and 6.4% from the Southwest (n = 15). The mean age of participants was 30.5 years with a range of 22 to 59 years. The sample was comprised of 84.3% females (n = 198) and 15.7% males (n = 37). Approximately 77.9% (n = 183) of the sample identified as heterosexual; 7.2% identified as bisexual (n = 17); 4.3% identified as gay men (n = 10); 3.8% identified as lesbian (n = 9); 3.8% identified as queer (n = 9); and 4.7% described

their sexual orientation in another way (*n* = 11). The sample was ethnically diverse: 7.6% were African American/Black (*n* = 18), 7.2% were Latino (*n* = 17), 71.1% were European American/White (*n* = 167), 3.4% were Asian American (*n* = 8), 7.2% were biracial/mixed (*n* = 17), 0.01% were Native American (*n* = 2), and 1.7% described themselves in another way (*n* = 4). Two participants did not respond to this item.

Instruments

Demographic and Life Experiences Questionnaire

Participants were asked to complete a demographic questionnaire that assessed gender, age, ethnic background, sexual orientation, degree program, accreditation status of current training program, and educational level (i.e., master's- or doctoral-level). The questionnaire also assessed educational training experiences including attending workshops and conference sessions about counseling LGB clients, general training sessions on LGB issues, and the number of LGB-identified clients seen in therapy.

In addition, the participants were asked to respond to three qualitative questions developed by the researcher for this study. The first question asked participants to identify concerns that they may have about their ability to counsel LGB clients. The need to qualitatively explore concerns related to the development of counseling competency in current students has been noted by several researchers (Israel et al., 2003; Murphy, Rawlings, & Howe, 2002). The second set of qualitative questions focused on the identification of personal and professional experiences that participants felt may have been beneficial in their preparation to counsel LGB clients. These questions were based in part on an instrument developed by Middleton et al. (n.d.) which examined the influence of formal and informal training (i.e., professional and life experiences) on

multicultural counseling competency and racial identity development. Middleton et al. found that informal training experiences were noted by participants as being integral in their development of multicultural counseling competence.

Sexual Orientation Counselor Competency Scale

The evaluation of counseling competency with LGB clients was measured using the Sexual Orientation Counselor Competency Scale (SOCCS) developed by Bidell (2005). Extending the multicultural and LGB counseling literature, the SOCCS was created as an instrument that can be used to determine a mental health professionals' self-perceived competency in working with LGB clients. Specifically, the SOCCS assesses the skills, knowledge, and awareness competencies of clinicians concerning LGB clients. Only recently published, the SOCCS has yet to be used in additional research beyond its original validation study.

The SOCCS is a 29-item self-report instrument designed to assess the knowledge, skills, and awareness components of counseling competency with LGB clients. Therefore, the SOCCS is made up of three subscales assessing each of these three areas. The awareness subscale, previously published as the attitudes subscale (Bidell, 2005), is made up of ten questions, the skill subscale with ten questions, and the knowledge subscale with six questions. Responses to the items are based on a seven-point likert scale ranging from 1 – not at all true to 7 – totally true. Some items were reverse scored. The items were scored both by subscales and aggregately, with higher scores indicating higher levels of sexual orientation competency. Bidell (2005) noted that low scores (1.00 – 2.00) represent lower competency, medium scores (3.00 – 5.00) represent moderate competency, and high scores (6.00 – 7.00) represent higher competency.

Bidell's (2005) initial study showed that the SOCCS exhibited sound psychometric properties. Cronbach's alpha for the overall SOCCS was .90, .88 for the Awareness subscale, .91 for the Skills subscale, and .76 for the Knowledge subscale. This indicates a moderately high amount of internal consistency. One-week test-retest reliability coefficients were .84 for the overall SOCCS, .85 for the Awareness subscale, .83 for the Skills subscale, and .84 for the knowledge subscale, suggesting that the SOCCS has satisfactory test-retest reliability.

Procedure

After obtaining approval by the Institutional Review Board, the researcher contacted the training directors of CACREP-accredited counselor education programs and APA-accredited counseling psychology programs in the United States via email to ask for assistance in obtaining participants. The training directors were instructed to forward the request for participation email to current counseling students in their respective programs. The researcher also contacted APA's Division 44 members via the listserv to recruit student members. Finally, the researcher contacted the ACA Graduate Student Association and obtained permission to use the organization listserv to recruit potential participants.

Potential participants were instructed in the contact email to access the information sheet and study instruments at www. surveymonkey.com through a hyperlink included in the email. The information sheet included information about the study including a description of participant's role and the risks and benefits of participation. This page also clarified that consent to participate was indicated by completion and submission of the survey. Potential participants were also informed that submission of

the survey was not linked to a specific email address and that all results were anonymous and could not be linked to an individual or an individual's email address. In addition, no identifying information (e.g., name, address) was requested from the participants. After each participant agreed to the terms in the information sheet, he or she was asked to begin the survey.

Data Analysis

Descriptive statistics were used to analyze participants' levels of self-reported perceived counseling competency with LGB clients. Specifically, a mean and standard deviation were calculated for each of the competency subscales (i.e., knowledge, skill, awareness) and for the combined subscales. This determined overall how counseling students perceive their competency in the knowledge, skill, and awareness areas, as well as to provide a total competency level.

Two mixed model analyses of variance (ANOVAS) were employed to explore differences across degree program and degree level in references to each subscale of the SOCCS. A mixed ANOVA allowed for the analysis of the interaction between program level and competency based on knowledge, skills, and awareness. The first 2 (degree program: counselor education, counseling psychology) X 3 (competency subscales: knowledge, skills, awareness) ANOVA assessed how the degree program of the participants impacts the scores on each competency subscale. The second 2 (degree level: master's, doctoral) X 3 (competency subscales: knowledge, skills, awareness) ANOVA assessed how the degree level of the participants impacted the scores on each competency subscale.

In addition, an ANOVA was conducted to explore differences across gender. In relation to gender, no participants identified as a gender other than man or woman. This allowed the researcher to use a mixed model ANOVA. The 2 (gender: male, female) X 3 (competency subscales: knowledge, skills, awareness) ANOVA assessed how gender impacts the scores on each competency subscale.

For research question four, the relationship between attendance at additional training experiences (i.e., workshops, training, and conference presentations related to counseling LGB clients) and perceived level of counseling competency with LGB clients was explored. Participants were asked if they have ever attended training outside of their graduate coursework in each of the three formats: workshops focused on counseling LGB clients, general training sessions (e.g., *Safe Zone*), and conference presentations on counseling LGB clients. The participants' responses were coded into two groups for each type of training format, separating those who provided an affirmative response. The data was analyzed using three mixed model ANOVAS, one for each type of training format. Specifically, 3 (competency subscales: knowledge, skills, awareness) X 2 (training attended/training not attended) ANOVAS assessed how each type of training format impacted participants' scores on each competency subscale.

Research question five examined the relationship between level of perceived counseling competency with LGB clients and the number of self-identified LGB clients worked with in therapy. For this analysis, a 3 (SOCCS subscales: knowledge, skills, awareness) X 5 (number of LGB-identified clients: 0, 1-5, 6-10, 11-15, >15) mixed model ANOVA was conducted. This allowed for examination of the interaction between experience working with LGB clients and competency in working with LGB clients

based on participants' knowledge, skill, and awareness. In addition, four simple linear regressions were used to analyze the hypothesis that the number of LGB clients seen in therapy would predict the level of LGB counseling competency as measured by the SOCCS.

Emergent coding was used to address research questions six and seven, which addressed concerns related to the development of and the impact of life experiences in relation to counseling competence with LGB clients. Consistent with qualitative research, emergent coding allowed codes and themes to emerge from the participants' responses to each question. After all responses were individually coded, the researcher developed major themes from the emergent codes. Then, she returned to the data with the new theme list to ensure that all responses were included in this system.

Summary

The 235 participants in this study were asked to respond to questions on the Demographics and Life Experiences Questionnaire and the SOCCS (Bidell, 2005). Participants also responded to a series of questions about additional training experiences related to counseling LGB clients, possible concerns related to the development of counseling competency with LGB clients, and the importance of life experiences, both personal and professional/educational, in the development of counseling competency with LGB clients. Mixed model ANOVAs, simple linear regression, descriptive statistics, and qualitative analyses were used to analyze the data and address the research questions.

CHAPTER IV

RESULTS

This chapter includes the results of the data analysis. A brief description of the participants, statistical procedures, and the results of the data analysis are discussed.

Participants

Participants were current graduate students enrolled APA and CACREP-accredited graduate training programs in the United States. The sample included 139 doctoral-level students (59.4%) and 96 master's-level students (41.0%) recruited from 71 APA-accredited counseling psychology training programs and 40 CACREP-accredited counseling and counselor education training programs.

Reliabilities

SOCCS

The full scale alpha ranged from .84 to .90. The coefficient alpha for the three subscales of the SOCCS ranged from .85 to .88 for Awareness, .83 to .91 for Skills, and .76 to .84 for Knowledge (Bidell, 2005). Table 1 compares the reliabilities of the results from this study with those reported by Bidell.

Table 1

Reliability Analyses for SOCCS

	Bidell Cronbach's Alpha	Current Study Cronbach's Alpha
Awareness subscale	.85 to .88	.91
Skills subscale	.83 to .91	.86
Knowledge subscale	.76 to .84	.71
Overall	.84 to .90	.87

Perceived Competency Level in Working with LGB Clients

The SOCCS uses a 7-point scale, with higher scores indicating higher levels of perceived sexual orientation counseling competency. The overall mean score for the participants' (N=230) was 5.01 (*SD*=.80) with scores ranging from 2.83 to 6.62. For the awareness subscale, the participants' mean score was 6.52 (*SD*=.89) with scores ranging from 2.70 to 7.00; mean score for the skills subscale was 3.88 *(SD*=1.36) with scores ranging from 1.00 to 6.73; and mean score of 4.67 (*SD*=1.02) for the knowledge subscale with scores ranging from 2.38 to 6.88.

There was a main effect for the pattern of scores on the three SOCCS subscales (i.e., knowledge, skill, awareness) across analyses, $F(2, 225) = 262.42$, $p < .001$. Participants reported the most competence on the awareness subscale followed by the knowledge subscale and, finally, the skills subscale. This pattern was significant and held across program type, program level, gender, number of LGBT clients, and additional training experiences.

The Relationship between Perceived Competency Level and Degree Program

Program Level

Table 2 outlines program level differences in perceived level of sexual orientation counseling competency. Additionally, the means, standard deviations, and results of the ANOVA analyses for the total SOCCS and its three subscales are summarized. For these analyses, a total of 227 participants' responses were used; 90 master's-level participants and 137 doctoral-level participants. Three participants did not indicate their program level and were not included in these analyses. A 3 (SOCCS subscales: knowledge, skills, awareness) X 2 (degree level: master's-level, doctoral-level) mixed ANOVA was

conducted to analyze the interaction between program level and competence to work with LGB-identified individuals based on knowledge, skills, and awareness. There was a main effect across the SOCCS subscales for program level, F (1, 226) = 23.21, $p < .001$, where doctoral-level participants had significantly higher SOCCS scores than master's-level participants.

However, the main effect for the SOCCS subscales and program level are qualified by a significant interaction between the pattern of scores on the SOCCS subscales and the program level of the participants, F(2, 224)= 11.48, $p < .001$. When specifically evaluating the differences on the three subscales (i.e., knowledge skills, awareness), univariate analyses (ANOVAS) were employed. There were significant differences on the skills subscale, F (1, 226) = .388, $p < .001$, which revealed that doctoral-level participants had significantly higher scores on the skills subscale of the SOCCS than master's-level participants. The differences in scores on the awareness and knowledge subscales as a function of program level were not significant, (F (1, 226) = 6.77, $p = .06$ and F (1, 226) = .44, $p = .15$, respectively).

The mean score for master's-level participants on the total SOCCS was 4.69 (SD=.80) and the doctoral-level participants mean score was 5.22 (SD=.73). The mean for the doctoral-level participants on the skills subscale was 4.29 (SD=1.26) and the mean for master's-level participants was 3.25 (SD=1.30). The means and standard deviations for the awareness subscale were 6.38 (SD=.99) for master's-level participants and 6.61 (SD=.79) for doctoral-level participants. For the knowledge subscale, the mean and standard deviations for the master's-level participants were 4.56 (SD=1.03) and 4.76 (SD=1.00) for the doctoral-level participants.

Program Type

When comparing scores on the SOCCS across program type (i.e., counselor education versus counseling psychology), a number of participants (n = 21) were removed from the sample as it was unclear from their responses to which group they should be placed. Rather than make assumptions, these participants' responses were taken out of this analysis so as not to confound the results. Therefore, for this analysis, 99 participants were grouped as counseling psychology students and 115 as counselor education students. A 3 (SOCCS subscales: knowledge, skills, awareness) X 2 (degree program: counselor education, counseling psychology) mixed ANOVA was conducted to analyze the interaction between program type and competence to work with LGB-identified individuals based on knowledge, skills, and awareness. There was a main effect across the SOCCS subscales for program type, $F(1, 212) = 8.75$, $p < .01$, where participants enrolled in counseling psychology programs had significantly higher SOCCS scores than participants enrolled in counselor education programs. However, there was not a significant interaction between SOCCS subscales scores and degree program of the participants, $F(2, 211) = 1.55$, $p = .215$.

Mean and standard deviations on the total SOCCS for counseling psychology students were 5.19 (SD=.75) and for counselor education students were 4.87 (SD=.82). The means and standard deviations for the awareness subscale were 6.60 (SD=.87) and 6.45 (SD=.88) for counseling psychology and counselor education students, respectively; for the skills subscale, counseling psychology students, 4.17 (SD=1.22) and 3.66 (SD=1.48) for counselor education students; and for the knowledge subscale, 4.83

(SD=.96) and 4.56 (SD=1.02) for counseling psychology and counselor education students, respectively. Table 3 highlights the SOCCS scores for program type.

Table 2

Comparison of Program Level Differences on the SOCCS

	Overall Sample	Master's Level	Doctoral Level	
	Mean (SD)	Mean (SD)	Mean (SD)	F
1. Awareness Subscale	6.52 (.89)	6.38 (.99)	6.61 (.79)	6.77
2. Skills Subscale	3.88 (1.36)	3.25 (1.30)	4.29 (1.25)	.388***
3. Knowledge Subscale	4.67 (1.02)	4.56 (1.03)	4.76 (1.00)	.437
4. Overall SOCCS	5.01 (.80)	4.69 (.80)	5.22 (.73)	23.21***

*** $p < .001$

Table 3

Comparison of Program Type Differences on the SOCCS

	Sample Mean (SD)	Coun Education Mean (SD) N= 115	Coun Psychology Mean (SD) N= 99
1. Awareness Subscale	6.52 (.89)	6.45 (.88)	6.60 (.87)
2. Skills Subscale	3.88 (1.36)	3.66 (1.48)	4.17 (1.22)
3. Knowledge Subscale	4.67 (1.02)	4.56 (1.02)	4.83 (.96)
4. Overall SOCCS**	5.01 (.80)	4.87 (.82)	5.19 (.75)

** $p < .01$

The Relationship between Perceived Competency Level and Gender

Table 4 outlines the gender differences in perceived competency levels as well as the means and standard deviations for the SOCCS by gender of the participants. A 3 (SOCCS subscales: knowledge, skills, awareness) X 2 (gender: female, male) mixed ANOVA was conducted to analyze the interaction between gender and competence to work with LGB-identified individuals based on knowledge, skills, and awareness. SOCCS subscale scores served as the repeated measures variable and gender was the between subjects variable. There was not a main effect across SOCCS subscales for the gender of the participants, $F(1, 225) = 2.85$, $p = .09$. In addition, no significant interaction was found between the pattern of scores on the SOCCS subscales and the gender of the participants, $F(2, 224) = .87$, $p = .42$. The differences in scores on the awareness, skills, and knowledge subscales were not significant ($F(1, 225) = .84$, $p = .36$, $F(1, 225) = 3.32$, $p = .07$ and $F(1, 225) = .42$, $p = .52$, respectively).

Table 4

Comparison of Gender Differences on the SOCCS

	Overall Sample Mean (SD)	Female Mean (SD) N = 191	Male Mean (SD) N = 36	F
1. Awareness Subscale	6.52 (.89)	6.50 (.90)	6.64 (.78)	.84
2. Skills Subscale	3.88 (1.36)	3.81 (1.37)	4.26 (1.28)	3.32
3. Knowledge Subscale	4.67 (1.02)	4.66 (1.03)	4.78 (.96)	.42
4. Overall SOCCS	5.01 (.80)	4.99 (.81)	5.22 (.73)	2.85

The Relationship between Perceived Competency Level and Additional Training

When asked about additional training in working with LGB clients (i.e., conferences, workshops, general training sessions), participants indicated varying experiences. In reference to attending a conference session or speaker series related to counseling LGB clients, 118 participants said they had attended such a session and 109 reported that they had not attended a session related to counseling LGB clients. In addition, 80 participants reported attending a workshop dedicated to counseling LGB clients and 147 had not attended a workshop. Finally, 81 participants reported attending a general training on LGB issues (e.g., *Safe Zone*) and 146 participants had not received such training.

Mean scores and standard deviations on the SOCCS by attendance at additional training experiences were calculated. Participants who attended a conference session or speaker series related to counseling LGB clients had a mean overall SOCCS score of 5.29 (SD= .65) while participants who had not attended such a session had a mean of 5.10 (SD=.09). SOCCS subscale means and standard deviations for attendance at a conference session were also calculated. Participants who had attended this additional training experience had a knowledge subscale mean of 4.83 (SD=.09), a skills subscale mean of 4.46 (SD=.11), and an awareness subscale mean of 6.58 (SD=.09). Participants who had not attended this type of additional training experience had means of 4.79 (SD=.14), 3.88 (.17), and 6.62 (SD=.13) on the knowledge, skills, and awareness subscales, respectively.

Participants who attended a workshop dedicated to counseling LGB clients had a mean overall SOCCS score of 5.39 (SD= .09) while participants who had not attended such a workshop had a mean of 5.00 (SD=.07). SOCCS subscale means and standard

deviations for attendance at workshop dedicated to counseling LGB clients were also calculated. Participants who had attended this additional training experience had a knowledge subscale mean of 4.81 (SD=.14), a skills subscale mean of 4.67 (SD=.17), and an awareness subscale mean of 6.67 (SD=.13). Participants who had not attended this type of additional training experience had means of 4.81 (SD=.09), 3.67 (SD=.11), and 6.53 (SD=.09) on the knowledge, skills, and awareness subscales, respectively.

Participants who attended a general training on LGB issues had a mean overall SOCCS score of 5.42 (SD= .09) while participants who had not attended a general training had a mean of 4.96 (SD=.07). SOCCS subscale means and standard deviations for attendance at a general training on LGB issues were also calculated. Participants who had attended this additional training experience had a knowledge subscale mean of 5.17 (SD=.14), a skills subscale mean of 4.45 (SD=.17), and an awareness subscale mean of 6.65 (SD=.13). Participants who had not attended this type of additional training experience had means of 4.45 (SD=.09), 3.89 (SD=.16), and 6.55 (SD=.09) on the knowledge, skills, and awareness subscales, respectively.

A series of three 3 (SOCCS subscales: knowledge, skills, and awareness) X 2 (attendance at additional trainings: yes, no) mixed ANOVAS were conducted to analyze the interaction between attendance at LGB-themed trainings (i.e., a conference session dedicated to counseling LGB clients, a workshop dedicated to counseling LGB clients, and general training session about LGB issues) and competency to work with LGB-identified individuals based on knowledge, skills, and awareness. SOCCS subtest scores served as the repeated measures variable and attendance at the specified LGB training was the between subjects variable for all three analyses. As previously described, there

was a main effect for the pattern of scores on the three SOCCS subscales (see page 73). A main effect was not found when looking across the SOCCS subscales for attendance at a conference session about counseling LGB clients, F (1, 219) = 2.76, $p = .098$. However, there was a main effect across the SOCCS subscales for attendance at a workshop dedicated to counseling LGB clients, F(1, 219) = 10.39, $p < .001$, where participants who had attended a workshop about counseling LGB-identified clients had higher SOCCS scores than did individuals who had not attended a such a workshop. In addition, there was a main effect across the SOCCS subscales for attending a generalized training about LGB issues such as *Safe Zone*, F(1, 219) = 14.95, $p < .001$, where participants who had attended a generalized training session about LGB issues had higher SOCCS scores than did individuals who had not been to such a training session.

The main effect for SOCCS subscales and participants' attendance at a workshop about counseling LGB clients is qualified by a significant interaction between the pattern of scores on the SOCCS subtests and whether the participant had attended such a workshop, F (2, 218) = 9.67, $p < .001$. This finding indicates that there are significant differences in perceived competency level on the three subscales of the SOCCS depending upon the attendance at a workshop about counseling LGB-identified clients. When specifically evaluating the differences on the three subscales (i.e., knowledge, skills, awareness), univariate analyses (ANOVAS) were employed. There were significant differences on the knowledge subscale, F (1, 225) = 4.34, $p < .05$, revealing that participants who attended a workshop about counseling LGB clients had significantly higher scores than those who did not. In addition, there were significant differences on the skills subscale, F (1, 225) = 61.03, $p < .001$ with participants who

attended a workshop having higher scores than those who did not. The differences in scores on the awareness subtest as a function attending a workshop was also significant, $F(1, 225) = 4.42$, $p < .05$, again, revealing that participants who attended a workshop on counseling LGB clients had significantly higher scores on the awareness subscale of the SOCCS.

In addition, the main effect for SOCCS subscales and participants' attendance at a generalized training about LGB issues are qualified by a significant interaction between the pattern of scores on the SOCCS subtests and whether the participant had attended such a training, $F (2, 218) = 4.84$, $p < .01$. This finding indicates that there are significant differences in perceived competency level on the three subscales of the SOCCS depending upon the attendance of the participant at a generalized training about LGB issues. When specifically evaluating the differences on the three subscales (i.e., knowledge, skills, awareness), univariate analyses (ANOVAS) were employed. There were significant differences on the knowledge subscale, $F (1, 225) = 33.62$, $p < .001$. This finding indicates that those participants who attended a generalized training on LGB issues had significantly higher scores on the knowledge subscale of the SOCCS than participants who did not. In addition, there were significant differences on the skills subscale, $F (1, 225) = 32.07$, $p < .001$. The differences in scores on the awareness subtest as a function of number of clients seen was also significant, $F (1, 225) = 33.62$, $p < .001$. These findings reveal that participants who attended a generalized training on LGB issues scored significantly higher on both the skills and awareness subscales than those participants who did not attend such a training session.

The Relationship between Perceived Competency Level and Number of LGB Clients Seen in Therapy

Table 5 highlights the number of LGB-identified clients seen by participants in therapy, in addition to the means and standard deviations on the SOCCS and the three subscales. A 3 (SOCCS subscales: knowledge, skills, and awareness) X 5 (number of LGB-identified clients: 0, 1-5, 6-10, 11-15, > 15) mixed ANOVA was conducted to analyze the interaction between experience working with LGB-identified clients and competence to work with LGB-identified individuals based on knowledge, skills, and awareness. SOCCS subtest scores served as the repeated measures variable and the number of clients (using the specified ranges) was the between subjects variable. As previously described, there was a main effect for the pattern of scores on the three SOCCS subscales (see page 74). There was also a main effect across the SOCCS subscales for the number of LGB-identified clients with whom the student had worked, $F(4, 222) = 25.86$, $p < .001$, where participants who had provided services to more LGB-identified clients had higher SOCCS scores than did individuals who had provided services to none or few LGB-identified individuals. To better understand this significant effect, a Tukey HSD post hoc analysis was conducted which revealed that those individuals who had seen zero LGB clients had significantly lower SOCCS scores than all other participants. In addition, those who had seen 1-5 LGB clients had lower SOCCS scores than those who had seen 6-10, 11 to 15, or over 15 LGB clients.

However, the main effects for SOCCS subtests and number of clients seen are qualified by a significant interaction between the pattern of scores on the SOCCS subtests and the number of LGB-identified clients the participants had seen in practica, F (8, 440)

= 18.29, $p < .001$. This finding indicates that there are significant differences in perceived competency level on the three subscales of the SOCCS depending upon the number of LGB-identified clients seen in practica. When specifically evaluating the differences on the three subscales (i.e., knowledge, skills, awareness), univariate analyses (ANOVAS) were employed. There were significant differences on the knowledge subscale, F (4, 222) = 2.41, $p < .05$. To better understand this significant effect, a Tukey HSD post hoc analysis was conducted which revealed that participants who had seen 0 LGB clients had significantly lower scores on the knowledge subscale of the SOCCS than all other participants. In addition, there were significant differences on the skills subscale, F (4, 222) = 63.27, $p < .001$. To better understand this significant effect, a Tukey HSD post hoc analysis was conducted which revealed that participants who had seen 0 LGB clients had significantly lower scores on the skills subtest of the SOCCS than all other participants. In addition, those who had seen 1-5 LGB clients had significantly lower skills subtest scores than those who had seen 6-10, 11-15, and over 15 LGB clients. The differences in scores on the awareness subtest as a function of number of clients seen was not significant, F (4, 222) = 1.38, $p = .243$.

To test the hypothesis that the number of LGB-identified clients the individual had seen in practica would predict their LGB competence as measured by the SOCCS, a set of four simple linear regression analyses was conducted using the reported number of LGB-identified clients seen in practica as a predictor variable for scores on the total SOCCS and on the three SOCCS subscales. Number of LGB-identified clients seen in practica accounted for 31% (r = .56) of the variance in total SOCCS scores, F (1, 226) = 103.78, $p < .001$. In addition, the number of LGB-identified clients seen in practica

accounted for 48% (r = .69) of the variance of scores on the skills subscale, $F(1, 226) = 204.13$, $p < .001$ while accounting for only 1.8% (r = .14) of the variance in scores on the awareness subscale and 3.4% (r = .18) of variance in scores on the knowledge subscale, $F(1,226) = 4.19$, $p < .05$ and $F(1, 226) = 7.84$, $p < .01$, respectively. Thus, seeing more LGB-identified clients in practica was associated with an increase in self-reported skills in working with LGB clients and a slight increase in knowledge of LGB concerns.

Table 5

Number of LGB Clients Seen in Therapy and Mean Competency Levels

Number of LGB Clients (n, %)	Total SOCCS	Awareness	Skills	Knowledge
Zero (71, 31.3)	4.43 (.72)	6.38 (.95)	2.64 (.94)	4.45 (1.09)
1 to 5 (88, 38.8)	4.99 (.66)	6.48 (1.01)	3.91 (.92)	4.63 (.94)
6 to 10 (36, 15.9)	5.57 (.55)	6.74 (.47)	4.97 (.95)	4.94 (.97)
11 to 15 (12, 5.3)	5.59 (.57)	6.69 (.55)	4.93 (1.01)	5.11 (.77)
More than 15 (20, 8.8)	5.78 (.50)	6.70 (.61)	5.57 (.95)	4.92 (1.17)

Concerns about Counseling LGB Clients

Participant responses to this research question were explored using emergent coding. Consistent with qualitative research, the researcher used emergent coding, making a deliberate choice to allow codes and themes to emerge from the data for each question. After all responses were individually coded, the researcher developed major themes from the emergent codes. Then, the author returned to the data using the new theme list to ensure all responses were included in this system. The participants included in this portion of the study (n=193) described a total of 236 concerns about counseling LGB clients.

The most reported concern, noted by 50 participants (26.2%), was minimal to no clinical experience with LGB-identified clients. Participants stated that they have not had much exposure to LGB clients at practica sites or in internship settings, resulting in feelings of inexperience and incompetence. One participant said, "I am concerned with the fact that I have less experience with LGB clients, and as such, may not be providing them with as good of counseling as I provide my heterosexual clients." Another participant wrote, "Since I have had only one client that I know was gay, my lack of experience in counseling a great number of LGB clients makes me nervous about my abilities." Some participants acknowledged their lack of experience with LGB clients as a regional barrier. For example, one participant from the Southeast region of the U.S. stated, "I have not had the opportunity to counsel as many LGBT clients as I would have like. I believe that this is a regional barrier and not a reflection of the program in which I am enrolled", and another participant wrote, "There is not a high number of LGB clients

that I have met in my rural area and I would like to have more experience." Another participant reflected on her need to develop competency through experience and stated:

> I personally don't feel that I have enough experience in the field to effectively counsel a LGB client. This population of people is subject to a lot more harm and one must be careful to not push any values they have onto this person. I feel that I need more experience with this culture in order to have a clear understanding of what they go through along with allowing myself to feel empathy for what they have overcome.

Another common concern, reported by 40 participants (20.7%), was the lack of training in graduate programs about counseling LGB clients. Several participants stated that working with LGB clients or LGB-related issues were only minimally covered in a diversity course or not covered at all. One participant wrote "We only discuss LGB clients in our Diversity course and I think more time spent on the subject would be beneficial, especially in classes on couples and techniques", and another stated, "I feel that our program does nothing to address the concerns and unique issues that face LGBT clients. We have a multicultural class, but it does not address LGBT client concerns." Another participant reported, "Not enough training with regards to helping this client group. Our professor just says, if you are not comfortable…refer them. I think there should be more of an effort in helping counselors."

Thirty- four participants (17.6%) mentioned concerns related to personal beliefs or biases. More specifically, participants reported having personal beliefs that they believed would interfere with their ability to provide affirmative counseling to LGB clients. One participant wrote, "I am concerned that my personal beliefs and biases may

be reflected in our sessions and create a more damaging and discriminating environment for the client rather than creating a healing environment." Several participants noted that their own spiritual beliefs may interfere with their ability to counsel LGB clients. Some examples of participant responses include, "My spiritual views are so strong in regards to homosexuality that I often fear that I may not be able to practice from a nonjudgmental nature," "My personal religious views differ from what is accepted in the psychological community," and "Because of my spiritual beliefs, I know that it would be difficult for me to listen to LGB clients discuss their relationship problems." Other participants acknowledged the role of internalized biases in counseling LGB clients. For example, one participant reported a concern of "Stereotypes that I have and am not aware of" and another reported a risk as "Working with internalized homonegativity or binegativity."

Another theme reported by some participants (n = 20, 10.3%) when asked about concerns in working with LGB clients was a lack of general knowledge about LGB issues. Responses here included references to a lack of knowledge about LGB identity development, sociocultural implications of being LGB, or more general areas, including LGB history and the coming out process. Some examples here included, "I believe I need to read more books and articles concerning the GLBT community in terms of the different levels of disclosing their sexual preference (e.g., work settings, family, friends)," "Lack of familiarity with LGBT identity models," and "With the LGB community, I feel that a deeper understanding of the community's history and a better knowledge base of the community can only help a counselor work with its members."

Some participants reported a concern about their own heterosexual identity and the implications of this on the therapeutic relationship and/or LGB client (n = 16, 8.3%).

One participant felt concerned that "a client would not feel safe to share because I am heterosexual," and another stated that her concern would be "the client's ability to get over the initial barrier of me being a heterosexual counselor." Another participant wrote, "Honestly, I don't have any concerns, although, I suppose at some point if I counseled a LGB client, he/she might feel like my heterosexual preference might be a disadvantage to the counseling relationship."

The remainder of the concerns reported by the participants, which were only mentioned by one or two participants, included using the wrong language, assuming sexual orientation is related to the presenting concern when it is not, receiving adequate supervision, and encouraging the client to disclose his or her sexual orientation when it is not safe or is contraindicated. Two themes mentioned by the participants were unique to the LGB-identified participants. These included maintaining appropriate clinical boundaries and over-identification with the clients' issues. Twenty-six participants (13.5%) indicated having no concerns about counseling LGB clients.

Personal Experiences Beneficial in the Development of Counseling Competency with LGB Clients

When asked about the personal experiences that have been beneficial in the development of counseling competency with LGB clients, participants (n = 197) provided descriptions of 310 experiences or life events. The most common personal experience reported by 112 participants (56.8%) was having a LGB family member or close friend. One participant stated, "Growing up my best friends were often gay men and I have since had many experiences of friendship with LGB individuals who share their experiences with me," and another said, "The most beneficial experience I have had is having several good friends who are LGB. These friendships have helped me see the struggles, concerns, and experiences of this population." One woman stated the following:

> My sister is a lesbian and through her I have been able to meet many LGB friends. Talking to them about their issues and being their friends have helped me to become familiar with their issues and be more sensitive as a counselor toward LGB clients.

Another experience noted by participants as being integral in the development of counseling competency with LGB clients was self-identifying as lesbian, gay, bisexual, transgender, or queer. Thirty-three participants (16.8%) reported that their experiences with their own sexual identity and related issues (e.g., coming out to family and friends) has been beneficial in working with LGB clients. For example, one participant stated, "I am a gay male who has had to recognize and understand how self-destructive I became when I did not fit in with norms assigned by a heterosexist society. I had to make my own

way," and another participant wrote, "I am gay myself so I understand the lifestyle and barriers that many clients may experience."

In addition, working with LGB clients was noted by 30 participants (15.2%) as being a personal experience that was beneficial to competency development. Several participants noted that their clinical experiences with LGB clients greatly influenced their personal beliefs about LGB individuals. In one example, the participant wrote:

> I have had one client who felt attracted to a woman but was not ready to identify herself as a lesbian. Her struggles and anguish really influenced and questioned my previously held beliefs and values that I felt I was so strongly rooted in.

Another participant stated, "One of my first clients was a gay teenager who was very comfortable with his sexuality. It made me realize this is not always a "problem" and we worked on other issues." An additional example read, "I have also had experience in counseling LGB clients which has shown the importance of relationships, whether they are heterosexual, homosexual, or bisexual."

Another theme noted by 18 participants (9.1%) when inquiring about personal experiences beneficial to working with LGB clients was having LGB classmates or cohort members. For example, a participant noted that "there are LGB doctoral students in my program and it has been great hearing from them and knowing their thoughts in this area," and another stated a beneficial experience as having "peer relationships with diverse LGB individuals who maintain diverse values, attitudes, lifestyles, and who are also open to discussion of what it is like to live in a heteronormative society." Additionally, one participant reported:

In my beginning year in my counseling program, I had a practicum supervisor and classmate which identified as L/G as well as another classmate that identified as transgendered. My interactions with these individuals greatly impacted my opinions on LGB issues in counseling.

Additional themes related to conducting research on LGB issues and attending a workshop on counseling LGB clients emerged from the participants' responses at similar frequencies (n = 15, 7.6% and n = 13, 6.6%, respectively). Example responses related to conducting research on LGB issues included "I did a presentation on counseling LGB individuals," "presenting on the topic of LGB client issues in class," and "One of the best experiences was during a semester project in a group in which one was a lesbian. We produced an in-service for therapists dealing with GLBT clients." A participant who noted the role of a workshop on the development of counseling competency stated, "I attended an in-service at a practicum site that I felt was very informative." Another participant wrote that "Attending a student-organized workshop was helpful," and another wrote that it was beneficial to "Attend conference presentations at the National Multicultural Conference and Summit."

Several themes were noted by five or less participants including watching LGB-themed movies, being a member of an LGB student group, working as an advocate/ally for LGB individuals, being raised in an accepting family of origin, taking a course on counseling LGB clients, reading books on LGB issues, attending a PRIDE festival, living in a metro area, having liberal spiritual beliefs, having an LGB-identified mentor, having an LGB identified counselor/therapist, and having personal experience with discrimination.

Professional/Educational Experiences Beneficial in the Development of Counseling Competency with LGB Clients

Participants (*n*=104) described 303 examples of professional or educational experiences beneficial to the development of counseling competency with LGB clients. A beneficial experience reported by 29.9% of participants (*n*= 58) was taking a graduate-level multicultural counseling course. Participants' comments about this experience included, "Exposure through multicultural class to the idea of privilege and thought-provoking issues," "The multiculturalism course I took during my first year in this program focused quite a bit on sexual orientation," and "The most beneficial educational experience was a multicultural class where my professor spent a great deal of time discussing the LGB population."

Participants (*n* = 45, 23.2%) also noted the importance of actually working with LGB clients in the development of counseling competency with the LGB population. One participant reported "I have co-facilitated a sexual orientation and gender identity support group for two years. This has been the most beneficial experiential training I have received in working with this community," and several participants made more general statements like "LGB clients" and "exposure in practicum to LGB clients." One participant noted that "having LGB clients and becoming more aware of the issues they face through our sessions" was beneficial, and several participants stated that because of their work setting, they encountered LGB clients (e.g., "I worked as a volunteer in an AIDS hospice for men in the final stages of the illness," and "I have served as a volunteer for a local safe meeting house for LGB teens in a rural and often heterosexist area").

Another beneficial educational experience reported by 42 participants (21.6%) was attending a conference session or workshop focused on working with LGB clients. For example, one participant wrote that "attending ACA and going to a session about counseling LGB clients has been helpful," and another participant stated "I have gone to several workshops at professional conferences regarding sexual identity development and working with LGB clients." A participant noted that "Visiting the National Multicultural Conference and Summit this year where the focus was LGBT issues was informative, helpful, and inspiring". Some participants made more general comments including "Workshops have been helpful," "Seminar on LGB issues in aging," and "A two day seminar on LGB issues."

General class discussions on LGB issues were noted by 29 participants (14.9%) as being beneficial to the development of counseling competency with LGB clients. This category did not include responses that made reference to a multicultural counseling course. Rather, responses included comments about non-LGB specific courses or discussions with classmates or professors as being integral in the participants' competency development. For example, one participant wrote:

> During my family counseling course in graduate school, the instructor brought to class a lesbian couple. The couple was gracious enough to take part in a counseling session conducted by the instructor in front of the class. The class was then allowed to ask questions of the couple. It was a tremendously enlightening experience and has served me well in providing services to gay and lesbian couples and individuals.

Another participant reported that "My program has always stressed about working with clients of all cultures and LGB has been on of them. We've discussed different scenarios and situations in all of my classes that deal with counseling LGB clients," and another participant wrote that "We have had topics in classes that centered around counseling LGB clients."

Similarly, participants noted that doing class projects or research on LGB-related topics and reading or reviewing the professional literature independently were beneficial in their competency development. Doing a class project on an aspect of the LGB population was reported by 21 participants (10.8%) and 19 participants (9.8%) felt that independently reading literature about LGB issues was a beneficial experience. For example, participants wrote, "I composed a research paper on legal and ethical aspects of working with transgendered individuals, many aspect of which mirror similar standards of working with LGB individuals," "I have focused all of my school projects (papers, journal article summaries, presentations, etc.) on queer issues," and "I have really enjoyed doing the research on LGB clients and how (in general) they can differ from heterosexual clients since you must take development level into account." Participant examples about reading the literature included, "I am always reading current literature regarding LGB population," "I have taken it upon myself to read up on literature about LGB individuals and issues which face them," and "I have been reading a number of books on the personal experiences of LGB individuals."

Additional themes mentioned by only one or two participants included role playing, having an LGB-identified clinical supervisor, supervision sessions focused on LGB clients, teaching a course with a diversity component, meeting "out" LGB

professionals, attending a LGB panel discussion, perusing LGB websites, attending a Safe Zone or Ally training workshop, and having a LGB-identified professor. Two additional themes related to specific theoretical or philosophical approaches to counseling were noted including unconditional positive regard and postmodernism.

CHAPTER V

DISCUSSION

In this chapter, the results of the study will be discussed. First, a brief overview of the study will be presented. Secondly, the results of the study will be discussed in the context of the research questions. Finally, limitations, implications and recommendations for future research, and conclusions will be presented.

Overview of the Study

There is a need for LGB-affirmative mental health professionals given the pervasive nature of heterosexism and oppression often experienced by LGB individuals in our society (Dillon et al., 2004; Fassinger, 1991). Given this heterosexist climate, it is not surprising that research has found that LGB individuals utilize psychotherapy at a higher rate than their heterosexual counterparts (Bradford, Ryan, & Rothblum, 1994) and average more sessions (Liddle, 1997). Furthermore, LGB individuals tend to screen potential practitioners for LGB-affirming attitudes and practices (Liddle).

Research has shown that a deficit in graduate training programs regarding LGB issues is leading to psychologists and counselors reporting a perceived lack of competence in working with LGB clients (Biaggio et al., 2003; Murphy, Rawlings, Howe, 2002; Sherry et al., 2005). Additionally, research examining the perspectives of LGB clients indicates that there may be a disconnect between the needs of LGB clients and the services that are being provided (Burckell & Goldfried, 2006; Liddle, 1996); with

several studies have reporting that LGB clients are not getting affirmative, competent services from the current mental health workforce (Garnets et al., 1991; Phillips & Fischer, 1998). Rather, counselors and psychologists may be biased against LGB individuals (Mohr, Israel, & Sedlacek, 2001; Rudolph, 1990).

The movement towards developing the construct of counseling competency can be traced to the multicultural literature (e.g., Sue, Arredondo, & McDavis, 1992). In recent years, significant attention has been placed on the development of competencies in working with additional diverse groups, including sexual minorities. Though many authors have speculated about the various components of counseling competency with LGB clients (e.g., Fassinger, 1991; Phillips, 2000), the complete construct has only been minimally examined in the literature (Bidell, 2005; Israel et al., 2003). Moreover, there is a paucity of measures that can be used to assess LGB counseling competency. Bidell developed the Sexual Orientation Counseling Competency Survey (SOCCS) in an effort to address this gap. The SOCCS is the first published measure designed to assess "sexual orientation counselor competency" (Bidell, p. 276), which can be defined as a combination of LGB-affirmative counseling skills, an accurate knowledge base of LGB issues, and increased counselor self-awareness. However, no study has used the SOCCS since its publication to assess counseling competency with LGB clients across a varied sample of counseling graduate students. In addition, to this author's knowledge, there has not been a national survey of current counseling psychology and counselor education students regarding their perceived competency in working with LGB clients. Moreover, there has yet to be a study which utilized qualitative methodology to explore barriers to

the development of this counseling competency as well as positive life and professional experiences that may contribute to LGB counseling competency.

One purpose of the present study was to examine graduate counseling students' perception of their counseling competency with LGB clients (i.e., knowledge, awareness, and skills components) using the SOCCS (Bidell, 2005). In addition, the participants' perceived competency level was explored across various demographic questions including gender, degree program, training level, additional training experiences (e.g., workshops), and the number of LGB-identified clients seen in practica or internship placements. A secondary purpose of this study was to explore concerns that counseling students have in regards to their development of counseling competency with LGB clients, with the hopes of expanding the current literature regarding barriers to the development of LGB-affirmative mental health practitioners. Finally, this study identified, using qualitative methodology, the life experiences (i.e., personal and professional) of the participants' that had been beneficial in their preparation to work with LGB clients.

Participants

Two hundred and thirty-five graduate students participated in the current study. All participants were enrolled in CACREP- and APA-accredited graduate level training programs in counselor education and counseling psychology in the United States at the time of the study. The sample included 139 doctoral level students (59.4%) and 96 master's level students (41.0%). The sample was comprised of 84.3% females (n = 198) and 15.7% males (n = 37).

Perceived Competency Level in Working with LGB Clients

The first research question assessed the perceived level of counseling competency in working with LGB clients. Overall, participants indicated having a moderate level of self-perceived counseling competency when working with LGB clients. In addition, when looking across the three subscales of the SOCCS (i.e., knowledge, skills, awareness), participants endorsed a high level of self-perceived counseling competency on the awareness subscale, and a moderate level on the knowledge subscale. Participants endorsed a low to moderate level of self-perceived counseling competency on the skills subscale. The subscale pattern of participants feeling most competent on the awareness subscale and least competent on the skills subscale held true across all analyses. This indicated that this pattern was not mediated by any other research variables in this study. Therefore, participants overall had LGB-affirmative attitudes and a solid knowledge base, but felt less competent in the skills domain. These findings are consistent with previous research that shows that current graduate students endorse LGB-affirmative attitudes and that they have a solid knowledge base about LGB issues; however, they feel less competent in their actual counseling skills (Bidell, 2005; Kocarek & Pelling, 2003; Sherry et al., 2005).

. Overall, these findings indicated that the graduate students in this study are attaining a solid knowledge base about LGB issues and are endorsing LGB-affirmative attitudes about LGB individuals, perhaps from experiences in their graduate training or from more personal life events. This is not surprising given the movement by professional counseling and psychological associations to encourage a focus on multiculturalism in accredited graduate training programs (APAb, 2000; CACREP,

2001), including the push for curricula to include a multicultural counseling course or a course dedicated to counseling LGB clients. However, applied training and supervision (e.g., seeing LGB clients in practica) may be lacking.

Several hypotheses can be drawn here. First, although studies have documented that LGB individuals utilize psychotherapy at a higher rate than their heterosexual counterparts (Liddle, 1997), LGB individuals remain a minority group with only 3 to 8% of the population identifying as lesbian, gay, or bisexual (Dillon et al., 2004). Thus, the proportion of LGB-identified clients seen by graduate students will likely not be many. In addition, not all LGB individuals who present for counseling are open with their sexual orientation so it may be that the counselor-in-training is not aware of the client's status as a sexual minority. Finally, the majority of participants in this study self-identified as heterosexual. Given that research has shown that LGB clients tend to seek out LGB-identified practitioners (Liddle), it could be that participants (of which the majority self-identified as heterosexual) have not had an opportunity to work with an LGB client and, thus, feel less competent in their actual therapy skills.

The Relationship between Perceived Competency Level and Degree Program

The second research question examined the relationship between perceived counseling competency with LGB clients and degree program. Two facets of degree program were examined: degree level (i.e., masters, doctoral) and program type (i.e., counselor education, counseling psychology). These findings are discussed separately.

Competency and Program Level

A significant relationship was found between overall perceived counseling competency levels on the SOCCS and program level, with doctoral-level participants reporting higher levels of self-perceived competency in counseling LGB clients. This finding correlates with previous research indicating that individuals with higher levels of education score higher on the SOCCS (Bidell, 2005). One interpretation of this finding could be that more years in graduate training produces more competent practitioners, which correlates with the literature on counselor training. However, this relationship was mediated by an interaction between the SOCCS subscales. Specifically, doctoral-level participants had significantly higher scores on the skills subscale than master's-level participants but significant differences were not found on the knowledge and awareness subscales. One would assume that a doctoral-level student would have more clinical experience and, thus, have more experience in counseling individuals and, more specifically, LGB individuals, contributing to a higher level of competence in her or his skills. In addition, it has been shown in the literature that the development of a solid knowledge base, increased self-awareness, and non-biased attitudes are easier to develop and assess than actual counseling skills (Phillips, 2000). This may be in part due to the difficulty in operationalizing the skills necessary for effective psychotherapy with diverse clients.

Competency and Program Type

When comparing scores on the SOCCS across program type (i.e., counselor education versus counseling psychology), a number of participants (n = 21) were removed from the sample as it was unclear from their responses to which group they

should be placed. Rather than make assumptions, these participants' responses were taken out of this analysis so as not to confound the results. Therefore, for this analysis, 99 participants were grouped as counseling psychology students and 115 as counselor education students. Counseling psychology graduate students were found to have significantly greater self-perceived competency levels based on their total SOCCS scores than the counselor education graduate students. However, significant differences were not found on the three SOCCS subscales which assessed specific skill, knowledge, and awareness items.

A number of possibilities may explain these findings. First, with further analysis, it was found that the number of master's-level participants included in the counselor education group was greater than the number included in the counseling psychology group. This is consistent with national program counts in that there are fewer master's-level programs in counseling psychology than in counselor education. Assuming that master's-level participants are reporting lower levels of counseling competency with LGB clients than doctoral-level participants (see previous section on program level differences), the difference found here may not be solely a result of program type but program level. A second possibility could be that APA-accredited counseling psychology programs have more of an emphasis on multiculturalism and the development of LGB-affirmative practitioners than CACREP-accredited counselor education programs, given the recent guidelines on working with LGB clients (APAb, 2000) and accreditation standards related to the infusion of multiculturalism in graduate training programs (APA, 2000a). Further research is needed to determine the relationship between program

standards, education and training differences across disciplines, and LGB counseling competency.

The Relationship between Perceived Competency Level and Gender

The third research question examined the relationship between participants' perceived counseling competency level with LGB clients and gender. Previous research has shown that men tend to have less LGB-affirmative attitudes than their female counterparts, both in the mental health workforce and in society in general (Herek, 1994). However, the results of this study did not support a relationship between gender and perceived counseling competency level.

Several factors may have contributed to this non-significant finding. First, it could be that there is not a significant relationship between gender and counseling competency with LGB clients. Also, the SOCCS assesses skills and knowledge as well as awareness (i.e., attitudes) in reference to working with LGB clients. Previous studies that found gender differences tended to only examine attitudes towards LGB individuals rather than all three components of sexual orientation counselor competency (i.e., skills, knowledge, and awareness) as defined by the SOCCS (Bidell, 2005). Third, the number of participants may have contributed to these non-significant findings. Specifically, there were five times more female participants than male participants in this sample. Although this is consistent with the gender breakdown in the fields of counseling and psychology, it may have affected the power to statistically detect differences between the two groups. In addition, given that this study was voluntary, the men that participated in this study may have more LGB-affirming values and skills than the whole of men in counseling psychology and counselor education training programs, as well as in the broader mental

health workforce. It is also likely that students who chose to participate in this study have an interest in LGB issues, furthering the thought that the men in this study are more LGB-affirming and thus feel more competent than others. Future research could aim to obtain a more balanced gender breakdown from which to compare competency levels.

The Relationship between Perceived Competency Level and Additional Training

The fourth research question examined the relationship between perceived counseling competency with LGB clients and three additional training experiences related to LGB issues (i.e., a conference session related to counseling LGB clients, a workshop dedicated to counseling LGB clients, and a general training session on LGB issues such as *Safe Zone*). The results for these analyses are discussed separately.

Conference Session

About half of all participants had attended a conference session related to counseling LGB clients. Participants who attended a conference session reported an overall moderate level of self-perceived counseling competency on the SOCCS. However, with further analysis, attendance at such a session alone was not found to have a significant relationship to perceived competency in working with LGB clients. Those participants who attended a conference session on counseling LGB clients did not report significantly higher levels of perceived competency than those who did not attend such a session. Similarly, when examining group differences on the SOCCS subscales (i.e., knowledge skills, awareness) in relation to attendance at a conference session related to counseling LGB clients, no significant relationships were found.

One explanation for these non-significant results could be that conference sessions tend to be less interactive than other training activities such as a workshop

and/or a generalized training session. Thus, it has less of an impact on the development of competence as measured by the SOCCS and does not account for large group differences when examined separately from other training experiences. Research has shown that more interactive, experiential activities tend to increase participant self-awareness and an increased understanding of diverse populations (Phillips, 2000). Also, most conference sessions are less than an hour long and tend to be more didactic in nature than a workshop or extended training session. This format may not provide the safety and space for the examination of one's beliefs and the acquisition of knowledge and counseling skills.

Workshop on Counseling LGB Clients

Results indicated that attending a workshop on counseling LGB clients was significantly related to higher levels of self-perceived counseling competency with LGB clients. Although only one-third of the participants indicated having attended such a workshop, these participants had significantly higher scores on the total SOCCS as well as the three subscales of awareness, skills, and knowledge.

Several factors could have contributed to these significant findings. First, although the topics covered in a workshop about counseling LGB clients were not assessed in this study, one can infer about the possible topics covered, including examining one's own biases, the use of inclusive language, affirmative psychological assessment and interventions, and role playing with other workshop participants. As previously stated, experiential training exercises have been found to increase a participant's self-awareness about their beliefs towards LGB individuals (Phillips, 2000), as well as increasing general knowledge and about LGB individuals (Israel & Hackett,

2004). Both of these domains were assessed by the SOCCS. However, it also could be that it was not the workshop that influenced the levels of perceived competency in working with LGB clients but that people who seek out additional training experiences, such as a workshop focused on counseling LGB clients, already have more affirming attitudes and know more about working with LGB clients than their counterparts. Thus, it may be that this sample of participants sought out additional training experiences because of their research, clinical, or personal interests which, in turn, added to the differences found in this analysis. Heppner, Wampold, and Kivlighan (2008) refer to this inability to determine the relationship between the independent and dependent variables as "ambiguous temporal precedence" (p. 92). Further research is needed to determine the components of a workshop that specifically contribute to the development of counselor competency with LGB clients.

General Training on LGB Issues

Results indicated that attending a general training on LGB issues (e.g., *Safe Zone*) was significantly related to higher levels of self-perceived counseling competency with LGB clients. Although only one-third of the participants indicated that they attended such a general training session, these participants had significantly higher scores on the total SOCCS as well as the three subscales of awareness, skills and knowledge.

Similar to the discussion about the relationship between attendance at a workshop focused on counseling LGB clients and self-perceived levels of LGB counseling competency, several factors could have contributed to the significant relationship between attendance at a general training session about LGB issues and self-perceived LGB counseling competency. First, research indicates that general training sessions tend

to have a significant amount of experiential activities as well as providing participants with facts about sexual orientation. As previously stated, experiential training exercises about LGB issues have been found to increase participants' self-awareness about LGB individuals (Phillips, 2000) and increase one's knowledge base (Israel & Hackett, 2004), both of which are assessed by the SOCCS. However, the topics covered in a general training session were not assessed in this study but could be an area of future research. Another explanation of these findings could be that it was not the training alone that influenced the levels of self-perceived competency in working with LGB clients but that people who seek out additional training experiences, such as a general training session, already have more affirming attitudes and know more about working with LGB clients than their counterparts. Again, further research is needed to determine the how a generalized training on LGB issues contributes to self-perceived counseling competency with LGB clients.

The Relationship between Perceived Competency Level and Number of LGB Clients Seen in Therapy

Research question five examined the relationship between self-perceived counseling competency with LGB clients and the number of LGB clients seen in therapy. Specifically, does the number of LGB clients seen in therapy impact the level of self-perceived counseling competency with LGB clients? Social psychological researchers have found that many forms of prejudice and its resulting behaviors (i.e., discrimination) can be reduced by contact between majority and minority groups who are working towards a common goal (Allport, 1954, as cited in Herek & Capitanio, 1996), commonly referred to as the "contact hypothesis" (Hewstone, 2003). Specifically, empirical research

has shown that heterosexuals who know a gay man or lesbian held more favorable attitudes than did heterosexuals without contact and that this relationship was stronger with a greater number and more intimate contacts (Herek & Capitanio). In addition, previous counselor education research has found that counselor self-efficacy with LGB clients is positively correlated with positive clinical experiences with LGB clients (Flores et al., 1995). These results suggest that there may be benefits of knowing a LGB person in reducing discomfort and increasing empathy for counselors and psychologists-in-training (Putnam, 2007). Putnam describes this phenomenon: "when we have more contact with more people who are unlike us, we overcome our initial hesitation and ignorance and come to trust them more" (p. 141).

Results indicated that the number of LGB clients seen in therapy significantly related to the overall level of self-perceived counseling competency of participants based on their scores on the SOCCS. Two groups emerged as having significantly lower scores than all others: participants who had seen zero LGB-identified clients and those that had seen 1 to 5 LGB clients. It is not surprising that these two groups also comprised the majority of participants in this study. Given this important finding, it was important to determine if there was an interaction between the SOCCS subscales and the number of LGB-identified clients seen in therapy. Where does this lack of experience with LGB clients have an effect: knowledge, skills, or awareness? Significant differences were found on the knowledge subscale, indicating that participants who had worked with zero LGB clients had lower self-perceived knowledge competency than all other participants. Additionally, differences were found on the skills subscale, indicating that participants who had worked with zero and 1 to 5 clients had significantly lower self-perceived skill

competency than all other participants. There were not significant differences on the awareness subscale.

This author also hypothesized that the number of LGB-identified clients the participant had seen in practica would predict their level of self-perceived counseling competency as measured by the SOCCS, given past research findings (Flores et al., 1995; Herek & Capitanio, 1996). Results found that the number of LGB-identified clients seen in therapy accounted for 31 % of the unique variability in participants' overall SOCCS scores. In addition, the number of LGB-identified clients seen in practica accounted for 48% of the variance of scores on the skills subscale, 1.8% of the variance in scores on the awareness subscale, and 3.4% of variance in scores on the knowledge subscale.

These results suggest that working with LGB clients during graduate training can impact counseling students' self-perceived competency levels, specifically related to knowledge about LGB individuals and the actual skills used during therapy. This is one of the first studies highlighting the significant role that actual counseling experience with LGB clients has on the self-perception of counseling competency. Additionally, given that the SOCCS measures awareness (i.e., attitudes) regarding LGB individuals and orientations, these findings correlated with previous research examining the effects of contact with LGB individuals on attitudes towards LGB individuals (Herek & Capitanio, 1996). This may be particularly important for training directors and practicum supervisors to ensure that counseling students are receiving adequate exposure to LGB-identified clients as it accounts for nearly half of the variance when looking at students' perceptions of their skills. Though a relationship between the number of LGB clients seen in therapy and perceived levels of counseling competency was found, the full nature of

this relationship should be further explored to determine how these clinical experiences specifically impact self-perceived counseling competency with LGB clients.

Concerns about Counseling LGB Clients

Research question six sought to explore concerns that current graduate students in counseling psychology and counselor education have about their ability to counsel LGB clients using qualitative methods. Participants were asked to describe their concerns and major themes were developed from their responses. The participants who completed this portion of the study (n=193) described a total of 236 concerns about counseling LGB clients. The three themes endorsed by the most participants will be discussed. The first and most common concern noted by nearly a fourth of the participants was having little to no clinical experience with LGB clients. This finding is particularly salient after the previous discussion noting the significant relationship between the number of LGB clients seen in therapy and perceived counseling competency levels. To reiterate the previous discussion, counselors and psychologists-in-training should have access to LGB clients during their clinical training as it appears to greatly influence students' perceived competency, particularly in reference to counseling skills.

Another major theme noted by the participants was a lack of coverage of LGB-related issues in their graduate training programs. Although most qualified this by saying that LGBT issues were minimally covered in a multicultural counseling course, participants felt that this was inadequate preparation to counsel LGB individuals. Several participants even went further by saying that their program was not LGB-affirmative, with some exhibiting biased attitudes and practices against LGB individuals. Although this was not the experience of the majority of participants, it is important to note that

these biased practices are still happening in graduate training programs. It is important for counselor educators and training directors to examine their training curricula for inclusion of topics specific to counseling LGB individuals, as it is clear that training programs are responsible for helping trainees develop competence in working with LGB clients (APAb, 2000; CACREP, 2001).

A third theme noted by a number of participants was awareness of personal beliefs that would interfere with LGB-affirmative counseling practices. Two important points emerged from these responses. First, there are counselor education and counseling psychology graduate students that are openly biased against LGB individuals. Several participants noted conservative religious beliefs as the origin of their biases which has been found in previous research (e.g., Bidell, 2005). Others were not as forthcoming with their justification for holding such beliefs. Given the charge by both the counselor education and counseling psychology professions to provide competent and sensitive services to LGB clients (APAb, 2000; CACREP, 2001), one might wonder how holding these biases is congruent with this charge. It also points to the need for graduate training programs and their faculty to encourage self-examination in their trainees while, at the same time, monitoring the treatment given to LGB clients by these students. A second point is that several participants made reference to beliefs that "may" come up during a session that they were unaware of prior to the clinical encounter with a LGB client. An example would be making an assumption about the difficulties of having a LGB orientation when that was not the case for the client. Stereotypical beliefs such as the above example have been noted in the research documenting LGB clients experiences in therapy (e.g., Liddle, 1997), and may be less damaging to the therapeutic relationship

than having more overt, biased beliefs towards LGB individuals. Again, it may be beneficial for training directors and practicum supervisors to encourage self-exploration in their trainees as well as providing educational resources on the experiences of LGB individuals that might combat common stereotypical beliefs.

Although not all participants had concerns about their ability to effectively counsel a LGB client, several major themes were noted by the participants. These concerns are particularly interesting, especially in the context of the results on the SOCCS, which found that the participants feel moderately competent in counseling LGB clients. One explanation is that while the SOCCS is a psychometrically sound instrument (Bidell, 2005), it is a self-report measure that includes questions with high face validity. Participants could have provided socially-desirable responses, thus creating a response bias. It is possible that asking an open-ended question regarding one's concerns about counseling LGB clients allowed participants to openly discuss concerns without the constraint of a scaled question.

Beneficial Experiences in the Development of Counseling Competency with LGB Clients

Research question seven sought to explore the personal and professional/educational experiences that have been beneficial in the development of the participants' counseling competency with LGB clients using qualitative methods. Participants were asked to describe their experiences and major themes were developed from their responses. The personal and professional/educational experiences are discussed separately.

Personal Experiences

When asked about the personal experiences that have been beneficial in the development of counseling competency with LGB clients, participants (n = 197) provided descriptions of 310 experiences or life events. The three themes endorsed by the most participants will be discussed. The most noted personal experience of the participants was having a close friend or family member that identifies as LGB. This is not surprising given the theoretical and empirical literature highlighting the impact of contact with LGB individuals on the development of affirmative attitudes towards LGB individuals (Herek & Capitanio, 1996). An interesting point in the literature is that the relationship between contact and favorable attitudes became stronger with more intimate contact (Herek & Capitanio). Thus, it can be hypothesized that the salience of the relationship matters: the participants' relationships with a close friend or family member were stronger than less intimate contact such as with classmates or acquaintances, and, therefore, had more impact on the development of LGB counseling competency.

Another common personal experience noted by participants was self-identifying as LGB. Given the shared experience of identifying as LGB, with all of the positive and negative experiences, it would be expected that LGB-identified participants would have more intimate knowledge of LGB issues. Additionally, one could hypothesize that being a LGB-identified graduate trainee may increase one's ability to empathize and identify with a LGB client's experience which would perhaps increase the clinician's competence in the actual therapy room. However, this author is not implying that all LGB-individuals have the same experience as another LGB-identified person.

A third personal experience noted by participants as being beneficial to the development of counseling competency with LGB clients is working with LGB clients. This was an interesting finding since the question was about personal experiences rather than professional or educational experiences. However, this reiterates, again, the importance of clinical work with LGB individuals on the development of counseling competency for this sample of graduate students. This finding echoed the findings of Flores et al. (1995) who found a positive correlation between positive clinical experiences with LGB clients and counseling self-efficacy. It also highlighted the benefits that the therapeutic relationship can provide for both persons. While counseling is traditionally thought to mostly benefit the client, these results highlight the fact that many graduate-level trainees are learning about themselves in their therapy experiences.

While other personal experiences were mentioned by the participants, these three comprised the majority of the responses. Again, it is interesting to interpret these findings alone and in conjunction with the results on the SOCCS. The participants felt moderately competent in their ability to counsel LGB clients and noted several life experiences that may have contributed, at least in part, to this competence. Future research could further explore these life experiences to determine the exact benefit derived from each experience.

Professional/Educational Experiences

Participants (*n*=104) described 303 examples of professional or educational experiences beneficial to the development of counseling competency with LGB clients. The most reported beneficial professional/educational experience was taking a graduate-level multicultural counseling course. Most participants commented that, while the class

did not solely focus on working with LGB clients, a significant amount of time was dedicated to discussing LGB issues. Given the call by APA (2000b) and CACREP (2001) for training programs to develop culturally-sensitive practitioners, this is a positive finding. While graduate-level exposure to diverse individuals and the application of this knowledge to counseling should not be limited to only one course, it is encouraging to note that students are benefiting from such a course.

A second professional/educational experience noted by the participants as being beneficial in the development of counseling competency with LGB clients is working with LGB clients in therapy. Again, experience in counseling LGB clients is a salient factor for this sample when looking at self-perceived counseling competency. This is not surprising given the findings that the number of LGB clients seen in therapy accounts for nearly half of the variance found in perceived skills competency and 30% of the variance in overall self-perceived counseling competency on the SOCCS. Graduate trainees should seek out opportunities to work with LGB clients in their practica and internships. In addition, training directors and clinical supervisors should ensure that trainees have this opportunity.

The third most common professional/educational experience mentioned by participants was attending a conference session/seminar/workshop focused on working with LGB clients. The importance of attending additional training experiences, above and beyond program curricula, was discussed previously in this study. It appears that the knowledge gained from these experiences as well as the opportunity to engage in self-reflection, may contribute to feelings of competence in working with LGB clients. Current graduate students should be encouraged to attended conferences and workshops

where information, above and beyond what is being taught in programs, is disseminated (APA, 2000b). Moreover, graduate training programs could benefit from bringing recognized experts in to conduct in-house training sessions. This may be more affordable for students and the effects could be widespread.

Limitations

One of the primary limitations of this study was the use of a self-report measure to assess self-perceived counseling competency with LGB clients. Given the recent attention to working with diverse groups and the mandate to provide culturally-sensitive mental health services in graduate training programs (APA, 2000a, 200b; CACREP, 2001), it could be possible that participants provided socially desirable responses. Additionally, the sample was not obtained randomly. Given that participants were recruited from APA- and CACREP-accredited training programs, results cannot be generalized to non-accredited training programs. Moreover, participants were recruited via email and listservs so it could be that individuals with a previous interest in the topic of counseling with LGB clients or LGB issues in general chose to respond to the call for participants. This may impede the ability to generalize the results to other populations. Fourth, the small number of males was a concern when evaluating gender differences for research question three. Future studies might benefit from finding a more randomized means of collecting data, along with a more balanced gender breakdown. Another limitation was that although the SOCCS has been shown to be both a reliable and valid measure (Bidell, 2005), it has only recently been developed and lacks a significant amount of validation in other studies. Finally, as in all qualitative research, it may have

been possible that the researcher was biased in her interpretations of the participants' responses.

Implications and Future Research

This study added to the literature exploring self-perceived counseling competency that current graduate students have in working with LGB clients. Research has shown that current graduate students and early career practitioners are reporting moderate levels of competency in working with LGB clients (Bidell, 2005; Sherry et al., 2005). Those results were replicated in this study. This study was the first to use to SOCCS to assess self-perceived counseling competency across a national sample of counselor education and counseling psychology graduate students. Studies have examined clinical and counseling psychology students' perceived level of competency (e.g., Sherry et al.) but no study has explored the differences in perceived competency levels across counselor education and counseling psychology students. In addition, the current study was the first to qualitatively explore the concerns current students have about the development of counseling competency with LGB clients, as well as beneficial life and professional/educational experiences in the development of their counseling competency with LGB clients.

There were several important findings in this study. First, while reporting an overall moderate level of self-perceived competency in counseling LGB clients, specific skill-related competency was in the low to moderate range and consistently less than knowledge and awareness competency levels. In addition, the number of LGB clients seen in therapy had a significant relationship to overall self-perceived competency levels and had an even larger effect on the perception of skill-related competency. Moreover,

lack of experience with LGB clients was the most noted concern of participants. While the exact relationship between the perception of counseling skill and experience in counseling LGB clients cannot be determined from this study, it may be important for graduate students to feel competent in the skills they are employing during therapy. Furthermore, given the finding that clinical experience accounts for a significant amount of the variance when looking at perceptions of skill competency, it seems imperative that students have the opportunity to work with LGB clients, either in therapy or, at the very least, in role play activities. Counselor educators, directors of training, and clinical supervisors should attempt to provide graduate trainees with opportunities to work with LGB clients. In addition, counseling graduate students should seek out practicum placements and internship sites that provide services to LGB-identified clients so that they can have the opportunity to counsel LGB clients.

A second finding pointed to the differences in program level. Specifically, graduate students enrolled in doctoral-level programs reported significantly greater levels of self-perceived counseling competency with LGB clients than master's-level students. While the exact reason for this relationship was beyond the scope of this study, it may be possible that the additional coursework and training experiences that typically differentiate master's-level programs from doctoral-level programs contributed to greater levels of self-perceived competency. Future research could examine program differences in coursework and clinical training.

A third implication of this study stemmed from the significant relationship between two additional training experiences (i.e., attending a workshop focused on counseling LGB clients, attending a general training session on LGB issues) and self-

perceived counseling competency. Counselor educators, training directors, and clinical supervisors should encourage graduate trainees to attend additional training experiences when possible, as it appeared to contribute to perceived competency in counseling LGB clients. Additional research could determine how these experiences contribute to perceived competency levels.

Implications were also drawn from the qualitative descriptions given by the participants. Participants highlighted the importance of clinical experience with LGB clients on their perceived competency in all three questions. While clinical training sites cannot ensure that trainees have an LGB-identified client, this should be of paramount importance for training directors and counseling students, alike. Participants also described the importance of a multicultural course in their development of counseling competency. While a multicultural course is currently not a requirement for APA-accredited graduate programs, it may be beneficial for this to be a curriculum requirement in counseling programs. Finally, while it was promising that participants reported moderate levels of competency in working with LGB clients, responses indicated that some current students hold biased beliefs towards LGB individuals which may impact their ability to provide effective, affirmative counseling services to LGB clients. It is important for counselor educators, training directors, and clinical supervisors to encourage all students to engage in self-reflection and to question their ability to work within a profession that encourages the acceptance of and respect for differences, including sexual orientation.

Conclusion

The results of this study suggested that current graduate students enrolled in counselor education and counseling psychology programs overall felt moderately competent in counseling LGB clients. In addition, when looking across the subscales of skills, knowledge, and awareness, they felt the least competent in reference to their skills competencies and most competent in their awareness of LGB issues. While gender differences were not found, significant differences were found when examining self-perceived competency levels across program level (i.e., doctoral-level participants had greater competency levels) and program type. (i.e., counseling psychology students had greater competency levels). A significant relationship was also found between attendance at a workshop dedicated to counseling LGB clients and a general training session on LGB issues and self-perceived competency levels, suggesting that additional training had a positive influence on overall self-perceived competency levels, as well as the participants' perception of specific skill, knowledge, and awareness competencies. Moreover, the number of LGB clients seen in therapy was significantly related to self-perceived competency levels, with participants who had worked with zero clients having lower scores on the skills, knowledge, and awareness subscales than all other participants. Finally, as hypothesized, the number of LGB clients seen in therapy predicted self-perceived competency levels and accounted for a significant amount of the variance in overall self-perceived competency level, as well as on the skills subscale. The qualitative results supported the above findings, particularly related to the importance of working with LGB clients on the participants' perception of their counseling competency

with LGB clients, as well as the need for additional training on working with LGB clients in their current training programs.

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APPENDICES

APPENDIX A

DEMOGRAPHICS AND EXPERIENCE QUESTIONNAIRE

Counseling Competency with Lesbian, Gay, and Bisexual Clients: Perceptions of Counseling Graduate Students

Demographics and Experience Questionnaire

DEMOGRAPHIC QUESTIONS:

1. What is your gender? _____

2. What is your age? _____

3. What is your ethnicity? _____

4. How do you define your sexual orientation?

    Gay _____
    Lesbian
    Bisexual _____
    Queer _____
    Heterosexual _____
    I define my sexual orientation in another way _____

5. Region of the United States where you currently reside:

    Southeast _____
    Southwest _____
    East _____
    West/Northwest _____
    Midwest _____

5. Degree Level that you are currently working towards:

    Master's degree _____
    Doctoral degree _____

6. What is your degree specialty (e.g., counseling, community, school)?
_____

7. Is your current graduate program accredited by a recognized accrediting board (e.g., APA, CACREP)?

    Yes _____
    No _____

8. How many clients have you worked with, either in practica or other clinical work, that self-identify as lesbian, gay, or bisexual?

1-5 _____
6-10 _____
11-15 _____
> 15 _____

ADDITIONAL TRAINING EXPERIENCES

1. Have you attended a WORKSHOP related to COUNSELING LGB-identified clients?

   Yes ___
   No ___

2. Have you attended a GENERAL TRAINING SEMINAR on LGB-related issues (e.g., Safe Zone, Safe Place)?

   Yes ___
   No ___

3. Have you attended a CONFERENCE PRESENTATION or SPEAKER SERIES that discussed COUNSELING LGB-identified clients?

   Yes ___
   No ___

ADDITIONAL QUESTIONS RELATED TO CONCERNS AND EXPERIENCES:

1. Please identify and explain any concerns that you may have about your ability to counsel LGB clients.
2. Please identify and explain any personal experiences that have been beneficial in your preparation to counsel LGB clients.
3. Please identify and explain the professional or educational experiences that have been beneficial in your preparation to counsel LGB clients.

APPENDIX B

SEXUAL ORIENTATION COUNSELOR COMPETENCY SCALE

Sexual Orientation Counselor Competency Scale
Bidell (2005)

Using the following scale, rate the truth of each item as it applies to you by circling the appropriate number.

1 2 3 4 5 6 7

Not At All True Somewhat True Totally True

1. I have received adequate clinical training and supervision to counsel lesbian, gay, and bisexual (LGB) clients.
2. The lifestyle of a LGB client is unnatural or immoral.
3. I check up on my LGB counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education.
4. I have experience counseling gay male clients.
5. LGB clients receive "less preferred" forms of counseling treatment than heterosexual clients.
6. At this point in my professional development, I feel competent, skilled, and qualified to counsel LGB clients.
7. I have experience counseling lesbian or gay couples.
8. I have experience counseling lesbian clients.
9. I am aware some research indicates that LGB clients are more likely to be diagnosed with mental illnesses than are heterosexual clients.
10. It's obvious that a same sex relationship between two men or two women is not as strong or committed as one between a man and a woman.
11. I believe that being highly discreet about their sexual orientation is a trait that LGB clients should work towards.
12. I have been to in-services, conference sessions, or workshops, which focused on LGB issues in psychology.
13. Heterosexist and prejudicial concepts have permeated the mental health professions.
14. I feel competent to assess the mental health needs of a person who is LGB is a therapeutic setting.
15. I believe that LGB couples don't need special rights (domestic partner benefits, or the right to marry) because that would undermine normal and traditional family values.
16. There are different psychological/social issues impacting gay men versus lesbian women.
17. It would be best if my clients viewed a heterosexual lifestyle as ideal.
18. I have experience counseling bisexual (male or female) clients.
19. I am aware of institutional barriers that may inhibit LGB people from using mental health services.
20. I am aware that counselors frequently impose their values concerning sexuality upon LGB clients.

1 2 3 4 5 6 7

Not At All True Somewhat True Totally True

21. I think that my clients should accept some degree of conformity to traditional sexual roles.
22. Currently, I do not have the skills or training to do a case presentation or consultation if my client were LGB.
23. I believe that LGB clients will benefit most from counseling with a heterosexual counselor who endorses conventional values and norms.
24. Being born a heterosexual person in this society carries with it certain advantages.
25. I feel that sexual orientation differences between counselor and client may serve as an initial barrier to effective counseling of LGB individuals.
26. I have done a counseling role-play as either the client or counselor involving a LGB issue.
27. Personally, I think homosexuality is a mental disorder or a sine and can be treated through counseling or spiritual help.
28. I believe that all LGB clients must be discreet about their sexual orientation around children.
29. When it comes to homosexuality, I agree with the statement: "You should love the sinner but hate or condemn the sin".

Thank you for completing this scale.

APPENDIX C

AUBURN UNIVERSITY INSTITUTIONAL REVIEW BOARD APPROVAL TO CONDUCT STUDY

[Note: this will appear on the web site, before accessing the survey. It will not be produced in paper form]

INFORMATION SHEET
For a Research Study Entitled
Counseling Competency with Lesbian, Gay, and Bisexual Clients: Perceptions of Counseling Graduate Students

You are invited to participate in a research study that aims to explore current counseling graduate students' perceived level of counseling competency in working with lesbian, gay and bisexual (LGB) clients. In addition, I hope to explore influences, positive and negative, on your development of counseling competency with LGB clients. This study is being conducted by Stephanie R. Graham, M. A. under the supervision of Jamie Carney, Ph.D. You were selected as a possible participant because you are currently enrolled in a master's or doctoral degree program related to counselor education or counseling psychology and are 19 years of age or older.

If you decide to participate, you will click on the link at the bottom of this page to enter the survey. Here, you will be asked to complete the instrument and the demographics sheet. In addition, you will be asked to answer 3 qualitative questions exploring possible concerns in working with LGB clients and experiences that may affect the development of counselor competence. This process should take approximately 45-60 minutes of your time. This is a one time commitment and you will not be asked for any further information once you have submitted your responses.

Any information obtained in connection with this study will remain anonymous. The survey website does not collect the URL or the email address of participants. You may stop taking the survey at any time, however, once you submit your anonymous information you cannot withdraw your data later since there will be no way to identify individual information. The anonymous information collected through your participation in this study will be used to complete this dissertation, may be published in a professional journal, and may be presented at professional meetings.

I do not believe that there will be any significant risks or benefits for participating in this study. However, if you should experience any adverse effects in completing the following instruments, please contact your local mental health care provider.

Your decision whether or not to participate will not jeopardize your future relations with Auburn University.

If you have any questions, I will be happy to answer them now or later. I can be reached at the following: Stephanie Graham, Department of Counselor Education, Counseling Psychology, and School Psychology, 2084 Haley Center, Auburn University, Auburn, AL 36849, (334) 844-5160, grahasr@auburn.edu. My faculty advisior is Dr. Jamie Carney. She may be reached through the Department of Counselor Education, Counseling Psychology, and School Psychology, 2084 Haley Center, Auburn University, Auburn, AL 36849, (334) 844-5160, carnejs@auburn.edu

For more information regarding your rights as a research participant you may contact the Auburn University Office of Human Subjects Research or the Institutional Review Board by phone (334)-844-5966 or e-mail at hsubjec@auburn.edu or IRBChair@auburn.edu .

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, THE DATA YOU PROVIDE WILL SERVE AS YOUR AGREEMENT TO DO SO.

CLICK HERE TO ENTER THE SURVEY: [link]