

FACTORS RELATING TO SUPERVISORS' INITIATION AND FREQUENCY OF  
DISCUSSION REGARDING SEXUAL ORIENTATION IN CLINICAL SUPERVISION  
OF INDIVIDUAL PSYCHOTHERAPY

By

Diane Y. Genther

Submitted to the graduate degree program in Psychology and Research in Education and the Graduate Faculty of the University of Kansas in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

---

Chairperson Karen D. Multon

---

Tamara C. Mikinski

---

Lori Messinger

---

William P. Skorupski

---

Tom Krieshok

Date Defended: June 16, 2011

The Dissertation Committee for Diane Y. Genter certifies that this is the approved version  
of the following dissertation:

FACTORS RELATING TO SUPERVISORS' INITIATION AND FREQUENCY OF  
DISCUSSION REGARDING SEXUAL ORIENTATION IN CLINICAL SUPERVISION  
OF INDIVIDUAL PSYCHOTHERAPY

---

Chairperson Karen D. Multon

---

Tamara C. Mikinski

---

Lori Messinger

---

William P. Skorupski

---

Tom Krieshok

Date approved: June 16, 2011

## **Abstract**

Research indicates that sexual orientation is discussed far less often in clinical supervision compared to other cultural variables including race/ethnicity and gender. Though authors have speculated why this is the case, including a lack of supervisor competence and training, quantitative, empirical research has not been conducted to test these speculations. The current study was designed to investigate the role of competence and relevant demographic predictors in supervisors' initiation of discussion related to sexual orientation in clinical supervision. Persons who have graduate clinical or counseling psychology training and currently perform clinical supervision or who have done so within the past two years were eligible for study participation. Participants were recruited via email to complete several measures including two researcher-designed items assessing whether or not sexual orientation is a topic they discuss in supervision and the frequency of their discussion, four competence assessments, and a demographic questionnaire. Sequential logistic regression analyses and a discriminant function analysis were used to analyze the results. Study findings indicated that supervision experience, sexual orientation competence, and professional experience with lesbian, gay, and bisexual (LGB) issues were related to whether or not supervisors initiate conversation around sexual orientation and the frequency with which they do so.

## **Acknowledgements**

As I write these acknowledgements, certainly at the last minute, I am sitting in a hotel room in Erie, Pennsylvania, en route to begin my internship year in White River Junction, Vermont. It is hard to believe that my time in graduate school has winded to a close and that this major milestone has been accomplished, one that I could hardly imagine completing when I first began this process five years ago.

My successes cannot fairly be attributed to my own efforts exclusively. There were people who encouraged, supported, and challenged me along the way, and their contributions to my achievements deserve to be recognized. I would like to thank my advisor, Dr. Karen Multon, and dissertation committee members Dr. Tammy Mikinski, Dr. Lori Messinger, Dr. Billy Skorupski, and Dr. Tom Krieshok. It was wonderful to have you along with me on this journey.

Most importantly, I know that my mom is so proud of me, but really she is the person that instilled persistence, dedication, and a love of learning in me. I can always count on her to provide guidance and caring through my moments of struggle and to celebrate with me when I accomplish my goals. It is difficult for me to imagine going through life without experiencing the love and nurturing that she has always provided. I have been reminded that there are people who are no longer with us that would be proud of me, too. It is heartwarming to imagine my dad and my sister smiling down on me from some better place, knowing that I have successfully written a major chapter of my life and that a new and exciting one begins for me.

My friends in graduate school were some of the most influential figures in my life over the last few years, and though I will miss seeing them regularly, I know that we will stay

in touch. I look forward to catching up with them as often as possible and hearing about all of the wonderful accomplishments of their own, as I know there will be many.

Writing something like this is incredibly difficult because there are so many people who have had profound impacts on me, even if their presence in my life was relatively brief. It would be impossible to thank them all, but I reflect often on the lessons that people have taught me and how I can live my life in a way to be a positive force for others that I encounter. I was recently, and likely permanently, touched by the writing of Victor Frankl in *Man's Search for Meaning*:

A thought transfixed me: for the first time in my life I saw the truth as it is set into song by so many poets, proclaimed as the final wisdom by so many thinkers. The truth--that love is the ultimate and highest goal to which man can aspire. Then I grasped the meaning of the greatest secret that human poetry and human thought and belief have to impart: The salvation of man is through love and in love. I understood how a man who has nothing left in this world still may know bliss, be it only for a brief moment, in the contemplation of his beloved.

It is only through the love of people in my life that I have made it this far. Thank you for that.

## Table of Contents

Title Page.....	i
Acceptance Page.....	ii
Abstract.....	iii
Acknowledgements.....	iv
Table of Contents.....	vi
List of Tables.....	ix
Chapter I- Introduction.....	1
Problem Statement.....	4
Research Questions and Hypotheses.....	13
Significance of the Current Study.....	15
Summary.....	16
Chapter II- Literature Review.....	17
Competency-Based Clinical Supervision.....	17
Competencies Related to LGB Issues and Sexual Orientation.....	20
Counselor Competencies.....	20
Addressing Counselor Competencies in Training Programs.....	23
Sexual Orientation and LGB Issues in Clinical Supervision.....	25
Theoretical Models.....	25
Conflictual Situation Model.....	25
Supervisee Empowerment Model.....	28
Homonegativity Model.....	31
Affirmative Developmental Model.....	33

Gay-Affirmative Model.....	37
Integrative Affirmative Supervision Model.....	40
Considerations for Sexual Minority Supervisees.....	43
Communication Between Supervisors and LGB Supervisees.....	43
Affirmative and Non-affirmative Supervision Experiences.....	46
Issues Faced by LGB Supervisees.....	47
Considerations for Heterosexuals Supervising LGB Clinicians.....	49
Supports and Resources for LGB Supervisees.....	52
Strategies for Supervisors to Address Sexual Orientation and LGB Issues...	53
Discussing Sexual Orientation in Supervision.....	58
Summary.....	62
Chapter III- Methods.....	64
Participants.....	64
Instruments.....	65
Demographic Questionnaire.....	65
Sexual Orientation Counselor Competency Scale.....	66
Lesbian, Gay, Bisexual Working Alliance Self-Efficacy Scales.....	69
Attitudes Toward Lesbians and Gay Men, Short Form.....	72
Knowledge of LGB History, Symbols, and Community Subscale.....	75
Individual Differences and Case Conceptualization Item.....	78
Frequency of Conversation Initiation Item.....	80
Procedures.....	80
Data Analysis.....	82

Chapter IV-Results.....	87
Preliminary Data Analysis.....	87
Question 1.....	89
Question 2.....	91
Chapter V-Discussion.....	94
Summary of Findings.....	94
Explanation of Findings.....	97
Conclusions and Implications.....	104
Limitations of the Study.....	108
Directions for Future Research.....	110
References.....	113
Appendix A: Instruments.....	127
Appendix B: Information Statements.....	138
Appendix C: Tables.....	142
Appendix D: Figures.....	155



## List of Tables

Table C1. Participants' Personal Demographic Information.....	142
Table C2. Participants' Professional Demographic Information.....	143
Table C3. Participants' Clinical Experience.....	144
Table C4. Participants' Supervision Experience .....	145
Table C5. Logistic Regression Power Levels for Various Sample Sizes.....	146
Table C6. Frequencies for Dependent Variables .....	147
Table C7. Chi Square Contingency Table of Responses to Different Dependent Variable Item Formats.....	148
Table C8. Sample Statistics for Predictor Variables.....	149
Table C9. Intercorrelations Between Predictor Variables in the Initial Logistic Regression Model.....	150
Table C10. Regressing Supervisor Initiation of Conversation Regarding Sexual Orientation Issues on Competence and Personal and Professional Characteristics.....	151
Table C11. Regressing Supervisor Initiation of Conversation Regarding Sexual Orientation Issues on Supervisor Sexual Orientation.....	152
Table C12. Discriminant Function Analysis for Supervisor Groups as a Function of Self- Reported Regularity of Conversation Initiation.....	153
Table C13. Discrimination Function Classification Results.....	154

## **Chapter 1**

### **Introduction**

The advice I am about to give is strictly from the perspective of a lesbian supervisee to supervisors: Bring it up. Talk about it. Whether your supervisee or her clients are heterosexual or homosexual, sexual orientation is a relevant issue that may be avoided unless you attend to it. Take the responsibility, because you probably have less to risk than your supervisees. And if your supervisee is gay or lesbian, believe me, they are already thinking about it (Gautney, 1994, p. 7).

Multicultural counseling competencies were put forth to safeguard non-majority group members from enduring oppressive and harmful psychological practices at the hands of uninformed, unskilled, and biased practitioners (Sue et al., 1982). In 1982, Sue and his colleagues published their conceptual model of multicultural competence and urged the American Psychological Association (APA) to adopt standards that they hoped would come to guide the training and professional activities of psychologists. This work was groundbreaking in that it came during a time when many psychologists questioned the necessity of emphasizing multicultural issues in psychological practice. The following decade witnessed a proliferation of research devoted to multicultural issues, and multiculturalism was no longer viewed as a special interest topic, but rather one that was relevant to all professional psychologists. Multiculturalism was thus branded psychology's "fourth force" (Essandoh, 1996).

Multicultural competence as articulated by Sue and colleagues encompasses knowledge, skill, and attitudinal components (1982). Though these components are interdependent and mutually influencing, they are regarded as separate domains that deal

with specific capabilities of the practitioner. With regard to knowledge, the clinician should be familiar with the sociopolitical history of marginalized groups, the unique concerns that members of various cultural groups may face and how clients might present these concerns in therapy, and the institutional barriers that interfere with persons receiving appropriate mental health services. The clinician is also charged with understanding basic principles of therapy and the change processes it entails. The skills component of multicultural competence deals with the therapist's ability to accurately perceive the communication of the client given his or her cultural context and to formulate culturally-appropriate verbal and non-verbal responses. Moreover, the practitioner should be equipped to advocate on behalf of the client at an institutional level. With regard to attitudes, perhaps the most important competency concerns the clinician's self-awareness. The clinician should be mindful of his or her own cultural identities, values, and biases and how these might impact persons with whom he or she works. Cultural difference should be approached from a place of respect and appreciation, and the clinician should exhibit sensitivity toward the needs of the client, making referrals to therapists with more experience in the client's cultural background, if clinically warranted.

The domains of cultural competence articulated by Sue and his colleagues (1982) are relevant to clinical work with sexual minority populations. Though lesbian, gay, and bisexual (LGB) psychology and multicultural psychology developed along different trajectories and were influenced by different professional and societal forces, they are in many ways similar, especially in their values concerning ethical and competent psychological practice with members of marginalized groups in society (Israel & Selvidge, 2003). In fact, Sue et al.'s (1982) conceptual model of multicultural competence has been applied by many authors to LGB issues, with adaptations that address those aspects of sexual orientation minority status

that are distinct from other cultural identities, including the “invisible” nature of sexual identity and moral arguments that perpetuate discrimination against sexual minorities, to cite a few examples (Israel, Ketz, Detrie, Burke, & Shulman, 2003; Israel & Selvidge, 2003; Fassinger & Richie, 1997). The APA also addresses issues related to practitioners’ attitudes, knowledge, and skills when working with sexual minority clients in its *Guidelines for Psychotherapy with Gay, Lesbian, and Bisexual Clients* (2000). Self-awareness of the practitioner is highly emphasized, and clinicians are encouraged to understand how their beliefs about sexual orientation can affect their provision of psychological services for members of this population. Clinicians are called to understand the impact of homophobia on LGB persons and how this can affect clients’ clinical presentations. The guidelines also emphasize concerns unique to sub-populations (e.g., bisexuals, LGB youth) that comprise the larger population of sexual minorities. Psychologists are encouraged to seek out training and resources to ensure that they have accurate information about LGB issues and the skills to conduct ethical and supportive psychotherapy practice with sexual minority persons.

In addition to issues of sexual orientation, the multicultural competence framework has also been applied to the clinical supervision process (Constantine, 1997). Multicultural supervision acknowledges the critical influence of cultural issues on the client and emphasizes its impact on the supervisee and supervisor, whose values and cultural identities affect their approach to clinical work and supervision. Central to the practice of multicultural supervision is exploring cultural and contextual influences on clients’ presenting concerns and the influence of the therapist’s own cultural identities on his or her interactions with clients from various backgrounds. This aspect of multicultural supervision is consistent with the multicultural counseling literature that links open dialogue about cultural differences

between client and therapist to positive client perceptions of the counselors' trustworthiness and the therapeutic working alliance (Leong & Gupta, 2008). Constantine (1997) asserts that therapeutic competence on the part of the trainee cannot be realized if the relevance of cultural issues to clinical work is minimized or omitted in supervision.

Affirmative supervision incorporates multicultural supervision competencies and LGB competencies to provide a safe atmosphere facilitative of self-examination for all supervisees (Halpert, Reinhardt, & Toohey, 2007). An affirmative supervision process is one in which all sexual orientations and sexual identities are normalized and validated (Pett, 2000). This stance is upheld by the APA's assertion that homosexual and bisexual orientations are not pathological or indicative of mental illness (2000). Central to affirmative supervision is recognizing the harmful impact of systemic forces of oppression, including homophobia and heterosexism, on non-majority group members and seeking to identify and counteract these forces (Pett, 2000, Tozer & McClanahan, 1999). Affirmative supervision simultaneously addresses biases and stereotypes and the influence of intersecting cultural identities, including but not limited to sexual identity, as it relates to the client, the supervisee, and the supervisory relationship (Pett, 2000). It requires all of the components of multicultural competence on the part of the supervisor; attitude awareness, knowledge, and skills; in order to promote the supervisee's growth and development (Halpert & Pfaller, 2001). If the supervisor is lacking proficiency in one or more of these domains, it is likely to have deleterious consequences for the course of supervision.

### **Problem Statement**

The consensus in the literature investigating issues of sexual orientation within clinical supervision is that ongoing discussion of an affirmative nature around sexual identity

as a cultural variable is warranted in the supervision process (Bruss, Brack, Brack, Glickhauf-Hughes, & O’Leary, 1997; Buhrke, 1989a; Buhrke & Douce, 1991; Burkard, Knox, Hess, & Schultz, 2009; Gatmon et al., 2001; Halpert & Pfaller, 2001; Halpert, Reinhardt, & Toohey, 2007; House & Holloway, 1992; Long, 1996; Long & Lindsey, 2004; Messinger, 2004, 2007; Pfohl, 2004; Phillips, 2000; Russell & Greenhouse, 1997; Satterly & Dyson, 2008). This conversation can include the impact of sexual orientation issues on clients, the supervisee’s clinical work, and the supervisee’s emerging competence and professional development. Discussing diversity issues in supervision has been identified as the most important component of effective multicultural supervision (Bernard & Goodyear, 2009). It is advised that these discussions be initiated by the supervisor, as supervisors (1) are presumed to have more knowledge, experience, and awareness regarding cultural issues (Bruss et al., 1997; Falender & Shafranske, 2007); (2) are not risking the kind of negative evaluation that supervisees might fear when considering broaching topics of diversity (Bruss et al., 1997; Burkard et al., 2009a; Constantine, 1997; Gatmon et al., 2001; Halpert & Pfaller, 2001; Halpert et al., 2007; Messinger, 2004, 2007; Pfohl, 2004; Satterly & Dyson, 2008), and (3) are charged with transmitting the values of the profession (Holloway & Neufeldt, 1995), including ethical and competent practice with sexual minorities (APA 2000, 2002). The supervisor thus communicates the importance of diversity issues within the supervision process and facilitates opportunities for open dialogue through initiating such a discussion.

Discussing sexual orientation in supervision is recommended as best practice for several reasons, including the salience of the discussion and its ramifications for lesbian, gay, and bisexual (LGB) persons within the supervisory triad; the potentially deleterious impact of unaddressed homophobia/heterosexism and ignorance/misinformation about sexual identity

and LGB issues on the supervisee's clinical work and professional development; and the ethical mandate for competent psychological practice. Within the supervisory triad, one or more persons may be LGB, though the individual may or may not have made this disclosure. Most clinicians will encounter LGB clients at some point during their training or careers (Graham, Rawlings, Halpert, & Hermes, 1984; Murphy, Rawlings, & Howe, 2002). LGB individuals seek services at rates higher than those observed in the general population (Liddle, 1997), and they may present with concerns uniquely related to their status as sexual minorities (Burkard et al., 2009a). Discussing sexual orientation in affirmative supervision is an important way of safeguarding the welfare of sexual minority clients. The supervisee may also be a sexual minority. Authors note the growing number of LGB therapists and the strong likelihood that supervisors will encounter trainees who identify as lesbian, gay, or bisexual (House & Holloway, 1992; Satterly & Dyson, 2008). Like LGB clients, research suggests that LGB supervisees experience unique concerns (in addition to those that are typical of most trainees) and that addressing these issues in supervision is beneficial to their personal and professional development (Buhrke, 1989a; Gatmon et al., 2001; Messinger, 2004, 2007; Pfohl, 2004). Finally, the supervisor may be LGB and can be instrumental in raising knowledge, skills, and awareness around sexual orientation for both heterosexual and non-heterosexual supervisees (Buhrke, 1989a; Buhrke & Douce, 1991).

Secondly, trainees are not immune to homophobic and heterosexist attitudes (Israel & Hackett, 2004; Long, 1996; Mohr, Israel, & Sedlacek, 2001; Rudolph, 1990). Homophobia and heterosexism exist as larger forces within society and professional psychology, and, as a result, individuals may come to internalize these cultural messages, albeit under conscious awareness (Brown, 1996). Patterns of power, privilege, and oppression as they relate to

sexual orientation should constitute an aspect of the discussions addressing sexual orientation in affirmative supervision (Bruss et al., 1997; Halpert et al., 2007; House & Holloway, 1992; Long, 1996; Pett, 2000). Because all people are exposed to societal messages regarding homosexuality, dialogue around sexual orientation as a cultural variable and its relationship to clinical work is essential, irrespective of the sexual orientations of the members in the supervisory triad (Croteau, Lark, Lidderdale, & Chung, 2005; Lidderdale, Lark, & Whitman, 2005). Unaddressed homophobic and heterosexist attitudes have the potential to adversely impact trainees' work with sexual minority clients (APA, 2000). Similarly, the APA notes that widespread misinformation exists around sexual identity issues. If trainees lack exposure to accurate information about sexual orientation and LGB concerns, they may fail to recognize how discrimination and homophobia affect sexual minority persons and risk over-pathologizing their LGB clients. Deficiencies in knowledge can thus render practitioners unprepared to meet the clinical needs of sexual minority persons.

Thirdly and finally, the APA emphasizes competent and ethical practice with persons who are LGB (2000, 2002). It is the supervisor's responsibility to ensure the welfare of psychotherapy recipients through evaluating and monitoring supervisees' emerging competencies as they work with various client populations. It is difficult to assess a supervisee's competence around sexual orientation issues and develop a plan to address deficits or areas of growth without purposefully devoting time and attention to discussing this issue (Bruss et al., 1997; Halpert et al., 2007; House & Holloway, 1992).

Despite the arguments in favor of addressing issues of sexual orientation in clinical supervision, research suggests that these discussions are rarely taking place (Gatmon et al., 2001). Commonly cited explanations for this absence of dialogue include the supervisor's



homophobia and negative attitudes regarding homosexuality and a lack of knowledge and experience around LGB issues (Buhrke, 1989a; Gatmon et al., 2001; Messinger, 2007; Russell & Greenhouse, 1997). Though many theoretical postulations exist to explain the relative silence around sexual diversity in supervision, little empirical research has sought to investigate this matter. The current research is designed to explore how supervisors' attitudes, knowledge, and skills regarding LGB issues, as well as their training and range of professional experiences dealing with LGB issues and supervision, influence whether or not they initiate discussions of sexual orientation in clinical supervision.

Supervision constitutes a major professional activity of psychologists. Nearly all psychologists will engage in clinical supervision at some point in their careers. Over the past three decades, surveys of members of the APA Division of Psychotherapy consistently reveal that supervision is the third most frequently endorsed activity in which psychologists engage, exceeded only by psychotherapy and assessment/diagnosis (Norcross, Hedges, & Castle, 2002). Similar patterns describe the professional activity of counseling psychologists (Goodyear et al., 2008). Moreover, supervision has been dubbed the signature pedagogy of professional psychology (Barnett, Cornish, Goodyear, & Lichtenberg, 2007). It is one of the primary mechanisms by which trainees learn the skills necessary for clinical practice and the values and ethics of the profession. Supervision also functions to ensure the protection of the trainee's clients and to act as a gatekeeping system for entry into the field. Holloway and Neufeldt (1995) aptly described supervision as playing a "critical role in maintaining the standards of the profession" (p. 207).

Competence is one such standard that is fundamental to the professional activities of psychologists. As articulated in the *APA Ethical Principles and Code of Conduct* (2002),

psychologists are mandated to practice exclusively within the boundaries of their competence, and the practice of clinical supervision rests on the notion that supervisors are more competent than their supervisees (Falender & Shafranske, 2007). Given the importance attributed to clinical supervision in terms of the amount of time psychologists spend engaged in its practice and its impact on trainees, recipients of psychotherapy, and the field of professional psychology as a whole, it is troublesome to note that fewer than 20% of practicing supervisors have received any formal training in supervision (Peake, Nussbaum, & Tindell, 2002). This begs the question of whether supervisors are practicing within the boundaries of their competence in their work with supervisees (Ladany, 2004).

This question becomes even more pressing when considering the involvement of multicultural issues in supervision. Bernard and Goodyear note that in order to evaluate and nurture multicultural competence on the part of the supervisee, supervisors must be able to work effectively with members of non-majority populations, both in a clinical capacity and within the supervisory relationship (2009). However, supervisors may be especially unprepared to integrate multicultural issues, particularly those of sexual orientation, into the supervision process. In a study of pre-doctoral interns and their supervisors, 70% of supervisors had not completed a course in multicultural counseling compared to 70% of supervisees who had (Constantine, 1997). Moreover, many authors note the deficiencies of multicultural training, including its common relegation as an add-on course, the lack of integration of multicultural issues into the graduate curriculum, and inattention to forms of diversity beyond race and ethnicity (Constantine, Ladany, Inman, & Ponterotto, 1996; Grieger & Toliver, 2001; Phillips, 2000).

With regard to sexual orientation issues in particular, some argue that generalist

graduate training is insufficient to prepare professionals to competently attend to sexual orientation in clinical work and supervision (Phillips, 2000; Phillips & Fisher, 1998; Rudolph, 1989; Whitman, 1995). The experiences reported by trainees seem to corroborate this claim. Psychology graduate students, both in counseling and clinical specialties, and trainees in other mental health disciplines report feeling ill-equipped to work with sexual minority clients (Anhalt, Morris, Scotti, & Cohen, 2003; Murphy et al., 2002; Phillips & Fisher, 1998). Training program policies may not adequately address competencies that pertain to sexual orientation, which could be a contributing factor to students' discomfort working with LGB clients. A 2005 survey of APA-accredited clinical and counseling psychology programs found that LGB issues are not heavily emphasized in student performance evaluations (Sherry, Whilde, & Patton, 2005). Though 61% of programs required a multicultural course and, of those programs, 71% reported including LGB issues in that course, only 17.1% of programs included competencies regarding LGB issues within their annual review process, and of this number, only 2.9% had a formal assessment procedure in place for evaluating these competencies.

If generalist training programs are not adequately preparing their graduates to work with LGB clients, it is quite likely that these graduates are also not equipped to address issues of sexual diversity as supervisors. With sexual orientation being among the least researched diversity topics in supervision literature and within counseling psychology as a whole (Bernard & Goodyear, 2009; Croteau, Bieschke, Fassinger, & Manning, 2008), trainees and professionals may not be exposed to information about LGB issues as often as they are to other diversity topics. A lack of training and exposure to LGB issues within the context of a dominant heterosexist worldview creates the conditions for ineffective and even harmful

interactions in supervision. Buhrke (1989b) found that female trainees experienced supervision of cases in which the client was homosexual to be less helpful than supervision of cases involving heterosexual clients. Many authors have noted LGB trainees' experiences of insensitive supervision, including overtly biased or homophobic supervisor remarks, supervisors ignoring or overstating the relevance of sexual identity issues in conceptualizing cases, and a general lack of supervisor knowledge and experience relating to LGB concerns (Burkard et al., 2009a; Messinger, 2004, 2007; Pilkington & Cantor, 1996).

Supervisors who lacked exposure to information regarding sexual orientation in their training programs and whose own supervision experiences were inadequate in emphasizing the importance of cultural variables may be deficient in knowledge and skill competencies that relate to addressing these issues in their own clinical work and in their work with supervisees. Gatmon et al. (2001) hypothesize that a lack of multicultural training is responsible for supervisors' failures to initiate discussions regarding cultural variables, especially sexual orientation, in supervision. Sexual orientation is discussed far less often in supervision compared to other cultural issues, only 12.5% of the time compared to 37.9% and 32% of the time for gender and ethnicity, respectively. When it is addressed, the supervisee is more likely to broach the topic, whereas supervisors are more likely to initiate discussions pertaining to gender and ethnicity (Gatmon et al., 2001). This pattern seems to persist for conversations pertaining to sexual orientation in the classroom; students in psychology graduate training are far more likely than their instructors to initiate discussions regarding sexual identity (Phillips & Fisher, 1998). In recent years, counseling psychology has witnessed an increased research emphasis on LGB issues and affirmative approaches (Croteau et al., 2008). As a result, trainees of today may have more knowledge and

awareness around sexual identity and forces of homophobia and heterosexism than their predecessors do (Buhrke, 1989b, Falender & Shafranske, 2007, Phillips & Fisher, 1998).

In addition to knowledge and skill competencies, the importance that attitudes regarding homosexuality and LGB issues carry in affirmative supervision is stressed in the literature (Bidell, 2005; Bruss et al., 1997; Buhrke, 1989a; Buhrke & Douce, 1991; Burkard et al., 2009; Halpert & Pfaller, 2001; Halpert et al., 2007; House & Holloway, 1992; Long, 1996; Long & Lindsey, 2004; Pett, 2000; Phillips, 2000; Russell & Greenhouse, 1997).

Several authors have noted that trainees hold negative attitudes toward LGB persons (Israel & Hackett, 2004; Long, 1996; Mohr, Israel, & Sedlacek, 2001; Rudolph, 1990), and researchers have found that these attitudes adversely affect counselors' clinical judgments and reactions to clients (Mohr, Israel, & Sedlacek, 2001). However, even modest intervention in terms of time and intensity has proven effective in influencing trainees' attitudes and knowledge around LGB issues, making people more aware of LGB issues and potentially more realistic in their assessment of biases they hold regarding LGB people and issues (Israel & Hackett, 2004).

Increasing the supervisee's awareness of their personal biases around homosexuality constitutes an important aspect of affirmative supervision (Bruss et al. 1997; Halpert et al., 2007; House & Holloway, 1992; Long, 1996; Pett, 2000). Gardner (1980) contends that it is the supervisor's responsibility in "assisting developing professionals to come to better identify, understand, and resolve those psychodynamic, culturally conditioned, and/or academically induced sources of bias, which all too often attenuate therapeutic success with nontraditional patient populations" (p. 491). Supervisors can be integral in facilitating this awareness in their supervisees, as receiving affirmative supervision is fundamental

preparation for the provision of affirmative therapy (Halpert et al., 2007). Supervisors promote supervisee self-exploration through a variety of interventions that should take into account the supervisee's developmental level, including formal and informal assessment of emerging competence, providing didactic learning experiences in supervision, utilizing process comments, and addressing transference and countertransference issues (Bruss et al., 1997).

However, in order to effectively assist supervisees in their process of self-examination, supervisors themselves must engage in continual self-assessment and exemplify the competencies that are to be instilled in the trainee (Falender & Shafranske, 2004; Gardner, 1980). This includes identifying and addressing their own biases regarding homosexuality and recognizing the boundaries of their competence in working with sexual minority persons. Supervisors who lack this self-awareness can bring inaccurate information and unexamined homophobic attitudes to the supervision process that impede the supervisee's learning and work with clients (Burke, 1989). If their supervisees broach the topic, which research indicates is more likely to happen (Gatmon et al., 2001), they may respond in ways that are not helpful or are even destructive.

### **Research Questions and Hypotheses**

The following research questions and their related hypotheses guided this study.

#### **Question 1.**

What factors are related to whether or not supervisors initiate discussion around sexual orientation in clinical supervision?

#### ***Hypotheses.***

- Hypothesis 1a: Supervisors who report higher self-perceived competency around

sexual orientation issues are significantly more likely to initiate discussions of sexual orientation in supervision than those with lower competency ratings.

- Hypothesis 1b: Supervisors who identify as sexual minorities, compared to heterosexuals, are significantly more likely to initiate discussions related to sexual orientation in supervision.
- Hypothesis 1c: Supervisors from counseling psychology backgrounds, compared to clinical backgrounds, are significantly more likely to initiate these discussions.
- Hypothesis 1d: Supervisors with more extensive training and professional experiences related to LGB issues are significantly more likely to initiate discussions of sexual orientation in supervision.
- Hypothesis 1e: Supervisors with more extensive training and professional experiences related to supervision issues are significantly more likely to initiate discussions of sexual orientation in supervision.

## **Question 2.**

What factors are related to the frequency about which supervisors initiate conversation related to sexual orientation with their supervisees?

### ***Hypotheses.***

- Hypothesis 2a: Supervisors who report higher self-perceived competency around sexual orientation issues will initiate discussions of sexual orientation in supervision significantly more frequently than those with lower competency ratings.
- Hypothesis 2b: Supervisors who identify as sexual minorities will initiate discussions related to sexual orientation in supervision significantly more frequently than heterosexuals.

- Hypothesis 2c: Supervisors from counseling psychology backgrounds will initiate these discussions significantly more frequently than individuals with clinical psychology training.
- Hypothesis 2d: Supervisors with more extensive training and professional experiences related to LGB issues will initiate discussions of sexual orientation in supervision significantly more frequently than those with less experience.
- Hypothesis 2e: Supervisors with more extensive training and professional experiences related to supervision issues will initiate discussions of sexual orientation in supervision significantly more frequently than those with less experience.

### **Significance of the Current Study**

The current study was designed to investigate how specific attitude, knowledge, and skill domains of supervisor competence related to sexual orientation, influence whether or not and how frequently they initiate discussions of sexual orientation in a clinical supervision. Understanding the role specific domains of competence play in supervisors' decisions to discuss sexual orientation in clinical supervision constitutes an important and timely contribution to the multicultural and affirmative supervision literature and would potentially generate implications for professional psychology training and continuing education. Discussing cultural identity in supervision is a critical aspect of effective multicultural supervision (Bernard & Goodyear, 2009; Constantine, 1997). It is essential that supervisors have the necessary training and professional experiences to provide supervision that nurtures supervisees' therapeutic and multicultural competencies, protects the welfare of clients, and transmits the ethical principles and values of the profession. These recommendations are discussed in greater detail in the Discussion chapter.



## **Summary**

The consensus in the scholarly literature is that discussing sexual orientation in supervision is necessary to protect LGB clients and ensure supervisee competence in clinically navigating sexual identity issues. However, supervisors do not seem comfortable initiating discussions of diversity topics in general, especially those related to sexual orientation (Constantine, 1997; Gatmon et al., 2001). Many authors have suggested that this relates to supervisors' own competence levels around issues of sexual orientation, which is likely shaped by the nature and extent of their professional experiences, including those related to supervision and multiculturalism. Research has demonstrated that sexual orientation issues are central to the clinical work and training experiences of LGB supervisees (Burkard et al., 2009a; Messinger, 2004, 2007; Satterly & Dyson, 2008). The following study will examine how supervisor competence and relevant professional experiences and personal characteristics are related to how they treat sexual diversity in their work with supervisees in clinical supervision. Study findings have implications for training in professional psychology.

## **Chapter II**

### **Literature Review**

This chapter begins with an overview of definitions of competence related to supervision and sexual diversity and reviews considerations related to addressing these specific competencies within professional psychology training programs. Theoretical models describing the relevance of sexual orientation to the supervision process and supervisees' clinical work are subsequently examined. Next, literature investigating the supervision experiences of LGB supervisees and factors that contribute to both positive and negative qualities of these experiences is presented. Practical recommendations from the scholarly literature regarding how to address sexual orientation issues as a supervisor are also described. Finally, this section concludes with an overview of the empirical research describing how sexual diversity issues are typically addressed in clinical supervision.

#### **Competency-Based Clinical Supervision**

Concerted efforts to define competencies related to professional psychology practice are relatively recent. A major force promulgating this this discussion has been the Association of Psychology and Postdoctoral Internship Centers (APPIC), who convened a conference to address issues of clinical competence related to professional practice (Kaslow, 2004; Kaslow et al., 2004). These efforts are timely, as they are important in ensuring that psychologists practice within the boundaries of their competence as mandated by the American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct* (2002). Competence in professional psychology is arguably best understood as being comprised of several discrete competencies that involve capabilities relating to specific attitudes/values, knowledge, and skills (Falender & Shafranske, 2007).

Issues of competence are directly relevant to the activity of clinical supervision. Efforts to address competence as it relates to clinical supervision are a statement of the “responsibility to ensure via education, training, and ongoing life-long assessment that practicing psychologists and future generations of psychologists provide quality and safe psychological services” (APA, 2006, p. 3). A workgroup of the APPIC conference devoted to defining competence in professional practice developed a list of competencies that pertain specifically to clinical supervision (Falender, Cornish, et al., 2004). These competence areas relate to developing a working relationship with supervisees, being able to conduct ongoing self-assessment, knowledge and skills related to clinical work and client conceptualization, understanding interrelationships among parties in the supervisory triad, and appreciating cultural and contextual factors that affect clinical work and supervision.

Preparation specific to conducting clinical supervision is necessary to ensure supervisor competence. Falender and Shafranske (2007) articulate four mutually influencing issues of chief importance to the preparation of professionals to conduct supervision competently. These pertain to the supervisors’ capabilities to engage in self-assessment, ethics, diversity and multiculturalism, and professional development.

Self-assessment refers to the supervisor’s ability to accurately identify areas of strengths and weakness related to both clinical work and supervision, as competence around both these domains is required to provide effective supervision. Self-assessment should serve as a guide as supervisors formulate plans for continuing education and professional development. However, self-assessment is a complex endeavor that can be muddled by personal factors and the supervisor’s theoretical background, and few models exist to guide supervisors through this process. It is critical that supervisors devote the necessary time and

effort to nurture self-assessment skills, as facilitating the development of self-assessment competencies in supervisees without the supervisor him/herself possessing these capabilities would be difficult, if not impossible. Supervisors who can engage in accurate self-assessment model this process for their supervisees.

Considerations related to ethics involve an understanding of the values that underlie the Ethics Code and ethical decision-making. Remaining attuned to the process of ethical decision making, as opposed to its outcomes, reflects a more advanced understanding of professional ethics. Falender and Shafranske (2007) note that focusing on “worst-case scenarios” can potentially lead psychologists to disregard how ethics impact their day-to-day work. Understanding how ethics operate in one’s professional activity requires that the supervisor also demonstrate requisite levels of self-awareness to evaluate how their behavior aligns with aspirational ethical principles.

Diversity and multicultural competence is a particularly critical piece of conducting effective supervision. Supervisors must be aware of their own values, knowledge, and skills that impact their work with individuals from diverse backgrounds. Though guidelines have been developed for psychologists to consult as they prepare to work with various culturally diverse populations including ethnic/racial minorities (APA, 2003a), sexual minorities (APA, 2000), older adults (APA, 2003b), and girls/women (APA, 2007), supervisors do not seem to be incorporating discussions of these issues into their work with supervisees, despite the benefits doing so confers to the supervisory alliance and supervisees’ satisfaction with supervision (Gatmon et al., 2001). Falender and Shafranske (2007) note that issues of diversity relate to all aspects of supervision. Supervisors should be aware of the cultural context from which those with whom they work are operating, including the influence of

patterns of oppression and privilege in people's lives. However, the extent to which these kinds of issues are addressed in supervisors' training varies considerably depending on a number of factors, including when they received their training, and thus it becomes the supervisor's responsibility to assess their own needs for supplemental training and professional development around multicultural issues and seek this out as necessary.

Professional development is the final aspect of supervisor competency preparation. Professional development can include supervision, consultation, continuing education, and self-directed learning. Plans for professional development should reflect the supervisor's self-assessment and should be revisited on a continual basis.

### **Competencies Related to LGB Issues and Sexual Orientation**

#### **Counselor competencies.**

Supervisors must be competent in areas related to clinical work and supervision to effectively conduct supervision (Falender & Shafranske, 2007). To effectively incorporate sexual orientation issues into the clinical supervision process, supervisors must be able to provide quality psychological services to clients who are LGB or present with concerns related to sexual identity. An extensive list of counselor attitude, skill, and knowledge competencies necessary for effective work with LGB clients has been developed that can help clinicians and supervisors assess their strengths and weaknesses in this domain (Israel, Ketz, Detrie, Burke, & Shulman, 2003).

To date, the research of Israel and colleagues represents the most concerted empirical effort to identify competencies related to counseling sexual minority individuals. The researchers used a Delphi method, which is a commonly employed research method used to identify professional competencies (Rogers, 1999; Speight, Thomas, Kennel, & Anderson,

1995; Thach & Murphy, 1995). The Delphi method is useful to gain perspectives on problems that are complex and difficult to quantify (Tersine & Riggs, 1976). The method involves assembling a panel of experts to provide input related to a given problem. Through multiple review processes, an original list is narrowed down to one that is more clearly defined and widely agreed upon by experts. The final result is a list in which items are rank-ordered according to their importance.

Israel and colleagues in developing their list of counselor competencies assembled a panel of professional experts and a panel LGB-identified experts. Professional experts included individuals who had published at least one scholarly work (article, book, or book chapter) pertaining to counseling LGB clients or training counselors to work with LGB clients. LGB-identified experts were sexual minority adults who had been in therapy before, and were recruited through Internet LGB mailing lists and bulletin boards. The LGB-identified expert panel was included to gain a richer, first-hand perspective of counselor competencies involved in working with sexual minority clients.

In the first phase of the research, 22 expert panelists identified 274 knowledge competencies, 120 attitude competencies, and 146 skill competencies necessary for counselors working with LGB clients. The researchers then worked to distill the responses into competence categories. The result was 31 knowledge categories, 23 attitude categories, and 31 skill categories. In the second phase of the research, 32 panelists ranked each category on a 1-5 scale in terms of its essentiality to counselor competence. Category rankings were then assigned based on the means of each category.

The top ten knowledge, attitude, and skills competency categories are reported here based on the aggregate responses from both professional expert panelists and LGB-identified

expert panelists, as there was often overlap in category rankings between both groups. The top ten knowledge competencies ranked from most to least essential are: (1) discrimination, oppression, prejudice; (2) homophobia/biphobia and heterosexism; (3) mental health issues affecting LGB individuals; (4) developmental/lifespan issues; (5) hate crimes, oppression, and violence; (6) LGB identity development; (7) heterosexist bias in psychology and counseling theories; (8) ethical issues; (9) community resources available; and (10) the diversity of experiences in the coming out process. The top ten attitude competencies are: (1) do not feel homosexuality is wrong, evil, or should be changed; (2) non-homophobic attitude; (3) acceptance of same-sex intimacy as a healthy lifestyle; (4) not assuming sexual orientation is relevant to client's problems; (5) openness/non-judgmental/accepting/tolerant attitude; (6) affirming attitude that goes beyond tolerance; (7) acceptance and willingness to discuss diverse sexual practices; (8) respectfulness of differences within the LGB community; (9) self-knowledge/self-awareness regarding homophobia, sexuality; and (10) supportive/empathetic/caring/compassionate/understanding. Finally, the 10 highest ranked skill competencies are: (1) be sensitive to ethical issues, like confidentiality; (2) talk about and listen to all aspects of LGB clients' lives; (3) help client with coming-out process; (4) use non-biased/affirming techniques; (5) be clear about setting appropriate boundaries (i.e., sexual); (6) interview/take history without heterosexist bias; (7) create safe environment/do not assume client is heterosexual; (8) conceptualize how sexual orientation interacts with presenting issue/not assume that sexual orientation is a treatment focus; (9) help client with identity development; and (10) use general counseling skills.

The results of this analysis suggest that counselor competencies necessary for effective work with LGB clients are quite complex and multi-faceted. The list is consistent

with and elaborative of the APA's *Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients* (2000), and might be valuable in efforts to operationalize the general competency areas that the APA has put forth. This list could also likely be useful to training programs and supervisors who are charged with the responsibility of addressing trainees' and counselors' capabilities to provide effective counseling with individuals from diverse populations.

**Addressing counselor competencies in training programs.**

Many authors argue that in order to nurture clinicians' competence in working with LGB clients, training programs must address these issues in their curriculum (Buhrke, 1989b; Phillips, 2000; Phillips & Fischer, 1998; Stein & Burg, 1996). Stein and Burg (1996) proposed specific content areas that training programs should address to facilitate trainees' realization of competence objectives. Ideally, content regarding LGB issues would be infused throughout program coursework. Issues that they felt could be adequately addressed in a seminar format include definitions and terminology related to sexual orientation and LGB issues; forces of oppression, such as homophobia and heterosexism, and how they affect individuals' attitudes and perceptions of LGB issues; research on homosexuality and bisexuality and bias in research; common concerns of LGB mental health professionals; LGB identity development; descriptions of LGB lifestyles and relationships; issues that might bring LGB persons to counseling and potential impediments to seeking counseling for this population; special issues related to therapy with LGB clients including coming out, internalized homophobia, and relationships; understanding transference and countertransference reactions in clinical work with LGB clients; and the advantages/disadvantages associated with various treatment settings (e.g., LGB drug and



alcohol recovery groups).

A study by Sherry et al. (2005) assessed the extent to which competencies related to lesbian, gay, and bisexual issues are actually addressed in professional psychology training programs. Training directors from 135 clinical doctoral programs and 69 counseling doctoral programs that were APA-accredited responded to the researchers' survey. Several significant differences were noted between clinical and counseling programs: Clinical programs were significantly less likely than counseling programs to require a multicultural course (50.0% compared to 92.9%), clinical programs were significantly less likely than counseling programs to include LGB issues in said course (60.3% compared to 88.1%), clinical programs were significantly less likely than counseling programs to have a faculty member whose primary research area related to LGB issues (22.6% compared to 31.0%), and clinical programs were significantly less likely than counseling programs to include LGB issues on their comprehensive exams (24.2% compared to 61.9%).

In other regards, clinical and counseling programs were similar in their practices and characteristics: Overall, 20.0% of programs integrated LGB issues into program coursework and as reflected in course syllabi, 94.3% reported that LGB issues were addressed in practicum and supervision experiences, 17.1% of programs incorporated LGB competencies into annual or end-of-program reviews, 2.9% of programs reported using a valid and reliable measure of LGB competencies to evaluate students at some point during their program, 88.6% of programs reported that their institution had an active LGB student organization, and 88.6% of programs reported that faculty, students, or staff were LGB-identified.

The study authors noted that an important limitation of their study is that training directors may have been asked to report on issues about which they had limited information.

For example, training directors may not be familiar with the extent to which LGB issues are addressed in trainees' supervision experiences. Results from research seem to indicate that conversations about LGB issues take place much less often than what the results of this study would seem to suggest (Gatmon et al., 2001). However, this investigation was the first of its kind and the only published research designed to assess how APA-accredited training programs are addressing sexual orientation and LGB competencies. It represents a significant first step in understanding and tracking the importance that training programs assign to trainees developing sexual orientation competencies.

### **Sexual Orientation and LGB Issues in Clinical Supervision**

#### **Theoretical models.**

Empirical research investigating how issues of sexual orientation are dealt with in clinical supervision is scant. However, various theoretical models have been proposed to explain how sexual orientation relates to the clinical supervision process. Though the specific considerations examined in each model differ, they share in common an emphasis on the attitudes that supervisors and supervisees bring to the supervisory relationship and the impact that homophobic beliefs and misinformation can have on the supervisory relationship and work with sexual minority clients. The models are described below in order of their development from least to most recent, concluding with the Integrative Affirmative Supervision model (Halpert et al., 2007), which intentionally synthesizes aspects of supervision models that preceded it.

#### ***Conflictual situation model.***

Burhke (1989a) originally devised her model of dyadic conflict around sexual orientation in supervision using a lesbian framework. However, other authors have extended

this model to all situations in which LGB issues are addressed in the supervisory relationship (Halpert & Pfaller, 2001; Halpert et al., 2007). Buhrke theorized that three points are central to how sexual-orientation issues are addressed in clinical supervision: (1) homophobia, (2) the coming-out process, and (3) transference-countertransference. According to Buhrke's model, supervisory relationships can be categorized as conflict and non-conflict situations based on the level of homophobia each party brings to the relationship and the resulting impact it has on their interactions. The presence or absence of conflict in the relationship is not what determines the success or failure of the supervision experience. Rather, what is of chief importance in the model is whether or not there are opportunities for learning and open, honest discussion that will aid the supervisee in his or her work with clients.

The most desirable situation is one in which neither the supervisor nor supervisee are homophobic. This is described as a non-conflict situation. In this kind of dyad, sexual identity issues can be discussed openly in supervision sessions and the supervisee can be honest regarding his or her emotional reactions to clients. Where there are areas of knowledge deficiency, the supervisor can provide resources and help to educate the supervisee. In this situation, if the supervisor is LGB, his or her coming out to the supervisee can be an important modeling experience for both heterosexual and non-heterosexual supervisees and can increase the supervisee's comfort in making their own relevant self-disclosures in supervision. Buhrke notes that the decision-making process involved in whether or not supervisees come out to clients is extremely complex. A situation in which both parties are not homophobic provides the optimal conditions to explore the supervisee's motivations behind self-disclosure and weigh all of the options. Moreover, within this kind of dyad, supervisees would be most likely to bring up their countertransference issues, including

sexual attraction. The supervisor and supervisee are then able to process and work through the countertransference together, allowing the supervisor to actively monitor the impact of the supervisee's countertransference on the therapeutic relationship and minimizing the likelihood of unethical behavior or the client incurring harm.

The least desirable supervisory dyad is also a non-conflict situation and occurs when both the supervisor and supervisee are homophobic. Several detrimental outcomes can emerge from such a supervisory relationship, including over-pathologizing of homosexual and bisexual clients, ignoring or disregarding client concerns related to sexual orientation, efforts to change a client's sexual orientation, and mutual reinforcing of homophobic values and behaviors in both the supervisee and supervisor. Clients in this supervisory triad are at the greatest risk to incur harm. If issues of sexual orientation are discussed at all in supervision, they are discussed from a perspective of condemnation. Countertransference issues either go unprocessed or are only discussed in terms of repulsion and similar reactions.

Among the two conflictual situations, the one that demonstrates the best likelihood for a positive resolution is that in which the supervisee is homophobic and the supervisor is not. In this case, it is important that the supervisor help the supervisee to explore his or her attitudes regarding homosexuality and bisexuality. The supervisor can also provide accurate information to the supervisee, address stereotypes and misconceptions, and model affirmative attitudes. If the supervisor is LGB, disclosing this to the supervisee can be an important part of this process. In this scenario, it would likely be the supervisor who would initiate exploring transference and countertransference within the therapy relationship. Through these supervision activities, it is possible that the supervisee could eventually reach a level of knowledge and awareness that equips him or her to do affirmative work with LGB clients.

However, if this is never realized, it is the supervisor's responsibility to ensure client welfare, which may necessitate disallowing a supervisee to work with LGB clients.

The final conflictual situation occurs when the supervisor is homophobic and the supervisee is not. Burhke notes that this dyadic arrangement presents the most difficulty for both supervisor and supervisee. Like in the situation where both parties are homophobic, there is risk in this type of dyad that important information about the supervisee's clinical work that pertains to sexual orientation, including countertransference reactions, go unaddressed and unprocessed. The supervisee might not discuss these issues out of fear of negative evaluation. If the supervisee is LGB, he or she would also likely feel pressured to keep their sexual identity private to prevent personal and professional repercussions. Conflict resolution in this situation is difficult because the supervisee must take on the role of educator and facilitate the supervisor's attitude exploration.

***Supervisee empowerment model.***

House and Holloway's (1992) model of supervising individuals working with LGB clients centers around empowerment of the supervisee. They theorize two primary mechanisms that serve to empower supervisees. One is increased knowledge and skill level in working with LGB clients. The other is the supervisee's experience of self-efficacy within both the supervision relationship and his or her counseling sessions. Addressing homophobic biases and providing an atmosphere of support for all supervisees, regardless of their sexual orientation is critical to supervision. House and Holloway assert that supervisees must come to shed their negative attitudes and biases regarding LGB sexual orientations in order to become effective counselors.

According to this model, many interrelated factors are thought to influence

supervisory situations around issues of sexual orientation. Individual characteristics and cultural values refer to the attitudes, values, and experiences that both the supervisor and supervisee bring to supervision. Attitudes regarding homosexuality and bisexuality fit under this category. It is essential that supervisors examine their own biases and engage in self-exploration before addressing these issues in supervision with their supervisees. Supervisors should acknowledge the impact of issues of sexual orientation on the client and the supervisee, and process these issues with the supervisee in their work together.

Supervisors and supervisees both come to the supervisory relationship with goals and expectations. House and Holloway assert that supervisors' expectations of supervisees should include attitude, knowledge, and skill competencies related to sexual orientation issues, and that these goals should be revisited regularly in supervision. Supervisors can make their commitment to LGB issues clear by displaying items in their office that signify their support to the LGB community. Of central importance is that supervisors initiate conversation topics related to LGB issues in supervision. As an engaging and safe conversation starter, House and Holloway (1992) recommend discussing homophobia and heterosexism as oppressive societal forces how these forms of oppression affect individuals. It is the supervisor's task to help the supervisee begin to challenge and ultimately overcome their heterosexist assumptions.

The supervisory process and the objectives and strategies used by supervisors to empower their supervisees are unique to each supervisory dyad. In each supervision relationship, a learning alliance is formed between the supervisor and supervisee that reflects the supervisee's current level of functioning, individual characteristics that each party brings to the relationship, and the needs of the supervisee's clients. These learning objectives are

often related to the supervisee's attitudes and knowledge levels regarding LGB issues. If learning objectives are not sufficiently realized, then it may be in the client's best interest to refer him or her to a more accepting and knowledgeable counselor. If this becomes necessary, the supervisor should continue to try and work with the supervisee to reduce his or her homophobia and increase his or her knowledge levels. Personal counseling may also be necessary to address the supervisee's homophobic attitudes.

Evaluation is another critical component of supervision, and evaluation criteria should follow from mutually established goals for supervision established early on in the supervision process. The purpose of evaluation is to increase the supervisee's awareness of their attitude, knowledge, and skill competencies related to their work with LGB clients. House and Holloway (1992) assert that supervisees' understanding of homophobia and heterosexism and their own attitudes regarding homosexuality and bisexuality should constitute aspects of the evaluation criteria. They are clear in stating that it is the supervisor's task to change supervisees' homophobic belief systems. Referral of a supervisee's client, if a supervisor decides this is necessary, makes a clear statement of the supervisor's evaluation of the supervisee's capabilities to work effectively with LGB clients. Empowering the supervisee should occur as a secondary effort to ensuring the welfare of therapy clients in all cases.

Institutional policies and constraints are the final factor theorized to influence supervision work around LGB issues. Institutions vary with regard to the formal and informal procedures in place that support effective mental health practices in working with LGB clients. All institutions are housed within a larger sociopolitical context, and House and Holloway (1992) assert that supervisors should make efforts to promote acceptance of sexual

minorities within the institutions that they work and the larger community. By making this a priority, supervisors empower their supervisees and other mental health professionals to do the same, thereby working to improve the status of LGB people in society.

***Homonegativity model.***

Russell and Greenhouse (1997) focus on the detrimental effects unaddressed homonegativity can have on work in supervision and the positive outcomes that can result when honest discussions of sexual orientation occur within a supportive environment. Homonegativity in their model describes cognitive, emotional, and social instances of oppression toward LGB individuals, including homophobia and heterosexism. Homonegativity can cause supervisors and supervisees to ignore the impact of sexual orientation in the supervisory relationship, the therapeutic relationship, and the lives of clients. Among LGB supervisors and supervisees, internalized homophobia can lead to the same silence around these issues.

Their model is based in psychoanalytic thinking and describes the resistances to addressing issues of sexual orientation in supervision that both members of the supervisory dyad might display and how it would affect their interactions in supervision. Russell and Greenhouse (1997) describe several potential manifestations of resistance in supervisors. They may have uncertainties regarding their own sexual identities. They may also be hesitant to discuss a topic about which their supervisees may be more knowledgeable. The authors also note that acknowledging sexual orientation in supervision, especially with LGB supervisees, may generate discomfort related to admitting that LGB people face societal injustices. Even if the supervisor is aware of the benefits afforded to persons perceived to be heterosexual in society and does not condone the existing system of oppression, he or she



may not feel comfortable discussing this in supervision out of a sense of powerlessness to affect any change.

If the supervisor is heterosexual and the supervisee is LGB, it may be awkward for the supervisor to address this difference, as their heterosexual status affords them a position of power in society and they want to avoid emphasizing or recreating this dynamic within the supervisory relationship. Supervisors may also fear, whether consciously or unconsciously, that an LGB supervisee would react toward them with anger or other negative emotions because they represent a dominant and often oppressive culture. Russell and Greenhouse (1997) advise that any affects that come up for LGB supervisees as a result of working with heterosexual supervisors should be openly explored and addressed in supervision.

The supervisee may come to the supervisory relationship with his or her own set of resistances related to openly discussing issues of sexual orientation in supervision. The supervisee's homonegativity or, for LGB supervisees, internalized homophobia, can lead to minimizing the relevance of sexual orientation to his or her clinical and supervision work, or avoiding the topic altogether. One manifestation of homophobia is that homosexual and bisexual identities and relationships are not perceived to be appropriate conversation topics. If homophobia and LGB issues are not deliberately addressed in supervision, it is possible for these same dynamics of silence to extend into the supervisory relationship and the supervisee's clinical work. LGB supervisees may feel as though it is inappropriate to discuss their experiences of being sexual minorities and how this aspect of their identity impacts their clinical work. They also may fear, realistically so, that to bring up sexual orientation as it relates to the supervisory relationship or their clinical work would lead their supervisors to believe that they are preoccupied with this matter. Moreover, given that supervision is

evaluative in nature, LGB supervisees may be especially concerned about the professional repercussions of coming out to their supervisors or addressing concerns related to sexual identity issues in the supervision process. Russell and Greenhouse (1997) theorize that the particular characteristics and resistances of supervisors and supervisees interact to affect how issues regarding sexual orientation are handled in supervision. If sexual orientation is not explicitly addressed, “this avoidance becomes part of the fabric of the supervision, and, by extension, part of the fabric of the clinical work” (p. 34).

An ideal supervisory situation according to this model is one in which the supervisor and supervisee speak openly about issues of sexual orientation, including homophobia and heterosexism, and how these issues are perceived to impact the supervisee’s clinical work and the supervision relationship. Martin (1995) describes Russell and Greenhouse’s model of supervision as an “intimate collaboration, rather than an authoritarian or didactic endeavor. It supports and echoes research findings that the supervisee will learn most productively in the context of a supportive, egalitarian relationship with the supervisor” (p. 191). It is theorized that the supervisor’s explorative stance in supervision would extend into the supervisee’s therapeutic relationships to create an atmosphere of safety for LGB clients and anyone presenting with concerns related to sexual identity.

***Affirmative developmental model.***

Bruss and her colleagues (1997) apply Stoltenberg’s and Delworth’s (1987) model of supervisee development to supervising therapists treating LGB clients. According to this model, supervisees go through a developmental process in which they experience changing levels of autonomy, self-awareness, and motivation. Supervisees at an advanced developmental level are able to remain simultaneously attuned to their clients and their own

reactions in therapy, do not depend on their supervisor's assurance to conduct therapy confidently, and assume a more collegial role with the supervisor.

At the foundation of supervision from a developmental perspective is an initial assessment of the supervisee's current level of functioning. Stoltenberg and Delworth (1987) theorized eight domains of professional functioning, including intervention skills competence, assessment techniques, interpersonal assessment, theoretical orientation, treatment plans and goals, professional ethics, client conceptualization, and individual differences. Bruss and her colleagues (1997) theorize the latter two areas of functioning to be most critical in working with LGB clients. Individual differences refer to cultural influences on individuals and client conceptualization refers to diagnosis and the therapist's understanding of how the client's circumstances, history, and personal characteristics affect his or her functioning. Without a thorough assessment of supervisee functioning, the supervisor risks failing to address critical problems in the supervisee's understanding of individual differences and case conceptualization that could affect his or her work with LGB clients. Most commonly, supervisees may lack knowledge around LGB issues and harbor negative attitudes regarding homosexuality over- or under-emphasize how issues of sexual orientation relate to client functioning, and evaluate LGB relationships according to heteronormative standards.

Secondly, supervisors must be explicit about their expectations regarding their supervisees' roles and goals for the supervision process. It is especially important that supervisors address their expectations of what constitutes appropriate work with LGB clients. In order to help supervisees become more competent in working with sexual minority clients, supervisors should facilitate supervisees' attitude exploration regarding homosexuality and

bisexuality, provide information where there is a lack of knowledge, and educate supervisees about LGB community resources.

Supervisor self-awareness is considered requisite to facilitating the supervisee's exploration of his or her values, attitudes, and biases. If the supervisor is unaware of his or her own issues in dealing with sexual orientation, there is an increased risk of the supervisee receiving an inadequate training experience. The supervisor must examine and address his or her own homophobia before providing supervision to individuals working with LGB clients. Bruss and her colleagues (1997) recommend that to facilitate supervisees' development, supervisors can share their own challenges and growth in working with sexual minority persons. It is also critical that supervisors create an atmosphere of safety in supervision. A safe training environment is one that is relatively free of homophobia in which multiculturalism is valued. In a safe environment, persons are willing to engage in honest self-exploration and strive to increase their knowledge and skill levels in working with clients from diverse populations, including LGB clients. These foundations for supervision should be achieved in order to facilitate the supervisee's growth development. Bruss and her colleagues (1997), based on Stoltenberg and Delworth's original model (1987), theorize three stages of supervisee development.

*Level 1: Didactic learning.* Supervisees at this stage tend to lack awareness and operate according to stereotypes and misconceptions, often over-relying on their own personal experiences to conceptualize and work with LGB clients. Addressing the use of heteronormative language can be a very important supervisory task at this developmental level; for example, supervisees at this level often make the assumption that all persons are heterosexual and have relationships with opposite sex individuals.

It is important that the supervisor maintain a comfortable supervisory atmosphere for supervisees at this level. The supervisor should normalize that all clinicians have biases, especially early in their learning, and that exploring these biases is an important part of the supervision process for all trainees. This helps to ease the high anxiety that often accompanies being new to clinical work and sets the stage for open and honest discussion to take place.

*Level 2: Encouragement of trainee independence.* At this stage of development, the supervisor must balance providing a safe atmosphere with confronting and challenging stereotypical and biased thinking on the part of the supervisee. It is important that the supervisor facilitate the supervisee's exploration of homophobia, as this is necessary to safeguard the welfare of LGB clients. The supervisor will not assume an educative role as often at this stage in the supervisee's development. Bruss and her colleagues (1997) recommend the use of process comments to facilitate the supervisee's awareness of his or her reactions to client material and how this impacts the therapeutic relationship and clinical work. Through these interventions in supervision, the supervisee begins to clarify his or her attitudes and ambivalence regarding issues of sexual orientation.

*Level 3: Learning to use self-as-an-instrument.* Supervisees at this level are better able to understand LGB clients holistically within their individual cultural contexts. Moreover, they are more aware of their reactions to LGB clients, and have developed a sound knowledge base and personal awareness of sexual orientation issues. Supervisees at this level are comfortable in their work with LGB clients. They are able to be present with their clients and simultaneously attend to their own reactions, using these reactions as a therapeutic tool to empower clients and help them realize their goals. The supervisor's task is

to help the supervisee realistically assess where there are areas of growth, to facilitate continued self-exploration, and to aid the supervisee in developing an integrated professional identity.

***Gay-affirmative model.***

Pett's (2000) Gay-Affirmative model of supervision extends the tenets of affirmative therapy to work between supervisor and supervisee in clinical supervision. At the foundation of affirmative therapy is an acknowledgement of the presence of homophobia and heterosexism in society. It is the therapists' job to counteract these oppressive patterns within the therapeutic relationship and to demonstrate respectful attitudes for clients' sexual orientations, lifestyles, and cultures. An affirmative therapist may at times assume the role of educator to normalize a client's experience. In order to be an affirmative therapist, one must have a sufficient knowledge base to address client concerns related to sexual identity and be aware of one's own attitudes and values around these matters and how they affect one's responses to clients.

Pett (2000) notes that supervision has an interpersonal dimension, which pertains both to the supervisor's relationship with the supervisee and the supervisee's relationships with his or her clients. Bearing this interpersonal dimension in mind, it is critical that a discussion initiated by the supervisor take place in which the supervisor makes clear his or her affirmative stance toward therapy and supervision. The supervisor should articulate how this will affect work together in supervision and his or her expectations for the supervisee in working with sexual minority clients. Such a discussion is essential to the model because it fosters trust and respect in the supervisory relationship. The social dimension of supervision relates to patterns of power and privilege and how they operate within the supervisee's life

and the lives of his or her clients. Diversity variables beyond sexual identity are appropriate to include in these discussions, with the overall aim of developing the supervisee's understanding and awareness of how social contexts affect his or her work in supervision and clinical contexts.

Pett (2000) articulates five characteristics of affirmative supervision and notes that supervisors for whom these characteristics do not mesh with their personal or theoretical styles should refrain from working with LGB clients and supervisees. These characteristics are described below:

1. *Gay affirmative supervision accepts homosexuality and bisexuality as valid expressions of human sexuality and homophobia is perceived to be pathological.* Pett (2000) notes that supervisor knowledge is at the core of this characteristic of gay affirmative supervision. Supervisors should stay current with regard to scholarly writing and research dealing with LGB issues and should also have accurate and up-to-date information regarding LGB culture and lifestyles. One aspect of this knowledge is the supervisor's understanding of homophobia and how it operates in people's lives. Also essential is the supervisor's understanding of the importance of the coming out process in the lives of LGB individuals.

2. *Supervisors examine their own beliefs, attitudes, and feelings towards homosexuality and bisexuality.* According to this model, self-awareness and self-exploration must accompany knowledge in order for one to be equipped to provide affirmative supervision. Supervisors must understand their own attitudes and feelings regarding sexual orientation issues to facilitate this kind of awareness in their supervisees. Supervisors should know what makes them uncomfortable and what their areas of challenge are in working with persons from various sexual orientation backgrounds. They should also be mindful of how

these issues impact their work with supervisees and address biases through additional training and professional development.

*3. Supervisees are respected for their sexuality, choices, and lifestyle.* Pett (2000) argues that it is critical that supervisees feel safe and respected in supervision. If sexual orientation cannot be addressed openly in supervision, LGB supervisees will have suboptimal supervision and clinical experiences. The supervisors' failure to acknowledge differences openly in supervision is likely to be interpreted by an LGB supervisee as discomfort with the topic and/or with non-heterosexual persons. The way in which matters of sexual orientation are handled in the supervisory relationship provides a model for the trainee of how to navigate these issues with his or her therapy clients.

*4. Supervisors understand how homophobia operates and are aware of the coming out process and other related aspects of the lives of lesbian, gay, and bisexual people.* Supervisors should understand how homophobia impacts the lives of LGB people in order to provide gay affirmative supervision. The coming out process, in particular, demands a consideration of how homophobia operates. LGB people often must consider with each new person and in each new situation how open to be regarding their sexual orientation, and clinicians must be sensitive to the fact that it may not be in the client's best interest to be fully out all the time. Supervisors should be aware of the highly personal nature of the coming out process and demonstrate respect for the individual development of supervisees and their clients.

*5. Supervisors may, when appropriate, use supervision in an educative or informative way, which may include both the challenge of negative stereotypes and the giving of information.* Supervisees who have little exposure to LGB issues and have not worked with



many clients from diverse sexual orientation backgrounds may especially benefit from the supervisor assuming more of a teaching role in supervision. It is critical that the supervisee does not fear that they will be negatively evaluated for asking questions or admitting a lack of knowledge. In this role, the supervisor may explain to the trainee what kinds of responses to client material are affirmative and why, as well as suggest reading materials to help the supervisee learn more about LGB issues. It is also important that the supervisor help the supervisee to clarify his or her values and attitudes regarding sexual orientation issues. If it becomes obvious that the supervisee holds negative stereotypes of LGB people, then it is the supervisor's responsibility to address these stereotypes.

***Integrative affirmative supervision model.***

Halpert and his colleagues (2007) aimed to devise a comprehensive, atheoretical model of affirmative supervision called the Integrative Affirmative Supervision Model (IAS) that incorporated contributions of Pett's Gay-Affirmative Model (2000), the Affirmative Developmental Model of Bruss and her colleagues (1997), the Supervisee Empowerment Model of House and Holloway (1992), and Burhke's Conflictual Situation Model (1989a). The foundation of respect that characterizes work between supervisor and supervisee and supervisee and client in Pett's model of affirmative supervision is central to the IAS model. Both House and Holloway's Model and Pett's model speak to the role of external factors in influencing interactions in supervision, and House and Holloway also looked at institutional factors that affect the supervision process. Each of these models also examines cultural homophobia, an important component of the IAS model. In addition, Halpert and colleagues (2007) note the importance of the supervisory dyad examined in Burhke's (1989a) model in which the attitudes regarding homosexuality and bisexuality that both parties bring to the

supervision relationship affects the extent to which conflict emerges and how it is handled. Halpert and colleagues do note, however, that the homophobic-not homophobic poles that Buhrke's model describes fails to consider the supervision process for persons residing somewhere in the middle in terms of their attitudes. Each of the theoretical frameworks preceding the IAS model also highlights specific areas of knowledge and awareness that supervisees must be familiar with in working with LGB clients, including coming out and sexual identity development. The developmental model put forth by Bruss and colleagues (1997) emphasizes assessment and consideration of the supervisee's developmental level to determine what tasks are important to address in supervision with supervisees who are working with LGB clients. House and Holloway (1992) recommend that attitudes regarding homosexuality and bisexuality be included as part of supervisee evaluation criteria. Despite the important contributions of these models noted here, Halpert and colleagues (2007) noted a need for an integrative model that synthesized the important tenets of previous models and which could be applied to any supervision style or theoretical orientation; this was the impetus behind their development of IAS model.

The IAS model specifies tasks that the supervisor must complete before he or she is prepared to adequately conduct affirmative supervision. The process of developing competence to conduct effective affirmative supervision mirrors that of multicultural competence (APA, 2003a): The supervisor must examine his or her own attitudes, values, biases, and stereotypes related to LGB persons and issues; they must receive appropriate training to develop necessary knowledge and skill sets to understand the experiences of sexual minority persons in society; and they must understand how institutionalized homophobia operates and work to counteract these forces for the benefit of the LGB

community.

The supervisor may work with supervisees once he or she has completed the necessary self-exploration and preparation specified above. Supervision rests on the principle that homosexual and bisexual orientations are valid ways of being. The three core conditions of supervision from the IAS model are safety, respect, and empowerment. Creating these core conditions in supervision involves the supervisor adopting an open and supportive stance regarding issues of sexual orientation. By describing his or her own path to developing an affirmative stance toward counseling and supervision, the supervisor models for the supervisee how to confront one's biases and address areas for growth around issues of sexual orientation.

Halpert and his colleagues (2007) emphasize that to create the core conditions for affirmative supervision, the supervisor should initiate discussion of sexual orientation issues early on, regardless of the sexual orientation of the client or supervisee. This is recommended for several reasons. It signifies the supervisor's support for LGB persons and communicates that exploring issues of sexual orientation is relevant to effective counseling and work in supervision. When the supervisor addresses the issue, supervisees do not have to wonder what the supervisor's stance is regarding sexual orientation issues and can feel more comfortable raising their own concerns related to the impact of sexual identity issues on therapeutic and supervision relationships. The supervisor's openness and expressed positive attitudes regarding LGB issues can be especially influential in putting LGB supervisees at ease and can also be a critical factor in their decisions of whether or not to disclose their sexual orientation in supervision.

Another key aspect of the IAS model is assessment of supervisee competencies in

working with LGB clients. Assessment should be conducted early on in the supervision process so that a plan to address deficits or areas of growth can be formulated with the supervisee and revisited throughout the supervisee's work. The supervisor and supervisee should develop goals that pertain to all aspects of the counseling process, including diagnosis, assessment, case conceptualization, treatment planning, and counseling intervention. Advanced and continuing supervision tasks involve processing transference and countertransference issues, dealing with termination, and referral issues. Ongoing and summative evaluation is used to help the supervisee develop an understanding of his or her strengths and areas for future growth and to recommend future training opportunities that would continue to nurture the supervisee's competencies in working with clients from diverse backgrounds, including sexual minorities.

#### **Considerations for sexual minority supervisees.**

A significant amount of literature has been devoted to understanding the supervision experiences of LGB supervisees and addressing how supervisors can be most helpful when working with supervisees from this background. The experiences of LGB supervisees demonstrate the centrality of sexual orientation to clinical work and supervision and the importance of a safe and supportive supervisory atmosphere to explore these issues. Because supervisees may not always be out to their supervisors, it is best practice that supervisors be mindful of this fact and address issues of sexual orientation thoughtfully in supervision. All people regardless of their sexual orientation are exposed to cultural messages regarding homosexuality and bisexuality that require some level of examination and understanding in supervision, but it is important to note that LGB supervisees may experience unique concerns in supervision related to the intersection of their personal and professional identities.

### *Communication between supervisors and LGB supervisees.*

High levels of conflict in the supervision relationship can present an obstacle to supervisee learning and satisfaction with supervision. Open communication in supervision allows the supervisee to process important issues related to his or her clinical work with the help of supervisor input. Messinger (2007) found that characteristics of the supervisor, supervisee, their relationship, and the organization affected communication among supervisory dyads in which the supervisee was LGB. She performed interviews with 13 supervisory dyads who worked together in the trainee's social work field placement. Her qualitative analysis revealed eight interrelated factors that seem to be associated with the level of conflict that characterized the dyads' communication patterns. These included (1) the supervisee's perception of agency climate, (2) the field instructor's supervisory style, (3) the quality of the relationship between supervisor and supervisee, (4) the field instructor's knowledge of LGB issues, (5) the trainee's stage of sexual identity development, (6) the field instructor's homophobia or heterosexism, (7) the trainee's and field instructor's philosophy about the role of sexual orientation in professional practice, and (8) the trainee's and field instructor's willingness to discuss sexual orientation issues.

Supervisors and supervisees had fewer disagreements in supervision if the student perceived the training site to be gay-friendly. By the same token, supervisees who did not believe the agency maintained a supportive stance toward sexual minorities seemed to have poorer patterns of communication with their supervisors. Among dyads in which supervisors espoused what Messinger (2007) termed a "distant supervision style," communication was typically poorer. One supervisor remarked that "[she does] not see supervising an intern to be about any personal issues" (p. 212). Discussion of the importance of cultural variables,

including sexual identity, to clinical work was far less likely in those cases where supervisors demonstrated this approach to supervision, which was generally problematic for their supervisees. Conversely, dyads in which supervisors expressed dedication to fostering an open and supportive atmosphere were less likely to experience conflict. Supervisees who reported positive relationships with supervisors were less likely to experience negative communication patterns in supervision. It also seemed that sexual identity development and the supervisee's stage in the coming out process affected communication, where supervisees early in the coming out process were less upset by an absence of dialogue around diversity and sexual orientation issues than were supervisees at later stages.

Dyads in which field instructors demonstrated homophobic and heterosexist attitudes experienced greater levels of conflict in supervision. Examples of homophobic and heterosexist supervisor remarks during the interview process included one supervisor asserting that he would never refer an LGB client to an LGB addiction support group because members "would hit on [the client]" (p. 215), implying that LGB people are hypersexual. Supervisors also revealed negatively biased perceptions of LGB clinicians in response to an interview question that asked, "Was the student's sexual orientation ever an issue in the placement?" One supervisor responded, "No, she was an excellent therapist" (p. 215); another, "No, she was always very professional and very appropriate" (p. 215). These responses can be interpreted to reflect a belief that LGB persons typically operate as unprofessional, subpar therapists.

There were within group differences regarding opinions related to the importance of sexual orientation in clinical practice among supervisors and supervisees. Some believed that it was relevant to clinical work, while others felt that any "personal issues" are not related to

professional functioning. Dyads who agreed on this matter generally experienced less conflict. Similarly, both supervisors and supervisees differed in terms of how willing they were to discuss issues of sexual orientation. Generally, conflict was less common in supervisory dyads where both parties shared similar perspectives on this issue.

*Affirmative and non-affirmative supervision experiences.*

Burkard and colleagues (2009a) examined LGB supervisees' experiences of affirmative and non-affirmative supervision. They conducted qualitative interviews with 17 LGB psychology and counseling trainees to better understand what characterizes affirmative and non-affirmative supervision events and their perceptions of how these supervision experiences affected them, their relationships with their supervisor, and their relationships with clients.

All supervisees who experienced an affirmative supervision event were out in supervision prior to the occurrence of the event. Most reported supportive, open, and trusting relationships with their supervisors prior to the event, though some indicated that the relationship was poor or had not made an evaluation of the relationship quality at the time the event occurred. In most cases, the context of the affirmative supervision event involved the supervisee describing concerns regarding a clinical case. Most supervisees indicated that the affirmative supervision event involved the supervisor supporting the supervisee's affirmative counseling work with his or her clients. In fewer instances, it involved the supervisor expressing support for the supervisee's sexual orientation when it had been disclosed or expressing acknowledgment of the importance of sexual identity issues without minimizing or exaggerating these concerns. Supervisees most commonly reported that the event left them feeling supported and affirmed. They indicated that it enhanced the supervisory relationship,

increased their self-efficacy in their work with LGB clients, and made them more sensitive to important clinical issues.

Eleven of the 12 supervisees who experienced non-affirmative events in supervision were out to their supervisors prior to the occurrence of the event. These supervisees typically reported a poor relationship with their supervisor prior to the event, though some indicated that the relationship was good or had not made an evaluation of the relationship quality at the time the event occurred. Like with supervisees' experiences of affirmative supervision, the context of non-affirmative supervision events most often involved supervisees raising concerns regarding a clinical case. The most frequently reported non-supervision event involved a biased or oppressive response from the supervisor. Supervisees typically did not address the event with the supervisor out of fear of the supervisor's response, most commonly a fear of negative evaluation. Some supervisees reported that they did not address the event with the supervisor because they felt he or she would disregard or reject their opinions. Supervisees indicated that to facilitate discussion of the event, supervisors could have initiated exploration of the event while maintaining an open-minded stance and could have admitted their mistake and the impact it had on the supervisee and their relationship. The most commonly reported impact the event had on supervisees was that it caused them to experience emotional distress. Supervisees indicated that the supervision relationship was negatively impacted by the event and that they felt insecure and uncomfortable in supervision as a result. Most indicated that the event upset their work with clients.

***Issues faced by LGB supervisees.***

Supervision groups for sexual minority supervisees are a useful forum to allow supervisees to discuss the concerns they face in their clinical settings and problem-solve



these situations in an environment of shared understanding and support. The research of Satterly and Dyson (2008) describes the themes around difficult professional issues that 12 LGB social work trainees experienced and discussed during a one-semester LGB supervision group. Issues included managing professional community identities, self-disclosure, organizational culture, and advocacy and oppression.

Supervisee concerns related to professional community pertained to working within small, tight-knit sexual minority communities. Other authors have noted that this presents ethical dilemmas for the LGB practitioner that demand careful consideration of client welfare and ethical principles (Kessler & Waehler, 2005). For clinicians working within small communities or subcultures within the LGB population, especially if they are themselves a member of said community or subculture, developing strategies to manage one's social and professional identities can be quite complex and likely requires the assistance of knowledgeable and supportive supervisors.

Issues of self-disclosure were reported to be relevant to both clinical work and the supervision relationship. This finding echoes the results of other research that decisions of whether or not to come out to clients, especially other sexual minorities, is a complex ethical decision-making task and requires consideration of personal and client factors (Messinger, 2004). Openly processing in supervision the transference and countertransference reactions taking place in the supervisee's clinical work was complicated by perceived negative attitudes on the part of the supervisor regarding LGB persons and issues. Satterly and Dyson (2008) noted that LGB supervisees must consider their own identity management and the level of supportiveness for LGB issues exhibited by the supervisor when deciding if and how to address important issues related to sexual identity in their clinical work.

Organizational culture refers to the training site's overall climate around LGB issues. Oftentimes, LGB supervisees must balance the possibility of professional repercussions with their own desires to be congruent in deciding if and how to address observed instances of homophobia in their training. If they perceive that the atmosphere of their training site is one that is hostile toward sexual minorities, supervisees may also have to deal with concerns for the welfare of LGB clients who seek services at the site. Finally, another related theme expressed in the supervision group dealt with supervisees' desires to engage in advocacy and counter oppression in the clinical context. Sorting out what is in the client's best interest from the supervisee's own values can be a complicated endeavor that demands a supportive exploratory stance from supervisors.

***Considerations for heterosexuals supervising LGB clinicians.***

Pfohl (2004) points out several mutually influencing issues relevant to heterosexual supervisors working with sexual minority supervisees and what supervisors can do to help facilitate the personal and professional development of their LGB supervisees. Pfohl emphasizes the importance of supervisors' understanding of sexual identity development to work effectively with LGB supervisees. By understanding this issue, supervisors are aware that sexual orientation may be more or less salient to an individual's sense of identity across time and contexts. This can help the supervisor to understand the importance of the supervisee's decision to disclose or not disclose his or her sexual orientation in supervision.

Visibility and disclosure are other unique concerns related to being an LGB supervisee. LGB professionals must make the decision of whether or not to disclose their sexual orientation with each person they encounter and in each new context, a process known as identity management (Cain, 1991; Levine & Evans, 1991). Supervisors should be aware of

the magnitude of these decisions and the factors that influence how they are made. They should also be aware of how societal forces of oppression, including homophobia and heterosexism, influence LGB persons' disclosures. LGB supervisees will often grapple with whether or not they should disclose their sexual orientation to their therapy clients. Supervisors must realize that this is a complex decision and be open and supportive in helping supervisees negotiate this issue.

Supervisors may take on different roles with their LGB supervisees depending on their individual needs. Supervision may entail the supervisor functioning as teacher, counselor, consultant, and mentor (Bernard, 1981; Tentoni, 1995). In their role as a teacher, supervisors may initiate conversations pertaining to how cultural variables impact counseling so that the supervisee develops a sound knowledge base related to multicultural counseling issues. Identity development models may be discussed and related to the supervisee's work with clients. As most LGB supervisees can expect to deal with identity management issues throughout their careers, supervisors can be helpful in helping supervisees consider how they will negotiate these issues. Role-play exercises can be particularly helpful in this process. In a teacher role, supervisors are modeling how they handle sensitive cultural issues for their supervisees, and so it is important that these teaching moments be approached with deliberation and thoughtfulness.

At times in supervision, the supervisor's role may resemble that of counselor. Working with clients and other training experiences can elicit a variety of emotions, and supervisors can help LGB supervisees process their emotional experiences. The supervisee's stage of sexual identity development can affect how they react to various situations in training, clinical work, and supervision. Supervisors can explore these reactions with their

supervisees and help to direct them to activities that they value and that mesh with their personal and professional goals. Processing transference and countertransference reactions can be a critical part of the work that supervisors do with LGB supervisees. It is important that supervisors maintain an open and explorative stance to allow supervisees to develop their own awareness and understanding of what lies behind these issues. On a related note, the supervisor should be attuned to dynamics within the supervisory relationship and be willing to process any conflict or negative emotions openly.

As the supervisee develops increased competency related to his or her clinical work, the supervisor's role may come to more closely resemble that of a consultant. In this role, the supervisor continues to explore with the supervisee more complex issues related to balancing personal and professional identities. They can also collaborate on research or other projects. In this context, the relationship between supervisor and supervisee has evolved into one similar to what colleagues would share.

With supervisor as mentor, the supervisor and supervisee share a relationship that incorporates mutual liking, friendship, and increased self-disclosure on personal and professional matters. It is not reasonable to assume that all supervisors will function in a mentor role for each of their supervisees, but developing a mentoring relationship with a supervisor can be an empowering experience for LGB supervisees.

Becoming an open ally to the LGB community is another way that supervisors can enhance their work with LGB supervisees. Heterosexual supervisors should seek to understand the privilege conferred by their sexual orientation. For the heterosexual supervisor, this entails minimizing power differentials in supervision that are present within the larger societal structure. Pfohl (2004) cites Gelberg and Chojnacki's (1995) model

describing how counseling professionals come to identify as LGB affirmative counselors and heterosexual allies. The model delineates a process that begins with developing greater sensitivity toward LGB people, ambivalence of whether or how to address injustices, simultaneous feelings of empowerment to commit to ally values and frustration at the lack of ally role models, greater activity and visibility as an ally, addressing instances of oppression where they arise, and ultimately, for some individuals, culminates in the integration of their ally identity as an important aspect of their overall sense of personal and professional identity. Individuals who increasingly identify as an ally bring to their supervision a capacity to connect on a deeper level with the experiences of LGB persons, including a more informed understanding of the potentially negative personal and professional repercussions that can result from addressing instances of homophobia and heterosexism or acknowledging a supportive stance toward homosexuality and bisexuality.

***Supports and resources for LGB supervisees.***

Understanding the needs of LGB supervisees can be useful for supervisors who are aiming to create a supportive supervisory atmosphere and institutional climate. A qualitative analysis of desired supports and resources of 30 lesbian and gay social work students and graduates revealed that both interpersonal supports and institutional supports were relevant to their perceptions of quality field experience placements (Messinger, 2004). Institutional supports included faculty support and mentoring, supportive field education staff, mentoring opportunities with gay and lesbian professionals, knowledgeable field instructors, out gay and lesbian agency staff, and educated and supportive heterosexual coworkers. Interpersonal supports included providing resources for LGB trainees, inclusion of sexual orientation issues in the field experience, providing a list of gay-friendly agencies that students could

consult when selecting their field placements, including sites that serve exclusively sexual minority clientele as options for field experience placements, and organized resources for gay and lesbian clients.

**Strategies for supervisors to address sexual orientation and LGB issues.**

Homophobic and heterosexist supervisor attitudes and behaviors have been linked with poor supervision outcomes (Burkard et al., 2009a; Messinger, 2007). Long (1996) theorized that supervisor heterosexism plays itself out in supervision through discrimination, lack of knowledge, and stereotyping. LGB supervisees may face discrimination from individuals with whom they work if their status as a sexual minority is known or suspected. This discrimination can take several forms but might include negative evaluations and lowered status in supervision. Messinger's (2004) research has demonstrated that supervisees in some instances are prohibited from working with clients on the basis of their sexual orientation alone. Lack of supervisor knowledge can lead to language and behavior reflecting compulsory heterosexuality and a failure to recognize the importance of forces of oppression in the lives of LGB people. Operating from stereotypes can impede upon one's clinical work. Stereotypes serve to stigmatize and devalue people. Many stereotypes exist related to homosexuality, bisexuality, and LGB relationships that are based on misinformation and views of LGB orientations as inferior to heterosexuality. Long (1996) recommends that exposure to and interactions with LGB people is the most effective way to gain knowledge of sexual identity issues.

Long (1996) suggests a variety of strategies that counselor educators and supervisors can employ to counteract heterosexism in training and supervision. She highlights the importance of using positive examples of LGB people, clients, and issues to illustrate

concepts. She also recommends assigning readings that pertain to LGB issues in addition to other multicultural topics and subjects important to clinical work. Supervisees' clinical work with LGB clients should be closely monitored for the presence of heterosexist bias. Instances of bias should be processed in supervision and affirmative counseling strategies should be discussed. Role-play exercises can be helpful to improve counselors' skill level and sensitivity in working with LGB clients. Using case materials and client vignettes help supervisees to develop case conceptualization skills with sexual minority clients. Hosting LGB speakers to discuss sexual orientation issues and other topics of clinical relevance demonstrates an LGB-friendly stance. Finally, discussing the impact of language and how heterosexism affects the use of language is important. Supervisees should have opportunities to practice how to elicit information from clients without using heterosexist language.

Like Long (1993), Koracek and Pelling (2003) emphasize the utility of role-play exercises to increase counselors' skill competencies around sexual orientation issues. Their model is based on the Interpersonal Process Recall model (Egan, 1994), the Triad Model (Pederson, 1988), and the Structured Group Supervision model (Betz, Morris, Wilbur, & Roberts-Wilbur, 1997). Though their model is devised for use in the counseling classroom, it could be adapted for use in supervision, especially group supervision contexts. The model incorporates graduated levels of difficulty and depth of performance feedback. Counseling scenarios on which to model the role plays are provided from a client and counselor perspective and also vary in complexity. In the first level, role-play groups are comprised of dyads and the scenarios address heterosexist language and assumptions. The next level incorporates an observer and deals with scenarios related to LGB relationships and coming out. The third level incorporates a small group of observers and deals with scenarios related

to sexual identity development, coming out to parents, spirituality, and sociopolitical issues.

To address trainee's knowledge and attitude competencies related to LGB issues, Israel and Hackett (2004) developed a 2.5 hour training protocol involving didactic and interactive teaching methods for use in counselor education programs. They experimentally tested the effects of information-only, attitude-exploration-only, combined, and control interventions on counselor's self-perceived attitudes and knowledge levels regarding LGB issues with 161 trainees in mental health fields. The interventions did have a statistically significant effect on trainee's reported attitudes and knowledge, and thus supervisors might consider adapting aspects of this training protocol to target counselor competencies in supervision.

The three experimental interventions consisted of several activities. First, participants moved to parts of the room to indicate their level of agreement with factual statements (for the information-only condition), opinions (for the attitude-exploration-only condition), or both (for the combined condition). Next, the training facilitators presented lectures related to sexual identity development and clinical considerations in working with LGB clients (for the information-only condition), stories demonstrating violent and discriminatory homophobic acts (for the attitude-exploration-only condition), or both (for the combined condition). Participants in the experimental conditions also viewed relevant video clips (McNaught, 1993) pertaining to factual information about LGB individuals (for the information-only condition), a guided imagery exercise that instructs viewers to imagine a world that is primarily gay (for the attitude-only condition), or both (for the combined condition). Finally, they were presented with case studies describing clients who were unsure of their sexual orientations and were asked to describe what information they learned that they could use in



working with this client (for the information-only condition), their emotional reactions toward the client (for the attitude-only condition), or both (for the combined condition).

Study participants who received information reported significantly higher knowledge levels post-intervention. Those who received the attitude-exploration-only training actually endorsed significantly more negative attitudes regarding gays and lesbians post-intervention. The authors hypothesize that this might be because the intervention increased their awareness of their homophobia and heterosexism, a necessary requisite to influencing attitudes. Further research is necessary to better interpret this finding. Nonetheless, the study results indicate that it is possible to influence counselor's perceived attitudes and knowledge levels through relatively brief intervention.

Constantine (1997) designed a framework to facilitate the active discussion of intersecting cultural issues in supervision. She developed a set of semi-structured questions for supervisor and supervisee to process together that focus on identifying cultural identities and how these identities affect interactions with clients and work in supervision. Both members of the supervision dyad reflect upon and discuss the demographic variables that make up each of their cultural identities, the worldviews that accompany their identities, how their cultural backgrounds affect their values and therapy approach, their familiarity with the worldviews and values associated with other cultural identities, their skill sets in working with individuals from different cultural backgrounds, the challenges they experience working with culturally diverse clients, how they address these challenges, and their goals for working with clients from different cultural backgrounds that can be targeted in supervision. The framework should be brought into supervision early on but can be revisited throughout the supervisee's work. Constantine asserts that this framework allows the supervisee to develop

increased knowledge and awareness of the issues that impact different cultural groups in society and how their own cultural identities are relevant to their clinical work, including what they view as appropriate counseling goals, processes, and outcomes.

Long and Lindsay (2004) developed a tool called the Sexual Orientation Matrix for Supervision that supervisors can use for purposes of self- and supervisee assessment to explore levels of comfort, knowledge, and experience working with sexual minority clients. The matrix is comprised of four quadrants that correspond with self-rated levels heterosexually biased behavior and accepting or non-accepting attitudes of LGB orientations. Where individuals fall along these dimensions corresponds to one of four quadrants. Each quadrant is associated with specific issues to consider from both the therapists' perspective and the perspective of the supervisor responsible for ensuring the quality of the therapist's clinical work. These can be used as talking points in supervision.

Therapists who fall in Quadrant A demonstrate non-accepting attitudes and high levels of heterosexist behavior. Supervisors working with these supervisees must consider ethical issues involved in allowing the supervisee to see LGB clients, what their motivations are if they express interest in working with LGB clients, and how to respond if the supervisee declines to discuss sexual orientation issues in supervision.

Therapists falling in Quadrant B display low heterosexual bias with regard to their behaviors but espouse non-accepting attitudes toward sexual minorities. For these supervisees, the supervisor must consider how to go about addressing the effects of negative attitudes regarding homosexuality and bisexuality on clinical work, whether or not therapists with this value system are capable of working effectively with sexual minorities, ethical issues involved in allowing therapists in this category to work with LGB clients, the source

of the supervisee's discomfort and how this discomfort would be affected by exposure to LGB clients, and preparing supervisees to consider, as future professionals, when it would be in their LGB clients' best interest to refer to another clinician.

Supervisees falling in Quadrant C hold accepting attitudes of LGB persons but may demonstrate heterosexist behaviors about which they may be unaware. The supervisor must consider in working with such supervisees how and when they focus on knowledge competencies related to LGB issues in supervision and how to recognize and address supervisees' unconscious or ingrained heterosexism.

Supervisees that fall under Quadrant D possess low levels of heterosexual bias and accepting attitudes toward LGB persons. The supervisor must bear in mind that although supervisees in this category are well-equipped to work with LGB clients, this does not preclude them from demonstrating biased attitudes and behavior that should be addressed in supervision if and when this occurs. Moreover, supervisors should ask themselves how they can learn from these supervisees and what implications it has for their work if the supervisee is more competent in this area than the supervisor.

### **Discussing sexual orientation in supervision.**

In the theoretical and empirical literature, it is the overwhelming consensus that it is best practice for supervisors to initiate discussions of sexual orientation in their work with supervisees. This allows the supervisor to assess and monitor the levels of skill and knowledge supervisees bring to working with sexual minority clients, to process attitudes that are likely to interfere with effective work with this population, and to provide the supervisees with information about LGB issues where there are deficits or areas for growth. LGB supervisees bring unique concerns to their supervision and clinical work; how and to

what extent these concerns are met with support from the supervisor has vast implications for their personal and professional development.

The most helpful component of providing effective multicultural supervision involves discussing diversity variables and their impact on the therapeutic and supervisory relationships (Bernard, 2009). Constantine (1997) conducted a study of 30 dyads comprised of predoctoral intern supervisees and their primary supervisors designed to assess each parties' multicultural training and experience and the perception of each related to how multicultural issues were addressed in supervision. She found that at least two cultural differences related to sex, race, religious affiliation, sexual orientation, marital status, or disability status characterized each supervisory dyad. Supervisors and supervisees were in relative agreement on the extent to which time in supervision was spent addressing diversity issues: 15% of the time and 14% of the time, respectively. Three supervisors, 10% of the sample of supervisors, believed that supervision could have been enhanced, especially around multicultural issues, if their supervisees raised more discussion of cultural issues in supervision. In comparison, 12 supervisees comprising 40% of the sample perceived that their supervisors were hesitant to bring up and discuss multicultural issues in supervision. In fact, 13% of supervisors openly reported that they did not care much about multicultural issues and believed that focusing on diversity is not necessary in supervision. Constantine (1997) hypothesized that this may be a result of the supervisors' lack of multicultural training: Only 30% of the sample of supervisors had completed at least one multicultural course compared to 70% of their supervisees. The results also point to the fact that supervisees desire more discussion of cultural issues in supervision, and gauge their supervisors' comfort levels and willingness to take part in these discussions. The supervisor

can communicate the importance of multiculturalism in his or her work and put the supervisee at ease by taking the initiative to get these discussions started.

A more recent study by Gatmon and her colleagues (2001) was designed to examine the frequency and quality of discussion around cultural issues, including sexual orientation, in clinical supervision and the impacts of these discussions on supervisee perceptions of the supervisory working alliance and satisfaction with supervision. They also examined how matching on cultural variables affected these outcomes. Participants included 289 predoctoral interns from APA-accredited internship sites.

The researchers examined whether or not cultural variables were discussed at all, as well as indices of quality related to the discussion, including depth and frequency. Results of the study indicate that, in terms of whether or not cultural variables were discussed in supervision, sexual orientation compared to sex and ethnicity is discussed far less often: 12.5% of the time compared to 37.9% and 32.0%, respectively. Moreover, supervisors are less likely to initiate discussions of sexual orientation than they are discussions of sex and ethnicity: 33% of the time compared to 55% and 48%, respectively. Discussions of all cultural issues, whether initiated by supervisor or supervisee, were significantly more likely to take place if the supervisor and supervisee were culturally different with regard variable of interest. Those supervisees who had opportunities to discuss differences of sexual orientation between them and their supervisors were significantly more satisfied with supervision and perceived their supervisors to be significantly more competent. Significant positive correlations were also observed between working alliance, satisfaction with supervision, and several discussion quality indices for each cultural demographic variable (sexual orientation, race, and ethnicity) including frequency of discussion, depth of discussion, feelings of safety

in discussion, satisfaction with discussion, and the integration of cultural variables in the internship training. Cultural match was found to be unrelated to supervision satisfaction or working alliance.

The results of this study suggest that cultural variables are not being discussed at all in the majority of supervisory relationships. Because, compared to other cultural issues, issues related to sexual orientation tend to be disregarded more often in supervision, supervisees are likely receiving too few opportunities to explore their knowledge, attitudes, and skill levels necessary for effective work with LGB clients. Moreover, if sexual orientation is discussed at all, the responsibility seems to rest on the supervisee's shoulders to initiate these discussions. This was the only cultural variable examined for which this was the case. This finding is problematic because, for various reasons, including the supervisees' homophobic attitudes or lack of knowledge, supervisees may not address these issues. Even if supervisees recognize the importance of sexual orientation issues to their clinical work and professional/personal development, they may not broach these topics out of fear of their supervisors' reactions.

Also problematic is that cultural discussions are far less likely to occur in supervisory dyads where individuals are culturally similar. This suggests that heterosexual supervisees working with heterosexual supervisors may be the most at risk to leave their supervision experiences with insufficient understanding, awareness, and skills to work effectively and affirmatively with LGB clients. Gatmon and her colleagues (2001) hypothesize that the discrepancies observed between supervisors' behavior addressing LGB and sexual orientation and other cultural identity variables are the consequences of deficits in competence resulting from inadequate training.

On a more positive note, the results of the study make clear that discussing cultural variables in supervision, including sexual orientation, is linked to increased satisfaction with supervision and more positive evaluations of supervisor competence. When these conversations take place more frequently and more in depth in supervision, when supervisors are perceived to be safer and more open, and when the conversations are perceived to have greater translation to the supervisee's overall training experience, the supervisee's perceptions of the supervisory working alliance and satisfaction with supervision are enhanced. These findings provide persuasive empirical evidence for the necessity of the supervisor initiating discussions of cultural issues, including sexual orientation, in clinical supervision.

### **Summary**

Theorists have consistently argued that discussing sexual orientation in supervision is necessary to protect LGB clients and ensure supervisee competence. Research with LGB supervisees demonstrates the positive impact that supportive and knowledgeable supervisors can have on supervisees' training experiences, and numerous tools and strategies have been developed with supervisors and counselor educators in mind to help them sensitively address important topics and competencies related to sexual orientation. Despite all of this, supervisors do not seem comfortable initiating discussions of diversity topics in general, especially those related to sexual orientation.

Many authors have suggested that this is related to their own competence and experience with these issues, which is affected by the nature of their diversity and supervision training and experiences. Depending on supervisors' specialty area within professional psychology, it is likely that competencies related to diversity and sexual

orientation issues were differentially emphasized in their training (Sherry et al., 2005). Authors have also noted that supervisors may bring negative attitudes regarding LGB persons to their supervision work, which would likely affect whether or not they find it necessary to discuss sexual identity issues with supervisees. Research has demonstrated that sexual orientation issues are central to the clinical work and training experiences of LGB supervisees (Burkard et al., 2009a; Messinger, 2004, 2007; Satterly & Dyson, 2008). It is reasonable to assume that LGB supervisors draw on the concerns experienced in their training to inform how they address diversity issues, including sexual orientation, in their work with supervisees. Professional development is also central to developing and maintaining competence (Falender & Shafranske, 2007), and supervisors certainly differ in the extent to which seek out professional development experiences that serve to increase their familiarity, comfort, and competence around LGB issues. Individuals for whom this is the case are likely better able to navigate conversations related to sexual orientation knowledgably and sensitively.



## Chapter III

### Methods

The current study was designed to investigate how supervisors' competence around sexual orientation and LGB issues affects whether or not and how frequently they initiate discussions regarding these topics in clinical supervision. This research also examined how certain supervisor characteristics, including sexual orientation and training/professional experience, affected whether or not and to what extent they reported addressing these topics. This chapter describes study participants, instruments, procedures, and data analyses.

#### Participants

Seventy-five participants completed the online survey. The mean age of participants was 36.8 years,  $SD = 10.6$ . Females comprised 65.3% of the sample ( $n = 49$ ), 33.3% were male ( $n = 25$ ), and 1.3% identified as other ( $n = 1$ ). No participants identified as transgender. In terms of racial/ethnic identification, 84.0% of the sample ( $n = 63$ ) identified as Caucasian, 5.3% ( $n = 4$ ) as Asian, 5.3% ( $n = 4$ ) as multiracial, 2.7% ( $n = 2$ ) as African American, and 1.3% ( $n = 1$ ) as other. With regard to sexual orientation, 78.3% ( $n = 59$ ) of the sample identified as heterosexual, 9.3% ( $n = 7$ ) as bisexual, 6.7% ( $n = 5$ ) as gay, 4.0% ( $n = 3$ ) as lesbian, and 1.3% ( $n = 1$ ) as other. Table C1 displays personal demographic information for the study sample.

Thirty-five study participants were licensed psychologists (46.7%). Twenty-two graduate students (29.3%), 7 predoctoral interns (9.3%), and 8 non-licensed psychologists (10.7%) were also represented in the sample. Three participants (4.0%) identified as other, and when asked to further describe their professional identities, identified themselves as professors. With regard to specialty area, 44 participants (58.7%) had counseling psychology

training and 31 (41.3%) had clinical psychology training. In terms of education level, 28 participants (37.3%) had completed a master's-level degree and 47 participants (62.7%) had completed a doctoral-level degree. Professional demographic information is depicted in Table C2.

Participants reported a mean of 36.8 years ( $SD = 10.6$ ) of providing individual psychotherapy. Fifty-eight (77.3%) of participants reported currently seeing individual psychotherapy clients/patients. Among those currently engaged in providing individual psychotherapy, participants saw an average of 12 individual clients/patients per week ( $SD = 10.6$ ), and 74.1% ( $n = 43$ ) reported having LBG clients/patients on their current caseload. Participants reported supervising individual psychotherapy cases for an average of 8.1 years ( $SD = 10.6$ ). Fifty participants (66.7%) provided supervision currently. Thirty-one individuals (41.3%) indicated that they had at one time provided supervision to supervisees who disclosed that they were LGB and 54 participants (72.0%) indicated that they had supervised cases where the client came out as a sexual minority. Information regarding participants' clinical and supervision experience are provided in Tables C3 and C4, respectively.

## **Instruments**

### ***Demographic questionnaire.***

An 18-item questionnaire was designed to gather relevant personal and professional participant information from clinical supervisors (see Appendix A). The questionnaire included items about participants' age, sex, sexual orientation, professional identity, level of education, psychology specialty area (clinical or counseling), clinical work experience, experience with psychotherapy, and experience with supervision. It also included an item in

which participants were instructed to indicate among a list of LGB-related training and professional experiences; including coursework, self-directed learning and professional development, teaching, and research; which experiences apply to them. Each experience they endorsed on the list was coded as a 1, where those experience that were not endorsed were coded as 0. The experiences were summed to form a total item score. A reliability analysis, including a calculation of Chronbach's alpha was performed on this scale, and items were removed if doing so improved the scale's internal consistency. A similar item format was used to assess supervisors' training and professional experiences related to clinical supervision. The same reliability analysis procedure was also used for this item.

***The Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005).***

The SOCCS (Bidell, 2005) is a 29-item self-report instrument that is based on Sue et al.'s (1982) conceptual model of multicultural competence (see Appendix A). It includes items to assess counselors' attitudes, knowledge, and skill competencies in working with lesbian, gay, and bisexual clients. The instrument generates three subscale scores (Attitudes, Knowledge, and Skill) and an overall competency index. Examples of Attitudes items include "The lifestyle of an LGB client is unnatural or immoral" and "I believe that all LGB clients must be discreet about their sexual orientation around children." Examples of Knowledge items include "Being born a heterosexual person in this society carries with it certain advantages" and "I am aware of institutional barriers that may inhibit LGB people from using mental health services." Examples of Skill items include "I have experience counseling gay may clients" and "I feel competent to assess the mental health needs of a person who is LGB in a therapeutic setting." Items are rated on a 7-point Likert-type scale where 1 corresponds with *not at all true* and 7 corresponds with *totally true*. Higher scores

indicate higher levels of sexual orientation competency. In the current study, the SOCCS overall score was used as a general measure of supervisor competence regarding sexual orientation.

Psychometric properties for the instrument, with the exception of test-retest reliability, are based on 312 research participants, 235 (75.3%) women and 77 (24.7%) men, from 16 counselor training programs and counseling centers. The mean participant age was 31.9 years, and the researcher did not report the standard deviation. The sample included 47 (15.1%) undergraduate students enrolled in an introductory counseling course, 154 (49.4%) master's-level students in CACREP-accredited counseling programs, 32 (10.3%) doctoral students in a CACREP-accredited counseling program, 30 (9.6%) pre-doctoral interns at an APA-accredited college counseling center internship site, 22 (7.1%) doctoral-level supervisors at an APA-accredited college counseling center internship site, and 28 (9.0%) doctoral-level counselor educators in a CACREP-accredited training program. With regard to the racial constitution of the overall sample, 191 participants (61.2%) identified as European American/White, 41 (13.1%) as Latino, 33 (10.6%) as Asian American, 22 (7.1%) as African American/Black, 7 (2.2%) as bi-racial/mixed, 4 (1.3%) as Native American, and 14 participants (4.5%) described their racial category as "other." Related to sexual orientation, 266 participants (85.3%) identified as heterosexual; 38 (12.2%) as lesbian, gay, or bisexual; and 8 participants (2.5%) of the sample did not indicate their sexual orientation. Test-retest reliability was established with a sub-sample of 101 participants from four universities one-week after they had initially completed the scale.

The items on the SOCCS were developed using the rational-empirical method proposed by Dawis (1987) and employed by Ponterotto, Gretchen, Utsey, Rieger, and Austin

(2002) in developing the Multicultural Counseling Knowledge and Awareness Scale (MCKAS). SOCCS items are based on multicultural knowledge, skill, and attitude measures with adequate psychometric properties (D'Andrea, Daniels, & Heck, 1991; Herek, 1988; & Ponterotto et al., 2002). Based on results from card-sort procedures and focus groups, Bidell's (2005) 100-item pool was reduced to 42 items, 12 of which were designed to measure attitude competencies, 18 of which were designed to measure knowledge competencies, and 12 of which were designed to measure skill competencies. The results of an exploratory factor analysis using principal-axis factoring and oblique rotation supported a three-factor structure. Attitudes, Knowledge, and Skills subscales are weakly intercorrelated ( $r = .29$  between Attitudes and Knowledge,  $r = .29$  between Attitude and Skills, and  $r = .45$  between Knowledge and Skills).

The SOCCS demonstrates adequate internal consistency and test-retest reliability. The internal consistency coefficients for the scale are as follows: Attitudes (.88), Knowledge (.76), Skill (.91), and SOCCS total scale (.90). One-week test-retest reliability correlation coefficients are as follows: Attitudes (.85), Knowledge (.84), Skills (.83), and SOCCS total scale (.84).

Research also demonstrates support for the validity of SOCCS. To provide evidence of the scale's convergent validity, measures designed to assess relevant attitude, knowledge, and skill constructs were compared to corresponding SOCCS Attitude, Knowledge, and Skill subscales. Results supported all hypothesized relationships, and each validation instrument demonstrated the strongest relationship with the SOCCS subscale assessing the related competency domain. The SOCCS Attitudes subscale correlated most strongly with Herek's (1988) Attitudes Toward Lesbians and Gay Men, Short Form scale (ATLG-S;  $r = -.78$ ). The

Knowledge subscale correlated most strongly with the Multicultural Knowledge and Attitudes Scale (MCKAS; Ponterotto, et al., 2002;  $r = .63$ ). The Skills subscale correlated most strongly with the Counselor Self-Efficacy Scale (CSES) (Melchert, Hays, Wiljanen, & Kolocek, 1996;  $r = .65$ ). These relationships were statistically significant. To establish evidence of criterion validity, Bidell (2005) examined the correspondence between participants' education level and sexual orientation and scores on the SOCCS. Results supported his hypotheses, derived from prior multicultural instrumentation research (Ponterotto, Rieger, Barrett, & Sparks, 1994), that sexual minorities and individuals with higher levels of education would score significantly higher on the overall SOCCS and the Knowledge, Attitudes, and Skills subscales. To provide evidence of divergent validity, subscale scores and overall SOCCS scores were compared to a cluster of items assessing social desirability. Weak, non-significant correlations were observed between the social desirability items and SOCCS overall scores and subscale scores. Together, the ATLG-S, MCKAS, and CSES predicted 85% of the variability in SOCCS scores. Each scale was found to be a significant predictor in the regression model.

***Lesbian, Gay, Bisexual Working Alliance Self-Efficacy Scales (LGB-WASES; Burkard, Pruitt, Medler, & Stark-Booth, 2009).***

The LGB-WASES (Burkard et al., 2009) is a 32-item self-report instrument designed to assess counselors' beliefs regarding their ability to establish a working alliance with LGB clients (see Appendix A). Working alliance is based upon Bordin's (1979) tripartite model of the working alliance which includes goals, tasks, and bonds. Goals refer to mutually agreed-upon ideas of what counselor and client are working toward in therapy. Tasks refer to the specific processes involved in meeting therapeutic goals, and bonds refer to the emotional

connection between client and counselor. The instrument generates three subscale scores (Emotional Bond, Task, and Goal) and an overall working alliance index. Examples of Emotional Bond items include “I can express compassion about an LGB client’s disadvantaged status in society” and “I can express empathy for an LGB client.” Examples of Task items include “I can provide an LGB client with appropriate and positive LGB-related educational materials and community resources” and “I can assist a client in connecting with openly LGB or *out* role models.” Examples of Goal items include “An LGB client and I can mutually agree on an important purpose for counseling” and “I can work collaboratively with an LGB client to meet his/her specific counseling goals.” Items are rated on an 11-point Likert-type scale where 0 corresponds with *cannot do at all*, 5 corresponds with *moderately certain can do*, and 10 corresponds with *certain can do*. Higher scores indicate higher levels of counselor self-efficacy in establishing a working alliance with LGB clients. In the current study, the LGB-WASES overall scale score was used as a measure of supervisor skill regarding sexual orientation.

Results of factor analysis on the LGB-WASES are based on 303 research participants, 249 (82.2%) women and 52 (17.2%) men and 2 who did not identify their sex (0.7%), from 11 graduate counseling training programs. Participants ranged in age from 21 to 55 years old. Two hundred twenty-five participants (74.3%) identified as European American, 19 (6.3%) as African American, 6 (2.0%) as Asian American, 7 (3.1%) as Latina/Latino American, 3 (1%) as Native American, 6 (2.0%) as international, and 6 (2.0%) as biracial or multiracial participants. Five participants (1.7%) did not identify their race. Two hundred eighty-five participants (93%) identified as heterosexual, 3 (1.0%) identified as gay, 4 (1.3%) identified as bisexual, and 4 (1.3%) chose not indicate their sexual orientation.

Two hundred twenty-five participants (74.3%) were in a master's program in counseling or counselor education, 68 (22.4%) were in a doctoral program in counseling psychology, and educational information was not gathered on 10 participants (4.4%).

A principal-axis factoring procedure using oblique rotation supported a three factor scale structure. The researchers differentiated these factors into three subscales consistent with Bordin's (1979) model of the working alliance: Emotional Bond, Task, and Goal. Internal consistency is adequate for the subscales and overall scale: Emotional Bond (.97), Task (.96), Goal (.94), and LGB-WASES total scale (.98).

A second set of participants was used in the study investigating the scale's reliability and validity. This sample included 229 participants, 185 women (80.8%) and 44 men (19.2%), from five counseling psychology graduate programs. Participants ranged in age from 21 to 60 years old. 192 participants (83.8%) identified as European American, 15 (6.6%) as African American, 5 (2.2%) as Asian American, 8 (3.5%) as Latina/Latino American, 7 (3.1%) as international, and 2 (0.9%) as biracial or multiracial. 213 participants (93.0%) identified as heterosexual, 3 (1.3%) identified as gay, 7 (3.1%) identified as lesbian, and 6 (2.6%) identified as bisexual. 202 participants (88.2%) were in a master's program in counseling or counselor education and 27 (11.8%) were in a doctoral program in counseling psychology. Ninety-four participants in the sample (41.0%) were actively seeing clients. LGB-WASES test-retest reliabilities were established with a subset of 30 research participants.

The LGB-WASES and its subscales demonstrated adequate test-retest reliabilities over a 3-week period. The stability coefficients for the subscales and overall scale are as follows: Bond (.90), Task (.79), Goal (.63), and total scale (.83). Research also demonstrates



support for the validity of the instrument (Burkard et al., 2009). To establish convergent validity, scores on the LGB-WASES were compared to scores on the Counselor Activity Self-Efficacy Scales (CASES; Lent, Hill, & Hoffman, 2003), a general measure of counseling self-efficacy, and the Multicultural Counseling Inventory (MCI; Sadowsky, Taffe, Gutkin, & Wise, 1994), a measure designed to assess counseling competencies in working with culturally diverse clients. Counseling self-efficacy was positively and significantly related to Bond, Task, and Goal subscale scores and overall scale scores ( $r = .19, .38, .43, \text{ and } .34$  respectively). Multicultural counseling competency was also positively and significantly related to Bond, Task, and Goal subscale scores and overall scale scores ( $r = .35, .45, .45, \text{ and } .46$ , respectively). Additionally, LGB-WASES scores were compared to scores on the Attitudes Toward Gays and Lesbians, Short Form scale (ATLG-S) (Herek, 1988). As the researchers hypothesized, negative attitudes toward homosexuals were linked to lowered perceived abilities to develop a working alliance with LGB clients. Correlations between scores on the attitudes toward lesbian subscale scores and LGB-WASES Bond, Task, Goal, subscale scores and total scale scores were  $-.63, -.44, -.43, \text{ and } -.55$ , respectively; correlations between attitudes toward gay men subscale scores and Bond, Task, and Goal subscale scores and total scale scores were  $-.39, -.41, -.55, \text{ and } -.49$ , respectively. To establish support for the instrument's discriminant validity, the researchers compared LGB-WASES scores to the Marlowe-Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960), a measure designed to assess motivation to behave in a socially desirable manner. Social desirability was found to be unrelated to scores on the LGB-WASES, with the exception of a weak but statistically significant correlation between the MCSDS and the LGB-WASES Goal subscale (.23).

*Attitudes Toward Lesbians and Gay Men, Short Form (ATLG-S; Herek, 1988).*

The ATLG-S scale (Herek, 1988) is a self-report instrument designed to assess people's attitudes towards homosexual men and women along a condemnation-tolerance dimension. The original ATLG scale consists of 64 items assessing attitudes toward lesbians and 64 items assessing attitudes toward gay men. The short form of the instrument, the ATLG-S, consists of five items designed to assess attitudes toward lesbians and five items targeting attitudes toward gay men (see Appendix A). It generates two subscale scores, the Attitudes Toward Lesbians, Short (ATL-S) subscale and the Attitudes Toward Gay Men, Short (ATG-S) subscale, and an overall scale score. Examples of ATL-S subscale items include "Lesbians just can't fit into our society" and "Female homosexuality is a sin." Examples of ATG-S subscale items include "I think male homosexuals are disgusting" and "Homosexual behavior between two men is just plain wrong." Items are rated on a 5-point scale from 1, *strongly disagree*, to 5, *strongly agree*. Higher scores on the ATLG-S correspond with more negative attitudes toward gays and lesbians. In the current study, the ATLG-S overall scale score was used as a measure of supervisor attitudes regarding homosexuality.

Items on the original ATLG scale originate from other instruments, including the Attitudes Toward Homosexuality Scale (MacDonald, Huggins, Young, & Swanson, 1973), and research investigating attitudes regarding sexual orientation (Levitt & Klassen, 1974; Smith, 1971). Herek's (1984) intention was to correct the problematic methodology and statistical analyses characteristic of prior research investigating attitudes regarding homosexuality. His original item pool included 132 items. Separate exploratory factor analyses using oblique rotation were conducted for males responding to the gay male target

items and lesbian target items and for females responding to the gay male target items and lesbian target items. Eight hundred eighty-six undergraduate students served as research participants in the factor analytic studies of the ATLG. Four hundred thirty-seven participants (276 females and 161 males) completed the lesbian target questionnaire and 449 participants (282 females and 187 males) completed the gay male target questionnaire. More detailed demographic information about the research sample was not provided.

Herek (1984) found that a single bipolar Condemnation-Tolerance factor accounted for a significant proportion of the variance, and that this factor emerged for both sets of target items for both male and female respondents. Herek interpreted this factor as a general tolerance or general condemnation of homosexuality. These results lend support to the instrument's use with both males and females to assess attitudes of lesbians and gay men. He included only those items that loaded significantly on the Condemnation-Tolerance factor in the final 128-item ATLG scale.

A short form of the ATLG, the ATLG-S, was developed for research investigating people's support for gay rights legislation in California (Herek, 1983). Like the original ATLG scale, the short form consists of a five item subscale targeting attitudes toward gay men (ATG-S) a five-item subscale targeting attitudes toward lesbians (ATL-S). These 10 items were selected based on their high correlation with total ATLG scores in the original student sample described above. The internal consistencies of the ATG-S, ATL-S, and ATLG-S are adequate: .87, .85, and .92, respectively. The short forms also correlate highly with their corresponding original subscales and overall scale: ATG,  $r = .96$ ; ATL,  $r = .95$ ; and ATLG,  $r = .97$ .

As evidence of the instrument's construct validity, the ATLG-S is found to correlate

with a number of measures that are designed to tap constructs theoretically related to attitudes regarding homosexuality. Among a sample of 36 community activists, the ATL-S and ATG-S were found to correlate significantly with attitudes regarding the rights and roles of women as measured by the Attitudes Toward Women Scale (AWS; Spence, Helmreich, & Stapp, 1973). That is, for males:  $r = .72$  with the ATL-S and  $.87$  with the ATG-S; for females:  $r = .90$  with the ATL-S and  $.85$  with the ATG-S. Scores on the ATL-S and ATG-S subscales are also significantly related to more autocratic versus democratic ideologies regarding family life, as measured by the Traditional Family Ideology Scale (Levinson & Huffman, 1955) (for males:  $r = .73$  with the ATL-S and  $.80$  with the ATG-S; for females:  $r = .93$  with the ATL-S and  $.91$  with the ATG-S). Finally, ATL-S and ATG-S subscale scores correlate highly with religious fundamentalism, as measured by the Religious Ideologies Scale (RIS; Putney & Middelton, 1961). That is, for males:  $r = .69$  with the ATL-S and  $.70$  with the ATG-S; for females:  $r = .90$  with the ATL-S and  $.87$  with the ATG-S.

***Knowledge of LGB History, Symbols, and Community subscale of the Lesbian, Gay, and Bisexual Knowledge and Attitudes Scale for Heterosexuals (LGB-KASH; Worthington, Dillon, & Becker-Schutte).***

The LGB-KASH is a 28-item self-report instrument designed to assess the multidimensionality of heterosexuals' knowledge and attitudes of LGB people (see Appendix A). The instrument generates five subscale scores: Hate; Knowledge of LGB History, Symbols, and Community; LGB Civil Rights, Religious Conflict, and Internalized Affirmativeness. The Knowledge of LGB History, Symbols, and Community; which assesses familiarity with the sociopolitical history, symbols, and organizations related to the LGB community; is comprised of 5 items. Example items include "I am knowledgeable about the

history and mission of the PFLAG organization” and “I am knowledgeable about the significance of the Stonewall Riot to the Gay Liberation Movement.” Items are rated on a 7-point Likert-type scale where 1 corresponds with *very uncharacteristic of me or my views* and 7 corresponds with *very characteristic of me or my views*. Higher scores on the Knowledge of LGB History, Symbols, and Community subscale are associated with higher levels of knowledge related to LGB issues. The Knowledge of LGB History, Symbols, and Community subscale was used in the current study as a measure of supervisors’ knowledge regarding sexual orientation issues.

Four studies utilizing different research samples are reported in the article describing the scale’s development and validation. The developers of the scale conducted preliminary analyses prior to their published factor analytic, reliability, and validity studies (Worthington et al., 2005). Through revisions based on factor analytic pilot studies and attempts to include items that reflected contemporary LGB issues, an original item pool of 211 items was reduced to 60 items for the published factor analytic study.

The first study focusing on scale development and exploratory factor analysis utilized 422 heterosexual research participants, 211 (50%) men and 211 (50%) women. Two hundred fourteen participants (50.7%) were recruited from university email solicitation and 208 (49.3%) were recruited for participation on the internet. Participants ranged in age from 18-57 years of age and varied in terms educational attainment, with 4 (0.95%) participants earning less than a high school diploma, 105 (24.88%) earning a high school diploma or its equivalent, 159 (37.67%) completing some college, 7 (1.65%) earning an associate’s degree, 92 (21.80%) earning a bachelor’s degree, and 48 participants (11.37%) of the sample earning graduate degrees. Three hundred forty seven participants (82.5%) were from White/European

American backgrounds, 22 (5.2%) were African American, 16 (3.8%) were Latino/Latina, 7 (1.7%) were Asian/Asian American, 2 (<1%) were Native American Indian, 2 (<1%) were biracial/multiethnic, 6 (1.4%) were international (non-U.S.citizens), and 20 participants (4.7%) identified as “other” or did not specify their ethnic backgrounds. Respondents indicated residence in 21 different U.S. states and 10 countries, including the United States.

An initial principal-axis factor extraction analysis left 28 of the 60 items after cross-loading and low-loading items were deleted. An exploratory factor analysis using oblique rotation of the remaining 28 items supported a five-factor scale structure. These factors represent subscales of the LGB-KASH: Hate, Knowledge of LGB History, Symbols, and Community, LGB Civil Rights, Religious Conflict, and Internalized Affirmativeness. Cronbach’s alphas for the Hate, Knowledge of LGB History, Symbols, and Community, LGB Civil Rights, Religious Conflict, and Internalized Affirmativeness subscales are .81, .81, .87, .76, and .83, respectively. The researchers did not report Cronbach’s alpha for the overall scale. The five-item Knowledge of LGB History, Symbols, and Community subscale emerged as the second factor in the exploratory factor analysis, accounting for 7.44% of the variance. Confirmatory factor analysis with a demographically similar sample to that used in the scale development study supported a five-factor scale structure. Across the four studies conducted by the researchers, Cronbach’s alpha for the Knowledge of LGB History, Symbols, and Community subscale ranged from .80-.94. A two-week internal consistency reliability of .85 was established for the Knowledge of LGB History, Symbols, and Community subscale based on a convenience sample of 45 undergraduate research participants.

Research also demonstrates support for the validity of the Knowledge of LGB

History, Symbols, and Community subscale of the LGB-KASH. As the researchers hypothesized, the Knowledge of LGB History, Symbols, and Community subscale demonstrates relationships with social dominance as measured by the Social Dominance Orientation Scale (SDS; Sidanius & Pratto, 1999). Prior studies have linked social dominance to political conservatism and prejudicial attitudes on the basis of race/ethnicity. As evidence of divergent validity, the Knowledge of LGB History, Symbols, and Community subscale was not significantly related to attitudes regarding gay men ( $r = .27$ ) as measured by the Attitudes Toward Gay Men scale (Herek, 1984). It was also found to be weakly correlated with attitudes regarding bisexual men and women, as measured by the Attitudes Regarding Bisexuality Scale (ARBS; Mohr & Rochlen, 1999), with correlation coefficients ranging from  $-.22$  to  $.09$  for the four ARBS subscales. A weak but significant correlation between the Knowledge of LGB History, Symbols, and Community subscale and attitudes of lesbians was observed ( $r = -.38$ ). This suggests that knowledge of LGB issues is conceptually distinct from attitudes regarding homosexual orientations. As hypothesized, the researchers also found that LGB individuals displayed significantly higher levels of Knowledge of LGB History, Symbols, and Community subscale scores than heterosexual individuals, and that this difference was large based on effect size conventions.

***Individual differences and case conceptualization item.***

An open-ended item was designed by the researcher for use as a dependent measure in the current study to determine whether or not supervisors address issues of sexual orientation in supervision (see Appendix A). As noted by other researchers (Gatmon et al., 2001), reliable and valid measures do not exist to assess supervisors' decisions to address diversity issues in clinical supervision. The item is based on a developmental supervision

framework. Stoltenberg and Delworth (1987) theorized eight domains of professional functioning that are targeted in the supervision of psychotherapy. These include, intervention skills competence, assessment techniques, interpersonal assessment, theoretical orientation, treatment plans and goals, professional ethics, client conceptualization, and individual differences. Bruss et al. (1997) in their application and extension of Stoltenberg and Delworth's model for supervising therapists treating LGB clients argued that the domains of individual differences and case conceptualization are most central to therapists' work with LGB clients. The item defines the domains of individual differences and case conceptualization and then asks supervisors to list with as much specificity as possible the specific topics of discussion they typically initiate related to these domains in their work with supervisees.

Prior its to use in the current study, the item was piloted with eight individuals with graduate psychology training to evaluate its readability and utility in assessing supervisors' decisions to address sexual orientation in clinical supervision. Pilot participants were asked to first respond to the item and then offer their evaluation of its format and any suggestions they would make to enhance its readability or effectiveness in tapping the construct of interest. Participants ranged in age from 25-57 years, with a mean age of 39 ( $SD = 13.02$  years). Five participants (62.5%) were male and three (37.5%) were female. Four participants (50%) were doctoral students in counseling psychology, two (25%) were predoctoral interns, one (12.5%) was a non-licensed psychologist, and one (12.5%) was a licensed psychologist. Pilot participants had been conducting psychotherapy between 2 and 16 years, with a mean of 5.13 years ( $SD = 4.48$ ). Their clinical supervision experience ranged from 1 to 16 years, with a mean of 3.38 years ( $SD = 5.15$ ). All eight participants (100%) had completed a graduate-



level course in clinical supervision. Based on the results of the item pilot, the definition of individual differences and the item stem were altered slightly to be more worded more broadly. The variable was treated as a binary outcome measure. In response to the open-ended prompt, participants either indicate that they initiate discussion about sexual orientation issues in supervision or they do not make this indication.

***Frequency of conversation initiation item.***

A single Likert-scale item was designed by the researcher for use as a dependent measure in the current study to determine the extent to which supervisors initiate discussions regarding sexual orientation in clinical supervision (see Appendix A). The rationale for inclusion of this item type is that the open-ended item may not elicit the desired information from participants, even if they regularly initiate conversation around LGB issues and sexual orientation in clinical supervision. Thus, this item served to validate the question structure of the open-ended item and provide more nuanced information about supervisor behavior around this issue.

**Procedures**

Human subjects approval was sought from the University of Kansas Institutional Review Board before invitations to participate were sent to prospective participant groups. Individuals with graduate psychology training and who were currently supervising at least one psychotherapy case or who had supervised at least one psychotherapy case within the last two years were eligible for study participation. Prospective participants were recruited through multiple means: (1) emailing the clinical training directors of all APA-accredited counseling psychology and clinical psychology training programs, (2) emailing APA Division 17 Society for Counseling Psychology listserv members, (3) posting to the

announcement board for APA Division 29 Psychotherapy members, (4) emailing APA Division 44 Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Issues listserv members, and (5) emailing all licensed psychologists who have registered an email contact with the Kansas Behavioral Sciences Regulatory Board. The initial email included an invitation to participate and the purpose and procedures of the study, including an estimated time commitment and instructions of how to access and complete the study online (see Appendix B). Training directors of graduate programs were asked to forward the email to eligible faculty and students.

Persons who indicated their informed consent to participate were first directed to a page of items that assessed their eligibility for study participation. The first question assessed whether the participant had graduate psychology training. The second assessed if the participant is currently working with supervisees or had done so within the past two years. Individuals who qualified for study participation by answering yes to both items were allowed to proceed. Anyone that did not qualify was thanked for their participation and directed out of the survey.

Qualifying participants first completed the two dependent measures designed to assess the issues related to individual differences and case conceptualization about which they initiate discussion in supervision and the frequency with which they discuss sexual orientation issues with supervisees. Participants were informed that they could not go back in the survey once these items were completed. This was necessary because participants would likely be able to deduce that sexual orientation was the variable under investigation in the research study once they completed the sexual orientation competence measures. Participants' original responses are of interest, and so this aspect of the procedures was

critical.

Once participants completed the dependent measure, they completed the four competence measures, in order of overall competence, skills, attitudes, and knowledge. Each measure was included on its own page in the survey. Once the competence measures were completed, participants were directed to the demographic questionnaire. Following the completion of this measure, they were thanked for their participation and directed out of the survey.

### **Data Analysis**

A power analysis was performed using NCSS Power Analysis and Sample Size (PASS) software (Hintze, 2008) to estimate power with sample sizes ranging from 50 to 200 for logistic regression (see Table C5 and Figure D1). Results from the Individual Differences and Case Conceptualization Item pilot reported above and from prior research investigating the frequency of supervisor-initiated conversation taking place around sexual orientation in supervision (Gatmon et al., 2001) suggest that discussions of sexual orientation are initiated at all by supervisors between 5% and 15% of the time. Taking the average of these values, the power analysis was performed where the baseline probability of discussion initiation was set at .10 and alpha was set at .05. Power estimates were determined for small-to-moderately-sized ( $OR = 2$ ) and moderately-sized ( $OR = 3$ ) effect sizes for sexual orientation competency. The specified effect sizes are based on conversions of odds ratio values into standard effect size conventions (Chinn, 2000; Cohen, 1988). Where  $OR = 2$ , a sample size of approximately 180 participants is needed to achieve a power level of .80. Where  $OR = 3$ , a sample size of approximately 75 participants is needed to achieve a power level of .80.

To address the first research question investigating what factors are related to whether

or not supervisors initiate discussion around sexual orientation in clinical supervision, a sequential logistic regression analysis was performed on supervisors' decisions to address sexual orientation in supervision as outcome (yes or no). This allowed individual hypotheses to be tested by evaluating the predictive contribution of each variable in the model.

Hypotheses are stated as follows:

- Hypothesis 1a: Supervisors who report higher self-perceived competency around sexual orientation issues would be more likely to initiate discussions of sexual orientation in supervision than those with lower competency ratings.
- Hypothesis 1b: Supervisors who identify as sexual minorities, compared to heterosexuals, would be more likely to initiate discussions related to sexual orientation in supervision.
- Hypothesis 1c: Supervisors from counseling psychology backgrounds, compared to clinical backgrounds, would be more likely to initiate these discussions.
- Hypothesis 1d: Supervisors with more extensive training and professional experiences related to LGB issues would be more likely to initiate discussions of sexual orientation in supervision.
- Hypothesis 1e: Supervisors with more extensive training and professional experiences related to supervision issues would be more likely to initiate discussions of sexual orientation in supervision.

Predictors were added in four blocks. The first block included supervisors' overall competency in working with lesbian, gay, and bisexual clients as measured by the Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005). The second block was comprised of separate attitude, knowledge, and skill competency domains related to sexual

orientation and LGB issues as measured by the Attitudes Toward Lesbians and Gay Men, Short Form scale (ATLG-S; Herek, 1988), the Knowledge of History, Symbols, and Community subscale of the Knowledge and Attitudes Scale for Heterosexuals (LGB-KASH; Worthington et al., 2005), and the Lesbian, Gay, Bisexual Working Alliance Self-Efficacy Scales (LGB-WASES; Burkard et al., 2009), respectively. The third block included supervisors' sexual orientation, coded as either heterosexual or non-heterosexual. Three other relevant demographic predictors comprised the fourth block in the model, including the supervisors' training speciality (clinical or counseling psychology), the sum of their training and professional experiences with LGB issues, and the sum of their training and professional experiences regarding clinical supervision.

The order of block entry into the model was guided by empirical and theoretical reasoning. The overall competency measure was tested separately from the measures specific to attitude, knowledge, and skill competencies. Because the overall competency score reflects attitude, knowledge, and skill competency domains, there was a strong likelihood of multicollinearity among these instruments. Sexual orientation was entered into the model in its own block following the competency measures because it was the only personal, as opposed to professional, demographic characteristic included in the model. It has also demonstrated theoretical and empirical support as an important factor influencing the salience of sexual orientation to clinical work and supervision. Finally, specialty area, LGB training and professional experiences and supervision training and professional experiences were entered as the final block after controlling for overall and domain-specific competence and sexual orientation.

Theoretical and statistical criteria were used to evaluate variables in the model. Those

blocks of predictors which demonstrated statistical significance at the .05 alpha level and/or larger effect sizes were retained in the final logistic regression model. Multicollinearity among predictor variables was evaluated in light of prior theoretical and empirical research to select variables for inclusion in the final model that enhanced the model's parsimony, explanatory power, and interpretability.

Following logistic regression analyses, a discriminant function analysis was performed to evaluate the second research question that asked what factors are related to the frequency about which supervisors initiate conversation related to sexual orientation with their supervisees. Those variables retained in the final logistic regression model were included as the independent variables in this analysis and frequency of conversation initiation was the dependent variable. This analysis allowed for the testing of the following hypotheses.

- Hypothesis 2a: Supervisors who report higher self-perceived competency around sexual orientation issues would initiate discussions of sexual orientation in supervision more frequently than those with lower competency ratings.
- Hypothesis 2b: Supervisors who identify as sexual minorities would initiate discussions related to sexual orientation in supervision more frequently than heterosexuals.
- Hypothesis 2c: Supervisors from counseling psychology backgrounds initiate these discussions more frequently than individuals with clinical psychology training.
- Hypothesis 2d: Supervisors with more extensive training and professional experiences related to LGB issues would initiate discussions of sexual orientation in supervision more frequently than those with less experience.
- Hypothesis 2e: Supervisors with more extensive training and professional experiences

related to supervision issues would initiate discussions of sexual orientation in supervision more frequently than those with less experience.

## **Chapter IV**

### **Results**

The present study was designed to investigate how supervisor competence and other relevant professional and personal characteristics; including supervisor sexual orientation, LGB-related professional experience, and supervision experience; contribute to whether or not supervisors initiate discussion around sexual orientation in clinical supervision and the frequency with which they report doing so. Logistic regression analyses and discriminant function analysis were performed to evaluate the study hypotheses. The following chapter describes the results of preliminary data analyses, logistic regression, and discriminant function analysis organized around the study's major research questions and hypotheses.

#### **Preliminary Data Analysis**

Before statistical analyses were performed, data were recoded to be consistent with the direction of stated research hypotheses. Responses to the open-ended dependent measure item designed to assess what conversation topics around individual differences and case conceptualization supervisors initiate with their supervisees were recoded as a binary outcome variable, where participants who did not mention sexual orientation were assigned to one category (0) and those who did indicate that they broach this topic were assigned to the other (1). The attitudes competence measure, as assessed by results on the Attitudes Toward Lesbians and Gay Men – Short Form (Herek, 1988), is originally scored where higher values correspond to more negative attitudes regarding sexual minorities. These data were recoded to correspond with the other competence measures, such that higher scores reflect greater supervisor competence with regard to their attitudes regarding sexual orientation. Supervisor sexual orientation was recoded into a binary variable, where those



who identified as heterosexual were assigned to one category (0) and all other identities; including gay, lesbian, bisexual, and other; were assigned to the other (1).

Reliability analyses were performed on the researcher-made scales designed to assess LGB-related professional experience and supervision experience. Cronbach's alpha for the original eight-item LGB-related professional experience scale was .57. After removing the items assessing supervisor completion of a graduate-level multicultural course covering LGB topics and completion of a graduate-level course focusing exclusively on LGB issues, Cronbach's alpha for the revised six-item scale increased to .61. Cronbach's alpha for the original eight-item supervision experience scale was .45. When the item assessing supervisor instruction or co-instruction of a graduate-level supervision course was removed, Cronbach's alpha for the revised seven-item scale increased to .49.

Frequencies were run for all dependent and independent variables. In response to the open-ended item asking participants about conversation topics they initiate in supervision related to individual differences and case conceptualization, 18% of participants reported that they initiate discussion in supervision related to sexual orientation issues. Results from the Likert-scale item designed to assess frequency of conversation initiation regarding sexual orientation topics in supervision indicated that 10.7% of participants always initiate discussion about sexual orientation, 42.7% generally do, 29.3% do only if the supervisee or client is LGB, 14.7% rarely do, and 2.7% do not initiate conversation related to sexual orientation. Frequencies for the dependent variables are displayed in Table C6. A chi square test was performed to investigate the relationship between response patterns to the two dependent variables (see Table C7). The results of this analysis indicate there is a statistically significant relationship between how participants responded to the open-ended item format

and the Likert-scale format item designed to assess frequency of conversation initiation around sexual orientation topics,  $\chi^2 (4, N = 75) = 10.07, p = .039$ . The results of this analysis reveal that there is consistency between whether participants indicated that they initiate these conversations at all and how often they report doing so.

Sample statistics; including Cronbach's alpha, mean, and standard deviation; were also calculated for all independent variables (see Table C8). Bivariate correlations were run between all pairs of predictor variables. Many bivariate correlations between pairs of predictor variables were statistically significant, and overall competence was significantly correlated with measures of competence in knowledge, skill, and attitude domains at or below  $p < .01$  level. The results of these bivariate correlations are displayed in Table C9.

### **Question 1**

To evaluate what factors are related to whether or not supervisors initiate discussion around sexual orientation in clinical supervision, binary logistic regression analyses were performed to regress supervisor initiation of conversation regarding sexual orientation issues on competence and supervisor demographic characteristics. The initial logistic regression model contained each of the eight assessed predictor variables. Variables were entered in a sequential fashion in four blocks. The first block included supervisors' overall sexual orientation competence. The second block was comprised of separate attitude, knowledge, and skill competency domains related to sexual orientation and LGB issues. The third block included supervisors' self-identified sexual orientation, coded as either heterosexual or non-heterosexual. Finally, the fourth block in the model included supervisors' training speciality (clinical or counseling psychology), their LGB-related professional experience, and their clinical supervision experience. The overall model was not significant,  $R^2 = .19, \chi^2 (8, N =$

75) = 10.34,  $p = .242$ , and represented an increase in correct prediction from 76.0% (base rate) to 78.7% (see Table C10). Odds ratios greater than one indicate an increased chance of supervisors initiating conversations about sexual orientation in supervision as values of that variable increase while odds ratios less than one indicate a reduced likelihood of initiating these conversations as values of that variable increase.

The final logistic regression model was developed using a data- and theory- driven approach in which the contribution of individual variables were evaluated to enhance the model's parsimony and interpretability and to increase its explanatory power. The final model represented an attempt to balance theory-driven factors with those supported by statistical criteria available from this sample. The final logistic regression model contained three of the original eight predictor variables: overall LGB competence, the LGB professional experience index, and the supervision experience index. The final model was statistically significant overall,  $R^2 = .16$ ,  $\chi^2 (3, N = 75) = 8.48$ ,  $p = .037$ , and represented an increase in correct prediction from 78.7% (Model 1) to 80.0% (see Table C10). Because of the collinearity of predictor variables in the initial logistic regression model (see Table C9), only 3% of explained variance was lost after five predictor variables were eliminated from the final logistic regression model. By retaining these three variables, correct prediction was maximized. More supervision-related experience and higher self-perceived overall competency with regard to LGB issues were associated with an increased likelihood of initiating conversation about sexual orientation issues with supervisees.

Interestingly, in the final logistic regression model, more LGB-related professional experience was found to decrease the likelihood of supervisors initiating discussions regarding sexual orientation in supervision after controlling for the variance associated with

the other two predictors. This finding is inconsistent with the research hypothesis. In light of this inconsistency and the positive, statistically significant correlations observed between LGB-related professional experience, supervision experience, and overall competence ( $r = .49, p < .01$  and  $r = .56, p < .01$ , respectively), an additional exploratory binary logistic regression was performed with sexual orientation as the only predictor variable in the model. The results of this analysis revealed a positive, though not statistically significant, association between more LGB-related professional experience and the likelihood of initiating conversation around sexual orientation with supervisees in clinical supervision,  $R^2 = .01, \chi^2(1, N = 75) = .56, p = .454$  (see Table C11). The final regression model supports three of the five original research hypotheses regarding the predictive value of variables in the model. Sexual orientation competence, LGB-related professional experience, and supervision experience are related to whether or not supervisors report initiating conversation about sexual orientation in clinical supervision.

## **Question 2**

A discriminant function analysis was performed next to ascertain how well predictor variables could differentiate between supervisors on the basis of the regularity that they report initiating conversations about sexual orientation in supervision. There were five supervisor groups: (a) supervisors who always initiate discussions of sexual orientation, (b) those who generally initiate discussion regarding sexual orientation, (c) those who initiate these discussions only if the supervisee or client is LGB, (d) those who rarely initiate sexual orientation discussions, and (e) supervisors who do not initiate these discussions. Those variables retained in the final logistic regression model, including overall LGB competence, the LGB professional experience index, and the supervision experience index, were included

in the discriminant function analysis.

The combination of the first, second, and third canonical functions significantly differentiated the supervisor groups, Wilk's  $\lambda$ , = .60,  $\chi^2(12) = 36.064$ ,  $p < .001$ . After removal of the first function, there were no significant associations found between the groups and predictors, Wilk's  $\lambda$ , = .92,  $\chi^2(6) = 6.04$ ,  $p = .418$ ; nor were there significant associations between the groups and predictors after removal of the second function, Wilk's  $\lambda$ , = .99,  $\chi^2(2) = 1.03$ ,  $p = .60$ . The three discriminant functions account for 85.7%, 11.9%, and 2.4%, respectively, of the between-group variance. A total of 54.7% of cases were correctly classified. Prior probabilities specified as .11 (*Always*), .43 (*Generally*), .29 (*Only if LGB*), .15 (*Rarely*), and .03 (*No*), put 8 cases (.11 x 75) in the *Always* group, 32 in the *Generally* group, 22 in the *Only if LGB* group, 11 in the *Rarely* group, and 2 in the *No* group. Of those randomly assigned to the *Always* group, .9 should be correct (.11 x 8), while 13.8, 6.4, 1.7, and 0.1 should be correct by chance alone in the *Generally*, *Only if LGB*, *Rarely*, and *No* groups, respectively. Over all five groups, 22.9 out of the 75 cases or 30.5% should be correct by chance alone. The classification procedure here correctly classified substantially more than that.

The first function demonstrated the greatest discrimination between high-frequency (*Always*, *Generally*) and low-frequency (*Only if LGB*, *Rarely*, *No*) conversation initiators. Table C12 displays standardized canonical discriminant function coefficients and structure matrix values for this analysis. Classification results are presented in Table C13, and the territorial map for the analysis can be found in Figure D2. The results of this analysis support three of the five original research hypotheses regarding the predictive value of variables in the model. Sexual orientation competence, LGB-related professional experience, and

supervision experience predict the frequency with which supervisors report initiating conversation about sexual orientation in clinical supervision.

## **Chapter V**

### **Discussion**

This chapter includes a summary of the study results, as well as an interpretation of the findings related to each of the research questions of the current study and the literature around multicultural, sexual orientation/LGB, and supervision competencies. The discussion includes an examination of what these findings may mean for applied psychology and psychology graduate training. Limitations of the present study are described and directions for future research are presented.

#### **Summary of Findings**

The current study was designed to investigate how supervisors' competence around sexual orientation and LGB issues affects whether or not and how frequently they initiate discussions regarding these topics in clinical supervision. It also examined how relevant personal and professional characteristics of supervisors; including their sexual orientation, psychology specialty area, and training/professional experience around LGB issues and clinical supervision; are related to these outcomes.

The study sought to answer the following research questions and evaluate their associated hypotheses: The following research questions and their related hypotheses guided this study.

#### **Question 1.**

What factors are related to whether or not supervisors initiate discussion around sexual orientation in clinical supervision?

#### ***Hypotheses.***

- Hypothesis 1a: Supervisors who report higher self-perceived competency around

sexual orientation issues would be more likely to initiate discussions of sexual orientation in supervision than those with lower competency ratings.

- Hypothesis 1b: Supervisors who identify as sexual minorities, compared to heterosexuals, would be more likely to initiate discussions related to sexual orientation in supervision.
- Hypothesis 1c: Supervisors from counseling psychology backgrounds, compared to clinical backgrounds, would be more likely to initiate these discussions.
- Hypothesis 1d: Supervisors with more extensive training and professional experiences related to LGB issues would be more likely to initiate discussions of sexual orientation in supervision.
- Hypothesis 1e: Supervisors with more extensive training and professional experiences related to supervision issues would be more likely to initiate discussions of sexual orientation in supervision.

## **Question 2.**

What factors are related to the frequency about which supervisors initiate conversation related to sexual orientation with their supervisees?

### ***Hypotheses.***

- Hypothesis 2a: Supervisors who report higher self-perceived competency around sexual orientation issues would initiate discussions of sexual orientation in supervision more frequently than those with lower competency ratings.
- Hypothesis 2b: Supervisors who identify as sexual minorities would initiate discussions related to sexual orientation in supervision more frequently than heterosexuals.



- Hypothesis 2c: Supervisors from counseling psychology backgrounds initiate these discussions more frequently than individuals with clinical psychology training.
- Hypothesis 2d: Supervisors with more extensive training and professional experiences related to LGB issues would initiate discussions of sexual orientation in supervision more frequently than those with less experience.
- Hypothesis 2e: Supervisors with more extensive training and professional experiences related to supervision issues would initiate discussions of sexual orientation in supervision more frequently than those with less experience.

A binary sequential logistic regression analysis was performed to evaluate the hypotheses associated with the first research question investigating which variables related to whether or not supervisors initiate conversation around sexual orientation, as assessed by their responses to an open-ended item designed by the researcher. The initial logistic regression analysis with all predictor variables in the model was not significant but revealed that the supervision experience index was a statistically significant predictor. An examination of significance levels associated with the other independent variables in the model revealed that LGB-related professional experience and overall sexual orientation competence were the next most effective predictors. These three predictor variables were retained in the final logistic regression model. The full model demonstrated statistical significance, with the supervision experience index being the only statistically significant individual variable. The inclusion of the three variables in the model allowed for maximization of correct prediction.

A discriminant function analysis was performed next to ascertain how well predictor variables retained from the final logistic regression model could differentiate between supervisors on the basis of the regularity that they report initiating conversations about sexual

orientation in supervision. The results of the discriminant function analysis were statistically significant, demonstrating that, taken together, supervision experience, overall sexual orientation competence, and LGB-related professional experience differentiated supervisor groups on the basis of how frequently they report initiating discussion about sexual orientation with their supervisees.

### **Explanation of Findings**

Multicultural competence refers to a set of clinician capabilities related to attitude, knowledge, and skill domains (Falender & Shafranske, 2007; Sue et al., 1982). An effective multicultural supervision process is one in which the influence of cultural issues on the client, the supervisee's clinical work and professional development, and the supervision process itself is acknowledged and processed in an ongoing fashion (Constantine, 1997). Discussing diversity issues in supervision has been identified as the most important component of effective multicultural supervision (Bernard & Goodyear, 2009). However, prior research has demonstrated that conversations around multicultural topics and their clinical relevance do not take place in supervision as often as supervisees would like (Constantine, 1997). Research indicates that this is especially true regarding conversations around sexual orientation and LGB issues. Not only is sexual orientation less often discussed in supervision as compared to issues of race/ethnicity and gender, but, according to supervisees, when these conversations do take place, they are more likely than their supervisors to introduce them (Gatmon et al., 2001).

Many authors have suggested that a lack of supervisor competence is responsible for the infrequency of supervisor-initiated discussion of diversity related to sexual orientation in clinical supervision (Buhrke, 1989a; Gatmon et al., 2001; Messinger, 2007; Russell &

Greenhouse, 1997; Phillips, 2000; Phillips & Fisher, 1998; Rudolph, 1989; Whitman, 1995). Potentially a deficit of competence can occur on multiple fronts, and there is evidence in the research literature to suggest that supervisors may lack training in multicultural issues, LGB and sexual identity diversity, and/or clinical supervision that renders them incapable of providing effective supervision around sexual identity issues. For instance, supervisors are often less likely than their supervisees to have taken a multicultural counseling course (Constantine, 1997). With regard to diversity related specifically to sexual orientation, professional psychology has only recently defined guidelines aimed to help direct clinicians' behavior in working with LGB populations in a competent and affirming manner (APA, 2000). Relatedly, scholarly writing and empirical research concerning sexual diversity is more widely available now to trainees than was the case in the past (Croteau et al., 2008). This collectively demonstrates the feasibility that supervisors may have had limited exposure during their training to accurate information about sexual orientation and LGB-related topics, including how to effectively address sexual orientation issues in both clinical work and supervision contexts. Falender and Shafranske (2007) assert that, in addition to attitude, knowledge, and skill competencies essential to competent psychotherapy practice with sexual minorities and other diverse populations, training and education specific to performing clinical supervision is necessary to ensure supervisor competence. However, fewer than 20% of practicing supervisors have received any formal training in the provision of clinical supervision (Peake et al., 2002).

The findings of the current study support the claim made in the theoretical and research literatures that in cases where supervisor competence is lacking, the likelihood of conversations around sexual diversity issues taking place is lessened. The findings of this

investigation suggest that the combination of supervisors' sexual orientation competence, training and professional experiences involving LGB issues, and supervision experience is significantly associated with behavior related to both conversation initiation and frequency around sexual orientation issues. The obtained results demonstrate that, of these three variables, supervision experience is the most predictive of whether or not supervisors initiate these discussion topics. Authors have suggested that supervision competence necessarily entails an understanding of the impact of diversity issues on clients, trainees, and the supervision process (Bernard & Goodyear, 2009; Constantine, 1997; Falender & Shafranske, 2007). Thus, quality training and professional development experiences related to supervision issues would include individual difference and diversity components. From this perspective, it makes sense that if supervisors have more experience with supervision-related issues, they also have had auxiliary opportunities to enhance their understanding of the importance of cultural and contextual influences on both psychotherapy and clinical supervision. Such learning experiences would likely affect supervisors' treatment of diversity issues in their interactions with supervisees.

After explaining the variance related to supervision experience, overall sexual orientation competence and LGB-related professional experience contributed to the explanatory power and successful outcome prediction of the final logistic regression model, though neither variable was statistically significant independently. The predictive value of sexual orientation competence in the model lends support to the assertion that incorporating sexual orientation issues into the clinical supervision process relies in part on the supervisor's capacity to provide psychological services from a foundation of attitude, knowledge, and skill competencies to clients who are LGB or who present with concerns related to sexual

identity (Bernard & Goodyear, 2009; Bruss et al., 1997; Buhrke, 1989a; Falender & Shafranske, 2007; Halpert et al., 2007; House & Holloway, 1992; Pett, 2000; Russell & Greenhouse, 1997).

After controlling for supervision experience and overall sexual orientation competence in the final logistic regression model, the odds ratio associated with LGB-related professional experience suggested a negative effect such that as supervisors attain more experience related to LGB issues, the likelihood of their initiating conversations around sexual orientation in supervision decreases. However, in light of other analyses, the above interpretation of this statistic is likely inaccurate. The correlation matrix of predictor variables indicates positive, significant relationships between LGB experience and supervision experience and LGB experience and overall competence. Moreover, when entered as the sole predictor in a separate logistic regression model, LGB-related professional experience demonstrated a positive, though non-significant, effect. A probable explanation for this finding is that the LGB-related professional experience index exerted a suppression effect in the final model. A suppressor variable is defined as one that “increases the predictive validity of another variable (or set of variables) by its inclusion in a regression equation” (Conger, 1974, p. 36). The inclusion of LGB-related professional experience in the final logistic regression model seemed to impart nuanced information predictive of supervisor behavior that served to maximize the model’s explanatory power beyond what was explained by the other two variables.

Taken together, those variables retained in the final logistic regression model; including supervision experience, sexual orientation competence, and LGB experience; were also significant in differentiating supervisor groups on the basis of self-reported conversation

initiation around sexual orientation topics as demonstrated through the results of the discriminant function analysis. As expected, results obtained from a chi square test revealed that whether or not participants reported initiating these conversations was significantly related to the frequency that they reported doing so. This lends support to the internal validity of the study's dependent measures. However, a fraction of participants who reported that they did not initiate such discussion in supervision in response to the open-ended item indicated a high frequency of conversation initiation (*Always, Generally*) in response to the Likert-scale item type. The reverse pattern, though less common, was also true for some participants in which they indicated that they do initiate conversations pertaining to sexual orientation with supervisees but then selected a low frequency response choice (*Only if LGB, Rarely*) on the Likert-scale item type.

There are several potential explanations for these discrepancies. Perhaps social desirability is related to the former response pattern. When asked more directly, participants may indicate that they address these issues more frequently than is actually the case because they this causes them to appear to be more sensitive to diversity issues and/or they are aware that this response conforms to professional expectations promulgated throughout the literature. The response discrepancies may also reflect problematic measurement issues related to the study of how multicultural issues are treated in supervision (Gatmon et al., 2001). Accurate self-report of professional behavior entails a requisite level of awareness on the part of the respondent that is also an important aspect of supervisor competence (Falender & Shafranske, 2007). It may be problematic to assume, from a validity perspective, that participants are competent in this regard and thus capable of reflecting meaningfully on their roles as supervisor. Though in most cases there was correspondence in participants'

responses to the two dependent measures, it may be worthwhile to explore reasons for these discrepancies in future research.

Several variables that were entered into the initial logistic regression model were not retained in the final model or examined in the discriminant function analysis. These variables; the knowledge, skill, and attitude competence measures, supervisor specialty area, and supervisor sexual orientation; did not contribute significant explanatory power to the initial model. One of the primary explanations for these results is likely the multicollinearity among the predictor variables in the initial model. Scores for overall sexual orientation competence were significantly and directly associated with each of the domain-specific competence measures. This was an expected finding, as multicultural competence is theorized to be comprised of interdependent attitude, knowledge, and skill proficiencies (Sue et al., 1982). Thus, the second block of variables containing the domain-specific competency measures did little to explain variance or improve successful prediction in the initial model. Moreover, the inclusion of eight predictor variables with a sample size of only 75 participants reduced the models' degrees of freedom and, as a result, its statistical power.

Another variable that was not retained in the final model included supervisor specialty area. This variable was also positively and significantly correlated with overall competence and supervision experience, demonstrating that supervisors with counseling psychology training self-reported higher levels of competence regarding sexual orientation and more supervision-related experiences than those from clinical psychology backgrounds. This finding is consistent with the research of Sherry et al. (2005), which revealed that APA-accredited counseling and clinical psychology programs differed with regard to the extent that LGB issues were emphasized in training. These researchers found that counseling

psychology programs were significantly more likely to require a multicultural course, to include LGB issues in said course, to have a faculty member whose primary research area related to LGB issues, and to include LGB issues in their comprehensive exams. In the initial regression model supervisor specialty area explained little variance above and beyond the contribution of other variables, likely due to its relationships with stronger, more reliable predictors.

Supervisor sexual orientation was the only personal, versus professional, demographic characteristic included in the initial logistic regression model. Research cumulatively suggests that sexual orientation is a very salient aspect of clinical work and supervision for LGB supervisees and that they find affirmative discussions around sexual orientation in supervision to facilitate their personal and professional growth and strengthen their clinical skills (Burkard et al., 2009a; Messinger, 2004, 2007; Satterly & Dyson, 2008). It is a logical extension to hypothesize that those supervisors who are sexual minorities draw on their training experiences to inform how they address diversity issues in their work with supervisees and that these supervisors would be more likely to initiate discussions of sexual orientation.

However, supervisor sexual orientation was not significantly correlated with any other predictor variables and it contributed little to the explanatory power of the initial model. Based on the obtained results, it seems that supervisors' *professional* experiences are more strongly associated with their perceived competence levels and are more predictive of the likelihood that they discuss individual differences and cultural issues, including sexual diversity, with supervisees. However, prior research has demonstrated that *personal* attributes and experiences are significantly related to perceived multicultural competence



(Sodowsky, Taffe, & Gutkin, 1991; Vargas, 2010). In light of investigations demonstrating the importance of personal characteristics to diversity competence, the insignificant contribution of sexual orientation to the model may, alternatively, be related to the self-selected nature of the study sample. It is possible that participants interested in supervision issues in general chose to participate in the study and that those who had an interest in sexual orientation issues fully completed the study measures. Thus, the study sample may not be representative of supervisors in general. Among a more representative sample, personal characteristics, like sexual orientation, may emerge as being more predictive of supervisor behavior concerning conversation initiation and frequency around sexual diversity issues. Future research is necessary to explore these potential explanations.

### **Conclusions and Implications**

Scholars who research and write on the topic of effective multicultural and affirmative supervision are in agreement that discussing sexual orientation issues in clinical supervision is warranted as part of a continuing dialogue regarding the role of cultural and contextual variables on clients' presentations and the supervisee's clinical work, emerging competence, self-awareness, and professional development (Bruss, Brack, Brack, Glickhauf-Hughes, & O'Leary, 1997; Buhrke, 1989a; Buhrke & Douce, 1991; Burkard, Knox, Hess, & Schultz, 2009; Gatmon et al., 2001; Halpert & Pfaller, 2001; Halpert, Reinhardt, & Toohey, 2007; House & Holloway, 1992; Long, 1996; Long & Lindsey, 2004; Messinger, 2004, 2007; Pfohl, 2004; Phillips, 2000; Russell & Greenhouse, 1997; Satterly & Dyson, 2008). There are many reasons why it is recommended that supervisors initiate these conversations. They are presumed to have useful information and skills to impart that will help to foster multicultural competence in the trainee (Bruss et al., 1997; Falender & Shafranske, 2007).

They also are not risking negative evaluation that supervisees might fear when considering broaching topics of diversity, which often can entail personal disclosures and self-exploration that should take place in an environment of safety and respect established by the supervisor (Bruss et al., 1997; Burkard et al., 2009a; Constantine, 1997; Gatmon et al., 2001; Halpert & Pfaller, 2001; Halpert et al., 2007; Messinger, 2004, 2007; Pfohl, 2004; Satterly & Dyson, 2008). Finally, supervisors are responsible for transmitting the values of the profession (Holloway & Neufeldt, 1995), including ethical and competent practice with sexual minorities (APA 2000, 2002), and ensuring client welfare.

Despite these recommendations, past research has revealed that discussions around diversity issues do not take place regularly, that this is especially true for discussions regarding sexual diversity, and that supervisors are particularly unlikely to initiate conversations about sexual orientation as compared to other diversity issues (Constantine, 1997; Gatmon, et al., 2001). However, no empirical information existed in the literature that served to explain why this is the case. Through the results of the current study, the author has identified factors; including supervision experience, sexual orientation competence, and LGB-related professional experience; that relate to supervisors' initiation and frequency of discussion regarding sexual orientation in clinical supervision of individual psychotherapy. This is critical information to have in considering how to design graduate training curriculum that fosters the necessary knowledge, skill, and attitude competencies in sexual orientation issues and supervision that would prepare psychologists to address sexual identity and LGB topics effectively as clinical supervisors.

Falender and Shafranske (2007) argue that preparation specific to conducting clinical supervision is necessary to ensure supervisor competence, and the results of the current study

support that those individuals with the widest range of supervision experiences are most likely to follow recommendations regarding the treatment of diversity issues put forth in the literature. The study findings make a compelling claim for the requirement of curriculum related to the provision of clinical supervision in professional psychology training programs, as supervision experience was most strongly predictive of whether or not and how often supervisors reported initiating discussions about sexual orientation with their supervisees. At a minimum this curriculum should include a supervision course and completion of a supervision practicum or supervision-of-supervision experience and should address how to broach diversity issues in an affirmative and competent way in work with supervisees. Scholars have described several strategies for supervisors to use in assessing supervisee competence around sexual orientation and LGB issues and addressing related topics of conversation in supervision (Constantine, 1997; Israel & Hackett, 2004; Koracek & Pelling, 2003; Long , 1996; Long & Lindsay, 2004). Such strategies should be introduced to trainees in the supervision curriculum so that they have an opportunity to practice effectively introducing discussions around sexual orientation and other diversity issues.

The discussion of diversity topics is extremely critical to the supervision process, and it is potentially harmful to both supervisees and clients when diversity topics are neglected or addressed in a non-affirmative fashion by supervisors (APA, 2000, 2002; Bernard & Goodyear, 2009; Burkard et al., 2009a; Constantine, 1997; Messinger, 2004, 2007). For this reason, it also is recommended that state licensing boards require psychologists engaged in the provision of supervision to complete continuing education credits in content related to both supervision and multicultural issues. This seems especially necessary given the likelihood that many practicing supervisors have not completed formal instruction in

supervision (Peake et al., 2002) and/or multicultural counseling (Constantine, 1997) during their training.

In addition to the importance of supervision experience in affecting how supervisors treat diversity issues illustrated in the findings of the current study, sexual orientation competence and LGB-related professional experience were also predictive of the outcomes assessed in this study. It is recommended that coursework and curriculum related to these subject matters also be required in graduate training programs. Currently, not all professional psychology programs require students to take a multicultural course, and LGB issues are not necessarily included in the course if it is mandatory (Sherry et al., 2005). Scholars have noted that where sexual diversity is included in multicultural counseling courses, it is generally not afforded equal time or consideration as compared to other cultural issues (Buhrke, 1989b; Phillips, 2000; Phillips & Fisher, 1998; Rudolph, 1989; Stein & Burg, 1996; Whitman, 1995). They have argued for infusion of sexual diversity-related topics throughout the curriculum and the need for a separate course devoted exclusively to LGB issues to properly nurture clinicians' competence in working with LGB clients.

The results of the current study lend credence to these recommendations. More widespread training and professional experiences with LGB issues are related to sexual orientation competence and are influential in whether or not and how often supervisors initiate conversations about sexual diversity. At a minimum, competence around sexual orientation should be assessed and emphasized in a mandatory multicultural counseling course. This would represent a marked improvement from the current policies of most professional psychology training programs, in which sexual orientation competence is very rarely a part of student review processes and even more rarely evaluated using a valid and

reliable assessment method (Sherry et al., 2005). Offering a course devoted exclusively to LGB issues would provide students with further opportunities to enhance their competence in this area. Stein and Burg (1996) proposed a curriculum for such a course that could assist training programs in selecting important topics related to LGB identity and sexual orientation for inclusion in a general multicultural course or separate specialty course.

The results of the current study can be used to structure graduate training programs and continuing education opportunities to enhance supervisor competence and improve the likelihood that they will initiate regular conversations around sexual diversity, among other cultural issues, with their supervisees. It is recommended that programs emphasize, to the greatest extent possible, training in supervision and LGB issues. More extensive experience with these topics is related to higher levels of self-perceived sexual orientation competence and an improved likelihood of discussing sexual orientation with greater regularity in clinical supervision.

### **Limitations of the Study**

There are several limitations of the current study connected to methodology and related internal and external validity issues. One limitation of the study design is that all measures were based on supervisor self-report. As mentioned previously, supervisors may not possess the self-awareness to reflect meaningfully on their own areas of competence, professional behavior, and interactions with supervisees. Self-perceived competence and actual competence may not be strongly correlated for all participants.

The dependent measures assessing conversation initiation and conversation frequency designed by the researcher for the current study also relied on supervisor self-report and have not demonstrated adequate psychometric properties. Response options on the Likert-scale

item assessing conversation frequency did not objectively define frequency, and thus different supervisors may have different perspectives on what defines “generally” and “rarely” initiating conversation, for example. Though a chi square test revealed considerable overlap in response patterns between the two dependent variable item types, there were instances in which participants reported inconsistent information regarding whether or not and to what extent they initiated conversation around sexual orientation issues in supervision. This suggests that self-report is imperfect in capturing what truly occurs in supervision interactions. Moreover, study eligibility criteria required that supervisors had conducted clinical supervision within the past two years. Some participants may have been reporting on supervision events taking place quite some time ago, further complicating the reliability of self-report measures included in the study.

Another limitation relates to the power of the study’s statistical design. It is possible that variables included in the initial logistic regression model would have demonstrated statistical significance if the sample included more participants. With data for only 75 participants in the model, it is unlikely that smaller, but genuine, effects could be detected with eight predictor variables entered.

Finally, the study sample may not have been reflective of the overall population of clinical supervisors in terms of certain demographic and diversity characteristics. Over 65% of the study sample was female. Although this is representative of the ratio of females to males in psychology (Cynkar, 2007), it may not reflect the proportion of female to male supervisors. Eighty-four percent of the sample was Caucasian/European American, reflecting a strong underrepresentation of ethnic minority supervisors in the sample. However, the racial/ethnic composition also seems to be reflective of the ratio of European Americans to

racial/ethnic minorities in psychology. The a report by the APA Commission on Ethnic Minority Recruitment, Retention, and Training in Psychology Task Force indicates that only 5.8% of APA members are ethnic minorities (CEMRRAT, 2004).

### **Directions for Future Research**

This investigation represents the first empirical attempt to identify what specific factors are related to whether or not and how frequently supervisors initiate discussion regarding sexual orientation with their supervisees in the clinical supervision of individual psychotherapy. Study results demonstrated that supervision experience, sexual orientation competence, and LGB-related professional experience contributed reliably to these outcomes. Subsequent research studies should be designed to clarify and elaborate on the relationships between these variables and their specific contributions in influencing supervisor behavior, as well as address the methodological limitations of the current study and identify other factors that may be important in predicting these outcomes.

Useful next steps for future research involve the creation of psychometrically sound measures to assess information regarding supervisor behavior and in their interactions with supervisees. Researchers have noted the lack of valid and reliable instruments that yield useful information with regard to when, why, and how supervisors treat diversity issues in the clinical supervision process (Gatmon et al., 2001). In addition, adding objective measurement components to instruments designed to tap these constructs would yield a more comprehensive and potentially accurate picture of how sexual orientation issues are addressed by supervisors. Because the researcher designed indexes measuring supervision experience and LGB-related professional experience were predictive of the study outcomes, future research should also focus on validating these or other measures of these constructs.

In addition, researchers should consider using other means to gather information about supervisor behavior and the kinds of conversations they have about sexual orientation beyond reliance on their self-report. This could include cross-validating and comparing supervisors' responses with those of their supervisees, as research demonstrates that supervisors and supervisees often have very different perceptions of the influence of multicultural issues on the supervision process and the degree to which they are emphasized (Constantine, 1997). Analogue research methods would also allow for more complex quasi-experimental or experimental research designs, are carried out relatively easily, and would allow the researcher to manipulate variables to determine their influence on the investigated outcomes (Heppner, Kivlighan, & Wampold, 2008). In the case of this particular research problem, a vignette describing a clinical or supervision situation could be presented in which qualities of the client, supervisee, the clinical interaction, and/or the supervision interaction are manipulated to determine their influence on whether or not supervisors decide to initiate a conversation related to sexual orientation, for example.

Prior research has investigated the use of interventions to improve clinicians' attitude and knowledge competencies around sexual orientation and LGB issues (Isreal & Hackett, 2004). Similar intervention studies would be useful with regard to assessing the capacity of a targeted competence intervention to increase the likelihood that supervisors would address sexual orientation issues with their supervisees. The results of such a study could be influential in shaping training and continuing education around supervision and multicultural issues.

In the current study, supervisor sexual orientation was found to be unrelated to the outcome or to sexual orientation competencies. This finding was contrary to the research



hypothesis and may have been related to issues with the study sample or statistical power. Future research should continue to explore the role of personal characteristics, including sexual orientation, and their influence on whether or not and how frequently supervisors initiate discussion regarding sexual orientation. Moreover, researchers should examine the relationship between supervisors' treatment of sexual diversity in supervision and their behavior around other cultural diversity issues, including race/ethnicity, gender, ability level, and socioeconomic status, among others.

Finally, the current study was an investigation of participants who engaged in one-on-one supervision of individual psychotherapy. Prior research has demonstrated the utility of a group supervision process in allowing LGB-identified supervisees to discuss diversity issues related to sexual identity in a format that they reported to be helpful (Satterly and Dyson, 2008). Future research endeavors should explore how diversity and sexual orientation issues play out in other supervision modalities and the effect of supervision modality on supervisor and supervisee behavior around diversity-related conversations.

## References

- American Psychological Association. (2000). Guidelines for psychotherapy with lesbian, gay, and bisexual clients. *American Psychologist*, *55*, 1440-1451. doi:10.1037/0003-066X.55.12.1440
- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, *57*, 1060-1073. doi:10.1037/0003-066X.57.12.1060
- American Psychological Association. (2003a). *Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations*. Retrieved August 31, 2010, from <http://www.apa.org/pi/oema/guide.html>
- American Psychological Association. (2003b). *Guidelines for psychological practice with older adults*. Retrieved August 31, 2010, from <http://www.apa.org/practice/adult.pdf>
- American Psychological Association. (2006, March). *APA Taskforce on the Assessment of Competence in Professional Psychology* (Final Report). Washington, DC: Author.
- American Psychological Association. (2007). *Guidelines for psychological practice with girls and women*. Retrieved August 31, 2010, from <http://www.apa.org/about/division/girlsandwomen.pdf>
- American Psychological Association Commission on Ethnic Minority Recruitment, Retention, and Training in Psychology Task Force (CEMRRAT). (2004). A portrait of success and challenge: Progress report 1997. Retrieved from <http://www.apa.org/pi/oema/resources/success-challenge.pdf>
- Anhalt, K., Morris, T. L., Scotti, J. R., & Cohen, S. H. (2003). Student perspectives on training in gay, lesbian, and bisexual issues: A survey of behavioral clinical psychology programs. *Cognitive and Behavioral Practice*, *10*(3), 255-263.

doi:10.1016/S1077-7229(03)80038-X

- Barnett, J. E., Cornish, J. A. E., Goodyear, R. K., & Lichtenberg, J. W. (2007). Commentaries on the ethical and effective practice of clinical supervision. *Professional Psychology: Research and Practice*, 38(3), 268-275. doi:10.1037/0735-7028.38.3.268
- Bernard, J. M. (1981). Inservice training for clinical supervisors. *Professional Psychology*, 12(6), 740-748. doi:10.1037/0735-7028.12.6.740
- Bernard, J. M., & Goodyear, R. K. (2009). *Fundamentals of Clinical Supervision* (4<sup>th</sup> ed.). Upper Saddle River, NJ: Pearson Education, Inc.
- Betz, R. L., Morris, J. R., Wilbur, M. & Roberts-Wilbur, J. (1997). Enhancing counselor effectiveness with structured group supervision. *Michigan Journal of Counseling and Development*, 25, 5-8.
- Bidell, M. P. (2005). The Sexual Orientation Counselor Competency Scale: Assessing attitudes, skills, and knowledge of counselors working with lesbian, gay, and bisexual clients. *Counselor Education and Supervision*, 44(4), 267-279.
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research, and Practice*, 16, 252-260.
- Bruss, K. V., Brack, C. J., Brack, G., Glickauf-Hughes, C., & O'Leary, M. (1997). A developmental model for supervising therapists treating gay, lesbian, and bisexual clients. *The Clinical Supervisor*, 15, 61-73.
- Buhrke, R. A. (1989a). Lesbian-related issues in counseling supervision. *Women & Therapy*, 8(1), 195-206. doi:10.1300/J015v08n01\_16
- Buhrke, R. A. (1989b). Female student perspectives on training in lesbian and gay issues.

- The Counseling Psychologist*, 17(4), 629-636. doi:10.1177/0011000089174006
- Buhrke, R. A., & Douce, L. A. (1991). Training issues for counseling psychologists in working with lesbians and gay men. *The Counseling Psychologist*, 19(2), 216-234. doi:10.1177/0011000091192006
- Burkard, A. W., Knox, S., Hess, S. A., & Schultz, J. (2009a). Lesbian, gay, and bisexual supervisee's experiences of LGB-affirmative and non-affirmative supervision. *Journal of Counseling Psychology*, 56(1), 176-188. doi:10.1037/0022-0167.56.1.176
- Burkard, A. W., Pruitt, N. T., Medler, B. R., & Stark-Booth, A. M. (2009b). Validity and reliability of the Lesbian, Gay, Bisexual Working Alliance Self-Efficacy Scales. *Training and Education in Professional Psychology*, 3(1), 37-46. doi:10.1037/1931-3918.3.1.37
- Cain, R. (1991). Stigma management and gay identity development. *Social Work*, 36(1), 67-73.
- Chinn, S. (2000). A simple ratio for converting an odds ratio to effect size for use in meta-analysis. *Statistics in Medicine*, 19(22), 3127-3131. doi:10.1002/1097-0258(20001130)19:22<3127::AID-SIM784>3.0.CO;2-M
- Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences* (2nd ed.). Mahwah, NJ: Lawrence Erlbaum Associates.
- Conger, A. J. (1974). A revised definition for suppressor variables: A guide to their identification and interpretation. *Educational Psychological Measurement*, 34, 35-46. doi:10.1177/001316447403400105
- Constantine, M. G. (1997). Facilitating multicultural competency in counseling supervision: Operationalizing a practical framework. In D. B. Pope-Davis & H. L. K. Coleman

- (Eds.), *Multicultural counseling competencies: Assessment, education and training, and supervision* (pp. 310-324). Thousand Oaks, CA: Sage Publications, Inc.
- Constantine, M. G., Ladany, N., Inman, A. G. & Ponterotto, J. (1996). Students' perceptions of multicultural training in counseling psychology programs. *Journal of Multicultural Counseling and Development, 24*, 241-253.
- Croteau, J. M., Bieschke, K. J., Fassinger, R. E., & Manning, J. L. (2008). Counseling psychology and sexual orientation: History, selective trends, and future directions. In S. D. Brown & R. W. Lent (Eds.), *Handbook of Counseling Psychology* (4<sup>th</sup> ed.) (pp. 194-211). Hoboken, NJ: John Wiley & Sons, Inc.
- Croteau, J. M., Lark, J. S., Lidderdale, M. A., & Chung, Y. B. (2005). *Deconstructing heterosexism in the counseling professions: A narrative approach*. Thousand Oaks, CA: Sage.
- Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology, 24*, 349-354.  
doi:10.1037/h0047358
- Cynkar, A. (2007). The changing gender composition of psychology. *The Monitor on Psychology, 38*(6), 46.
- Dawis, R. V. (1987). Scale construction. *Journal of Counseling Psychology, 34*, 481-489.  
doi:10.1037/0022-0167.34.4.481
- Egan, G. (1994). *The skilled helper: A problem management approach to helping* (5<sup>th</sup> ed.). Pacific Grove, CA: Brooks/Cole.
- Essandoh, P. K. (1996). Multicultural counseling as the "fourth force": A call to arms. *The Counseling Psychologist, 24*(1), 126-137. doi:10.1177/0011000096241008

- Falender, C. A., & Shafranske, E. P. (2007). Competence in competency-based supervision practice: Construct and application. *Professional Psychology: Research and Practice*, 38(3), 232-240. doi:10.1037/0735-7028.38.3.232
- Fassinger, R. E., & Richie, B. S. (1997). Sex matters: Gender and sexual orientation in training for multicultural counseling competency. In D. B. Pope-Davis, & Coleman, H. L. K. (Eds.), *Multicultural counseling competencies: Assessment, education, training, and supervision: Multicultural aspects of counseling series* (Vol. 7) (pp. 83-110). Thousand Oaks, CA: Sage Publications.
- Gardner, L. H. (1980). Racial, ethnic, and social class considerations in psychotherapy supervision. In A. K. Hess (Ed.), *Psychotherapy supervision: Theory, research, and practice* (pp. 474-508). New York: Wiley-Interscience Publications.
- Gatmon, D., Jackson, D., Koshkarian, L., Martos-Perry, N., Molina, A., Patel, N., & Rodolfa, E. (2001). Exploring ethnic, gender, and sexual orientation variables in supervision: Do they really matter? *Journal of Multicultural Counseling and Development*, 29, 102-113.
- Gautney, K. (1994). What if they ask me if I am married? *The Supervisor Bulletin*, VII(1), 3, 7.
- Gelberg, S., & Chojnacki, J. T. (1995). Developmental transitions of gay/lesbian/bisexual-affirmative heterosexual career counselors. *Career Development Quarterly*, 43(3), 267-273.
- Goodyear, R. K., Murdock, N., Lichtenberg, J. W., McPherson, R., Petren, S., & O'Byrne, K. K. (2008). Stability and changes in counseling psychologists' identities, roles, functions, and career satisfaction across fifteen years. *The Counseling Psychologist*,

- 36(2), 220-249. doi:10.1177/0011000007309481
- Graham, D. L., Rawlings, E. I., Halpert, H. S., & Hermes, J. (1984). Therapists' needs for training in counseling lesbians and gay men. *Professional Psychology: Research and Practice, 15*(4), 482-496. doi:10.1037/0735-7028.15.4.482
- Grieger, I., & Toliver, S. (2001). Multiculturalism on predominantly White campuses: Multiple roles and functions for the counselor. In J. G. Ponterotto, J. M. Casas, L. Suzuki, & C. M. Alexander, *Handbook of multicultural counseling* (2<sup>nd</sup> ed.) (pp. 825-848). Thousand Oaks, CA: Sage Publications .
- Halpert, S. C., & Pfaller, J. (2001). Sexual orientation and supervision: Theory and practice. *Journal of Gay & Lesbian Social Services, 13*(3), 23-40.
- Halpert, S. C., Reinhardt, B., & Toohey, M. J. (2007). Affirmative clinical supervision. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2<sup>nd</sup> ed.) (pp. 341-358). Washington, DC: American Psychological Association. doi:10.1037/11482-014
- Heppner, P. P., Kivlighan, D. M., & Wampold, B. E. (2008). Analogue research. In *Research design in counseling* (3<sup>rd</sup> ed.) (pp. 405-423). Belmont, CA: Thomson Brooks/Cole.
- Herek, G. M. (1983). Individual differences in attitudes toward lesbians and gay men: Social psychological components of sexual ideologies. *Dissertation Abstracts International, 44*(10), 3240B. (University Microfilms Order No. DA8402446).
- Herek, G. M. (1984). Attitudes toward lesbians and gay men: A factor-analytic study. *Journal of Homosexuality, 10*(1), 39-51. doi:10.1300/J082v10n01\_03
- Herek, G. M. (1988). Heterosexuals attitudes toward lesbians and gay men: Correlates and gender differences. *Journal of Sex Research, 25*(4), 451-457.

doi:10.1080/00224498809551476

Hintze, J. (2008). PASS (Version 08.0.15) [Windows Vista]. Kaysville, UT: NCSS, LLC.

Holloway, E. L., & Neufeldt, S. A. (1995). Supervision: Its contributions to treatment efficacy. *Journal of Consulting and Clinical Psychology, 63*(2), 207-213.

doi:10.1037/0022-006X.63.2.207

House, R. M., & Holloway, E. L. (1992). Empowering the counseling professional to work with gay and lesbian issues. In S. H. Dworkin & F. J. Gutierrez (Eds.), *Counseling gay men and lesbians: Journey to the end of the rainbow* (pp. 307-323). Alexandria, VA: American Counseling Association.

Israel, T., & Hackett, G. (2004). Counselor education on lesbian, gay, and bisexual issues: Comparing information and attitude exploration. *Counselor Education & Supervision, 43*, 179-191.

Israel, T. & Selvidge, M. D. (2003). Contributions of multicultural counseling to counselor competence with lesbian, gay, and bisexual clients. *Multicultural Counseling and Development, 31*, 84-98.

Israel, T., Ketz, K., Detrie, P. M., Burke, M. C., & Shulman, J. L. (2003). Identifying counselor competencies for working with lesbian, gay, and bisexual clients. *Journal of Gay & Lesbian Psychotherapy, 7*(4), 3-21. doi:10.1300/J236v07n04\_02

Kaslow, N. J. (2004). Competencies in professional psychology. *American Psychologist, 59*, 774-781. doi:10.1037/0003-066X.59.8.774

Kaslow, N. J., Borden, K. A., Collins, F. L., Forrest, L., Illfelder-Kaye, J., Nelson, R., et al. (2004). Competencies conference: Future directions in education and credentialing in professional psychology. *Journal of Clinical Psychology, 60*, 699-712.



doi:10.1002/jclp.20016

- Kessler, L. E., & Waehler, C. A. (2005). Addressing multiple relationships between clients and therapists in lesbian, gay, bisexual, and transgender communities. *Professional Psychology: Research and Practice, 36*(1), 66-72. doi:10.1037/0735-7028.36.1.66
- Koracek, C. E., & Pelling, N. J., (2003). Beyond knowledge and awareness: Enhancing counselor skills for work with gay, lesbian, and bisexual clients. *Multicultural Counseling and Development, 31*, 99-112.
- Ladany, N. (2004). Psychotherapy supervision: What lies beneath. *Psychotherapy Research, 14*(1), 1-19. doi:10.1093/ptr/kph001
- Lent, R. W., Hill, C. E., & Hoffman, M. A. (2003). Development and validation of the Counselor Activity Self-Efficacy Scales. *Journal of Counseling Psychology, 50*, 97-108. doi:10.1037/0022-0167.50.1.97
- Leong, F. T. L., & Gupta, A. (2008). Culture and race in counseling and psychotherapy: A critical review of the literature. In S. D. Brown & R. W. Lent, *Handbook of counseling psychology* (4th ed.). (pp. 320-337). Hoboken, NJ, US: John Wiley & Sons Inc.
- Levine, H., & Evans, N. J. (1991). The development of gay, lesbian, and bisexual identities. In N. J. Evans & V. A. Wall (Eds.), *Beyond tolerance: Gays, lesbians, and bisexuals on campus* (pp. 1-24). Alexandria, VA: American Association for Counseling and Development.
- Levinson, D. J., & Huffman, P. E. (1955). Traditional family ideology and its relation to personality. *Journal of Personality, 23*, 251-273. doi:10.1111/j.1467-6494.1955.tb01153.x

- Levitt, E. E., & Klassen, A. D. (1974). Public attitudes toward homosexuality: Part of the 1970 national survey by the Institute for Sex Research. *Journal of Homosexuality*, *1*(1), 29-43. doi:10.1300/J082v01n01\_03
- Lidderdale, M. A., Lark, J. S., & Whitman, J. S. (2005). Drawing on the collective wisdom of LGB-affirming counseling professionals: Reflections on affect, relationships, and power. In J. M. Croteau, J. S. Lark, M. A. Lidderdale, & Y. B. Chung (Eds.), *Deconstructing heterosexism in the counseling professions: A narrative approach* (pp. 229-250). Thousand Oaks, CA: Sage.
- Liddle, B. J. (1997). Gay and lesbian clients' selection of therapists and utilization of therapy. *Psychotherapy: Theory, Research, Practice, Training*, *24*(1), 32-35.
- Long, J. K. (1996). Working with lesbians, gays, and bisexuals: Addressing heterosexism in supervision. *Family Process*, *35*(3), 377-388. doi:10.1111/j.1545-5300.1996.00377.x
- Long, J. K., & Lindsey, E. (2004). The sexual orientation matrix for supervision: A tool for training therapists to work with same-sex couples. *Journal of Couple & Relationship Therapy*, *3*(2/3), 123-135. doi:10.1300/J398v03n02\_12
- MacDonald, A. P., Jr., Huggins, J., Young, S., & Swanson, R. A. (1973). Attitudes toward homosexuality: Preservation of sex morality or the double standard. *Journal of Consulting and Clinical Psychology*, *40*(1), 161. doi:10.1037/h0033943
- Martin, A. (1995). Toward visibility: Evicting the intruder (a commentary on Russell and Greenhouse). In J. M. Glassgold & S. Iasenza (Eds.), *Lesbians and psychoanalysis: Revolutions in theory and practice* (pp. 191-200). New York: Free Press.
- McNaught, B. (1993). Growing up gay and lesbian [Videotape]. Provincetown, MA: TRB Productions.

- Melchert, T. P., Hays, V. L., Wiljanen, L. M., & Kolocek, A. K. (1996). Testing models of counselor development with a measure of counseling self-efficacy. *Journal of Counseling & Development, 74*, 640-644.
- Messinger, L. (2004). Out in the field: Gay and lesbian social work students' experiences in field placement. *Journal of Social Work Education, 40*(2), 187-204.
- Messinger, L. (2007). Supervision of lesbian, gay, and bisexual social work students by heterosexual field instructors: A qualitative dyad analysis. *The Clinical Supervisor, 26*(1/2), 195-222. doi:10.1300/J001v26n01\_13
- Mohr, J. J., Israel, T., & Sedlacek, W. E. (2001). Counselors' attitudes regarding bisexuality as predictors of counselors' clinical responses: An analogue study of a female bisexual client. *Journal of Counseling Psychology, 48*(2), 212-222. doi:10.1037/0022-0167.48.2.212
- Mohr, J. J., & Rochlen, A. B. (1999). Measuring attitudes regarding bisexuality in lesbian, gay male, and heterosexual populations. *Journal of Counseling Psychology, 46*, 353-369. doi:10.1037/0022-0167.46.3.353
- Murphy, J. A., Rawlings, E. I., & Howe, S. R. (2002). A survey of clinical psychologists on treating lesbian, gay, and bisexual clients. *Professional Psychology: Research and Practice, 33*(2), 183-189. doi:10.1037/0735-7028.33.2.183
- Norcross, J. C., Hedges, M., & Castle, P. H. (2002). Psychologists conducting psychotherapy in 2001: A study of the division 29 membership. *Psychotherapy: Theory, Research, Practice, Training, 39*(1), 97-102. doi:10.1037/0033-3204.39.1.97
- Peake, T. H., Nussbaum, B. D., & Tindell, S. D. (2002). Clinical and counseling supervision references: Trends and needs. *Psychotherapy: Theory, Research, Practice, Training,*

39(1), 114-125. doi:10.1037/0033-3204.39.1.114

Pederson, P. (1988). *A handbook for developing multicultural awareness*. Alexandria, VA:

American Association for Counseling and Development.

Pett, J. (2000). Gay, lesbian, and bisexual therapy and its supervision. In D. Davies & C.

Neal (Eds.), *Therapeutic perspectives on working with lesbian, gay and bisexual clients* (pp. 54-72). Philadelphia: Open University Press.

Pfohl, A. H. (2004). The intersection of personal and professional identity: The heterosexual

supervisor's role in fostering the development of sexual minority supervisees. *The Clinical Supervisor*, 23(1), 139-164.

Phillips, J. C. (2000). Training considerations. In R. M. Perez, K. A. , & K. J. Bieschke

(Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (1<sup>st</sup> ed.) (pp. 337-358). Washington, DC: American

Psychological Association. doi:10.1037/10339-014

Phillips, J. C., & Fischer, A. R. (1998). Graduate students' training experiences with lesbian,

gay, and bisexual issues. *The Counseling Psychologist*, 26(5), 712-734.

doi:10.1177/0011000098265002

Pilkington, N. W., & Cantor, J. M. (1996). Perceptions of heterosexual bias in professional

psychology programs: A survey of graduate students. *Professional Psychology: Research and Practice*, 27(6), 604-612. doi:10.1037/0735-7028.27.6.604

Ponterotto, J. G., Gretchen, D., Utsey, S. O., Rieger, B. P., & Austin, R. (2002). A revision of

the Multicultural Counseling Awareness Scale. *Journal of Multicultural Counseling and Development*, 30, 153-180.

Ponterotto, J. G., Rieger, B. P., Barrett, A., & Sparks, R. (1994). Assessing multicultural

- counseling competence: A review of instrumentation. *Journal of Counseling & Development*, 72, 316-322.
- Putney, S. & Middleton, R. (1961). Dimensions and correlates of religious ideologies. *Social Forces*, 39, 285-290. doi:10.2307/2573423
- Rogers, M. (1999). *Cross-cultural competence in school psychology*. Paper presented at the American Psychological Association Convention, Boston, MA, August.
- Rudolph, J. (1989). Effects of a workshop on mental health practitioners' attitudes toward homosexuality and counseling effectiveness. *Journal of Counseling & Development*, 68, 81-85.
- Rudolph, J. (1990). Counselors' attitudes toward homosexuality: Some tentative findings. *Psychological Reports*, 66(3), 132-134.
- Russell, G. M., & Greenhouse, E. M. (1997). Homophobia in the supervisory relationship: An invisible intruder. *Psychoanalytic Review*, 84(1), 27-41.
- Satterly, B. A., & Dyson, D. (2008). Sexual minority supervision. *The Clinical Supervisor*, 27(1), 17-38. doi:10.1080/07325220802221462
- Sherry, A., Whilde, M R., & Patton, J. (2005). Gay, lesbian, and bisexual training competencies in American Psychological Association accredited graduate programs. *Psychotherapy: Theory, Research, Practice, Training*, 42(1), 116-120. doi:10.1037/0033-3204.42.1.116
- Sidanius, J., & Pratto, F. (1999). *Social dominance: An intergroup theory of social hierarchy and oppression*. New York: Cambridge University Press.
- Smith, K. T. (1971). Homophobia: A tentative personality profile. *Psychological Reports*, 29, 1091-1094.

- Sodowsky, G. R., Taffe, R. C., & Gutkin, T.B. (1991). Effects of cultural consistent counseling tasks on credibility: A preliminary investigation. *Journal of Counseling and Development, 69*, 253-256.
- Speight, S. L., Thomas, A. J., Kennel, R. G., & Anderson, M. E. (1995). Operationalizing multicultural training in doctoral programs and internships. *Professional Psychology: Research and Practice, 26*, 401-406. doi:10.1037/0735-7028.26.4.401
- Spence, J. T., Helmreich, R., & Stapp, J. (1973). A short version of the Attitudes toward Women Scale (AWS). *Bulletin of the Psychonomic Society, 2*(4), 219-220.
- Stoltenberg, C., & Delworth, U. (1987). *Supervising counselors and therapists: A developmental approach*. San Francisco: Jossey-Bass.
- Stein, T. S., & Burg, B. K. (1996). Teaching in mental health training programs about homosexuality, lesbians, gay men, and bisexuals. In R. P. Cabaj & T. S. Stein (Eds.), *Textbook of homosexuality and mental health* (pp. 621-631). Washington, DC: American Psychiatric Press.
- Sue, D. W., Bernier, J. E., Duran, A., Feinberg, L., Pedersen, P. B., Smith, E. J., et al. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist, 10*, 45-52.
- Tentoni, S. C. (1995). The mentoring of counseling students: A concept in search of a paradigm. *Counselor Education and Supervision, 35*(1), 32-42.
- Tersine, R. J., & Riggs, W. E. (1976). The Delphi technique: A long-range planning tool. *Business Horizons, 19*, 51-56.
- Thach, E. C., & & Murphy, K. L. (1995). Competencies for distance education professionals. *Educational Technology Research and Development, 43*(1), 57-79.

doi:10.1007/BF02300482

Tozer, E. E. & McClanahan, M. K. (1999). Treating the purple menace: Ethical considerations of conversion therapy and affirmative alternatives. *The Counseling Psychologist, 27*, 722-742. doi:10.1177/0011000099275006

Vargas, C. (2010). Factors related to multicultural competence in beginning psychology interns. (Unpublished doctoral dissertation). University of Kansas, Lawrence, KS.

Whitman, J. S. (1995). Providing training about sexual orientation in counselor education. *Counselor Education & Supervision, 35*, 168-176.

Worthington, R. L., Dillon, F. R., & Becker-Schutte, A. M. (2005). Development, reliability, and validity of the Lesbian, Gay, and Bisexual Knowledge and Attitudes Scale for Heterosexuals (LGB-KASH). *Journal of Counseling Psychology, 52*(1), 104-118.

doi:10.1037/0022-0167.52.1.104

## Appendix A

### Instruments

#### Demographic Questionnaire

1. Please indicate your age in years.
2. Please indicate your sex.
  - Male
  - Female
  - Other (You may describe below:  
\_\_\_\_\_)
3. Please indicate your race. You may check one or more options.
  - African American/Black
  - American Indian or Alaskan Native
  - Asian
  - Caucasian/White
  - Hispanic/Latino
  - Native Hawaiian or other Pacific Islander
  - Other (You may describe below:  
\_\_\_\_\_)
4. Please indicate how you identify your sexual orientation
  - Heterosexual
  - Bisexual
  - Gay/lesbian
  - Questioning
  - Other (You may describe below:  
\_\_\_\_\_)
5. Which best describes your professional identity?
  - Graduate student in counseling/clinical psychology (Non-intern)
  - Predoctoral intern in counseling/clinical psychology
  - Non-licensed psychologist
  - Licensed psychologist
  - Other
6. What is the highest level of education you have completed?
  - M.A./M.S.
  - Ph.D./Psy.D./Ed.D.



7. What is your specialty area?
- Clinical psychology
  - Counseling psychology
8. Please indicate the total number of years you have seen patients/clients for psychotherapy (indicate 1 if this is your first year conducting psychotherapy).
- \_\_\_\_\_
9. Do you currently see clients/patients for psychotherapy? (If no, proceed to item 12.)
- Yes
  - No
10. How many clients/patients do you see per week?
- \_\_\_\_\_
11. Do you currently have clients on your caseload who are gay, lesbian, or bisexual?
- Yes
  - No
12. Please indicate the total number of years you have conducted clinical supervision (indicate 1 if this is your first year conducting clinical supervision).
- \_\_\_\_\_
13. Do you currently supervise? (If no, proceed to item 15.)
- Yes
  - No
14. How many individuals do you supervise per week?
- \_\_\_\_\_
15. Have you supervised individuals who *disclosed to you* that they were gay, lesbian, or bisexual?
- Yes
  - No
16. Have you supervised cases in which the client *disclosed to the supervisee* that he/she was gay, lesbian, or bisexual?
- Yes
  - No

17. What is your experience with LGB issues? Check all that apply.

- Took a graduate-level multicultural course that covered LGB issues\*
- Took a graduate-level course devoted exclusively to LGB issues\*
- Instructed or co-instructed a graduate-level multicultural course that covered LGB issues
- Instructed or co-instructed a graduate-level course devoted exclusively to LGB issues
- Attended conferences, workshops, or continuing education seminars devoted to LGB issues
- Read scholarly works related to LGB issues
- Conducted research devoted to LGB issues
- Presented or published scholarly works/research related to LGB issues

18. What is your experience with clinical supervision? Check all that apply.

- Took a graduate-level clinical supervision course
- Completed a supervision practicum or received supervision-of-supervision
- Instructed or co-instructed a graduate-level clinical supervision course\*
- Attended conferences, workshops, or continuing education seminars devoted to clinical supervision issues
- Read scholarly works related to clinical supervision
- Conducted research related to clinical supervision
- Presented or published scholarly works/research related to clinical supervision

\* Items 17 and 18 are the LGB-related professional experience index and supervision experience index, respectively. These items were deleted from the final indexes.

### **Sexual Orientation Counselor Competency Scale (Bidell, 2005)**

1. I have experience counseling gay male clients.
2. I have experience counseling lesbian or gay couples.
3. I have experience counseling bisexual (male or female) clients.
4. I have experience counseling lesbian clients.
5. At this point in my professional development, I feel competent skilled and qualified to counsel LGB clients.
6. I have been to in-services, conference sessions, of workshops, which focused on LGB issues in psychology.
7. I feel competent to assess the mental health needs of a person who is LGB in a therapeutic setting.
8. I have received adequate clinical training and supervision to counsel LGB clients.
9. I have done a counseling role-play as either the client or counselor involving a LGB issue.
10. Currently, I do not have the skills or training to do a case presentation or consultation if my client were LGB.
11. I check up on my LGB counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education.
12. The lifestyle of a LGB client is unnatural or immoral.
13. Personally, I think homosexuality is a mental disorder or a sin and can be treated through counseling or spiritual help.
14. When it comes to homosexuality, I agree with the statement: "You should love the sinner but hate or condemn the sin."
15. I believe that LGB couples don't need special rights (domestic partner benefits, or the right to marry) because that would undermine normal and traditional family values.
16. It would be best if my clients viewed a heterosexual lifestyle as ideal.
17. I think that my clients should accept some degree of conformity to traditional sexual values.

18. I believe that all LGB clients must be discreet about their sexual orientation around children.
19. It's obvious that a same sex relationship between two men or two women is not as strong or as committed as one between a man and a woman.
20. I believe that being highly discreet about their sexual orientation is a trait that LGB clients should work towards.
21. I believe that LGB clients will benefit most from counseling with a heterosexual counselor who endorses conventional values and norms.
22. I feel that sexual orientation differences between counselor and client may serve as an initial barrier to effective counseling of LGB individuals.

Items are rated on a 7-point scale where 1 is "not at all true" and 7 is "totally true."

**Lesbian, Gay, Bisexual Working Alliance Self-Efficacy Scales (Burkard et al., 2009)**

1. I can work closely with an LGB client to establish goals for counseling.
2. I am able to identify activities in counseling that would be helpful to an LGB person.
3. I can discuss specific sexual concerns that an LGB client brings to counseling.
4. When working with an LGB client, I am certain that we could agree on appropriate goals for counseling.
5. I can express feelings of compassion about an LGB client's disadvantaged status in society.
6. I can feel comfortable in the presence of a same-sex couple who are holding hands in a counseling session.
7. I can identify appropriate counseling activities in working with an LGB client.
8. I can overcome negative feelings that I might experience when working with an LGB client.
9. I can be as close to an LGB client as I can with a heterosexual client.
10. I can assist an LGB client in developing counseling goals appropriate for his/her presenting problem.
11. I can provide an LGB client with appropriate and positive LGB-related educational materials and community resources.
12. I am able to experience feelings of warmth for an LGB client.
13. I am able to show great respect for an LGB person.
14. I can identify a purpose for counseling with an LGB person.
15. I can express support for an LGB client's decision to come out to friends and family members.
16. I can feel joy about the possibility of an LGB client entering into a committed relationship with a same-sex partner.
17. I can help an LGB client with the coming out process.
18. I can empathize with an LGB client who expresses pride in his/her sexual orientation.

19. I am able to express how I appreciate an LGB client as a person in counseling her/him.
20. I am able to offer appropriate medical and legal referrals to LGB clients who feel that they are not receiving appropriate medical or legal care.
21. I can help to normalize some of the experiences of an LGB client's report.
22. I can work collaboratively with an LGB client to meet his/her specific counseling goals.
23. I am able to feel compassion for the struggle that an LGB client might experience in the coming out process.
24. I can offer a counseling approach that will help an LGB client to affirm his/her identity.
25. I can express empathy for an LGB client.
26. I am able to express care toward an LGB client.
27. I can offer appropriate LGB affirmative referrals for an LGB client whose presenting concern is related to discrimination.
28. I can assist an LGB client in connecting with openly LGB or out role models.
29. An LGB client and I can mutually agree on an important purpose for counseling.
30. I can help LGB clients to establish social relationships in the gay community.
31. I can identify actions that would be beneficial in counseling a person who identifies as LGB.
32. I can help an LGB client cope with conflicts between his/her religious beliefs and sexual orientation.

Items are rated on an 11-point scale where 0 is “cannot do at all,” 5 is “moderately certain can do,” and 10 is “certain can do.”

### **Attitudes Toward Lesbians and Gay Men-Short (Herek, 1988)**

1. Lesbians just can't fit into our society.
2. State laws regulating private, consenting lesbian behavior should be loosened.
3. Female homosexuality is a sin.
4. Female homosexuality in itself is no problem, but what society makes of it can be a problem.
5. Lesbians are sick.
6. I think male homosexuals are disgusting.
7. Male homosexuality is a perversion.
8. Just as in other species, male homosexuality is a natural expression of sexuality in human men.
9. Homosexual behavior between two men is just plain wrong.
10. Male homosexuality is merely a different kind of lifestyle that should *not* be condemned.

Items are rated on a 5-point scale where 1 is "strongly disagree" and 5 is "strongly agree."  
Items were recoded for analyses.

**Knowledge of LGB History, Symbols, and Community subscale of the Lesbian, Gay, and Bisexual Knowledge and Attitudes Scale for Heterosexuals (Worthington et al., 2005)**

1. I am knowledgeable about the history and mission of the PFLAG organization.
2. I am knowledgeable about the significance of the Stonewall Riot to the Gay Liberation Movement.
3. I am familiar with the work of the National Gay and Lesbian Task Force.
4. I could educate others about the history and symbolism behind the pink triangle.
5. I feel qualified to educate others about how to be affirmative regarding LGB issues.

Items are rated on a 7-point scale where 1 is “very uncharacteristic of me or my views” and 7 is “very characteristic of me or my views.”



## **Individual Differences and Case Conceptualization Item**

**Individual differences** include an understanding of cultural and contextual influences on individuals, among other factors, as well as the idiosyncrasies that form the individual's personality.

**Case conceptualization** includes, but is not limited to, diagnosis. It also includes understanding of how the individual's characteristics, history, and life circumstances blend to affect adjustment.

In your work with supervisees what discussion topics on individual differences and case conceptualization do **you** initiate in supervision? Please list these below with as much specificity as possible.

## **Frequency of Initiating Conversation around Sexual Orientation in Supervision Item**

In clinical supervision, do you raise issues related to sexual orientation in your role as supervisor?

- I always do, regardless of the sexual orientation of my supervisee or the client/patient.
- I generally do, regardless of the sexual orientation of my supervisee or the client/patient.
- I do only if my supervisee or the client/patient is lesbian, gay, or bisexual.
- I rarely do, regardless of the of the sexual orientation of my supervisee or the client/patient.
- No, I do not.

## Appendix B

### Information Statements

#### Statement for Training Directors

Dear Training Director:

Please forward this email to prospective research participants, including eligible students, interns, faculty, and staff.

This is an invitation to participate in a study designed to investigate supervisor characteristics that relate to what topics they discuss with their supervisees in clinical supervision. I am seeking participants with master's or doctoral degrees in clinical or counseling psychology who are currently supervising at least one individual psychotherapy case or who have done so within the past two years.

Study participation will entail your completion of some questionnaires. The survey is expected to take approximately 15- 20 minutes to complete. You can access the survey online through this link:

[https://kansasedu.qualtrics.com/SE/?SID=SV\\_e5Sy22JzThqaKfa](https://kansasedu.qualtrics.com/SE/?SID=SV_e5Sy22JzThqaKfa)

I am undertaking this research for my dissertation, under the advisement of Karen Multon, Ph.D. This study has been approved by the University of Kansas Institutional Review Board (HSCL #19114). The Department of Psychology and Research in Education at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty.

The content of the survey questionnaires should cause no more discomfort than you would experience in your everyday life. Although participation may not benefit you directly, we believe that the information obtained from this study will help us gain a better understanding of supervisor characteristics that relate to what topics supervisors discuss with their supervisees in clinical supervision. Your participation is solicited, but is strictly voluntary. Your name or individual responses will not be associated in any way with the research findings. It is possible, however, with internet communications, that through intent or accident, someone other than the intended recipient may see your response.

If you would like additional information concerning this study before or after it is completed, please feel free to contact us. If you have any additional questions about your rights as a research participant, you may call (785) 864-7429, write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, or email [mdenning@ku.edu](mailto:mdenning@ku.edu). If you are interested in the study results, please

contact us via email and we can provide you with a summary of the findings once the study has been completed.

With sincere thanks,

Diane Y. Genther, M.S.  
Principal Investigator  
University of Kansas  
Department of Psychology and Research in Education  
Joseph R. Pearson Hall  
1122 W. Campus Road  
Lawrence, KS 66045  
dgenther@ku.edu

Karen D. Multon, Ph.D.  
Professor and Department Chair  
Faculty Supervisor  
University of Kansas  
Department of Psychology and Research in Education  
Joseph R. Pearson Hall  
1122 W. Campus Road  
Lawrence, KS 66045  
(785) 864-3931  
kmulton@ku.edu

## Statement for Other Prospective Participants

Dear Prospective Research Participant:

This is an invitation to participate in a study designed to investigate supervisor characteristics that relate to what topics they discuss with their supervisees in clinical supervision of psychotherapy. I am seeking participants with master's or doctoral degrees in clinical or counseling psychology who are currently supervising at least one individual psychotherapy case or who have done so within the past two years.

Study participation will entail your completion of some questionnaires. The survey is expected to take approximately 15- 20 minutes to complete. You can access the survey online through this link:

[https://kansasedu.qualtrics.com/SE/?SID=SV\\_e5Sy22JzThqaKfa](https://kansasedu.qualtrics.com/SE/?SID=SV_e5Sy22JzThqaKfa)

I am undertaking this research for my dissertation, under the advisement of Karen Multon, Ph.D. This study has been approved by the University of Kansas Institutional Review Board (HSCL #19114). The Department of Psychology and Research in Education at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty. Completion of the survey indicates your willingness to participate in this project and that you are at least 18 years old.

The content of the questionnaires should cause no more discomfort than you would experience in your everyday life. Although participation may not benefit you directly, we believe that the information obtained from this study will help us gain a better understanding of supervisor characteristics that relate to what topics supervisors discuss with their supervisees in clinical supervision. Your participation is solicited, but is strictly voluntary. Your name or individual responses will not be associated in any way with the research findings. It is possible, however, with internet communications, that through intent or accident someone other than the intended recipient may see your response.

If you would like additional information concerning this study before or after it is completed, please feel free to contact us. If you have any additional questions about your rights as a research participant, you may call (785) 864-7429, write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, or email [mdenning@ku.edu](mailto:mdenning@ku.edu). If you are interested in my results, please contact me via email and I can provide you with a summary of my findings once the study has been completed and my dissertation is written.

With sincere thanks,

Diane Y. Genter, M.S.  
Principal Investigator

University of Kansas  
Department of Psychology and Research in Education  
Joseph R. Pearson Hall  
1122 W. Campus Road  
Lawrence, KS 66045  
dgenther@ku.edu

Karen D. Multon, Ph.D.  
Professor and Department Chair  
Faculty Supervisor  
University of Kansas  
Department of Psychology and Research in Education  
Joseph R. Pearson Hall  
1122 W. Campus Road  
Lawrence, KS 66045  
(785) 864-3931  
kmulton@ku.edu

## Appendix C

Table C1

*Participants' Personal Demographic Information*

Variable	<i>N</i>	<i>Percentage</i>	<i>M</i>	<i>SD</i>	<i>Range</i>
Age	55		36.8	10.6	40
Sex					
Male	25	33.3%			
Female	49	65.3%			
Other	1	1.3%			
Race					
African American/Black	2	2.7%			
Asian	4	5.3%			
Caucasian	63	84.0%			
Hispanic	1	1.3%			
Multiracial	4	5.3%			
Other	1	1.3%			
Sexual Orientation					
Heterosexual	59	78.7%			
Gay	5	6.7%			
Lesbian	3	4.0%			
Bisexual	7	9.3%			
Other	1	1.3%			

Table C2

*Participants' Professional Demographic Information*

Variable	<i>N</i>	<i>Percentage</i>
Speciality area		
Counseling psychology	44	58.7
Clinical psychology	31	41.3
Education		
M.A./M.S./M.Ed.	28	37.3%
Ph.D./Psy.D./Ed.D.	47	62.7%
Professional identity		
Graduate student	22	29.3%
Predoctoral intern	7	9.3%
Non-licensed psychologist	63	84.0%
Licensed psychologist	1	1.3%
Other	4	5.3%



Table C3

*Participants' Clinical Experience*

Variable	<i>N</i>	<i>Percentage</i>	<i>M</i>	<i>SD</i>	<i>Range</i>
Years of psychotherapy experience	75		12.01	10.6	43
Currently seeing psychotherapy clients					
Yes	58	77.3%			
Number of clients per week	56		11.2	8.3	35
Currently seeing LGB clients					
Yes <sup>a</sup>	43	74.1%			
No <sup>a</sup>	15	25.9%			
No	17	22.7%			

*Note.* <sup>a</sup>Percentages reflect proportion of participants currently seeing clients/patients for individual psychotherapy.

Table C4

*Participants' Supervision Experience*

Variable	<i>N</i>	<i>Percentage</i>	<i>M</i>	<i>SD</i>	<i>Range</i>
Years of supervision experience	74		8.1	10.6	44
Currently supervising					
Yes	50	66.7%			
Individuals supervised per week	50		4.4	4.1	18
No	25	33.3%			
Supervised LGB supervisees					
Yes	31	41.3%			
No	44	58.7%			
Supervised LGB cases					
Yes	54	72.0%			
No	21	28.0%			

Table C5

Logistic Regression Power Levels for Various Sample Sizes

<i>N</i>	Power	
	<i>OR</i> = 2	<i>OR</i> = 3
50	0.31	0.64
60	0.36	0.72
70	0.41	0.79
80	0.46	0.84
90	0.51	0.88
100	0.55	0.91
110	0.59	0.93
120	0.62	0.95
130	0.66	0.96
140	0.69	0.97
150	0.72	0.98
160	0.75	0.99
170	0.77	0.99
180	0.80	0.99
190	0.82	1.00
200	0.84	1.00

*Note.* Baseline probability is .1 and alpha = .05.

Table C6

*Frequencies of Dependent Variables*

<i>Variable</i>	<i>N</i>	<i>Percentage</i>
<b>Supervisor Initiation of Conversation</b>		
Yes	18	24.0%
No	57	76.0%
<b>Regularity of Conversation Initiation</b>		
Always	8	10.7%
Generally	32	42.7%
Only if LGB	22	29.3%
Rarely	11	14.7%
No	2	2.7%

*Note.* Supervisor initiation of conversation assessed by response to open-ended dependent variable item. Regularity of conversation initiation assessed by response to Likert-scale dependent variable item format.

Table C7

*Chi Square Contingency Table of Responses to Different Dependent Variable Item Formats*

---

		<u>Regularity of Conversation Initiation</u>					
		<u>Always</u>	<u>Generally</u>	<u>Only if LGB</u>	<u>Rarely</u>	<u>No</u>	
<u>Supervisor Initiation of Conversation</u>							
	Yes	5	9	3	1	0	<b>18</b>
	No	3	23	19	10	2	<b>57</b>
	<b>Total</b>	<b>8</b>	<b>32</b>	<b>22</b>	<b>11</b>	<b>2</b>	<b>75</b>

---

Table C8

*Sample Statistics for Predictor Variables*

Variable	Number of Items	$\alpha$	$M$	$SD$
Overall Competence	29	.86	5.66	.67
Knowledge	5	.91	4.12	1.75
Skills	32	.93	9.91	.86
Attitudes <sup>a</sup>	10	.85	4.72	.54
LGB Experience	6	.67	2.33	1.41
Supervision Experience	7	.49	3.05	1.35

*Note.* Overall competence measured by the Sexual Orientation Counselor Competency Scale. Knowledge measured by the Knowledge of LGB History, Symbols, and Community Subscale. Skills measured by Lesbian Gay, Bisexual Working Alliance Self-Efficacy Scales. Sexual orientation coded where heterosexual = 0 and all other identities = 1. Specialty area coded where clinical psychology = 0 and counseling psychology = 1. LGB experience measured by six-item researcher-designed scale. Supervision experience measured by seven-item researcher designed scale.

<sup>a</sup>Reflects recoded values.

Table C9

*Intercorrelations Between Predictor Variables in the Initial Logistic Regression Model*

Variable	1	2	3	4	5	6	7	8
1. Overall Competence	--							
2. Knowledge	.65**	--						
3. Skills	.55**	.70**	--					
4. Attitudes <sup>a</sup>	.40**	.23	0.07	--				
5. Sexual Orientation	.07	0.22	.15	.11	--			
6. Specialty Area	.31**	0.23	.01	-.03	-.09	--		
7. LGB Experience	.56**	0.54**	0.40**	-.02	.04	.22	--	
8. Supervision Experience	.26*	0.24*	.30**	-.24*	-.05	.44**	0.49**	--

*Note.* Overall competence measured by the Sexual Orientation Counselor Competency Scale. Knowledge measured by the Knowledge of LGB History, Symbols, and Community Subscale. Skills measured by Lesbian, Gay, Bisexual Working Alliance Self-Efficacy Scales. Sexual orientation coded where heterosexual = 0 and all other identities = 1. Specialty area coded where clinical psychology = 0 and counseling psychology = 1. LGB experience measured by six-item researcher-designed scale. Supervision experience measured by seven-item researcher designed scale.

<sup>a</sup>Reflects recoded values.

\*  $p < .05$ , \*\*  $p < .01$ .

Table C10

*Regressing Supervisor Initiation of Conversation Regarding Sexual Orientation Issues on Competence and Personal and Professional Characteristics*

Variable	Initial Model					Final Model				
	$\beta$	<i>SE</i>	<i>OR</i>	<i>Wald</i>	<i>p</i>	$\beta$	<i>SE</i>	<i>OR</i>	<i>Wald</i>	<i>p</i>
Supervision Experience	.76	.35	2.13	4.67	.03	.59	.28	1.81	4.52	.03
Overall Competence	.44	.74	1.56	.35	.55	.74	.51	2.09	2.08	.15
LGB Experience	.28	.29	.76	.93	.34	-.18	.26	.84	.47	.49
Specialty Area	-.54	.76	.58	.52	.47	--	--	--	--	--
Knowledge	.17	.29	1.18	.35	.56	--	--	--	--	--
Sexual Orientation	.39	.70	1.47	.30	.58	--	--	--	--	--
Attitudes <sup>a</sup>	.24	.67	1.27	.13	.72	--	--	--	--	--
Skills	.08	.61	1.08	.02	.90	--	--	--	--	--
Nagelkerke R <sup>2</sup>	.19					.16				
% correctly predicted	78.7%					80.0%				

*Note.* Overall competence measured by the Sexual Orientation Counselor Competency Scale. Knowledge measured by the Knowledge of LGB History, Symbols, and Community Subscale. Skills measured by Lesbian, Gay, Bisexual Working Alliance Self-Efficacy Scales. Sexual orientation coded where heterosexual = 0 and all other identities = 1. Specialty area coded where clinical psychology = 0 and counseling psychology = 1. LGB experience measured by six-item researcher-designed scale. Supervision experience measured by seven-item researcher designed scale.

<sup>a</sup>Reflects recoded values.



Table C11

*Regressing Supervisor Initiation of Conversation Regarding Sexual Orientation Issues on Supervisor Sexual Orientation*

Variable	$\beta$	<i>SE</i>	<i>OR</i>	<i>Wald</i>	<i>p</i>
LGB Experience	.48	.62	.58	1.61	.45
Nagelkerke R <sup>2</sup>			.01		
% correctly predicted			76.0%		

*Note.* LGB experience measured by six-item researcher-designed scale.

Table C12

*Discriminant Function Analysis for Supervisor Groups as a Function of Self-Reported Regularity of Conversation Initiation*

Predictor Variable	Standardized Canonical Discriminant Function Coefficients			Structure Matrix		
	1	2	3	1	2	3
	Supervision Experience	.48	.98	.03	.81	-.38
Overall Competence	.67	-.20	-.83	.68	-.35	.64
LGB Experience	.23	-.67	.95	.63	.70	.34

*Note.* Only variables retained in the final logistic regression model were included for this analysis. Overall competence measured by the Sexual Orientation Counselor Competency Scale. LGB experience measured by six-item researcher-designed scale. Supervision experience measured by seven-item researcher designed scale.

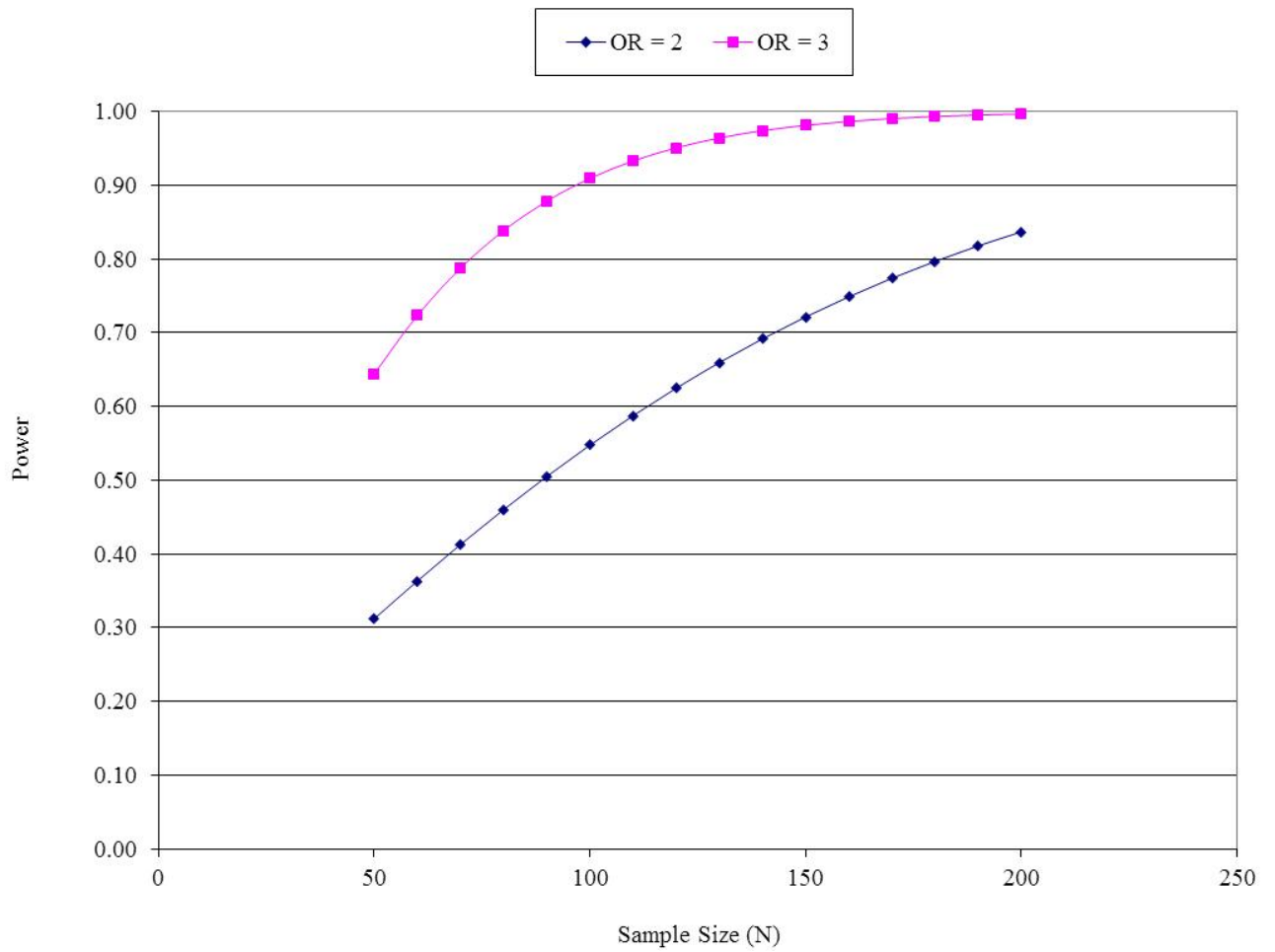
Table C13

*Discriminant Function Classification Results*

Sample	Model Prediction				
	Always	Generally	Only IfLGB	Rarely	No
Always	0 (0.0)	6 (75.0)	0 (0.0)	2 (25.0)	0 (0.0)
Generally	0 (0.0)	28 (87.5)	4 (12.5)	0 (0.0)	0 (0.0)
Only IfLGB	0 (0.0)	10 (45.5)	11 (50.0)	1 (5.0)	0 (0.0)
Rarely	0 (0.0)	4 (36.4)	5 (45.5)	2 (18.2)	0 (0.0)
No	0 (0.0)	1 (50.0)	1 (50.0)	0 (0.0)	0 (0.0)

*Note.* Overall competence, LGB experience, and supervision experience included in the analysis. Values outside of parentheses reflect counts. Values inside of parentheses reflect percentages. 54.7% correctly classified.

## Appendix D



*Figure D1.* Logistic regression power levels for various sample sizes. Results are based on calculations where baseline probability is .1 and alpha = .05.

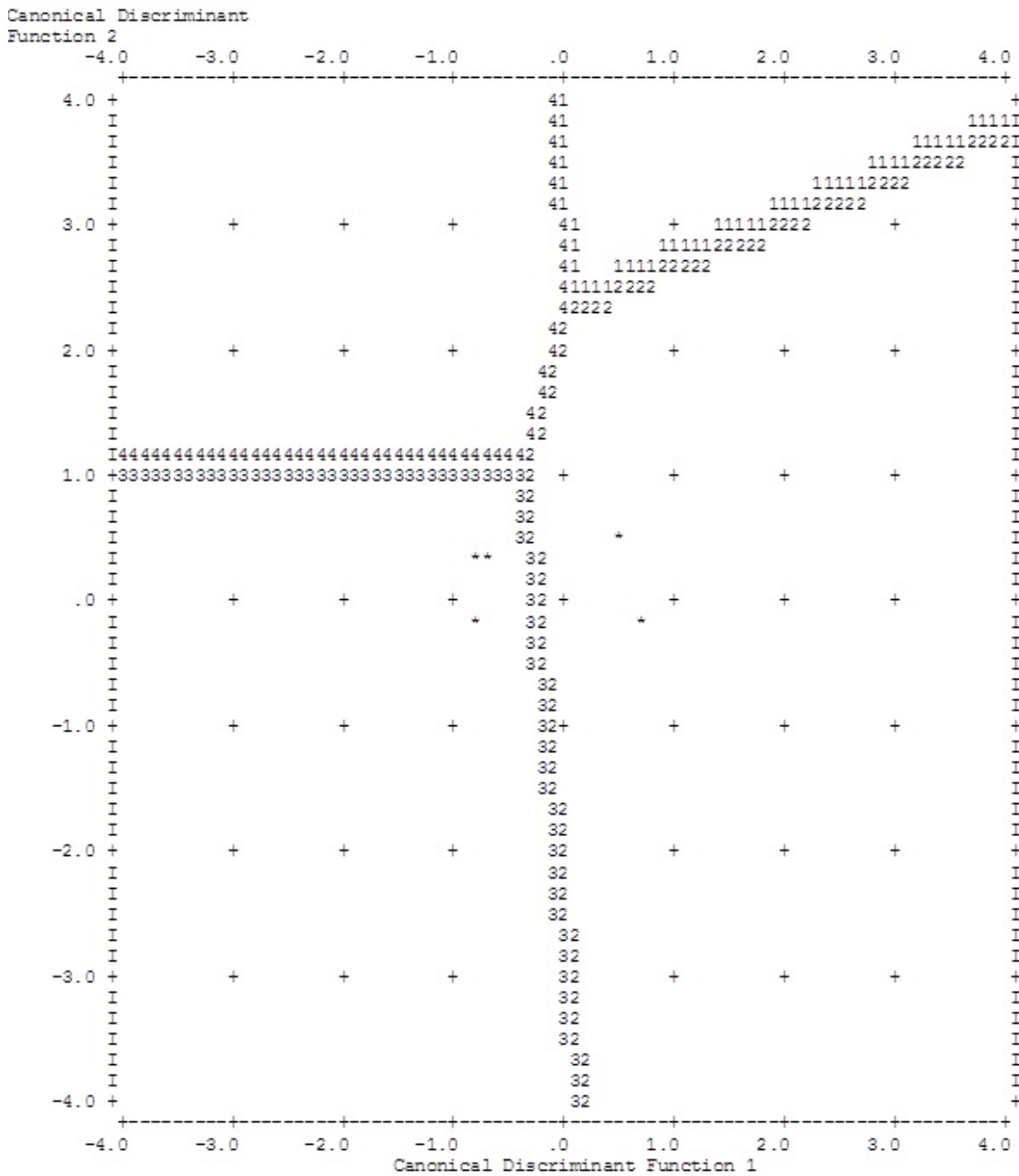


Figure D2. Territorial map displaying first and second discriminant functions. 1 = Always, 2 = Generally, 3 = Only if LGB, 4 = Rarely, 5 = No. \*Indicates a group centroid.