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Scope and Adequacy of Literature and Training Pertaining to Psychotherapy with Lesbian, Gay, and Bisexual Individuals

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SCOPE AND ADEQUACY OF LITERATURE AND TRAINING PERTAINING TO
PSYCHOTHERAPY WITH LESBIAN, GAY, AND BISEXUAL INDIVIDUALS

A Dissertation

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Doctor of Psychology

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This survey research study assesses the current state of doctoral psychology training in psychotherapy with clients who identify as lesbian, gay or bisexual (LGB). The study also seeks to evaluate the degree of familiarity faculty, trainees and experts on LGB psychotherapy have with the most-cited literature (MCL) on the topic of psychotherapy with LGB clients.

Trainees and faculty from counseling Ph.D., counseling Psy.D., clinical Ph.D., and clinical Psy.D. training programs as well as experts on LGB psychotherapy were sent a survey requesting their familiarity with and rating of importance of the MCL on psychotherapy with LGB clients. The trainees were also asked about their training experiences, using the Survey of Training Experiences (STE) (Phillips & Fischer, 1998).

Surprisingly, the experts on LGB psychotherapy were either not familiar with items on the MCL, or rated items as being unimportant to training. Faculty and trainees were also unfamiliar with items on the MCL. Trainees reported being significantly more confident in their preparedness to work with LGB clients as compared to the trainees surveyed in 1995 by Phillips and Fischer (1998). Implications and suggestions for future research are discussed.

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CHAPTER ONE

INTRODUCTION

Lesbian, gay and bisexual individuals (LGB) make up approximately three to seven percent of the population in the United States of America, depending upon how sexual orientation is defined (Haas et al., 2011). LGB individuals experience higher rates of mental health problems than heterosexual persons, possibly due to their minority status and associated higher levels of stress (Bostwick, Boyd, Hughes, & McCabe, 2010; Cochran, Keenan, Schober, & Mays, 2000; Cochran & Mays, 2006; Cochran, Sullivan, & Mays, 2003; Haas et al., 2011; Mays & Cochran, 2001; McCabe, Bostwick, Hughes, West, & Boyd, 2010). In spite of this high number of potential LGB clients the majority of practicing psychologists report little training on LGB issues and psychology graduate students report that they feel inadequately prepared to work with LGB clients (Anhalt, Morris, Scotti, & Cohen, 2003; Buhrke, 1989; Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991; Graham, Rawlings, Halpern, & Hermes, 1984; Green, Callands, Radcliffe, Luebbe, & Klonoff, 2009; Lyons, Bieschke, Dendy, Worthington, & Georgemiller, 2010; Murphy, Rawlings, & Howe, 2002; Phillips & Fischer, 1998). It is therefore not surprising that some LGB clients report negative, oftentimes heterosexist, experiences in psychotherapy and sometimes report lower satisfaction with psychotherapy as compared to heterosexual clients (Avery, Hellman, & Sudderth, 2001; Israel, Gorcheva, Burnes, & Walther, 2008; Liddle, 1996, 1999, 2000). To remedy this problem Graham and colleagues (1984) called on the field of psychology to incorporate more training on LGB issues into graduate psychology training programs. Twenty-seven years later, there is evidence that LGB issues are still marginalized within doctoral

clinical psychology training programs; graduate students report poor training experiences, including heterosexism in the classroom (Larsen, 2007; Pilkington & Cantor, 1996), lack of focus on LGB issues in curriculum (Phillips & Fischer, 1998; Pilkington & Cantor, 1996; Sherry, Whilde, & Patton, 2005), and a lack of access to professional literature on LGB related issues (Phillips & Fischer, 1998). At the same time, graduate trainees report a desire for more training and have supportive and affirming attitudes towards the LGB community (Korfhage, 2006). This doctoral project aims to identify the literature on psychotherapy with LGB clients that experts agree is essential to competently and ethically work with clients who identify as LGB. By identifying essential literature for competent practice, the needs of trainees, practicing psychologists and, most importantly, potential LGB clients are more likely to be met.

Godfrey, Haddock, Fisher, and Lund (2006) reported results of a survey of experts on LGB-affirmative therapy in order to identify the core training components of effective work with LGB identified clients. Godfrey and colleagues also attempted to identify the most important literature to which psychology trainees should be exposed. The panel of experts, however, failed to agree on more than two books and one journal article. The current project extended the work of Godfrey and colleagues by surveying experts on LGB clinical work to seek consensus regarding literature essential to informing ethical practice with LGB clients. By identifying the most important literature in working with LGB identified individuals trainees, educators and practicing psychologists are able to supplement their own inadequate training with the best literature available.

The literature review highlights the significance of the needs in this area, review the relevant efforts within the field to compensate for poor training, and develop a suitable methodology for the project at hand.

CHAPTER TWO

LITERATURE REVIEW

LGB Persons and Mental Health Disorders

Persons who identify LGB are, on average, at higher risk for mental health problems (Bradford, Ryan, & Rothblum, 1994; Cochran et al., 2000; Cochran, Mays, Alegria, Ortega, & Takeuchi, 2007; Cochran et al., 2003; Cochran & Mays, 2006; Herek & Garnets, 2007; Mays & Cochran, 2001; Meyer, 2003). Using meta-analytic methodology, Meyer (2003) concluded that, with limitations due to non-random convenience sampling methods, LGB individuals are at higher risk for mood, anxiety, and substance use disorders. A few years later, analyzing data from nationally representative random samples, the earlier finding was supported in that data indicated LGB individuals may be at higher risk for mood, anxiety and substance use disorders (Cochran & Mays, 2006). Since 2006, the most recent research supports previous findings that sexual minorities are at heightened risk for mood and anxiety disorders, with the exception of women who reported lifetime history of sexual relationships with same-sex partners (Bostwick et al., 2010). A brief overview of research pertaining to LGB mental health in the United States provided here will highlight the need for competent mental health services to address mental health concerns in the LGB community.

In 1994 Bradford and colleagues reported on the findings in the 1984-1985 National Lesbian Health Care Survey. The sample of 1,925 women was composed of participants from all 50 US states, but was limited in that it was a convenience sample largely recruited through lesbian health care centers and other similar lesbian social networks. The survey results indicated that, of the lesbian women surveyed, rates of depression,

suicide, sexual abuse, and eating disorders were comparable to the rates reported by heterosexual women in previous survey work (Bradford et al., 1994). In contrast, the rates of alcohol and drug use in the sample were significantly higher as compared to the rates of substance use reported by heterosexual women (Bradford et al., 1994). The study was limited by convenience sampling methods; population based sampling methods were utilized in later research.

Cochran and colleagues (2000) analyzed data from the 1996 National Household Survey on Drug Abuse (NHSDA) from both men and women regarding the respondent's levels of alcohol use. In the NHSDA study, some of the respondents were sexually active with same-sex partners and others were sexually active with opposite-sex partners. The data analyzed were gathered using a population-based sample representative of the United States population, with oversampling of ethnic minorities and younger populations. Comparisons between heterosexual men and men reporting same-sex partners on variables of lifetime, one year and one-month alcohol use estimates revealed no significant differences. Results suggested that women with only same-sex partners were more likely to use alcohol at higher rates than women with only opposite-sex partners. Specifically, women reporting same-sex partners were more likely to use alcohol more frequently and in greater quantities within the past month, year, and over the lifetime as compared to heterosexual women (Cochran et al., 2000). Higher rates of alcohol use suggest that women reporting same-sex partners may be at greater risk for alcohol disorders as compared to heterosexual women. In order to test this hypothesis Cochran and colleagues (2003) analyzed nationally representative data from the MacArthur Foundation National Survey of Midlife Development in the United States

survey (MIDUS) and reported no significant differences in alcohol or drug dependence rates between lesbian-bisexual women or gay-bisexual men and persons who identified as heterosexual. Cochran and colleagues' 2003 finding is not supported by a more recent study by McCabe, Hughes, Bostwick, West, & Boyd (2009). They reported that, using a nationally representative sample, LGB individuals are at greater risk of substance use disorders. Although much attention has been paid to LGB persons and substance use disorders in the literature, Cochran and colleagues (2003) also analyzed data regarding differences in rates of other mental health disorders.

Cochran and colleagues (2003) reported significant differences in rates of some mood and anxiety disorders between heterosexual males and gay-bisexual males, and significant differences in rates of generalized anxiety disorder between lesbian-bisexual women and heterosexual women. Gay-bisexual men were reported to have significantly higher rates of depression and panic attacks. A greater rate of generalized anxiety disorder was the only significant difference between lesbian-bisexual women and heterosexual women. The Cochran et al. (2003) study was limited by inadequate assessment of sexual orientation on nationally representative surveys; self-reported history of same-sex sexual behavior was used as a proxy for sexual orientation (Cochran & Mays, 2006). The small sample resulted in low statistical power, which in turn limited the value of the study because data could not be analyzed by race/ethnicity, socioeconomic status, and other key demographic variables (Bostwick et al., 2010). Other studies have taken these factors into account and provide some clarity about these results.

In order to address the many limitations of past research on mental health and LGB

individuals, Bostwick and colleagues (2010) analyzed data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) and found that most sexual minority individuals are at higher risk for mood and anxiety disorders. The notable exception was women who reported only same-sex partners in their lifetime, and who were at lower risk for almost all disorders (Bostwick et al., 2010). The data, gathered in 2004-2005, was nationally representative and included three specific measures of sexual orientation. This allowed the authors to better operationalize the construct of sexual orientation, and also look at individual sexual-minority groups (e.g., lesbian women and bisexual women) as opposed to combining across sub-groups (Bostwick et al., 2010). Although the sample size of LGB individuals was still relatively small compared to the number of heterosexual participants, the number of LGB participants was larger than in previous studies and allowed the authors to address many limitations in earlier research. The data were not able to be analyzed by relevant demographics, such as race and socioeconomic status, which is a limitation similar to that seen in previous research. Significant differences were found on variables of mood and anxiety disorders between LGB persons (as identified by past sexual behavior, degree of sexual attraction, and self-identification as LGB) and heterosexual persons, with one exception: women who reported a history of having only same-sex sexual relationships had the lowest rates of disorders. This finding is generally consistent with past research with regards to generally higher rates of mood and anxiety disorders in persons who identify as part of the LGB community and further confirms such findings given the improved methodology. At the same time, relevant demographic variables were not controlled for, and the finding that some lesbian women are at lower risk than

heterosexual women is unprecedented. Another major area of research regarding the mental health of lesbian, gay and bisexual individuals, is the higher risk of suicide attempts and mixed findings on rates of suicide completions.

Methodologically sound research from multiple countries around the world have shown that LGB individuals are at greater risk for engaging in non-fatal suicidal behavior (Cochran & Mays, 2011; Haas et al., 2011; King et al., 2008; Renaud, Berlim, Begolli, McGirr, & Turecki, 2010). A meta-analysis of 25 studies that utilized population-based samples from multiple countries found that the lifetime prevalence of suicide attempts in LGB males was four times that of heterosexual males (King et al., 2008). The same study found that the lifetime prevalence of suicide attempts in LGB females was twice as high as that of heterosexual females. In contrast, there is mixed evidence regarding the rate of suicide completions within the LGB community (Haas et al., 2011). While some studies have shown up to four times the number of sexual minority suicide mortalities as compared to community controls (Renaud et al., 2010), other researchers have found no evidence of higher suicide completions among the LGB population (Cochran & Mays, 2011). The findings on suicide completions within LGB population are limited by the difficulty in identifying LGB persons after death, and by the relatively small number of LGB persons combined with the low base-rate of suicide completion. If most LGB persons are at higher risk for mood and anxiety disorders, substance use disorders, and suicide attempts as compared to heterosexual individuals, then the question remains as to why these differences exist. One explanation is the higher rates of discrimination LGB persons experience, which will be discussed in the next section (McCabe et al., 2010; Meyer, 2003).

LGB Mental Health and Discrimination

Higher rates of mental health problems in LGB populations may be a result of discrimination (Mays & Cochran, 2001; Meyer, 2003). Data from a nationally representative sample indicated that 76% of lesbian, gay or bisexual respondents perceived that they were discriminated against in ways ranging from being hassled by the police to being fired from a job (Mays & Cochran, 2001). The rates of perceived discrimination LGB persons identified were significantly higher than for heterosexual women and men (65%). LGB individuals also reported greater negative effects of discrimination on their ability to live a full and productive life. Significant differences between LGB respondents and heterosexual respondents on measures of discrimination and life satisfaction remained after controlling for the demographic factors of race, ethnicity, age, education, marital status, and income. The authors also found a significant association between self-reported discrimination events and self-reported rates of mental health disorders and rates of psychiatric distress after controlling for the aforementioned demographic factors. The results of Mays and Cochran's 2001 study suggest that discrimination on the basis of sexual orientation may result in lower levels of life satisfaction and higher levels of mental health disorders and psychiatric distress.

In a recent study, several authors analyzed nationally representative data on sexual orientation and substance abuse disorders (McCabe et al., 2010). In order to examine the relationship between discrimination and substance abuse disorders, the authors controlled for the effect of discrimination and found that the differences between heterosexuals and sexual minority individuals on rates of substance use disorders disappeared (McCabe et al., 2010). It is important to note that other types of discrimination (e.g., race, ethnicity,

gender) were also significantly related to increased odds of substance disorders; the relationship between discrimination based on sexual orientation and substance use disorders is not simple, and more research is needed in this area. This finding suggests that discrimination based on sexual orientation and other minority statuses may play a role in the higher rates of substance abuse reported by LGB individuals.

Given the higher rates of mental health disorders in LGB populations, it is not surprising that LGB individuals seek mental health services at higher rates than persons who identify as heterosexual (Cochran et al., 2003). Survey results from a population-based sample indicate that LGB persons utilize mental health services at greater rates than heterosexual persons, even after controlling for relevant variables such as health insurance status, race, level of education, age, and relationship status (Cochran et al., 2003). The data indicate that LGB persons are approximately three times as likely as heterosexual persons to see a mental health provider within the past year (Cochran et al., 2003). It is clear from the research reviewed thus far that most persons who identify as LGB are at higher risk for a variety of mental health disorders, and that LGB persons utilize mental health services at higher rates as compared to heterosexual persons. Given this reality, it stands to reason that there would be a proportional response in the service-delivery community. In light of this, it is important to examine the experiences of psychologists with LGB clients, and common experiences of LGB persons who seek help from psychologists.

LGB Clients' Experiences of Psychotherapy with Psychologists

An estimated 99% of psychologists report seeing a client who identifies as LGB at some point over the course of their careers (Garnets et al., 1991). Other researchers found

that, of the psychologists surveyed, 56% reported to have seen at least one LGB client within the past week (Murphy et al., 2002). Across the entire nationally representative sample of APA-member psychologists, participants reported that 7% of their caseload consisted of LGB clients (Murphy et al., 2002). Other researchers report even higher percentages (13%) of lesbian or gay clients in psychologists' caseloads (Garnets et al., 1991). It is worth noting that the Garnets et al. (1991) study was published more than 20 years ago, when the discussion of LGB issues and visibility of LGB individuals in popular culture seldom occurred. Clearly, persons who identify as LGB are at risk for greater incidences of mental health problems and actively seek help from professionals in the field of psychology; unfortunately LGB persons report a variety of negative experiences with psychologists when they seek help (Avery et al., 2001; Israel et al., 2008; Liddle, 1999, 2000).

Compared to heterosexual clients, LGB clients with severe mental illness report more than twice the rate of dissatisfaction with mental health services (Avery et al., 2001). While Avery and colleagues' (2001) findings are limited by the specific population surveyed (i.e., adults with major mental illness), several other studies report LGB clients are dissatisfied with services, and often report unhelpful or even harmful experiences in therapy (Israel et al., 2008; Liddle, 1999, 2000). In one study only 67% of LGB respondents reported an overall positive experience with counseling, 10% reported an overall negative experience, and 24% reported a mixed experience (Israel et al., 2008). Of the negative experiences reported, the most frequent was the client experiencing the therapist as cold, disrespectful, disengaged, distant or uncaring and utilizing intervention techniques that the client found unhelpful. Therapist unhelpful behaviors also frequently

included negative reactions to the client's sexual orientation and imposition of the therapist's values on the client. Israel and colleagues (2008) wrote that, in extreme cases, clients reported some therapists openly encouraged the client to change their sexual orientation (i.e., conversion therapy). In contrast to the data just examined, other researchers report relatively high levels of satisfaction by LGB clients, which will now be examined.

On average, LGB clients' retrospective helpfulness ratings of psychotherapy with psychologists is average to high (Liddle, 1999, 2000). In one study, 207 lesbian and gay clients' average rating of psychologists' helpfulness was 3.55 on a scale of one to four, with three being "fairly helpful" and four being "very helpful" (Liddle, 1999). But, in the same study 10% of psychologists were reported to lack basic knowledge of gay and lesbian issues necessary to be an effective therapist, to the point that the clients had to educate the therapist about basic LGB issues. Compared to heterosexual client helpfulness ratings, LGB clients' satisfaction ratings of psychotherapy with psychologists are the same or sometimes higher (Liddle, 1999, 2000). Jones and Gabriel (1999) surveyed over 600 LGB clients and found that 86% rated their therapy experiences as positive. A critique voiced by Jones and Gabriel (1999) and echoed here, is that ratings of therapy satisfaction do not take into account the screening process LGB clients may engage in; in other words, when LGB clients seek affirming therapists, the satisfaction survey literature may not reflect the state of the field as a whole, but rather the state of therapists who have been chosen by LGB clients engaged in an intentional screening process. A more nuanced examination of the satisfaction ratings of LGB clients reveals several notable holes in the practice of psychotherapy by psychologists. Lesbian and gay

clients who saw a psychologist reported heterosexist behavior by 11% of psychologists (Liddle, 2000). Furthermore, 10% of psychologists were reported to have inadequate knowledge of basic LGB issues, as well as constructs such as societal prejudice against LGB persons and internalized homophobia (Liddle, 2000). A recent study examined sexual orientation microaggressions via qualitative research methodology (Shelton & Delgado-Romero, 2011). The authors also provided examples of microaggressions reported by participants such as a therapist saying to a client “I know what the problem is, you are gay” (p. 215). Or, in responding to a client relating an experience of discrimination, the therapist says “this lifestyle brings certain problems with it” (p. 215). All participants reported experiencing microaggressions; quantitative data was not included, but themes and presence of microaggressions provide a counterpoint to the thesis that experiences of LGB clients in therapy are entirely positive. Although these rates are not staggering in scale, they do inform our understanding of the well-documented negative experiences unique to some LGB persons who seek therapy.

Graduate Training in Psychotherapy with LGB Clients

Graduate training in psychology typically does not adequately prepare trainees to address the needs of the LGB community (Pilkington & Cantor, 1996; Sherry et al., 2005). Heterosexist attitudes and beliefs have been documented in graduate training programs (Larsen, 2007; Pilkington & Cantor, 1996). Graduate psychology student members of the American Psychological Association's Division 44 (Society for the Psychological Study of Lesbian and Gay Issues) reported high levels of heterosexist bias in clinical, counseling, and school psychology programs (Pilkington & Cantor, 1996). Students perceived heterosexist bias in the form of interactions with instructors and in

readings assigned in classes. In context of class interactions, 58% of students surveyed reported instructors making heterosexist or homophobic remarks. When the instructor was challenged regarding a remark, 59% of students reported that the instructor defended the remark. With regard to readings assigned for courses, 53% of respondents reported heterosexist passages. If the student chose to bring up the biased passage in the context of the classroom, 48% of students reported that instructors did not directly address the passage, and another 18% of professors endorsed the heterosexist passage (Pilkington & Cantor, 1996). A more recent masters thesis (Larsen, 2007) that utilized a similar survey method as Pilkington and Cantor found fewer incidents of heterosexism as compared to the earlier study. For example, of the 170 doctoral-level psychology students who responded to the survey (28.7% response rate), 15.9% who were surveyed reported being assigned heterosexist readings as part of a class. Thirteen percent who responded to the survey reported that instructors made heterosexist or homosexual remarks during class. It is worth noting that this student sample came exclusively from doctoral programs in the Northwestern region of the United States, and is not representative of doctoral trainees' experiences across the United States.

Lack of LGB Curriculum in Graduate Programs

In 1984 Graham and colleagues called on the field of applied psychology to train psychologists to work with men and women who identified as lesbian or gay. Graham and colleagues identified a deficit in psychology training programs that has not been adequately addressed to this day, especially in clinical psychology training programs. Sherry and colleagues (2005) reported that only 50% of the doctoral level clinical psychology programs surveyed had a required multicultural course, and only 60% of the

multicultural courses covered LGB issues. An alternative to relegating all diversity training to one specific course is to infuse all curricula with LGB related training information. Therefore, it is plausible that LGB issues were integrated into all coursework, but only 16% of clinical psychology doctoral programs incorporate LGB issues across the curriculum (Sherry et al., 2005). In another survey, students reported that, on average, only 25% of course syllabi incorporated any topic related to sexual orientation (Pilkington & Cantor, 1996). Students in clinical and counseling training programs report that they were seldom asked to read literature on persons who identify as LGB, with a median of two articles and mode of zero articles required throughout their entire graduate careers (Phillips & Fischer, 1998). Phillips and Fischer (1998) also asked students how many courses addressed sexual orientation. Out of all courses taken throughout their graduate careers, students indicated a median of three and mode of two courses incorporated gay or lesbian issues, and a median of one and mode of zero courses incorporated bisexual issues (Phillips & Fischer, 1998). In addition to reporting a lack of curriculum focused on LGB issues, trainees also reported feeling unprepared to work with LGB clients.

One study of behavioral clinical psychology trainees found that sexual orientation was rarely included in coursework (Anhalt et al., 2003). Behavioral clinical psychology programs were identified, and students from these programs were specifically recruited for the study. Two hundred students responded (44% response rate) and indicated that only 10% of courses they had taken addressed sexual orientation. A more recent study examined clinical psychology graduate students' training in diversity who were enrolled in scientist-practitioner or clinical scientist training model programs. Of the students who

participated, 47% reported taking a single diversity course, 68% indicated that all of their courses were infused with diversity, and 66% reported they took a general course that included a diversity section (Green et al., 2009). It is difficult to interpret the aforementioned statistics with regards to training in sexual orientation related issues, but it should be noted that only 34% of students included sexual orientation in their open-response definitions of what the term “diversity” means (Green et al., 2009). Students also reported an average satisfaction score of 3.4 out of 5 with regards to training in sexual orientation in coursework, indicating that they were “somewhat satisfied” according to the rating scale terminology. Although there is no quantitative research to date on the reason underlying the lack of focus on LGB issues in graduate curriculum, one suggested explanation is that faculty do not have the expertise to teach on the topic of psychotherapy with LGB persons (Miville et al., 2009). The lack of systematic training in working with LGB clients may have led to trainees feeling unprepared to work with LGB clients. Research on trainee preparedness regarding LGB issues will now be reviewed.

Unpreparedness of Trainees in Working with LGB Persons

In addition to a documented deficit in LGB issue inclusion in curriculum, clinical and counseling psychology trainees have reported feeling unprepared to work with LGB clients. In a study on the diversity training of clinical and counseling psychology students only 35% of students on average reported perceiving themselves as “extremely or very competent” in working with gay, lesbian, or bisexual clients (Allison, Crawford, Echemendia, Robinson, & Knepp, 1994). Phillips and Fischer (1998) surveyed 108 counseling and clinical trainees using a random sampling technique to select 25

counseling psychology doctoral programs and 25 clinical psychology doctoral programs to recruit students from, with a final participant response rate of 36%. Results indicated that the vast majority of respondents reported feeling unprepared to work with LGB clients, with a median and modal rating of one out of three on a scale assessing preparedness. In a survey of cognitive-behavioral clinical psychology students, 16% of students felt adequately trained in LGB issues (Anhalt et al., 2003). It is clear, at least from the limited data on student perceptions of preparedness, that both clinical and counseling psychology students may not feel prepared by their training programs to work with LGB issues. Feeling unprepared to work with LGB clients does not necessarily mean that trainees are homophobic; there is evidence of an absence of homophobia and even attitudes of support for the LGB community among psychology trainees. This topic will be addressed next.

Trainees' Attitudes Towards LGB Individuals

In 1995 Liddle published results of a survey of 149 counseling and counseling psychology students that found no evidence of homophobic judgments made by the students. Students were given mock referral notes for a client, half of which identified the client as heterosexual, and the other half identified the client as lesbian. After reading the referral note the students watched a videotape of the pseudo-client. The participant's degree of respect for the client was then assessed using a questionnaire. There were no significant differences between variables to support the hypothesis of homophobic bias; in fact, results indicated that female participants reported greater respect for the lesbian client. The results of the study are limited by possible social desirability bias, as evidenced by 30% of the participants suspecting the study had to do with sexual

orientation. The study is also limited by the inclusion of only female pseudo-clients, limiting its generalizability. Other data suggests that trainees have positive attitudes towards the LGB community.

The literature on psychologist and trainee attitudes towards LGB persons is difficult to interpret given the potential for strong demands for socially desirable responding (Korfhage, 2006). With this limitation in mind, the literature does not show significantly negative attitudes towards LGB persons, and even suggests that graduate trainees in particular hold positive attitudes (Kilgore, Sideman, Amin, Baca, & Bohanske, 2005; Korfhage, 2006). Data on trainees in one survey indicated no negative attitudes, and even positive views of LGB persons (Korfhage, 2006). With this in mind, we begin to examine propositions and efforts to improve upon training in LGB affirmative psychotherapy in graduate programs.

Proposed Improvements in LGB Training

The documented deficit in graduate training has led researchers and experts on psychotherapy with LGB clients to suggest improvements in graduate training (Biaggio, Orchard, Larson, Petrino, & Mihara, 2003). Recommendations to improve training include, but are not limited to, availability of competent supervision of LGB cases, encouraging research in LGB topics, promoting contact between trainees and LGB community, encouraging trainee self-examination of biases, and infuse information on LGB persons and related issues across curriculum (Biaggio et al., 2003; Phillips, 2000). Evidence regarding the effectiveness of training interventions designed to increase trainee competency in working with LGB clients is scarce. The only data available on this topic suggests that formal training (defined as a composite of LGB focused coursework, LGB

didactic training in practicum, and LGB articles or books, and whether or not LGB issues were included on comprehensive exams) is the only predictor of trainees' feeling competent to work with LGB clients (Phillips & Fischer, 1998). Phillips and Fischer (1998) conducted three hierarchical multiple regression analyses using four predictor variables: formal training, bias exploration, exposure to faculty and supervisor with LGB expertise, and a contact/experience variable that was composed of the number of LGB clients seen, presence of LGB faculty, and the trainees own sexual orientation. The only variable to account for unique variance was formal training. The formal training variable also accounted for a relatively large amount of variance within the overall model. While the aforementioned data suggest formal training as a crucial component in trainee's preparedness to work with LGB clients, the conclusion is limited by the outcome variable. The outcome variable in Phillips and Fischer's (1998) study is trainee perception of preparedness, as opposed to a direct measure of trainee preparedness. We now consider the implications of formal training as an important predictor of preparedness to work with LGB clients.

Some survey research indicates that practicing professionals most often utilize articles as a source of information to assist them in working with LGB clients (Murphy et al., 2002). But, other research shows that articles are not being included in graduate training curriculum (Phillips & Fischer, 1998; Sherry et al., 2005). It is this juxtaposition that the present study hopes to address. If articles and books on the topic of LGB issues and psychotherapy with LGB persons are sought by professionals to help increase their competency, and articles and books are key in trainee competency, but such resources are not being provided in graduate training environments, how will trainees and practicing

professionals identify useful and important articles and books on working with LGB clients?

Intent of the Present Study

To address the perceived lack of resources and quality training in working with persons who identify as LGB Godfrey and colleagues (2006) attempted to gain a consensus among a sample of professionals in the fields of couple and family therapy, psychology (profession subtype is not specified by authors), psychiatry, professional counseling and social work on the essential knowledge, skills, values and literature therapists must have to provide quality services to LGB clients. The Delphi method was used, and consensus was reached on several categories of training competencies. But, there was very little consensus among professionals regarding the essential materials and literature competent therapists should be familiar with. Experts in Godfrey and colleagues' (2006) study reached consensus on only two books (*Permanent partners; Building gay and lesbian relationships*, (Berzon, 2004); and *Coming out to parents: A two-way survival guide for lesbians and gay men and their parents*, (Borhek, 1993)), one journal article (Emerging issues in research on lesbian and gay men's mental health: Does sexual orientation really matter? (Cochran, 2001)), one website (www.pflag.org), and two journals (*Journal of Gay and Lesbian Psychotherapy* and *Journal of GLBT Family Studies*). Respondents indicated that they were unfamiliar with many of the resources on the list. It may be that the experts surveyed were unfamiliar due to the heterogeneity of the sample; seven participants were family therapists, five were psychologists (clinical or counseling was not specified), and one each from social work, psychiatry, professional counseling, and an undetermined profession. Thus, the

professionals from disparate disciplines may not have been familiar with the same literature base, and therefore failed to gain consensus on the most important literature trainees should be reading. The present study aimed to improve upon the limitations of Godfrey and colleague's 2006 study by recruiting doctoral level experts from the disciplines of counseling and clinical psychology, thereby reducing the heterogeneity of the experts surveyed. If a core set of formal training materials can be identified by credible experts, trainees, and practicing therapists will be better able to find literature on LGB issues.

In addition, it has been more than fifteen years since Philips and Fischer (1998) surveyed trainees regarding their experiences in training related to LGB issues: How far has the field advanced? The present study addresses this question by surveying trainees and faculty as well as experts, and seeks to update the literature with further information regarding the status of trainees' exposure to LGB related issues while in doctoral-level clinical and counseling psychology programs. To this end, the research questions that guided the study are presented below.

Research Questions

The primary goal of this study was to identify the specific literature items on which experts agree are essential to be included in doctoral-level training. In addition, the study sought to assess experts, faculty, and trainees on the degree of familiarity with the most-cited literature (MCL) in the area of psychotherapy with LGB clients. The following research questions guided the study, as well as the null hypotheses that guided the research:

1. Are trainees familiar with the most-cited literature?

2. Do trainees find the literature experts consider essential to be valuable in their training?
3. Do faculty consider items on the MCL essential to practice and training?
4. Are experts familiar with items on the MCL?

Null Hypotheses

1. Trainees have a mean rating score on the MCL items that is not significantly different from the mean rating score experts gave on the MCL.
2. Faculty have a mean rating score on the MCL that is not significantly different from the mean rating score experts gave on the MCL.

CHAPTER 3

METHODS

The following section will outline in a linear fashion the steps taken to design the study and measures, recruit sample participants, collect data, and analyze data.

Rationale for the Selected Research Design

Given that there is little research at present which has assessed the current status of doctoral level training within the field of psychology and even less research on professional literature essential to training in LGB related issues, the present study utilized an exploratory research design. The design allowed for description of literature important to training and exploratory comparison of groups. Quantitative methods were utilized in order to test several preliminary research questions, as well as describe differences between previous reports of the state of training in LGB issues and the present status of LGB training in doctoral programs.

Because the goal of this study was to ascertain important LGB psychotherapy literature items that experts agree are essential to training, as well as estimate the degree to which said literature items are known to trainees and faculty members teaching diversity courses, a survey design was chosen. A survey design allowed for a national sample of experts, faculty, and trainees, as well as complete anonymity in responding. Previous research in the area of training in LGB psychotherapy utilized a survey design with success (Phillips & Fischer, 1998).

Participants and Procedures

Students from APA-accredited clinical and counseling training programs were sampled using random sampling methods. The most current list of accredited clinical and

counseling psychology programs (the list was updated by the APA on April 25th, 2012) was accessed via the American Psychological Association's website, and each accredited program was sorted by program type (counseling or clinical and Ph.D. or Psy.D.) and each list was numbered. This resulted in three separate numbered lists, one including all clinical psychology Ph.D. programs (173), one including all clinical psychology Psy.D. programs (63), and one including all counseling psychology (Ph.D. and Psy.D.) programs (69). The counseling Ph.D. and Psy.D. programs were combined as there were only four counseling Psy.D. programs in total. Three program groupings were utilized as past literature (e.g., Philips & Fischer, 1998) demonstrated significant differences in training on LGB issues between types of doctoral programs (e.g., counseling psychology trainees reporting greater competency in LGB issues). A random number generator was used to randomly sample 26 clinical Ph.D. programs, 27 clinical Psy.D. programs, and 27 counseling programs, two of which were counseling Psy.D. programs. The random sampling was accomplished by numbering programs on each list from one to the maximum number of programs on the list. A random number was then generated in order to select which programs would be sampled.

The Directors of Clinical Training (DCTs) of the randomly selected APA-accredited doctoral counseling and clinical psychology programs were sent a brief letter of introduction (see Appendix D) via email on July 15, 2012 and asked to forward the electronic Survey of Training Experiences (STE) combined with the MCL to advanced program students (third year and higher). In a separate email on July 16, the DCTs were sent a separate letter (see Appendix E) requesting the MCL be forwarded to faculty who teach diversity courses or are considered experts in LGB psychotherapy and training.

Reminder emails were sent, using the aforementioned method, on August 10-11, and August 31-September 1 (see Appendix F). By the end of the data collection period one program had self-selected out, and one program required an extensive internal review process for external research that did not allow for the program to be included within the data collection timeframe. The final number of programs surveyed was 78 out of a possible 305.

Recruitment of Expert Participants

In order to capture both experts on research with LGB issues and experts on training clinicians to work with LGB clients, expert participants were recruited using two different methods. First, in order to recruit research experts, authors of highly cited works on LGB issues were directly recruited via an email invitation on July 19, 2012 (see Appendix G) with a link to take the Expert Survey via Qualtrics, an online survey program. Relevant professional organizations (APA Division 17 Section for LGBT Issues; APA Division 35; and APA Division 44) were also contacted regarding recruiting efforts and listserv administrators were asked to post the study invitation on each division listserv (see Appendix H). Second, DCTs from APA-accredited doctoral psychology programs were contacted and asked to forward the Expert Survey to faculty who teach diversity courses, or are considered experts on LGB issues within the department. This sample ultimately resulted in two sample-populations that were treated separately throughout the rest of this study: experts and those who do not meet expert criteria but teach at the doctoral level, that is, faculty. Experts were defined using criteria similar to those used by Godfrey et al. (2006), with inclusion criteria being that each participant meet three of the following four: (a) have at least one publication on an LGB topic; (b)

have given at least one presentation at a professional conference or meeting on an LGB topic; (c) have at least three years of clinical experience in which at least 10% of her or his caseload was composed of LGB clients; and (d) have at least three years of teaching experience in which LGB topics were thoroughly addressed within the limits of curriculum requirements.

Measures

The surveys utilized in the study were the; Expert/Faculty Survey (EFS; see Appendix A), the Survey of Training Experiences (STE; see Appendix B), and the Most Cited Literature list (MCL; see Appendix C). The EFS is a short set of questions on the participant's demographics (e.g., gender, sexual orientation, age, political affiliation, religion/spirituality, ethnicity), experience within the area of LGB psychotherapy, and self-rated area of expertise.

The MCL is a list of the 30 most-cited articles, with 10 articles from three time periods in order to account for the effect of time that may have biased the results toward older articles. The first time period included articles from 1899-1989, the second from 1990-1999, and the third from 2000-2011. The MCL was constructed using a series of searches within the Web of Science database in December of 2011. In order to identify the most-cited articles related to LGB issues and psychotherapy three separate searches were conducted. Each search included a topic search and title search in the Web of Science citation database. Two distinct groupings of keywords, those denoting sexual orientation and those denoting the practice of psychotherapy were used to identify the most relevant articles to psychotherapy with sexual minority clients. Eight words were included in the group denoting sexual orientation: homosexual, sexual orientation, lesbian,

bisexual, queer, gay, LGB, and GLB; these were joined by the Boolean operator “or,” thereby allowing for a broad inclusion criteria. Only two words were included in the psychotherapy group: psychotherapy and counseling, also joined by the operator “or.” The Boolean operator “and” was used to link the two distinct groupings of keywords, thereby identifying articles relevant to psychotherapy and sexual orientation, and ensuring that each article retrieved was categorized as pertaining to both psychotherapy and LGB issues. In addition to these keywords, the search was limited to the subject area of “psychology.”

The ten most cited articles from each time-era were then noted and compiled to form the final version of the MCL, a total of thirty articles. An eight-point Likert-rating scale, ranging from “unnecessary” to “essential,” accompanied each item on the MCL. The scale was modeled after Godfrey and colleagues (2006): 0 = not familiar with item; 1 = unnecessary; 2 = slightly important; 3 = moderately important; 4 = important; 5 = very important; 6 = extremely important; and 7 = essential. Experts and faculty received the MCL with the statement: “Please rate each item listed according to the degree you think it is essential reading for trainees and practicing therapists to conduct competent work with clients who identify as LGB.” Trainees received the prompt: “Please rate each item listed according to the degree you think it was an essential part of your training to work with clients who identify as LGB.” The MCL items were presented to participants in a random order, to account for potential order-effects.

The STE, which assesses the trainee’s training experiences related to LGB issues as well as relevant demographic information, was developed by Phillips and Fischer (1998) and was used with permission from the first author (personal communication, 2011). The

STE was developed by identifying common training activities related to LGB issues found in APA-accredited doctoral programs, as well as specific activities suggested by the literature (Phillips & Fischer, 1998). Fourteen broad questions regarding training are included in the STE, several of which require multiple responses from the participant. The STE was chosen in part due to the potential for a direct comparison between trainee responses in 1998 and the present.

Analyses

The first task of the data analysis portion of this project was to identify the specific LGB literature experts agree are essential to practicing ethical and competent psychotherapy with LGB clients. Using responses from experts on the MCL survey, two indicators of consensus were calculated for each literature item; the median expert ranking score, and the interquartile range (IQR). If an item had a median ranking of 6.00 or higher (out of 7), and had an IQR score of 1.50 or lower, the item would be considered essential literature as agreed upon by experts in the field. Because no single item had a median ranking score above 6.00, or even approaching 6.00, the IQR was not calculated for each item.

The MCL data appeared to not be normally distributed; therefore a Kolmogorov-Smirnov test was performed and all 30 MCL items, with a range of $D(74) = 0.349 - 0.486$, $p < .000$, were significantly non-normal. Due to violation of the assumption of normality along with small and unequal sample sizes between groups, an ANOVA or ANCOVA could not be utilized in the analysis of data. A non-parametric equivalent, the Kruskal-Wallis test, was utilized to test for between-group differences. The Kruskal-Wallis test utilizes a chi-square distribution; values are then rank-ordered and used as the metric to

compare across groups. The Kruskal-Wallis allows the rejection of a null hypothesis; however, if no significant differences are found the null hypothesis cannot be retained with confidence. This limitation will be discussed at greater length along with others in the limitations section.

In order to compare trainee responses on the STE to results reported in 1998 by Phillips and Fischer, a series of t-tests were performed. Type I error was controlled for using Benjamini and Hochberg's False Discovery Rate (Benjamini & Hochberg, 1995).

CHAPTER 4

RESULTS

Participant Characteristics

One hundred and thirty-four people responded, with eighty-seven individuals being included in the final analysis: 67 (77.0% of the final sample) doctoral-level psychology students currently enrolled in APA accredited psychology programs, 8 (9.2%) faculty members teaching at APA accredited psychology programs, and 12 (13.8%) experts on LGB literature. Excluded cases are described within each participant category. The survey response rate was unknown due to not knowing how many DCTs responded to the request that they distribute the survey to faculty and trainees. In order to minimize favorable responding and protect participant anonymity, the names of training institutions were not requested, thus limiting the ability of the researcher to estimate the response rate.

Trainee Participant Descriptive Data

Eighty-eight participants began the trainee survey: six did not complete more than the demographics section and were excluded, fifteen participants reported being enrolled in their graduate program for two years or less, and were excluded. After exclusion of participants who did not complete the survey or meet inclusion criteria, trainee participants included 67 doctoral-level clinical psychology ($n = 53$; 79.1%) and counseling psychology ($n = 14$; 20.9%) trainees. Of the clinical psychology trainees, 35.8% ($n = 19$) were enrolled in Ph.D. programs, and 64.1% ($n = 34$) were enrolled in Psy.D. programs. The majority of the counseling psychology trainees ($n = 13$; 92.9%) were enrolled in Ph.D. programs, and the remaining participant ($n = 1$; 7.1%) was enrolled in a Psy.D. program. Participants were all enrolled in APA accredited programs,

and all were in their third year of the doctoral program or above. Participants ranged in age from 24 to 46 years ($M = 29.0$), with 53 being female (79.1%) and 14 being male (20.9%). Approximately 56 participants (83.6%) identified as heterosexual, two as lesbian (3.0%), three as gay (4.5%), five as bisexual (7.5%), and one as other (1.5%). Three percent of participants ($n = 2$) were African American/Black, 1.5% ($n = 1$) were Asian American, 83.6% ($n = 56$) were Caucasian, 6.0% ($n = 4$) were Hispanic, 1.5% ($n = 1$) were Native American, and 4.5% ($n = 3$) described themselves as “other.” Ten trainees did not complete the MCL, but only completed the STE, and were excluded from the MCL analysis, resulting in 57 cases for all analyses involving the MCL.

Data were not collected on 13 trainee participants on the question of the number of years they had been enrolled in their doctoral program. Although DCTs were asked to forward the survey to only those in the program at the third year and above, a comparison of this group was made to those trainee’s known to be at the third year or above; no significant differences on the dependent variable of the MCL were found (sig. .903 Pilliai’s trace). Therefore, the 13 cases were included in analysis, with the final number of trainees included in analyses being 57.

Faculty and Expert Participant Descriptive Data

Forty-six expert or faculty participants began the survey. Of these, eight did not begin the demographic section, 14 began the demographic section but did not finish, and four did not complete the MCL. This resulted in 20 participants with complete and usable response sets. Participant attrition is explored in greater detail in the “Limitations” section of Chapter 5. Eight of the participants were faculty, and 12 were experts. The faculty ranged in age from 32 years of age to 61 years of age ($M = 48.9$). Five are female,

three are male, with all identifying as cisgender (i.e., those who identify with the gender they were assigned at birth). Five taught in clinical psychology Ph.D. programs, and three in counseling psychology Ph.D. programs. The sample was generally racially homogenous, with seven identifying as Caucasian, and one identifying as Native American. Seven participants identified as heterosexual and one identified as lesbian. Democrats accounted for six of the eight participants, with the remaining two identifying as “Informed” and “Libertarian.” One participant identified as atheist, two as agnostic, two as Christian, one as Jewish, one as “tribal traditional spiritual practice,” and one as “Unitarian Universalist.” Among the faculty, the number of publications on an LGB topic ranged from zero to two ($M = 0.25$), with a median and mode of zero. Professional presentations ranged from zero to two ($M = 0.50$), with a median and mode of zero. The mean number of years faculty reported a caseload composed of at least 10% individuals identifying other than heterosexual was 7.88, with a range of 0 to 26, a median of 1.50 and a mode of zero. Faculty reported thoroughly addressing LGB issues within courses taught between 0 and 19 years ($M = 5.13$), with a median of two and a mode of zero.

Expert participants ranged in age from 30 to 77 years of age ($M = 54.42$). Six of the twelve faculty identified their gender as female, five as male, and one identified as queer. Half ($n = 6$) of the participants identified their sex as female, and six as male. Five participants taught in clinical psychology Ph.D. programs, two in clinical psychology Psy.D. programs, three in counseling psychology Ph.D. programs, and two did not identify a program affiliation. Most participants identified as Caucasian ($n = 10$), with one identifying as “mixed,” and one identifying as “Biracial-Asian American and European American.” Three participants identified as bisexual, four as gay, two as

heterosexual, two as lesbian, and one self-identified as queer. All 12 participants identified as Democrats. The sample was relatively diverse in regards to religion/spirituality; one participant identified as agnostic, three as atheist, one as Buddhist, five as Christian, one as Catholic, and one as Unitarian Universalist. Among the experts, the number of publications on an LGB topic ranged from 0 to 50 ($M = 17.67$), with a median of seven and a mode of 50. Professional presentations ranged from 2 to 70 ($M = 18.58$), with a median of seven and a mode of two. The mean number of years experts reported a caseload composed of at least 10% individuals identifying other than heterosexual was 16.08, with a range of 0 to 35, and both a median and mode of 20. Experts reported thoroughly addressing LGB issues within courses taught between 2 and 30 years ($M = 15.00$), with a median of 14.50 and a mode of 20.

Survey Response Metrics

Eysenbach (2004) recommends against using the term "response rate" in reporting results of web based survey research. In the case of the present study, the number of potential respondents is unknown. Instead of reporting the response rate, the participation rate and completion rate are reported, as suggested by Eysenbach (2004). Eysenbach also suggests reporting the view rate (i.e., the number of unique visitors to the first page of the survey divided by the number of unique visitors to the site). The view rate was not calculated, as there was not a website by which the participants visited the survey, but rather participants visited only the survey via an email-based invitation.

Trainee Participation Statistics

The participation rate, that is, the ratio of participants who completed the first page of the survey in comparison to those who viewed the first page of the survey, is now

reported. Eighty-eight participants viewed the first question on the trainee survey after signing the informed consent, and 85 participants completed the first page of the survey resulting in a trainee participation rate of 97%. Eighty-eight participants agreed to participate in the survey, and 75 participants completed the last page of the survey, resulting in a completion rate of 85%.

Faculty and Expert Participation Statistics

Forty-six expert/faculty participants continued past the informed consent page, and 38 completed the first page of the survey, resulting in an 82% participation rate. Forty-six participants continued past informed consent, and 24 completed the last page of the survey. However, four of the 20 participants who finished the survey did not endorse any items on the last page despite viewing it, resulting in a more accurate completion rate of 44%. It appears that three main drop out points account for the majority of those who did not finish the survey but did begin: eight continued past informed consent, but did not complete the first question asking about the participants gender. Nine participants answered a question about religion/spirituality, but did not complete the next question asking about area of expertise. Another six participants did not answer questions on the last survey question, that is, the MCL. It does not appear that one drop-point accounted for the completion rate of 44%, but rather three larger drop-points. The reader can draw her or his own conclusions about the meaning of the completion rate, as well as the drop points.

MCL Descriptive Statistics

The first research question, the degree of familiarity trainees have with the MCL, is easily answered: as seen in Table 1, the trainee median and mode for all 30 of the most

cited literature is zero, denoting the response “not familiar with item.” Means of trainee responses to MCL items ranged from 0.41 to 1.59, with a mean of 0.93. It appears that trainees are not familiar with the most cited literature within the field of LGB issues in psychotherapy.

Table 1

Trainee (n = 57) MCL Response Descriptive Statistics

Article	Mean	Median	Mode
Lysergic Acid Diethylamide (LSD-25) As An Adjunct To Psychotherapy With Elimination Of Fear Of Homosexuality (Abramson, 1955)	0.56	0	0
Psychotherapy With Gay Lesbian Couples And Their Children In Stepfamilies - A Challenge For Marriage And Family Therapists (Baptiste, 1987)	0.82	0	0
Hispanic Culture, Gay Male Culture, And Aids - Counseling Implications (Carballodieguez, 1989)	0.80	0	0
Therapists Needs For Training In Counseling Lesbians And Gay Men (Graham, Rawlings, Halpern, & Hermes, 1984)	1.11	0	0
Career Counseling And Life Planning With Lesbian Women (Hetherington & Orzek, 1989)	0.54	0	0
Career Counseling With Gay Men - Issues And Recommendations For Research (Hetherington, Hillerbrand, & Etringer, 1989)	0.81	0	0
Human Immunodeficiency Virus-Infection And The Gay Community - Counseling And Clinical Issues (Martin, 1989)	0.89	0	0
Psychotherapy With Lesbian Couples - Individual Issues, Female Socialization, And The Social-Context (Roth, 1985)	0.86	0	0
Effects Of A Workshop On Mental-Health Practitioners Attitudes Toward Homosexuality And Counseling Effectiveness (Rudolph, 1989)	0.82	0	0
Attitudes Toward Homosexuality Among Graduate Counseling Students (Thompson & Fishburn, 1977)	1.18	0	0
Human-Diversity And Professional Competence - Training In Clinical And Counseling Psychology Revisited (Allison, Crawford, Echenmendia, Robinson, & Knepp, 1994)	1.59	0	0
Emotional, Behavioral, And Hiv Risks Associated With Sexual Abuse Among Adult Homosexual And Bisexual Men (Bartholow et al., 1994)	0.81	0	0
National-Lesbian-Health-Care-Survey - Implications For Mental-Health-Care (Bradford, Ryan, & Rothblum, 1994)	1.11	0	0
Emotional Disclosure Through Writing Or Speaking Modulates Latent Epstein-Barr-Virus Antibody-Titers (Esterling, Antoni, Fletcher, Margulies, & Schneiderman, 1994)	0.41	0	0
The Hidden Minority - Issues And Challenges In Working With Lesbian Women And Gay Men (Fassinger, 1991)	1.51	0	0

Issues In Psychotherapy With Lesbians And Gay Men - A Survey Of Psychologists (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991)	1.05	0	0
Nature, Extent, And Importance Of What Psychotherapy Trainees Do Not Disclose To Their Supervisors (Ladany, Hill, Corbett, & Nutt, 1996)	1.23	0	0
Revisoning Sexual Minority Identity Formation: A New Model Of Lesbian Identity And Its Implications For Counseling And Research (McCarn & Fassinger, 1996)	0.98	0	0
Identity Politics - Challenges To Psychology Understanding (Sampson, 1993)	0.82	0	0
The Diversification Of Psychology - A Multicultural Revolution (Sue, Bingham, Porche-Burke, & Vasquez, 1999)	1.21	0	0
Disclosure Of Hiv Infection In South India: Patterns, Reasons And Reactions (Chandra, Deepthivarma, & Manjula, 2003)	0.63	0	0
Serostatus Disclosure, Sexual Communication And Safer Sex In Hiv-Positive Men (Crepaz & Marks, 2003)	0.73	0	0
Out? At Work: The Relation Of Actor And Partner Workplace Policy And Internalized Homophobia To Disclosure Status (Rostosky & Riggle, 2002)	0.87	0	0
Practice Parameter For The Assessment And Treatment Of Children And Adolescents With Suicidal Behavior (Shaffer Et Al., 2001)	0.66	0	0
Spirituality And Psychological Adaptation Among Women With Hiv/Aids: Implications For Counseling (Simoni, Martone, & Kerwin, 2002)	0.89	0	0
Gender Role Conflict And Psychological Well-Being Among Gay Men (Simonsen, Blazina, & Watkins, 2000)	1.04	0	0
Can Some Gay Men And Lesbians Change Their Sexual Orientation? 200 Participants Reporting A Change From Homosexual To Heterosexual Orientation (Spitzer, 2003)	1.14	0	0
The Lesbian Internalized Homophobia Scale: A Rational/Theoretical Approach (Szymanski & Chung, 2001)	0.79	0	0
Psychosocial Correlates Of Internalized Homophobia In Lesbians (Szymanski, Chung, & Balsam, 2001)	0.86	0	0
Heterosexual Identity Development: A Multidimensional Model Of Individual And Social Identity (Worthington, Savoy, Dillon, & Vernaglia, 2002)	1.11	0	0

Note. MCL Likert scale: 0 = not familiar with item; 1 = unnecessary; 2 = slightly important; 3 = moderately important; 4 = important; 5 = very important; 6 = extremely important; and 7 = essential.

Faculty descriptive statistics appear to be similar to those of trainees; across all literature items on the MCL the modal response was zero, and the median was zero with the exception of three articles (Allison et al., 1994; Ladany, Hill, Corbett, & Nutt, 1996; Szymanski & Chung, 2001), for which it was 1.50, and one article for which the median was one (Bradford et al., 1994) (see Table 2). The mean response ranged from 0.5 to 2, with a mean of 1.22. It appears that of faculty who were familiar with items on the MCL, most did not see the items as essential to trainees education in working with LGB issues in psychotherapy.

Table 2

Faculty (n = 8) MCL Response Descriptive Statistics

Article	Mean	Median	Mode
Lysergic Acid Diethylamide (LSD-25) As An Adjunct To Psychotherapy With Elimination Of Fear Of Homosexuality (Abramson, 1955)	0.50	0	0
Psychotherapy With Gay Lesbian Couples And Their Children In Stepfamilies - A Challenge For Marriage And Family Therapists (Baptiste, 1987)	1.13	0	0
Hispanic Culture, Gay Male Culture, And Aids - Counseling Implications (Carballodieguez, 1989)	0.75	0	0
Therapists Needs For Training In Counseling Lesbians And Gay Men (Graham, Rawlings, Halpern, & Hermes, 1984)	1.00	0	0
Career Counseling And Life Planning With Lesbian Women (Hetherington & Orzek, 1989)	1.38	0	0
Career Counseling With Gay Men - Issues And Recommendations For Research (Hetherington, Hillerbrand, & Etringer, 1989)	1.50	0	0
Human Immunodeficiency Virus-Infection And The Gay Community - Counseling And Clinical Issues (Martin, 1989)	0.88	0	0
Psychotherapy With Lesbian Couples - Individual Issues, Female Socialization, And The Social-Context (Roth, 1985)	1.00	0	0
Effects Of A Workshop On Mental-Health Practitioners Attitudes Toward Homosexuality And Counseling Effectiveness (Rudolph, 1989)	0.63	0	0
Attitudes Toward Homosexuality Among Graduate Counseling Students (Thompson & Fishburn, 1977)	0.75	0	0
Human-Diversity And Professional Competence - Training In Clinical And Counseling Psychology Revisited (Allison, Crawford, Echenmendis, Robinson, & Knepp, 1994)	2.00	1.50	0
Emotional, Behavioral, And Hiv Risks Associated With Sexual Abuse Among Adult Homosexual And Bisexual Men (Bartholow Et Al., 1994)	0.75	0	0
National-Lesbian-Health-Care-Survey - Implications For Mental-Health-Care (Bradford, Ryan, & Rothblum, 1994)	1.50	1	0
Emotional Disclosure Through Writing Or Speaking Modulates Latent Epstein-Barr-Virus Antibody-Titers (Esterling, Antoni, Fletcher, Margulies, & Schneiderman, 1994)	0.63	0	0
The Hidden Minority - Issues And Challenges In Working With Lesbian Women And Gay Men (Fassinger, 1991)	1.50	0	0

Issues In Psychotherapy With Lesbians And Gay Men - A Survey Of Psychologists (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991)	1.13	0	0
Nature, Extent, And Importance Of What Psychotherapy Trainees Do Not Disclose To Their Supervisors (Ladany, Hill, Corbett, & Nutt, 1996)	1.75	1.50	0
Revisioning Sexual Minority Identity Formation: A New Model Of Lesbian Identity And Its Implications For Counseling And Research (McCarn & Fassinger, 1996)	1.25	0	0
Identity Politics - Challenges To Psychology Understanding (Sampson, 1993)	0.75	0	0
The Diversification Of Psychology - A Multicultural Revolution (Sue, Bingham, Porche-Burke, & Vasquez, 1999)	1.38	0	0
Disclosure Of Hiv Infection In South India: Patterns, Reasons And Reactions (Chandra, Deepthivarma, & Manjula, 2003)	0.50	0	0
Serostatus Disclosure, Sexual Communication And Safer Sex In HIV-Positive Men (Crepaz & Marks, 2003)	0.75	0	0
Out? At Work: The Relation Of Actor And Partner Workplace Policy And Internalized Homophobia To Disclosure Status (Rostosky & Riggle, 2002)	1.00	0	0
Practice Parameter For The Assessment And Treatment Of Children And Adolescents With Suicidal Behavior (Shaffer Et Al., 2001)	1.38	0	0
Spirituality And Psychological Adaptation Among Women With Hiv/Aids: Implications For Counseling (Simoni, Martone, & Kerwin, 2002)	1.13	0	0
Gender Role Conflict And Psychological Well-Being Among Gay Men (Simonsen, Blazina, & Watkins, 2000)	1.50	0	0
Can Some Gay Men And Lesbians Change Their Sexual Orientation? 200 Participants Reporting A Change From Homosexual To Heterosexual Orientation (Spitzer, 2003)	0.88	0	0
The Lesbian Internalized Homophobia Scale: A Rational/Theoretical Approach (Szymanski & Chung, 2001)	1.75	1.50	0
Psychosocial Correlates Of Internalized Homophobia In Lesbians (Szymanski, Chung, & Balsam, 2001)	1.13	0	0
Heterosexual Identity Development: A Multidimensional Model Of Individual And Social Identity (Worthington, Savoy, Dillon, & Vernaglia, 2002)	1.50	0	0

Note. MCL Likert scale: 0 = not familiar with item; 1 = unnecessary; 2 = slightly important; 3 = moderately important; 4 = important; 5 = very important; 6 = extremely important; and 7 = essential.

Expert responses to the MCL are presented in Table 3. The mode and median varied to a greater degree across items as compared to trainee and faculty responses. The modal responses ranged from zero to four, and the median responses ranged from zero to four as well. Mean faculty response to MCL items ranged from 0.75 to 3.58. One article, McCarn and Fassinger's (1996) *Revisioning Sexual Minority Identity Formation: A New Model Of Lesbian Identity And Its Implications For Counseling And Research*, had a median and mode of four (i.e., "important to training") and a mean rating of 3.58. Although the mode was zero for 24 of 30 articles for experts, a result similar to the trainee and faculty participants, the medians and means of experts were on average higher as compared to trainees and faculty. This may indicate that some experts did not recognize articles on the MCL, but of those who did, they rated them more highly on the eight-point Likert-scale than trainees and faculty did.

Table 3

Expert (n = 12) MCL Response Descriptive Statistics

Article	Mean	Median	Mode
Revisoning Sexual Minority Identity Formation: A New Model Of Lesbian Identity And Its Implications For Counseling And Research (McCarn & Fassinger, 1996)	3.58	4	4
Psychosocial Correlates Of Internalized Homophobia In Lesbians (Szymanski, Chung, & Balsam, 2001)	3.58	3.50	0
Issues In Psychotherapy With Lesbians And Gay Men - A Survey Of Psychologists (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991)	3.50	3.50	3
Nature, Extent, And Importance Of What Psychotherapy Trainees Do Not Disclose To Their Supervisors (Ladany, Hill, Corbett, & Nutt, 1996)	3.42	3.50	0
The Diversification Of Psychology - A Multicultural Revolution (Sue, Bingham, Porche-Burke, & Vasquez, 1999)	3.08	2.50	0
The Lesbian Internalized Homophobia Scale: A Rational/Theoretical Approach (Szymanski & Chung, 2001)	2.92	3	0
The Hidden Minority - Issues And Challenges In Working With Lesbian Women And Gay Men (Fassinger, 1991)	2.75	3	0
National-Lesbian-Health-Care-Survey - Implications For Mental-Health-Care (Bradford, Ryan, & Rothblum, 1994)	2.58	2.50	0
Human Immunodeficiency Virus-Infection And The Gay Community - Counseling And Clinical Issues (Martin, 1989)	2.50	2.50	0
Psychotherapy With Lesbian Couples - Individual Issues, Female Socialization, And The Social-Context (Roth, 1985)	2.50	2.50	0
Can Some Gay Men And Lesbians Change Their Sexual Orientation? 200 Participants Reporting A Change From Homosexual To Heterosexual Orientation (Spitzer, 2003)	2.50	1.50	1
Human-Diversity And Professional Competence - Training In Clinical And Counseling Psychology Revisited (Allison, Crawford, Echenmendis, Robinson, & Knepp, 1994)	2.25	1.50	0
Heterosexual Identity Development: A Multidimensional Model Of Individual And Social Identity (Worthington, Savoy, Dillon, & Vernaglia, 2002)	2.25	2.50	0
Practice Parameter For The Assessment And Treatment Of Children And Adolescents With Suicidal Behavior (Shaffer Et Al., 2001)	2.08	0.50	0
Effects Of A Workshop On Mental-Health Practitioners Attitudes Toward Homosexuality And Counseling Effectiveness (Rudolph, 1989)	2.00	1	1

Out? At Work: The Relation Of Actor And Partner Workplace Policy And Internalized Homophobia To Disclosure Status (Rostosky & Riggle, 2002)	2.00	2.50	0
Gender Role Conflict And Psychological Well-Being Among Gay Men (Simonsen, Blazina, & Watkins, 2000)	2.00	1.50	0
Therapists Needs For Training In Counseling Lesbians And Gay Men (Graham, Rawlings, Halpern, & Hermes, 1984)	1.92	1	1
Attitudes Toward Homosexuality Among Graduate Counseling Students (Thompson & Fishburn, 1977)	1.92	1.50	3
Hispanic Culture, Gay Male Culture, And Aids - Counseling Implications (Carballodieguez, 1989)	1.83	1.50	0
Career Counseling And Life Planning With Lesbian Women (Hetherington & Orzek, 1989)	1.83	2	0
Emotional, Behavioral, And Hiv Risks Associated With Sexual Abuse Among Adult Homosexual And Bisexual Men (Bartholow Et Al., 1994)	1.75	1	0
Serostatus Disclosure, Sexual Communication And Safer Sex In Hiv-Positive Men (Crepaz & Marks, 2003)	1.75	1	0
Career Counseling With Gay Men - Issues And Recommendations For Research (Hetherington, Hillerbrand, & Etringer, 1989)	1.67	0.50	0
Psychotherapy With Gay Lesbian Couples And Their Children In Stepfamilies - A Challenge For Marriage And Family Therapists (Baptiste, 1987)	1.58	1	0
Identity Politics - Challenges To Psychology Understanding (Sampson, 1993)	1.50	0.50	0
Spirituality And Psychological Adaptation Among Women With Hiv/Aids: Implications For Counseling (Simoni, Martone, & Kerwin, 2002)	1.50	0	0
Disclosure Of Hiv Infection In South India: Patterns, Reasons And Reactions (Chandra, Deepthivarma, & Manjula, 2003)	1.08	0	0
Lysergic Acid Diethylamide (LSD-25) As An Adjunct To Psychotherapy With Elimination Of Fear Of Homosexuality (Abramson, 1955)	1.00	0	0
Emotional Disclosure Through Writing Or Speaking Modulates Latent Epstein-Barr-Virus Antibody-Titers (Esterling, Antoni, Fletcher, Margulies, & Schneiderman, 1994)	0.75	0	0

Note. MCL Likert scale: 0 = not familiar with item; 1 = unnecessary; 2 = slightly important; 3 = moderately important; 4 = important; 5 = very important; 6 = extremely important; and 7 = essential.

MCL Results

In order to examine what literature experts agree is essential to training in LGB psychotherapy, the median ranking score of each item on the MCL was examined to compare it to the 6.00 criteria. No item on the MCL had a median ranking score above 6.00. Due to the first criteria for inclusion being unmet, the interquartile range (IQR) of each item is not reported. Because the MCL did not result in a literature list of highly recommended articles, the expert free-responses were used to compile. The free-response literature prompt in the expert/faculty survey responses of all expert respondents ($n = 12$) were ordered according to frequency of suggestion (see Table 4). Even though the question prompt asked for literature related to LGB issues, one of the items experts suggested was related to transgender issues (see Table 4), possibly demonstrating the overlap and relationship between transgender and sexual orientation issues in the field. It is worth noting that the literature experts suggested via the free-response format did not overlap with any reference included on the MCL.

Table 4

Free-Response Endorsements of Articles by Experts (n = 12)

Article	Endorsements
Herek, G. M., Kimmel, D. C., Amaro, H., & Melton, G. B. (1991). Avoiding heterosexist bias in psychological research. <i>The American psychologist</i> , 46(9), 957–963.	6
American Psychological Association. (2012). Guidelines for psychological practice with lesbian, gay, and bisexual clients. <i>The American psychologist</i> , 67(1), 10–42. doi:10.1037/a0024659	4
Bieschke, K. J., Perez, R. M., & DeBord, K. A. (2007). <i>Handbook of Counseling And Psychotherapy With Lesbian, Gay, Bisexual, And Transgender Clients</i> . Washington, DC: American Psychological Association.	3
Firestein, B. A. (2007). <i>Becoming visible: counseling bisexuals across the lifespan</i> . New York, NY: Columbia University Press.	3
Savin-Williams, R. C. (2005). <i>The new gay teenager</i> . Cambridge, MA: Harvard University Press.	2
Lev, A. I. (2004). <i>Transgender emergence: therapeutic guidelines for working with gender-variant people and their families</i> . New York, NY: The Haworth Clinical Practice Press.	2
Green, R. J., & Mitchell, V. (2008). Gay and lesbian couples in therapy: Minority stress, relational ambiguity, and families of choice. <i>Clinical handbook of couple therapy</i> , 4, 662-680.	2
Ritter, K. (2002). <i>Handbook of affirmative psychotherapy with lesbians and gay men</i> . New York, NY: Guilford Press.	2

In order to examine whether the MCL data for all groups (i.e., trainee, faculty, experts) were distributed normally a Kolmogorov-Smirnov goodness of fit test was utilized. The Kolmogorov-Smirnov goodness of fit test compares the scores in the sample to normally distributed data with the same mean and standard deviation. A significant result ($p < .05$) indicates data is significantly different from normally distributed data. The percentage on all 30 MCL items were significantly non-normal (range of $D(74) = 0.349 - 0.486$, $p < .000$), indicating the MCL data was not distributed normally. The ANOVA statistic can be robust regarding violations of the assumption of normality, if sample sizes are equal. Due to violation of the assumption of normality along with unequal sample sizes between groups, an ANOVA or ANCOVA could not be utilized with the MCL data. A non-parametric equivalent, the Kruskal-Wallis test, was utilized to test for between-group differences between trainee, faculty, and expert scores on the MCL. The test has a chi-square distribution and utilizes rank-order values by which to compare across groups; scores are ranked without regard to group, totaled within-group, and used to calculate the test statistic, H . The Kruskal-Wallis allows us to reject a null hypothesis; however, if no significant differences are found we cannot retain the null hypothesis with confidence. This limitation will be discussed at greater length in Chapter 5 of this document.

Kruskal-Wallis tests were utilized to compare means across group on each MCL literature item, resulting in 30 tests being executed. A Bonferroni correction, which controls the familywise error rate, or Benjamini and Hochbergs (1995) false discovery rate (FDR) control are two available methods to address the increased probability of type I errors when multiple comparisons are made, as in the present study. Some argue, such

as Soric (1989), that while the Bonferroni correction certainly controls for the increased probability of a type I error, it does so at the expense of decreased power. Benjamini and Hochberg (1995) presented an alternative, which is utilized in the present study. Using Benjamini and Hochberg's (1995) method, the comparisons are ordered by ascending p -value (see Table 5) and then compared to the derived q value. The q value is conceptually similar to the p value, but with the false discovery rate controlled for in the q value, and not the p value. As seen in Table 5 p values are compared to q values, and when $p < q$, the comparison is considered significant. Using this method, 13 of 30 items on the MCL were found to be significant (see Table 5). Given that the Kruskal-Wallis test does not allow for the retention of the null hypothesis, we cannot state that there are not significant differences between groups for the 17 non-significant articles, but rather that we cannot detect differences.

Table 5

MCL Kruskal-Wallis Results for all Groups

Article	<i>p</i>	<i>q</i> ^a	<i>p</i> < <i>q</i> ^b
Psychosocial Correlates Of Internalized Homophobia In Lesbians (Szymanski, Chung, & Balsam, 2001)	< .001	.002	TRUE
Revisioning Sexual Minority Identity Formation: A New Model Of Lesbian Identity And Its Implications For Counseling And Research (McCarn & Fassinger, 1996)	< .001	.003	TRUE
The Lesbian Internalized Homophobia Scale: A Rational/Theoretical Approach (Szymanski & Chung, 2001)	< .001	.005	TRUE
Issues In Psychotherapy With Lesbians And Gay Men - A Survey Of Psychologists (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991)	.001	.007	TRUE
Psychotherapy With Lesbian Couples - Individual Issues, Female Socialization, And The Social-Context (Roth, 1985)	.002	.008	TRUE
Human Immunodeficiency Virus-Infection And The Gay Community - Counseling And Clinical Issues (Martin, 1989)	.003	.010	TRUE
Career Counseling And Life Planning With Lesbian Women (Hetherington & Orzek, 1989)	.004	.012	TRUE
Effects Of A Workshop On Mental-Health Practitioners Attitudes Toward Homosexuality And Counseling Effectiveness (Rudolph, 1989)	.005	.013	TRUE
The Diversification Of Psychology - A Multicultural Revolution (Sue, Bingham, Porche-Burke, & Vasquez, 1999)	.005	.015	TRUE
Nature, Extent, And Importance Of What Psychotherapy Trainees Do Not Disclose To Their Supervisors (Ladany, Hill, Corbett, & Nutt, 1996)	.009	.017	TRUE
National-Lesbian-Health-Care-Survey - Implications For Mental-Health-Care (Bradford, Ryan, & Rothblum, 1994)	.013	.018	TRUE
Can Some Gay Men And Lesbians Change Their Sexual Orientation? 200 Participants Reporting A Change From Homosexual To Heterosexual Orientation (Spitzer, 2003)	.014	.020	TRUE
Out? At Work: The Relation Of Actor And Partner Workplace Policy And Internalized Homophobia To Disclosure Status (Rostosky & Riggle, 2002)	.016	.022	TRUE
Therapists Needs For Training In Counseling Lesbians And Gay Men (Graham, Rawlings, Halpern, & Hermes, 1984)	.024	.023	FALSE
Hispanic Culture, Gay Male Culture, And Aids - Counseling Implications (Carballodieguez, 1989)	.027	.025	FALSE

Attitudes Toward Homosexuality Among Graduate Counseling Students (Thompson & Fishburn, 1977)	.028	.027	FALSE
Emotional, Behavioral, And Hiv Risks Associated With Sexual Abuse Among Adult Homosexual And Bisexual Men (Bartholow Et Al., 1994)	.033	.028	FALSE
Practice Parameter For The Assessment And Treatment Of Children And Adolescents With Suicidal Behavior (Shaffer Et Al., 2001)	.038	.030	FALSE
Psychotherapy With Gay Lesbian Couples And Their Children In Stepfamilies - A Challenge For Marriage And Family Therapists (Baptiste, 1987)	.061	.032	FALSE
Serostatus Disclosure, Sexual Communication And Safer Sex In Hiv-Positive Men (Crepaz & Marks, 2003)	.063	.033	FALSE
Heterosexual Identity Development: A Multidimensional Model Of Individual And Social Identity (Worthington, Savoy, Dillon, & Vernaglia, 2002)	.073	.035	FALSE
Career Counseling With Gay Men - Issues And Recommendations For Research (Hetherington, Hillerbrand, & Etringer, 1989)	.087	.037	FALSE
Gender Role Conflict And Psychological Well-Being Among Gay Men (Simonsen, Blazina, & Watkins, 2000)	.094	.038	FALSE
The Hidden Minority - Issues And Challenges In Working With Lesbian Women And Gay Men (Fassinger, 1991)	.102	.040	FALSE
Lysergic Acid Diethylamide (LSD-25) As An Adjunct To Psychotherapy With Elimination Of Fear Of Homosexuality (Abramson, 1955)	.151	.042	FALSE
Identity Politics - Challenges To Psychology Understanding (Sampson, 1993)	.159	.043	FALSE
Emotional Disclosure Through Writing Or Speaking Modulates Latent Epstein- Barr-Virus Antibody-Titers (Esterling, Antoni, Fletcher, Margulies, & Schneiderman, 1994)	.169	.045	FALSE
Disclosure Of Hiv Infection In South India: Patterns, Reasons And Reactions (Chandra, Deepthivarma, & Manjula, 2003)	.193	.047	FALSE
Human-Diversity And Professional Competence - Training In Clinical And Counseling Psychology Revisited (Allison, Crawford, Echenmendis, Robinson, & Knepp, 1994)	.279	.048	FALSE
Spirituality And Psychological Adaptation Among Women With Hiv/Aids: Implications For Counseling (Simoni, Martone, & Kerwin, 2002)	.284	.050	FALSE

^aThe q value is conceptually similar to the p value, but with the false discovery rate controlled for in the q value, and not the p value. ^b p values are compared to q values, and when $p < q$, the comparison is considered significant.

MCL Post-Hoc Comparisons

Adjusted significance levels are reported for all pairwise comparisons in order to control for familywise error. As seen in Table 6, omnibus test significance is due to differences between experts and trainees on all 13 MCL articles. One MCL item, McCarn and Fassinger's 1996 Revisioning Sexual Minority Identity Formation: A New Model Of Lesbian Identity And Its Implications For Counseling And Research, saw differences between both trainees and experts, as well as experts and faculty. It appears that, aforementioned exception withstanding, the only significant post-hoc comparisons on 13 of the 30 MCL articles were between trainees and experts.

Table 6

Kruskall-Wallis and Post-Hoc Test MCL Results

Article	<i>H</i> (2)	Kruskall-Wallis <i>p</i>	Post-hoc adjusted <i>p</i>		
			Trainee-Faculty	Trainee-Expert	Faculty-Expert
Issues In Psychotherapy With Lesbians And Gay Men - A Survey Of Psychologists (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991)	14.02	.001	1.000	.001	.096
Revisioning Sexual Minority Identity Formation: A New Model Of Lesbian Identity And Its Implications For Counseling And Research (McCarn & Fassinger, 1996)	18.05	.000	1.000	.000	.039
The Lesbian Internalized Homophobia Scale: A Rational/Theoretical Approach (Szymanski & Chung, 2001)	17.78	.000	.306	.000	.409
Psychosocial Correlates Of Internalized Homophobia In Lesbians (Szymanski, Chung, & Balsam, 2001)	17.89	.000	1.00	.000	.057
Psychotherapy With Lesbian Couples - Individual Issues, Female Socialization, And The Social-Context (Roth, 1985)	12.64	.002	1.00	.001	.088
Human Immunodeficiency Virus-Infection And The Gay Community - Counseling And Clinical Issues (Martin, 1989)	11.61	.003	1.00	.002	.082
Career Counseling And Life Planning With Lesbian Women (Hetherington & Orzek, 1989)	11.06	.004	.378	.005	1.00
Effects Of A Workshop On Mental-Health Practitioners Attitudes Toward Homosexuality And Counseling Effectiveness (Rudolph, 1989)	10.76	.005	1.00	.003	.086
The Diversification Of Psychology - A Multicultural Revolution (Sue, Bingham, Porche-Burke, & Vasquez, 1999)	10.66	.005	1.00	.003	.173
Nature, Extent, And Importance Of What Psychotherapy Trainees Do Not Disclose To Their Supervisors (Ladany, Hill, Corbett, & Nutt, 1996)	9.53	.009	1.00	.006	.414
National-Lesbian-Health-Care-Survey - Implications For Mental-Health-Care	8.63	.013	.963	.012	.707

(Bradford, Ryan, & Rothblum, 1994)

Can Some Gay Men And Lesbians Change Their Sexual Orientation? 200 Participants Reporting A Change From Homosexual To Heterosexual Orientation (Spitzer, 2003)	8.54	.014	1.00	.011	.159
Out? At Work: The Relation Of Actor And Partner Workplace Policy And Internalized Homophobia To Disclosure Status (Rostosky & Riggle, 2002)	8.30	.016	1.00	.012	.254

Note. A significance level of $p = .05$ was retained in post-hoc comparisons between groups, as familywise error was controlled for by virtue of the post-hoc testing procedure. All reported post-hoc significance values are adjusted to control for familywise error, with significant values denoted by bolded font.

STE Results

Phillips and Fischer (1998) found that clinical and counseling trainees differed significantly on major STE variables. The STE was included in the present study as adjunct to the main research question regarding differences on the MCL; therefore, an exploratory approach was taken in examining STE data, with results presented herein.

Descriptive statistics for all major STE variables are presented in Tables 7, 8 and 9. Overall, trainees reported LGB issues were infrequently incorporated into coursework; LGB issues were included in an average of 4.6 classes out of 20 standard classes surveyed. Seventeen percent reported that a LGB course was available, and 63% reported having taken a multicultural course in which LGB issues were included; 85% of trainees reported having explored their personal bias related to LGB issues. An average of 9.66 articles related to LGB issues were assigned. Trainees reported seeing an average of 5.21 clients who identified as LGB, although the modal number of clients seen was zero. Students received an average of 6.1 hours of didactic training in practicum sites, but a mode of 0 indicates that trainees frequently did not receive any training on LGB issues from practicum sites. Trainees indicated that they received information from an average of 3.76 sources other than their doctoral program, out of 8 sources surveyed (e.g., masters program, undergraduate training).

Table 7

Descriptive Statistics of 2012 STE Variables for all Participants

<i>Variable</i>	<i>Overall (n = 67)</i>			
	<i>M</i>	<i>SD</i>	<i>Median</i>	<i>Mode</i>
LGB issues integrated into coursework?	4.61 ^a	2.52	4 ^a	4 ^a
Number of LGB articles required?	9.66	11.70	5	10
Number of didactic practicum training hours?	6.12	7.53	3, 4	0
Other sources of information (0-8)?	3.76	1.73	4	4
Feel prepared to counsel LGB clients? (1-3)	2.54	0.50	3	3
Number LGB clients seen?	5.21	5.22	4	1

^aOut of 20 possible courses taken.

Table 8

Frequency of LGB Issue Inclusion in Coursework

<i>Course</i>	<i>Did not Take Course</i>	<i>LGB Issues not Included</i>	<i>LGB Issues Included</i>
Introduction to Counseling/Therapy	6 (9%)	25 (38%)	35 (53%)
Assessment/Diagnosis	2 (3%)	46 (70%)	18 (27%)
Career Counseling	50 (77%)	12 (18%)	3 (5%)
Psychopathology/Abnormal Psychology	3 (4.5%)	33 (50%)	30 (45.5%)
Ethics	2 (3%)	22 (33%)	43 (64%)
Marriage/Family/Relationship Counseling	29 (43%)	13 (19%)	25 (37%)
Statistics	0	66 (98.5%)	1 (1.5%)
Research Methodology	0	62 (94%)	4 (6%)
History of Psychology	14 (21%)	33 (49%)	20 (30%)
Group Counseling/Therapy	19 (29%)	34 (52%)	12 (19%)
Cognitive/Behavioral Therapy	19 (29%)	31 (47%)	16 (24%)
Humanistic/Existential Therapy	51 (77%)	10 (15%)	5 (8%)
Psychodynamic/Analytic Therapy	30 (45%)	21 (32%)	15 (23%)
Feminist Therapy	63 (94%)	2 (3%)	2 (3%)
Multicultural Counseling	24 (36%)	1 (1%)	42 (63%)
Counseling Women	65 (97%)	1 (1.5%)	1 (1.5%)
Supervision	24 (36.5%)	24 (36.5%)	18 (27%)
Neuropsychology	35 (53%)	30 (45.5%)	1 (1.5%)
Counseling Children/Adolescents	40 (60.5%)	19 (29%)	7 (10.5%)
Other courses	33 (72%)	2 (4%)	11 (24%)

Table 9

Descriptive Statistics of 2012 STE Variables by Group

Variable	Counseling ^a (n = 14)				Clinical Ph.D. (n = 19)				Clinical Psy.D. (n = 34)			
	M	SD	Median	Mode	M	SD	Median	Mode	M	SD	Median	Mode
LGB issues integrated into coursework?	5.00 ^b	2.00	5 ^b	5 ^b	4.11 _b	2.35	4 ^b	4 ^b	4.74 _b	2.81	5 ^b	1 ^b
Number of LGB articles required?	12.3 ₃	10.84	9	4	9.88	15.10	4	0	8.47	10.10	5	5
Number of didactic practicum training hours?	5.42	4.19	4	2	8.06	10.87	3	0	5.28	6.14	4	0
Other sources of information (0-8)? ^c	4.00	1.80	4	4	4.06	1.86	4, 5	5	3.50	1.64	4	4
Feel prepared to counsel LGB clients?	2.79	0.43	3	3	2.47	0.51	2	2	2.47	0.51	2	2
Number LGB clients seen?	6.75	4.56	5.5	10	5.29	7.04	3	1	4.62	4.36	4	1

Note. Number of participants range from 58 to 67 due to occasional missing data.

^aCounseling trainees include Ph.D. and Psy.D. students. ^bOut of 20 possible courses taken. ^cOther sources include: requirements for bachelors degree, requirements for master's degree, friends/peers in master's or doctoral program, classes in other departments, reading articles/books at my own initiative, attending programs at conferences, clients in practicum, and a write-in option.

Thirty-nine percent of all trainees surveyed reported that LGB issues were included on comprehensive exams (see Table 9). Twenty-one percent of trainees who responded to the survey reported that there was a faculty member who was out as lesbian, gay, or bisexual, and 47% reported that their program included a faculty member with expertise in LGB related issues. Only 20% of trainees reported having worked with a clinical supervisor who had expertise in LGB issues. Trainees reported, on a scale of 1-3, feeling prepared to counsel LGB clients ($M = 2.54$; $SD = 0.50$). Overall, trainees reported having seen an average of 5.21 clients who identified as a member of the LGB community, although not all trainees worked with LGB clients to the same extent (mode = 1 hour). The presentation of results will now turn to a comparison of Phillips and Fischer's 1995 STE data and the present study's 2012 STE data.

Table 10

Descriptive Statistics of STE Variables

<i>Variable</i>	<i>Overall (n = 67) Percent Yes</i>	<i>Counseling^a (n = 14) Percent Yes</i>	<i>Clinical Ph.D. (n = 19) Percent Yes</i>	<i>Clinical Psy.D. (n = 34) Percent Yes</i>
LGB issues on comps?	39	85	21	30
LGB course available?	17	15	16	18
Taken multicultural course with LGB?	63	86	47	62
Explore bias?	85	85	68	94
Faculty expertise?	47	31	42	56
Supervisor expertise?	20	31	6	24
Faculty out as lesbian, gay, or bisexual?	21	23	21	21

Note. Number of participants range from 58 to 67 due to occasional missing data.

^aCounseling trainees include Ph.D. and Psy.D. students.

1995 and 2012 STE Comparison

In order to control for type I error, Benjamini and Hochberg's False Discovery Rate control procedure was utilized, as aforementioned in this chapter. In comparing 1995 and 2012 participant means on five STE questions, statistically significant differences were found on five of the six questions (see Table 11). It appears that participants who took the STE in 2012 scored significantly higher on the four STE questions.

Table 11

Comparison of Trainee 1995 and 2012 STE Responses

STE Question	1995 (n = 105)		2012 (n = 67)		<i>t</i> value	<i>p</i> value	<i>q</i> ^a	<i>p</i> < <i>q</i> ^b	<i>d</i>
	M	SD	M	SD					
LGB issues integrated into coursework?	3.14	2.50	4.61	2.52	-3.76	.000	.017	TRUE	.59
Number of LGB articles required?	4.07	6.63	9.66	11.70	-3.57	.001	.019	TRUE	.56
Number of didactic practicum training hours?	2.79	3.67	6.12	7.53	-3.38	.001	.022	TRUE	.53
Other sources of information (0-8)?	3.39	1.43	3.76	1.73	-1.47	.145	.047	FALSE	-
Feel prepared to counsel LGB clients? (1-3)	1.39	0.57	2.54	0.50	-14.01	.000	.003	TRUE	2.19
Number LGB clients seen?	1.20	3.01	5.21	5.22	-5.73	.000	.011	TRUE	.90

^aThe *q* value is a conceptual equivalent to the *p* value, with the false discovery rate controlled for. ^bIf *p* < *q*, then there is a significant difference between means.

When the sources of these differences are examined in greater detail, it appears that both counseling trainees and clinical trainees endorsed the STE in statistically significantly different ways in 1995 and 2012. Table 12 shows that three of six STE questions on which the 1995 and 2012 counseling trainees endorsed in statistically significantly different ways. Counseling trainees report an increase in the number of LGB articles required, the number of LGB clients seen, and in their self-rated preparedness to counseling LGB clients. Clinical trainees who completed the STE in 1995 and 2012 also differed significantly in their scores. Means on five of six STE questions were significantly different (see Table 13). Clinical trainee scores increased between 1995 and 2012 on questions regarding the inclusion of LGB issues in coursework, the number of didactic training hours devoted to LGB issues, other sources of information on LGB issues, the number of LGB clients seen, and self-reported rating of competence to counsel LGB clients. The only STE question on which 1995 and 2012 clinical trainees did not score significantly different on was pertaining to the number of LGB articles required by academic programs.

Table 12

Counseling Psychology Trainee 1995 and 2012 STE Responses

STE Question	1995 (n = 69)		2012 (n = 14)		<i>t</i> value	<i>p</i> value	<i>q</i> ^a	<i>p</i> < <i>q</i> ^b	<i>d</i>
	M	SD	M	SD					
LGB issues integrated into coursework?	3.64	2.57	5.00	2.00	-2.202	.031	.031	FALSE	-
Number of LGB articles required?	5.01	7.72	12.33	10.84	-2.406	.019	.028	TRUE	.78
Number of didactic practicum training hours?	3.03	2.93	5.42	4.19	-2.036	.046	.044	FALSE	-
Other sources of information (0-8)?	3.61	1.48	4.00	1.80	-0.760	.450	.050	FALSE	-
Feel prepared to counsel LGB clients? (1-3)	1.46	0.63	2.79	0.43	-9.659	.000	.006	TRUE	2.47
Number LGB clients seen?	1.03	2.14	6.75	4.56	-4.592	.000	.014	TRUE	1.61

^aThe *q* value is a conceptual equivalent to the *p* value, with the false discovery rate controlled for. ^bIf *p* < *q*, then there is a significant difference between means.

Table 13

Clinical Psychology Trainee 1995 and 2012 STE Responses

STE Question	1995 (n = 38)		2012 (n = 19)		<i>t</i> value	<i>p</i> value	<i>q</i> ^a	<i>p</i> < <i>q</i> ^b	<i>d</i>
	M	SD	M	SD					
LGB issues integrated into coursework?	2.24	2.14	4.11	2.35	-2.92	.006	.025	TRUE	.83
Number of LGB articles required?	2.47	3.57	9.88	15.1	-2.11	.042	.042	FALSE	-
Number of didactic practicum training hours?	2.42	4.79	8.06	10.87	-2.16	.037	.039	TRUE	.67
Other sources of information (0-8)?	3.00	1.29	4.06	1.86	-2.23	.032	.033	TRUE	.66
Feel prepared to counsel LGB clients? (1-3)	1.29	0.46	2.47	0.51	-8.50	.000	.008	TRUE	2.43
Number LGB clients seen?	1.54	3.18	5.29	7.04	-2.21	.033	.036	TRUE	.69

^aThe *q* value is a conceptual equivalent to the *p* value, with the false discovery rate controlled for. ^bIf *p* < *q*, then there is a significant difference between means.

Between-Group Differences on 2012 STE Variables

A MANOVA was utilized to test for differences between the 2012 scores of Counseling (Ph.D. and Psy.D.), Clinical Ph.D., and Clinical Psy.D. trainees on six STE variables: Integration into any coursework, Number of LGB articles required, Number of hours of didactic practicum training, Other sources of information, Feel prepared to counsel LGB clients, and Number of LGB clients seen. Using Pillai's trace, there was not a significant effect of group membership on 2012 STE question response, $V = 0.283$, $F(12,90) = 1.238$, $p < .05$. This may have been due to low power, a limitation that will be discussed in the next chapter.

Results Organized by Research Questions

The discussion will briefly identify the results organized by research question before considering the results as a whole in the context of past research in the next chapter.

The first research question: Are trainees familiar with the most-cited literature? As hypothesized, trainees were not familiar with the most-cited literature. Given that the median and mode of all 30 MCL items was zero, this finding may be one of the most unambiguous of the dissertation (see Table 1). Before commenting on the possible interpretations of these results, the other research questions will first be considered.

The second research question: Do trainees find the literature experts consider essential to be valuable in their training? The mean of all 30 items on the MCL was below two (denoting "slightly important" on a seven point Likert-scale), with 19 of 30 questions having a mean below one (see Table 1). As with the first research question, the data appear to suggest that trainees in the sample do not view literature on the MCL as valuable to their training in working with clients who identify as LGB.

The third research question: Do faculty consider items on the MCL essential to practice and training? Faculty, on the whole, were not familiar with items on the MCL (mode of zero on all thirty items, and a median of zero on 26 of 30 items). Table 2 presents all descriptive data of faculty responses on the MCL.

The fourth research question: Are experts familiar with items on the MCL? Experts appeared to have a greater degree of familiarity with items on the MCL as compared to trainees and faculty, with a median and mode scores ranging from zero to four. Twenty-four of 30 items on the MCL did have a mode of zero, suggesting experts were not overly familiar with MCL items on the whole (see Table 3).

In order to further examine these questions, the following null hypotheses were constructed.

Null hypothesis one: Trainees have a mean rating score on the MCL items that is not significantly different from mean rating score experts gave on the MCL. The null hypothesis is rejected for 13 MCL items, and retained for 17 MCL items (see Tables 5 and 6).

Null hypothesis two: Faculty have a mean rating score on the MCL that is not significantly different from the mean rating score experts gave on the MCL. The null hypothesis is retained on 29 of 30 MCL items; there was no detectable difference between expert and faculty means for 29 of 30 MCL items (see Tables 5 and 6).

Results will now be considered in the context of past research and literature in the next chapter.

CHAPTER 5

DISCUSSION

The results of this study provide a foundation for future research in the area of training practitioners to provide competent psychotherapy services to clients who identify as LGB. Implications of findings as well as multiple avenues for future research are discussed.

General Discussion of MCL Results

It was not surprising that trainees were unfamiliar with the most-cited literature given that in past research trainees consistently reported a lack of training in LGB issues (Phillips & Fischer, 1998). However, that faculty and experts are also unfamiliar with the MCL (Most-Cited Literature) was unexpected. It may be that there is a disconnect between the research literature and practitioners. Even among experts who are familiar with items on the MCL, the mean ratings of the degree of importance to training were quite low (only five articles of 30 had mean ratings above three on a Likert scale of zero to seven, with a rating of three indicating the article was "moderately important" to training).

Experts were asked to suggest literature that they considered important in training in a free-response format. Among the eight most suggested literature items, there were no literature items that overlapped with the MCL. This may support the idea that the literature on psychotherapy and LGB issues is not adequate to meet the training needs of the next generation of psychologists. The gap between the most-cited literature and the literature suggested by experts may represent a major disconnect between the research

literature and literature important to training; further investigation into why this gap exists and what can be done to bridge it is suggested.

Results indicate that trainees may be receiving more training in LGB issues than they have in the past, but it also appears that there is a disconnect between the research literature and the literature experts consider important to training. There are many possible explanations for this. For example, of the eight articles or books that received the most free-response endorsements from experts, seven were published between 2002 and 2012. Of those seven, four were published between 2007 and 2012. It may be that the literature experts consider most important has been published recently and therefore has not had time to be heavily cited. Future research may investigate what literature is utilized in training, and what literature experts consider important to training, given that it is not the most cited literature in the field.

General Discussion of STE Results

Of the six STE questions on which comparisons were run between the 1995 and 2012 data, five resulted in statistically significant differences. In other words, the results indicate that compared to trainees surveyed in 1995, trainees surveyed in 2012 report seeing greater inclusion of LGB issues in courses, a greater number of LGB related articles as required reading in courses, more didactic training hours on LGB issues, a greater number of LGB clients, and themselves as more prepared to counsel LGB clients. Three of five effect sizes (see Table 10) are in the medium range with two questions--the number of LGB clients seen and the trainees' feelings of preparedness--in the large range. These results may indicate that over the course of the past seventeen years there has been an increase in LGB issues training in the classroom and in practicum sites, an increase in

the number of LGB focused articles assigned, as well as an increase in the number of LGB clients trainees saw. It may be that this change impacted trainees' feelings of preparedness to counsel LGB clients, or it may be that a third variable accounts for the change in feelings of preparedness (e.g., changing societal attitudes, greater interaction with the LGB community).

Given that the data presented herein and the scant past research on training related to LGB issues is correlational in nature with no pre-post comparisons, no firm conclusions can be reached other than that trainees are feeling more prepared in counseling clients who identify as LGB. On the whole LGB issues appear to be included to a greater degree in coursework and practicum settings as compared to 17 years ago. An important finding of Philips and Fischers in 1998 was that Clinical (Ph.D.) and Counseling (Ph.D.) trainees differed greatly in terms of the degree LGB issues were included in training with Counseling students reporting a greater inclusion of issues. The 2012 data with the notable limitation of a less than desirable response rate (which will be discussed further in the limitations section) shows that there was no statistically significant difference between groups on major STE questions. It is also notable that at the time, Philips and Fischer did not include Psy.D. students in their survey. To not do so today would be a major oversight, demonstrating the degree to which the field has changed in 17 years.

Integrated Discussion

In planning the study, a major conceptual assumption was made regarding the relationship between the most-cited literature at the intersection of LGB issues and psychotherapy; the knowledge of the most-cited literature was related to knowledge of

best practices in working with clients who identified as LGB. Results indicate that this may not be the case.

As aforementioned, it was not surprising that trainees were unfamiliar with the items on the MCL, but given that experts and faculty were also not familiar, the use of the MCL as a metric of trainee knowledge of LGB literature is suspect. The STE results suggest that trainees are getting more training in LGB issues as compared to 17 years ago. As opposed to interpreting the results to mean that trainees lack knowledge, it may be that the most-cited literature in the intersection of psychotherapy and LGB issues is not an adequate measure of knowledge of psychotherapy with clients who identify as LGB. This may be related to the apparent disconnect between the literature and the teaching community, and even between the experts and the research community. Experts were asked to rate the most cited articles, stratified by time period; the majority of experts were not familiar with the literature or rated it as not essential to training. The fact that the most-cited literature in the areas of psychotherapy and sexual orientation are not rated as important by experts in the field is unexpected, and noteworthy.

Limitations

Due to a small number of participants in the expert and faculty groups, power may have been inadequate to detect differences between groups. The small number of faculty respondents may be due to the much smaller faculty population the sample was randomly drawn from. In other words, the random sample which may be representative of faculty at APA accredited programs was smaller than desirable but did maintain the integrity of the method. A possible explanation for the lower than desired sample size in faculty and trainee samples is the reliance on DCTs to forward emails to both groups. Given

financial and time restrictions, the only way to access the graduate psychology trainee population using random sampling methods was through DCTs. DCTs are busy professionals, and all trainee and faculty participants were recruited by asking DCTs to forward emails. Some DCTs may have chosen not to forward the survey invitation given the increasing number of survey invitations being sent. Using this method of recruitment also meant that it was impossible to know how many participants received surveys, as the DCTs were responsible for distributing the surveys. A possible result of using this recruitment methodology was a less than ideal number of participants and unequal trainee group sizes (e.g., a greater number of clinical psychology Ph.D. and Psy.D. trainees as compared to counseling psychology Ph.D. trainees). This may have decreased the power of between-group comparisons of the 2012 STE data. Another limitation of the recruitment method was that the number of programs represented in the trainee sample was unknown. Trainees were not asked to identify their programs by name, and therefore the number of programs represented by trainees in the final sample is unknown. It may be that many trainees came from a particular program, or that the trainees who responded represented a wide range of programs; if the former is the case, the sample may be limited in that it is not representative of the population.

As with much survey research, results are contingent upon the participant's ability to recall information. In this case, trainee participants were asked to recall information regarding their training that took place over several years. For example, it is unlikely that trainees utilized class syllabi to answer questions on the STE but rather recalled information about classes from memory. This, coupled with the fact that the survey clearly dealt with issues of sexual orientation, may mean that impression management

biases may have resulted in trainee participants overestimating inclusion of LGB issues in past training experiences.

The STE was used in order to obtain a comparison between trainees in 1995 and the present. However, it assesses the amount of training based on recall; it does not assess trainee competence in working with LGB clients in a therapy setting, only the degree that a trainee subjectively feels prepared to counsel LGB clients. Research assessing trainee competence using more robust dependent variables (e.g., ratings of supervisors, validated scales assessing knowledge and degree of bias, rating of LGB clients) is necessary before any conclusions can be made regarding the state of training on psychotherapy with clients who identify as LGB.

Data on the MCL was non-normal and sample sizes between groups were unequal; therefore, the Kruskal-Wallis non-parametric test was used. The Kruskal-Wallis does not allow for the retention of a null hypothesis with confidence; it only allows for the rejection of a null hypothesis. Therefore, the present study is limited in that there can only be confidence in the findings on the MCL where the null hypothesis was rejected.

It is worth mentioning that the voluntary nature of the study carried with it the risk of self-selection bias; it may be that those who responded to the survey had an inherent interest in LGB related issues, and those who were not comfortable with LGB related issues may have declined participation. It may be that the DCTs, trainee participants and faculty participants who chose to respond to the survey had greater comfort with or interest in LGB issues. Faculty who did not incorporate LGB issues into their curriculum may have decided not to participate, resulting in a biased sample. Therefore, it is possible that the sample may not be representative despite the random sampling

techniques employed, and the results may overestimate the degree of training in LGB related issues and familiarity with LGB literature.

Despite the limitations presented, given the exploratory nature of the study and the dearth of literature in the area of training around LGB issues, the results may be an important contribution to our understanding of how we are preparing trainees to work with issues related to sexual orientation.

Implications for Practice

It may be that greater access to quality training and information is needed for practicing clinicians. The 1995 STE data from Philips and Fischer (1998) indicates that compared to trainees who took the STE in 2012, those trained in 1995 received much less training regarding LGB issues. Therefore, quality continuing education and access to timely literature and knowledge may greatly benefit practicing clinicians who did not receive adequate training. Practitioners may be in need of quality sources of information, which they may not be finding via the traditional peer reviewed journal avenues.

It is important to note that, even if relevant articles are found, access to essential literature regarding LGB issues is only one part of assisting trainees in becoming competent to work with clients who identify as LGB (Sue & Sue, 2013). Working with issues of privilege and power, which some would argue encompasses all therapy work, necessitates that the practitioner know his or her own biases, assumptions, privileges, and oppressed identities (Sue & Sue, 2013). Having access to knowledge of best practices in working with persons who identify as LGB in therapy does not mean that the practitioner knows her or his own biases and privileges. This may lead to a situation in which he or she has confidence in knowledge of the “other” but lacks knowledge of the self.

Implications and Suggestions for Research

Given that there are indicators in the present project that there is a divide between the research literature being cited and the literature the sample of experts in this study suggest are important, there may be a need for further research as to why the literature-expert gap exists. One potential explanation of this phenomenon that may be an area for future research is the length of time it takes to publish professional peer-reviewed literature. In an area such as sexual orientation in which societal and professional attitudes are rapidly changing, the research literature may not be the best source of useful information.

Given the limitations of this study, namely, the potential impression management and self-selection bias, more rigorous research on the current state of graduate training in working with LGB clients is necessary. Past research found considerable differences between counseling and clinical trainees on multiple variables assessing preparedness to counseling LGB clients (Phillips & Fischer, 1998). Significant differences were not found between clinical and counseling trainees in the data gathered for this study. However, the aforementioned limitation of small sample size may have resulted in significant differences being missed, and the possible sampling bias may have resulted in an unrepresentative sample. It is therefore suggested that this study be replicated, with biases controlled for, before conclusions regarding the state of training on LGB psychotherapy in doctoral programs be drawn. Not only would more research regarding the degree that trainees are aware of the didactic knowledge related to LGB issues be welcome, but also research regarding the degree that trainees are given opportunities to explore their own biases and identities.

Another explanation of the disconnect between the research literature and expert opinion may be the marginalization of LGB issues from the broader research community. For example, a recent report highlighted the lack of health research, including mental health research, focused on LGBT persons (Institute of Medicine, 2011). If there is not a vibrant and well-funded research community, it may be that the number of times an article is cited is a poor metric of its relevance to the field.

Given that the MCL appeared to be an inadequate representation of important literature in the field, the state of doctoral trainees' and faculty knowledge of LGB issues is yet unknown. Although it is clear that trainees report feeling more prepared to provide psychotherapy services to persons who identify as LGB, trainee knowledge and skills are unknown. Future research might investigate these questions. Extending the research on the literature experts consider important to the field may be beneficial. Utilizing a Delphi method, such as Godfrey and colleagues (2006) did, may be a useful methodology.

Implications for Education and Training

The gap between the most-cited literature in LGB psychotherapy and the literature experts suggest is important, for training should give pause to educators. Criteria should be established in order that a standard of training in LGB psychotherapy be set. As of now, the field has no standard for evaluating whether a program or trainees are gaining the basic skills, knowledge and self-reflective practices necessary to provide competent services to LGB clients.

Extending the implications noted for research, there appears to be a need for a knowledge distribution mechanism that distributes quality and timely content. There may also be a need for a resource that allows faculty to access timely knowledge regarding

best practices with LGB clients, given that the most cited literature may not be a source of useful information. In addition, greater opportunity to explore biases is warranted.

Given that the experts did not endorse the vast majority of literature items on the MCL as being important to training in working with LGB clients, the next best source may be the free-response items most frequently reported by experts (see Table 4).

Closing the research-practitioner gap has been a major emphasis in doctoral training. Several different doctoral training models (e.g., the Boulder model) have aimed to bridge the research-practitioner gap. At least regarding LGB training, the gap still exists. Educators may find it difficult to locate relevant research to incorporate into training, and future research may be necessary in order to close the gap, including the degree to which different training models have helped to close the gap, if at all.

As aforementioned, current theory in multicultural training suggests that didactic knowledge is not enough to ensure competent practice with diverse populations (Sue & Sue, 2013). Even if quality sources of information on LGB psychotherapy are readily available to trainees, coupling these resources with opportunities to examine biases and general reactions is suggested.

Conclusions

While it is clear that many changes have taken place in training students to competently provide therapy to clients who identify as LGB, many questions remain unanswered. A preliminary finding of this study is that trainees are receiving more training on the topic of sexual orientation as compared to trainees surveyed in 1995 and also report feeling better prepared to provide services to clients who identify as LGB. Due to potential sampling biases, among other limitations, this finding may need to be

substantiated by future research. A central finding of the study was that, with few exceptions, experts rate the most-cited literature on LGB psychotherapy as being unimportant to the field. Future research regarding the state of research on psychotherapy with clients to identify as LGB is suggested.

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APPENDICES

Appendix A

Expert/Faculty Survey (EFS)

Please provide the following demographic information that best describes you.

Please identify your gender:

Male ____ Female ____ Transgender ____ Other, please specify _____

Please identify your sex:

Male ____ Female ____ Intersex ____ Other, please specify _____

What is your age: ____

What is the name of your employer? _____

Please identify the program classification at which you teach (if any):

Clinical Psychology Ph.D. ____ Clinical Psychology Psy.D. ____

Counseling Psychology Ph.D. ____ Counseling Psychology Psy.D. ____

What state is your program located in?

[drop down list]

What is your race/ethnicity?

African American ____ Asian American ____ European American/Caucasian ____

Hispanic/Latino/Latina/Chicano/Chicana ____ Native American ____

Other ethnicity, please specify _____

How do you identify your sexual orientation?

Bisexual ____ Gay ____ Heterosexual ____ Lesbian ____

Other sexual orientation, please specify _____

What is your political affiliation?

Democrat ____ Green party ____ Independent ____ Republican ____ Other _____

How do you identify regarding religion/spirituality?

Agnostic ____ Atheist ____ Buddhist ____ Christian ____ Hindu ____ Jewish ____ Muslim ____
Other _____

How many publications do you have on a LGB topic? _____

How many presentations have you given at a professional conference or meeting on a LGB topic? _____

How many years of clinical experience do you have in which at least 10% of case load was composed of LGB clients? _____

How many years of teaching experience do you have in which LGB topics were thoroughly addressed within the limits of curriculum requirements? _____

What literature and general reading materials would you suggest trainees and practicing therapists be familiar with in order to provide competent and ethical psychotherapy to LGB clients?

Please rate each item you listed according to the degree you think it is essential reading for trainees and practicing therapists to conduct competent work with clients who identify as LGB:

1 = unnecessary; 2 = slightly important; 3 = moderately important; 4 = important; 5 = very important; 6 = extremely important; and 7 = essential

What professional literature do you consider yourself an “expert” in (if any):

Gay men’s literature

Lesbian literature

Bisexual literature

All of the above

None of the above

Appendix B

Survey of Training Experiences (STE)

Please provide the following demographic information that best describes you.

Please identify your gender:

Male ____ Female ____ Transgender ____ Other, please specify _____

Please identify your sex:

Male ____ Female ____ Intersex ____ Other, please specify _____

Please identify your age: _____

Please identify your program type:

Clinical Psychology Ph.D. ____ Clinical Psychology Psy.D. ____

Counseling Psychology Ph.D. ____ Counseling Psychology Psy.D. ____

What is the name of your program? _____

What state is your program located in?

[drop down list]

What is your race/ethnicity?

African American ____ Asian American ____ European American/Caucasian ____

Hispanic/Latino/Latina/Chicano/Chicana ____ Native American ____

Other ethnicity, please specify _____

How do you identify your sexual orientation?

Bisexual ____ Gay ____ Heterosexual ____ Lesbian ____

Other sexual orientation, please specify _____

What is your political affiliation?

Democrat ____ Green party ____ Independent ____ Republican ____ Other _____

How do you identify regarding religion/spirituality?

Agnostic ____ Atheist ____ Buddhist ____ Christian ____ Hindu ____ Jewish ____ Muslim ____

Other _____

How prepared do you feel to competently conduct psychotherapy with a client who identifies as lesbian, gay or bisexual?

Unprepared Somewhat prepared Prepared

How uncomfortable is it to discuss lesbian, gay or bisexual issues with your client? (if you have not discussed these issues, how uncomfortable would you imagine it to be?)

Not at all uncomfortable Somewhat uncomfortable Uncomfortable

To what extent do you feel that your coursework prepared you to work competently with lesbian, gay and bisexual clients, compared to heterosexual clients?

Not very well Somewhat well Well

How comfortable do/would you feel discussing your client's sexual orientation?

Uncomfortable Somewhat comfortable Comfortable

Please place a checkmark next to each of the classes or areas of coursework in your doctoral program in which lesbian, gay and bisexual issues were integrated into the coursework by the professors.

If no classes of a certain type were offered, please put N/A in the blank.

Introduction to counseling/therapy

Assessment/Diagnosis

Career counseling

Psychopathology/Abnormal Psychology

Ethics

Marriage/Family/Relationship counseling

Statistics

Research Methodology

History of Psychology

Group Counseling/Therapy

Cognitive/Behavioral Therapy

- Humanistic/Existential Therapy
- Psychodynamic/Analytic Therapy
- Feminist Therapy
- Multicultural Counseling
- Counseling Women
- Supervision
- Neuropsychology
- Counseling Children/Adolescents

Were lesbian, gay and bisexual issues addressed in any other courses in your doctoral program?

No Yes, please specify

Did your doctoral program offer a course solely devoted to counseling issues with gay, lesbian, and bisexual people?

No Yes, it was optional Yes, it was required

Were lesbian, gay and bisexual issues covered in readings for your general/comprehensive examinations for your doctoral program?

No Yes

How many articles or book chapters have you read on lesbian, gay and bisexual issues in counseling to meet the requirements (classes, practicum, exams, etc) for your doctoral work?

articles/books

Were there any faculty members in your doctoral program whose areas of expertise included lesbian, gay and bisexual issues?

No Yes

Were any faculty members in your program openly lesbian, gay or bisexual?

No Yes

Were you encouraged to explore your personal biases and heterosexism with regard to lesbian, gay and bisexual clients during your coursework in your doctoral program?

No Yes

How many hours were lesbian, gay and bisexual issues covered in didactic training during practicum for your doctoral program?

hours

Please indicate how many lesbian, gay and bisexual clients you worked with during practicum for your

doctoral program:

Did you work with any clinical supervisors whose areas of expertise included lesbian, gay and bisexual issues during practicum in your doctoral program?

No Yes

Were you encouraged to explore your personal biases with regard to lesbian, gay and bisexual clients during practicum for your doctoral program?

No Yes

Please check any other sources from which you have gotten information on lesbian, gay and bisexual issues in therapy:

Requirements for bachelor's degree

Requirements for master's degree

Friends/Peers in master's or doctoral program

Friends/Acquaintances/Relatives outside of academia

Classes in other departments

Reading articles/books at my own initiative

Attending programs at conferences

____ Clients in practicum

____ Other, please specify

Appendix C

Most-Cited Literature (MCL)

- Lysergic Acid Diethylamide (LSD-25): III. As An Adjunct To Psychotherapy With Elimination Of Fear Of Homosexuality (Abramson, 1955)
- Psychotherapy With Gay Lesbian Couples And Their Children In Stepfamilies - A Challenge For Marriage And Family Therapists (Baptiste, 1987)
- Hispanic Culture, Gay Male Culture, And Aids - Counseling Implications (Carballodieguez, 1989)
- Therapists Needs For Training In Counseling Lesbians And Gay Men (Graham, Rawlings, Halpern, & Hermes, 1984)
- Career Counseling And Life Planning With Lesbian Women (Hetherington & Orzek, 1989)
- Career Counseling With Gay Men - Issues And Recommendations For Research (Hetherington, Hillerbrand, & Etringer, 1989)
- Human Immunodeficiency Virus-Infection And The Gay Community - Counseling And Clinical Issues (Martin, 1989)
- Psychotherapy With Lesbian Couples - Individual Issues, Female Socialization, And The Social-Context (Roth, 1985)
- Effects Of A Workshop On Mental-Health Practitioners Attitudes Toward Homosexuality And Counseling Effectiveness (Rudolph, 1989)
- Attitudes Toward Homosexuality Among Graduate Counseling Students (Thompson & Fishburn, 1977)
- Human-Diversity And Professional Competence - Training In Clinical And Counseling Psychology Revisited (Allison, Crawford, Echenmendis, Robinson, & Knepp, 1994)

- Emotional, Behavioral, And HIV Risks Associated With Sexual Abuse Among Adult Homosexual And Bisexual Men (Bartholow Et Al., 1994)
- National-Lesbian-Health-Care-Survey - Implications For Mental-Health-Care (Bradford, Ryan, & Rothblum, 1994)
- Emotional Disclosure Through Writing Or Speaking Modulates Latent Epstein-Barr-Virus Antibody-Titers (Esterling, Antoni, Fletcher, Margulies, & Schneiderman, 1994)
- The Hidden Minority - Issues And Challenges In Working With Lesbian Women And Gay Men (Fassinger, 1991)
- Issues In Psychotherapy With Lesbians And Gay Men - A Survey Of Psychologists (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991)
- Nature, Extent, And Importance Of What Psychotherapy Trainees Do Not Disclose To Their Supervisors (Ladany, Hill, Corbett, & Nutt, 1996)
- Revisioning Sexual Minority Identity Formation: A New Model Of Lesbian Identity And Its Implications For Counseling And Research (Mccarn & Fassinger, 1996)
- Identity Politics - Challenges To Psychology Understanding (Sampson, 1993)
- The Diversification Of Psychology - A Multicultural Revolution (Sue, Bingham, Porche-Burke, & Vasquez, 1999)
- Disclosure Of Hiv Infection In South India: Patterns, Reasons And Reactions (Chandra, Deepthivarma, & Manjula, 2003)
- Serostatus Disclosure, Sexual Communication And Safer Sex In HIV-Positive Men (Crepaz & Marks, 2003)
- “Out” At Work: The Relation Of Actor And Partner Workplace Policy And Internalized Homophobia To Disclosure Status (Rostosky & Riggle, 2002)

Practice Parameter For The Assessment And Treatment Of Children And Adolescents With Suicidal Behavior (Shaffer Et Al., 2001)

Spirituality And Psychological Adaptation Among Women With HIV/Aids: Implications For Counseling (Simoni, Martone, & Kerwin, 2002)

Gender Role Conflict And Psychological Well-Being Among Gay Men (Simonsen, Blazina, & Watkins, 2000)

Can Some Gay Men And Lesbians Change Their Sexual Orientation? 200 Participants Reporting A Change From Homosexual To Heterosexual Orientation (Spitzer, 2003)

The Lesbian Internalized Homophobia Scale: A Rational/Theoretical Approach (Szymanski & Chung, 2001)

Psychosocial Correlates Of Internalized Homophobia In Lesbians (Szymanski, Chung, & Balsam, 2001)

Heterosexual Identity Development: A Multidimensional Model Of Individual And Social Identity (Worthington, Savoy, Dillon, & Vernaglia, 2002)

Appendix D

Letter of Introduction to Directors of Clinical Training

July 15, 2012

Dear Dr. XX,

My name is Justin Harms, M.A. and I am currently a doctoral candidate at Indiana University of Pennsylvania's Clinical Psychology Doctoral Program.

I am interested in the training experiences of graduate students and training faculty related to working with lesbian, gay and bisexual clients. This project is being undertaken in order to gather information that may bring increased awareness of LGB issues and increase the quality of graduate training regarding LGB issues. It is expected that the information collected will be disseminated in a conference presentation and published manuscript.

Data collection will involve several phases. In the first phase advanced graduate students will be contacted. In order to be successful I am requesting your assistance. Please consider *forwarding this email to advanced students (third year and above)* in your program; I would appreciate your help in this important work. The second phase of this study involves gathering data from faculty members. *In several days I will send a separate email with a link for faculty who are involved in diversity training.*

Thank you for your help in furthering this marginalized area of psychology.

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Dear XX University advanced graduate student,

My research focuses on the training experiences of doctoral graduate students related to working with lesbian, gay and bisexual clients. It is expected that this project will result in information that may bring increased awareness of LGB issues and increase the quality of curriculum and graduate training regarding LGB issues.

If you choose to participate in the 7-12 minute survey on training in working with lesbian, gay and bisexual clients, please click on the link below, or copy and paste it into your internet browser.

https://iup.qualtrics.com/SE/?SID=SV_6QfxDPMIKuAcsN6

If you choose to participate you will have the option to receive the results of the study when completed, including resources related to practicing psychotherapy with LGB clients.

Thank you for your help in furthering this important but marginalized area of psychology.

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This project has been approved by the Indiana University of Pennsylvania Institutional Review Board. No identifying information (e.g., name, program affiliation) will be collected. All collected demographic data will be kept confidential, and only be published in aggregate. If you have questions or concerns, please contact either of the listed researchers above, or the IUP IRB (irb-research@iup.edu).

Appendix E

Second Letter to Directors of Clinical Training

July 16, 2012

Dear Dr. XX,

I recently sent you a brief letter of introduction regarding my research, including a note that I would send an additional survey link for faculty who are involved in training students to work with LGB clients (e.g., a faculty member who teaches a diversity course). If you could **forward the email included below to all faculty who are involved in research or training in LGB issues**, I would greatly appreciate your help.

Thank you for your help in furthering this marginalized area of psychology.

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Dear XX University faculty member,

My research focuses on the training doctoral graduate students receive related to working with lesbian, gay and bisexual clients. Specifically, I am interested your experiences as a trainer, and the literature utilized in training. It is expected that this project will result in information that may bring increased awareness of LGB issues and increase the quality of curriculum and graduate training regarding LGB issues.

If you choose to participate in the **10-15 minute survey on training literature related to working with lesbian, gay and bisexual clients**, please click on the link below, or copy and paste it into your internet browser.

https://iup.qualtrics.com/SE/?SID=SV_eyRRSmYL2cURee0

If you choose to participate you will have the option to receive the results of the study when completed, including resources related to practicing psychotherapy with LGB clients.

Thank you for your help in furthering this important but marginalized area of psychology.

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Appendix F

Final Reminders to Directors of Clinical Training

August 31, 2012

Dear Dr. XXXXX,

About three weeks ago I sent you a brief reminder email regarding my research on lesbian, gay and bisexual training. It would be very helpful if you could forward this last reminder to the advanced students (third year and above) in your graduate program. In a short while I will also send a separate reminder email with a link for faculty who are involved in diversity training.

Thank you for your help in furthering this important area of psychology.

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Dear XXXXX advanced graduate student,

About four weeks ago I sent you a brief reminder email outlining my research on training experiences with lesbian, gay and bisexual clients. If you have not already done so, would you please consider participating in furthering our knowledge of LGB issues in psychology? This is the last chance to participate; the survey will be closed in two weeks.

If you choose to participate in the 7-12 minute survey on training in working with lesbian, gay and bisexual clients, please click on the link below, or copy and paste it into your internet browser.

https://iup.qualtrics.com/SE/?SID=SV_6QfxDPMIKuAcsN6

If you choose to participate you will have the option to receive the results of the study when completed, including resources related to practicing psychotherapy with LGB clients.

Thank you for your help in furthering this important area of psychology.

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This project has been approved by the Indiana University of Pennsylvania Institutional Review Board. No identifying information (e.g., name, program affiliation) will be collected. All collected demographic data will be kept confidential, and only be published in aggregate. If you have questions or concerns, please contact either of the listed researchers above, or the IUP IRB (irb-research@iup.edu <<mailto:irb-research@iup.edu>>).

Sent the next day:

September 2, 2012

Dear Dr. XXXXX,

A few days ago I sent you a brief email regarding my research on trainee's psychotherapy training in working with lesbian, gay and bisexual clients. The last portion of my research involves gaining insight into the experiences of faculty who are involved in training. It would be very helpful if you could forward the reminder email included below to all faculty who are involved in research or training in LGB issues. I would greatly appreciate your help.

Thank you again for your help in furthering this marginalized area of psychology; this research is important to me and I am indebted to each one of you who took the time over the past six weeks to assist me in recruiting participants. If you have questions or feedback, please feel free to contact me, as this is the last request for participation I will send.

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Dear XXXXX faculty member,

About four weeks ago I sent you a brief email outlining my research on the training doctoral graduate students receive related to working with lesbian, gay and bisexual clients. If you have not already done so, would you please consider participating in furthering our knowledge of LGB issues in psychology? This is the final reminder email; the survey will close in two weeks.

If you choose to participate in the 10-15 minute survey on training literature related to working with lesbian, gay and bisexual clients, please click on the link below, or copy and paste it into your internet browser.

https://iup.qualtrics.com/SE/?SID=SV_eyRRSmYL2cURee0

If you choose to participate you will have the option to receive the results of the study when completed, including resources related to practicing psychotherapy with LGB clients.

Thank you for your help in furthering this important but marginalized area of psychology.

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This project has been approved by the Indiana University of Pennsylvania Institutional Review Board. No identifying information (e.g., name, program affiliation) will be collected. All collected demographic data will be kept confidential, and only be published in aggregate. If you have questions or concerns, please contact either of the listed researchers above, or the IUP IRB (irb-research@iup.edu <<mailto:irb-research@iup.edu>>).

Appendix G

Letter to Experts

July 19, 2012

Dear Dr. XXXXX,

The current literature indicates that trainees in doctoral psychology programs may not receive adequate training in working with clients who identify as lesbian, gay, or bisexual. I am interested in identifying literature regarding psychotherapy with LGB clients that experts, such as yourself, deem most important trainees read. My goal is to then make the final literature list available to trainees. It is expected that this project will result in information that may bring increased awareness of LGB issues and increase the quality of curriculum and graduate training regarding LGB issues.

As an expert, your participation in identifying these key literature items would be greatly appreciated. The 15-20 minute survey can be accessed by clicking on the link below, or copying and pasting the link into your internet browser.

https://iup.qualtrics.com/SE/?SID=SV_eyRRSmYL2cURee0

If you choose to participate you will have the option to receive the results of the study when completed by contacting the primary investigator, including resources related to practicing psychotherapy with LGB clients.

Thank you for your help in furthering this important but marginalized area of psychology.

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This project has been approved by the Indiana University of Pennsylvania Institutional Review Board. No identifying information (e.g., name, program affiliation) will be collected. All collected demographic data will be kept confidential, and only be published in aggregate. If you have questions or concerns, please contact either of the listed researchers above, or the IUP IRB (irb-research@iup.edu<mailto:irb-research@iup.edu>).

Appendix H

Letter to Listerv Members

Dear member of Division XXXXX,

I am interested in identifying literature regarding psychotherapy with LGB clients that experts, such as yourself, deem most important trainees read. My goal is to then make the final literature list available to trainees. It is expected that this project will result in information that may bring increased awareness of LGB issues and increase the quality of curriculum and graduate training regarding LGB issues.

As an expert, your participation in identifying these key literature items would be greatly appreciated. The 10-15 minute survey can be accessed by clicking on the link below, or copying and pasting the link into your internet browser.

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