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Supervisor Experiences Mentoring Therapists-in-Training on Issues Related to Religion/Spirituality Among LGBT Clients

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This is to certify that the doctoral dissertation by

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Walden University
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MS, Walden University, 2011

BA, University of Minnesota, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

There are known issues related to religion and spirituality (R/S) among the lesbian, gay, bisexual, and transgender (LGBT) population, such as identity struggles, religious abuse, and internalized homonegativity. Many therapists are uncomfortable incorporating R/S into therapy, with poor training and supervision identified as a possible rationale. The purpose of this study was to explore supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients as well as supervisors' level of preparation to mentor this area. The integrated affirmative supervision model (IAS) and multiple dimensions of cultural competence (MDCC) conceptual frameworks drove the development of this study. A generic qualitative research design was used. A total of 10 supervisors with experience mentoring in this area participated in the study via a 1:1 phone interview. Interview data were coded using thematic analysis, which resulted in 10 themes. Results indicated challenges mentoring this area of intersection, such as limited R/S competence as well as greater need for processing transference/countertransference and self-disclosure with therapists-in-training. Furthermore, results indicated that supervisors were prepared to mentor in this area primarily via personal exposure and receiving supervision. Despite unique issues mentoring in this area, overall results indicated known supervision skills, such as creating a safe space and empowering therapists-in-training, were helpful with mentoring in this area. Through better understanding of what mentoring therapists-in-training on issues related to R/S among LGBT clients looks like, there can be reduced mystery and fear of mentoring R/S among LGBT clients.

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Dedication

This dissertation is dedicated to those LGBT individuals that have been harmed by religiously driven words and actions. Thank you for bravely sharing your stories, I am a better person for having heard them. I wish you all health, healing, and happiness. Also, to my LGBT friends and acquaintances, thank you for letting me be a part of your lives and inspiring me to develop this dissertation topic.

Acknowledgments

Thank you to my husband, Lance Kolhei. Lance, if emotional stamina could be measured like physical strength, you would be an Olympian. Your love, support, and sacrifices have made this dissertation possible. There were times of doubt, fear, and fatigue, you were there by my side through all of it. While yes, I did the work, I strongly feel that this dissertation is as much your accomplishment as it is mine.

Thank you to my parents, Sandy and Gary Osborne. Mom and dad, you have made many sacrifices so that I could receive education and enrichment. Mom, you taught me to value education and the pursuit of life-long learning. Thank you for being my #1 fan throughout my life and this PhD program. Dad, thank you for teaching me and reminding me to enjoy the little things, something I greatly needed throughout this PhD program. Mom and dad, thank you for teaching me persistence, a quality I could not have finished this dissertation without. For all that you have done for me, I thank you from the bottom of my heart.

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Last, but not least, I want to acknowledge and thank all of the participants of my study. I am grateful for your participation and willingness to pass along your experiences and wisdom. I learned so much from you, not only for the purposes of this study, but for myself as a therapist-in-training.

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Chapter 1: Introduction to the Study

Introduction

There are known tensions between religion and spirituality (R/S) and the lesbian, gay, bisexual, and transgender (LGBT) population, resulting in unique challenges that arise in the therapeutic setting (Dahl & Galliher, 2012; Eidhamar, 2014; Halkitis et al., 2009; Harari, Glenwick, & Cecero, 2014; Levy & Lo, 2013; Meanley, Pingel, & Bauermeister, 2016; Rosik & Popper, 2014; Schuck & Liddle, 2001; Sowe, Brown, & Taylor, 2014; Ward, 2011; Whicker, de St. Aubin, & Skerven, 2017; Wood & Conley, 2013). While some LGBT individuals have reported positive experiences of R/S, two-thirds of LGBT individuals have reported negative experiences of R/S (Beagan & Hattie, 2015; Kocet & Curry, 2011; Levy & Lo, 2013; Page, Lindahl, & Malik, 2013; Sherry, Adelman, Whilde, & Quick, 2010; Shuck & Liddle, 2001; Sowe et al., 2014; Super & Jacobson, 2011). As a result of minority stress, LGBT individuals present to therapy at greater rates than the majority population (McKay, 2011; Plöderl & Tremblay, 2015; Sue, 2001). There are multiple issues related to R/S among LGBT clients, such as identity struggles, religious abuse, and internalized homonegativity (Ellison & Lee, 2010; Hatzenbuehler, Pachankis, & Wolf, 2012; Page et al., 2013; Shuck & Liddle, 2001; Super & Jacobson, 2011; Ward, 2011; Wood & Conley, 2014). While a variety of issues related to R/S among LGBT clients arise in the therapeutic setting, therapists' preparation to address these issues in therapy is unknown.

Scholarly literature suggested therapists have received minimal preparation to address issues related to R/S among LGBT clients (Russell & Yarhouse, 2006; Schafer,

Handal, Brawer, & Ubinger, 2011). Scholarly literature of R/S competence identified that the majority of the therapist population are uncomfortable with incorporating issues related to R/S in therapy (Bienenfeld & Yager, 2007; Elkonin, Naicker, & Brown, 2014; Rosmarin, Green, Pirutinsky & McKay, 2013; Russell & Yarhouse, 2006; Scott et al., 2016). Among LGBT clients' discussions of negative therapeutic experiences, it was discovered that generally, therapists poorly handled issues related to R/S (Isreal, Gorcheva, Bunes, & Walther, 2008; Shelton & Delgado-Romero, 2011). In addition to discomfort with issues related to R/S, there is inconsistent LGBT competence among the therapist population (ALGBTIC LGBQQIA Competencies Taskforce et al., 2013; Bidell & Stepleman, 2017; Grove, 2009; McCarty-Caplan, 2018; Moe, Perera-Diltz, & Sepulveda, 2014; Qi & Doud, 2017; Rivers & Swank, 2017; Scott et al., 2016; Sherry, Whilde, & Patton, 2005). A possible rationale for inconsistent LGBT competence among therapists is limited knowledge of what LGBT training and supervision looks like for therapists-in-training (Chui et al., 2018; Corturillo, McGeorge, & Stone-Carlson, 2016; Gess, 2016; Harris, Roberston, Jones, & Prado, 2017; Lee-Tammeus, 2016; Moe et al., 2013; O'Hara, Dispenza, Brack, & Blood, 2013; Phillips, Parent, Dozier, & Jackson, 2017).

Exploration of supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients made is possible to better understand what supervision in this area looks like. This information could be used to provide direction on future research or confirm that further research in this niched area of study is necessary or unnecessary. This study consists of five chapters including an introduction, review of the

current scholarly literature, review of the research methods and design, review of the research results, and a summary of findings. The introduction is a high-level overview of the scholarly literature gap and research approach. The remainder of this chapter can be broken down into 11 sections: background, research problem, purpose of the study, research questions, theoretical framework, nature of the study, definitions, assumptions, scope and delimitations, limitations, and significance.

Background

The intersection between LGBT and R/S scholarly literature was vast, with numerous multicultural variables (Dahl & Galliher, 2012; Eidhamar, 2014; Halkitis et al., 2009; Harari et al., 2014; Levy & Lo, 2013; Meanley et al., 2016; Rosik & Popper, 2014; Schuck & Liddle, 2001; Sowe et al., 2014; Ward, 2011; Whicker et al., 2017; Wood & Conley, 2013). For example, there is scholarly literature that explored positive experiences and negative experiences of R/S among the LGBT population (Foster, Bowland, & Vosler, 2015; Johns & Hanna, 2011; Lease, Horne, & Noffsinger-Frazier, 2005; Levy & Lo, 2013; Whicker et al., 2017). Qualitative scholarly literature identified multiple themes of negative experiences related to R/S among the LGBT population, primary examples being religious abuse, identity struggles, and internalized homonegativity (Ward, 2011; Wood & Conley, 2014). Furthermore, scholarly literature identified unique multicultural considerations between the various faith types (e.g. Judaism, Catholic, Baptist, Islam, etc.) and within-group differences among the various faith types (Eidhamar, 2014; Garcia, Gray-Stanley, & Ramirez-Valles, 2008; Hill, 2015; Johns & Hanna, 2011; Levy & Lo, 2013). Ultimately, while there is scholarly literature in

this area of study, the intersection between the variables of R/S and LGBT are so vast that much of the experiences between R/S and LGBT are yet to be captured and understood.

While some LGBT clients described positive and helpful therapeutic experiences, some LGBT clients described negative and unhelpful therapeutic experiences (Isreal et al., 2008; Shelton & Delgado-Romero, 2011). Themes among LGBT clients' negative therapeutic experiences included therapists' failure to use LGBT-affirmative language, therapists' encouragement to abandon their faith, and therapists' assumption that R/S is an issue (Isreal et al., 2008; Shelton & Delgado-Romero, 2011). Negative therapeutic experiences can have deleterious effects for LGBT clients, such as reduced help seeking behavior, feelings of being misunderstood or invalidated, and attitudinal changes towards the therapist and therapy overall (Isreal et al., 2008; Shelton & Delgado-Romero, 2011). Scholars suggested that not all therapists are provided adequate LGBT training and supervision, and thus a reoccurring recommendation among scholarly literature was to further explore LGBT training and supervision (Aten & Couden-Hernandez, 2004; Bidell, 2014; Corturillo et al., 2016; Grove, 2009; Phillips et al., 2017; Qi & Doud, 2017; Sherry et al., 2005).

The scholarly literature within LGBT, R/S, and supervision was limited, with only one scholarly article that explicitly explored all three variables (Gess, 2016). Gess performed a qualitative case study of her personal experience mentoring a therapist-in-training. The therapist-in-training identified as Mormon and was working with a client that was struggling with their child's sexual identity (Gess, 2016). While this study was a

detailed account of a supervision experience, it was limited in that the study was a singular perspective of one supervision case. Furthermore, there was scholarly literature within both R/S training and supervision and LGBT training and supervision, yet much of this research was quantitative in nature and did not explore training and supervision in depth (Bidell, 2013, 2014; McGeorge, Carlson, & Toomey, 2014; Phillips et al., 2017; Qi & Doud, 2017; Russell & Yarhouse, 2006; Schafer et al., 2011; Saunders, Petrik, & Miller, 2014; Sherry et al., 2005). Thus, coverage of issues related to R/S among LGBT clients in LGBT training and supervision are unknown.

Research Problem

The American Psychological Association (APA), American Counseling Association (ACA), and the World Professional Association for Transgender Health (WPATH) provided guidance that both R/S and LGBT competence should be developed via training and supervision (ACA, 2009; APA, 2018a; WPATH, 2017). Despite guidance from these professional organizations to be inclusive of R/S and LGBT in training and supervision, only a minority of graduate programs and internship sites have incorporated R/S into training and supervision (Russell & Yarhouse, 2006; Schafer et al., 2011). In addition to limited R/S training and supervision, there is limited LGBT competence across the therapist population (ALGBTIC LGBQQIA Competencies Taskforce et al., 2013; Bidell & Stepleman, 2017; Grove, 2009; McCarty-Caplan, 2018; Moe et al., 2014; Qi & Doud, 2017; Rivers & Swank, 2017; Scott et al., 2016; Sherry et al., 2005). One possible explanation for limited R/S competence is the mixed levels of interest and belief in the value of incorporating R/S in therapy (Bienenfeld & Yager,

2007; Rosmarin et al., 2013; Russell & Yarhouse, 2006; Scott et al., 2016). Another possible explanation was that there is minimal or inadequate R/S coverage within LGBT training and supervision.

While there were multiple scholarly articles on the presence, or lack thereof, of LGBT training and supervision, much of the current scholarly literature on LGBT training and supervision was quantitative (Chui et al., 2018; Mitchell, 2009; Moe et al., 2014). Quantitative research has made positive contributions to existing scholarly literature. For example, training directors at graduate programs have attested that LGBT training was embedded within graduate program curriculum (Sherry et al., 2005). Yes, volume of attestation does not produce knowledge of what LGBT training looks like. Specifically, there is no information that can determine with any level of certainty the degree to which, if any, issues related to R/S among LGBT clients have been addressed as part of LGBT training and supervision.

Scholarly literature on LGBT training and supervision supported the positive impact of LGBT training and supervision on LGBT competence (Bidell, 2013, 2014; Grove, 2009; McCarty-Caplan, 2018; McGeorge et al., 2014; Qi & Doud, 2017; Rivers & Swank, 2017). While scholarly literature supported the positive influence on LGBT competence, the depth and breadth of LGBT training occurring within graduate program curriculum is unclear. A high majority, 95%, of graduate program directors attested that the nuances of multicultural training do not occur as part of coursework (Sherry et al., 2005, p. 117) Instead, nuances of multicultural training are expected be fleshed out as part of students' practicum and internship experience (Sherry et al., 2005). Despite

graduate programs deferring to the practicum and internship experience, there was only one study of supervision in this area which was a single case study (Gess, 2016). Thus, it was unknown whether R/S is included as part of the LGBT practicum and internship experience.

There is limited scholarly literature that has focused on LGBT supervision (Chui et al., 2018; Gess, 2016; Phillips et al., 2017). LGBT supervision literature is limited to theoretical overviews of LGBT-affirmative supervision, with no information on real world application of LGBT-affirmative supervision, specific subtopics covered, or depth and breadth of LGBT-affirmative supervision (Cohen-Filipic & Flores, 2014; Mitchell, 2009). Beyond the single case study by Gess, it is unknown what supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients looks like.

Purpose of the Study and Research Questions

The purpose of this study was to fill a gap in the scholarly literature through exploration of supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients. To access this information, a generic qualitative research design was created (Kahlke, 2014). In order to obtain rich detail of supervisors' experiences in this area, a 1:1 phone interview with supervisors experienced mentoring therapists-in-training in this area was done (Patton, 2015).

To focus the exploration of supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients, the following research questions were developed:

RQ1: What are supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients?

RQ2: What are supervisors' level of preparation to mentor in this area?

Conceptual Framework

There were two conceptual frameworks that contributed to the development of this study, the integrated affirmative supervision model (IAS) and the multiple dimensions of cultural competence (MDCC). The IAS model is the culmination of four supervision models: Pett's gay affirmative model, the affirmative developmental model of supervision, Buhrke's conflictual situation model, and House and Holloway's supervisee empowerment model (Halpert, Reinhardt, & Toohey, 2007). The IAS model is an approach to supervision that is LGBT-affirmative, requires a supportive supervision relationship, and holds both the supervisor and therapist-in-training accountable for building competence when knowledge is limited (Halpert et al., 2007).

MDCC was developed out of an attempt to address limited cultural competence in the field of psychology (Sue, 2001). MDCC is a holistic approach to diversity that challenges therapists to develop competence in intersectionality (Sue, 2001). According to Sue there is no maximum level of diversity that an individual can reach. Thus, through the lens of MDCC, therapists view clients as complex, unique, and comprised of unlimited diversity variables and identities (Sue, 2001). In addition, through the lens of MDCC, therapists view clients for intersecting diversity variables as well as individual and global differences (Sue, 2001). Through the IAS model and MDCC, the general position is that supervision should be LGBT-affirmative, have a supportive supervision

relationship, and help therapists-in-training develop multicultural competency. Through this approach, therapists-in-training should develop skills in intersectionality, including the ability to conceptualize LGBT clients among the myriad of diversity variables, of which R/S is considered a diversity variable.

Nature of the Study

The hallmark of quantitative research is that there is a hypothesis of which to test (Creswell, 2013). At this time of this study, there was not enough data within the variables of R/S and LGBT from which to develop a hypothesis to test. There was quantitative data in the scholarly literature, yet there was no scholarly literature that provided details of what supervision in this area looks like (Russell & Yarhouse, 2006; Schafer et al., 2011; Sherry et al., 2005). Another limitation among scholarly literature was the presence of multiple theoretical overviews of supervision versus practical application (Aten & Couden-Hernandez, 2004; Berkel, Constantine, & Olson, 2007; Bienenfeld & Yager, 2007; Chui et al., 2018; Cohen-Filipic & Flores, 2014; Gess, 2016; Mitchell, 2009; O'Brien & Rigazio-DiGilio, 2016; Phillips et al., 2017; Shafranske, 2014, 2016). Given the limited detail among scholarly literature and the need for rich detail, there was a need for an exploratory method of inquiry, which best fitted a qualitative approach to research (Creswell, 2013; Patton, 2015).

This study explored supervisors' experience mentoring therapists-in-training on issues related to R/S for LGBT clients. As part of this qualitative inquiry, supervisors' level of preparation to mentor in this area was also explored. The approach to the research design was a generic qualitative research design, which most closely resembled

a phenomenological approach. Supervisors were interviewed via phone for their professional experiences mentoring therapists-in-training on issues related to R/S for LGBT clients and for their level of preparation to mentor in this area.

Definitions

One of the most challenging elements of this area of study was the vast array of operational definitions among scholarly literature. Much of the scholarly literature within this area of study commented on the wide variety of definitions among existing scholarly literature, which produced limited generalizability and limited ability to replicate findings (Hamblin & Gross, 2014; McCarty-Caplan, 2018; O'Hara et al., 2013; Rodriguez, 2010). Some of the challenges setting operational definitions are both understandable and challenging at the same time. Exploration of topics within multicultural psychology, especially intersectionality, requires exploration of unique subpopulations. Thus, convenience sampling is often necessary (Abu-Raiya, Krause, Pargament, & Ironson, 2015).

It was acknowledged that there would be limitations with either overly broad or overly narrow operational definitions of R/S, LGBT, and supervision. With the combination of this being an exploratory study and having MDCC as a conceptual framework, the general approach to generating operational definitions was to develop broad definitions so that there would be flexibility to explore the full range of participant experiences. This noted, it was acknowledged that this approach would increase difficulty in making connections to studies that had more narrow operational definitions. Below is a

discussion of operational definitions for the central concepts of this study: LGBT, R/S, and supervision.

LGBT

The definition of LGBT is complicated and has multiple operational definitions among scholarly literature. Much of the scholarly literature contrasted widely among unique subpopulations. As an example, included among scholarly literature are the following acronyms: LG, LGB, LGBT, LGBQ, LGBTQ, YGBM, LGBTQQI, and LGBQQIA (ALGBTIC LGBQQIA Competencies Taskforce et al., 2013; Foster et al., 2015; Grove, 2009; Moe et al., 2014; Qi & Doud, 2017; Shelton & Delgado-Romero, 2011). In addition to multiple acronyms, scholarly literature utilized a range of terminology, such as sexual minority, homosexual, gender minority, transsexual, gender-queer, and same-sex attracted (Brewster et al., 2016; Hamblin & Gross, 2014; Levy & Lo, 2013; Marshal et al., 2011; Plöderl & Tremblay, 2015; Sowe et al., 2014; Subhi & Geelan, 2012).

Indeed, there has been a wide variety of acronyms, terms, and operational definitions utilized among scholarly literature. Because this study was exploratory, the aim was to capture the breadth of intersecting identities within the LGBT population. Thus, a broad definition of LGBT was utilized. LGBT was the acronym utilized in this study as this acronym had the largest percentage of utilization among scholarly literature at 40% utilization (18 of 45). While this study aligned the use of acronyms with the majority of scholarly literature in terms of the written word, it should be noted that LGBT in this study included identities that were not a literal match with the terms lesbian, gay,

bisexual, or transgender. For example, this study included those that identified as queer and asexual. This noted, the diversity variable that was excluded was allies. While instances of supervisors and therapists-in-training as allies were permissible, it was not permissible to include allies in the definition of LGBT clients as the focus of this study was on experience mentoring therapists-in-training on issues related to R/S among LGBT clients.

Religion and Spirituality (R/S)

The operational definition of R/S varied widely among scholarly literature. Scholarly literature on R/S training and supervision wavered between narrow and broad definitions of R/S (Adams, Puig, Baggs, & Wolf, 2015; Brawer et al., 2002; Daniels & Fitzpatrick, 2013; Russell & Yarhouse, 2006; Schafer et al., 2011; Scott et al., 2016; Vogel, McMinn, Peterson, & Gathercoal, 2013). Through the lens of MDCC, R/S is a diversity variable (Daniels & Fitzpatrick, 2013; Scott et al., 2016; Sue, 2001; Vogel et al., 2013). Scholarly literature that viewed R/S as a diversity variable held either pluralistic or individual approaches to the operational definition of R/S (Daniels & Fitzpatrick, 2013; Russell & Yarhouse, 2006; Scott et al., 2016; Vogel et al., 2013). Pluralism is the concept that religion and spirituality overlap and thus one concept cannot exist without the other, whereas individualism is the concept that one construct can exist without the other (Daniels & Fitzpatrick, 2013; Russell & Yarhouse, 2006; Scott et al., 2016; Vogel et al., 2013).

In line with MDCC, this study acknowledged both pluralistic and individual definitions of R/S. This study acknowledged that some individuals view R/S as co-

existing whereas some individuals define themselves as religious, but not spiritual, or vice versa (Sue, 2001). For the purposes of this study, spirituality was defined as the search for a sense of wholeness, harmony, and interconnectedness with an entity outside oneself, be it community, nature, the universe, or God (Daniels & Fitzpatrick, 2013; Scott et al., 2016; Super & Jacobson, 2011). For the purposes of this study, religion was defined as the institutional and cultural expression of beliefs of how the world works, expressed through ritual and rules generated from a belief system, and is sometimes utilized to foster a sense of spirituality (Daniels & Fitzpatrick, 2013; Scott et al., 2016; Super & Jacobson, 2011; Vogel et al., 2013). It should be noted that the scholarly literature of R/S did not set parameters of R/S in terms of identity variables (e.g. Islam, Buddhist, Atheist, etc.), with the exception that sometimes those that identify as Agnostic or Atheist have been excluded (Brewster et al., 2016). This study diverged from existing scholarly literature by including those that identify as Atheist or Agnostic in the definition of R/S. The rationale for this inclusion is that this approach aligned with the lens of MDCC. Plus, some Atheist and/or Agnostic individuals sometimes identify as spiritual (Keller, Bullik, Klein, & Swanson, 2018).

Supervision

Scholarly literature of supervision varied in the operational definitions of training and supervision. Scholarly literature on training utilized a wide variety of definitions of training (Bidell, 2013; Elkonin et al., 2014; Rivers & Swank, 2017; Sherry et al., 2005). For example, the operational definition of training by Rivers and Swank (2017) was a singular university sponsored three-hour training event, whereas Bidell measured a single

LGBT-affirmative graduate course. Furthermore, Sherry et al. measured all graduate program curriculum, exclusive of practicum/internship, whereas Elkonin et al. explored both coursework and practicum/internship. Ultimately, scholarly literature had wide definitions of training, with training varying from workshops, coursework, and practicum/supervision. This study utilized the term "training and supervision" exclusively when referring to the scholarly literature in order to be inclusive of the variety of operational definitions of training within the scholarly literature.

The purpose of this study was to narrow focus on the practicum/internship experience, and thus there will be references to supervision when the research plan is discussed. While there has been a wide range of operational definitions of training among scholarly literature, the definition of supervision has been relatively stable. There have been variances in the definition of supervision based on discipline type (e.g. school counseling, marriage and family, psychologist, etc.) and whether or not practicum was included in the definition of internship (Chui et al., 2018; Johns, 2017; O'Brien & Rigazio-DiGilio, 2016; Phillips et al., 2017; Rodriguez-Menendez et al., 2017). For example, Rodriguez-Menendez et al. focused on practicum/internship whereas Chui et al. solely focused on internship.

When referencing supervision in this study, supervision was defined as pregraduate supervised experience. Since this study is multidisciplinary, there was a wide range of mental health professional disciplines that were included in this operational definition. The focus of this study was to better understand supervision experiences within outpatient mental health talk-therapy. Thus, the definition of supervision included

masters and psychologist supervision experiences across clinical, counseling, school, and social work disciplines.

Assumptions

There were a few key assumptions within this study, which included the conceptual framework and supervisors' openness and ability to describe their experiences. Through the lens of the IAS model and MDCC, it was assumed that supervisors provided LGBT-affirmative supervision in which therapists-in-training developed LGBT competence and intersectionality skills. It was acknowledged that these assumptions may not reflect reality as supervision experiences may vary across disciplines and situations, such as level of care, setting differences, and referral reason (e.g. psychological/neuropsychological testing, medication management, etc.). An additional assumption was that supervisors would be open and able to share their approach to supervision. Furthermore, it was assumed that supervisors would be able to accurately recall and describe their experiences preparing to supervise in this area.

Scope and Delimitations

The purpose of this study was to explore supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients. Given the relatively wide literature gap, scholarly literature made a wide variety of recommendations for future research. One recommendation for future research was to place focus on studying intersecting identities within the LGBT population (Berkel et al., 2007; McGeorge, Kellerman, & Carlson, 2018). Berkel et al. made a pointed recommendation to explore issues related to R/S among LGBT clients. Thus, this qualitative study provided a more

detailed account of supervision and a narrowed focus on R/S, which satisfied the recommendation to focus on intersecting identities.

Scholarly literature in this area was focused on value-reconciliation between supervisor and therapist-in-training (Cohen-Filipic & Flores, 2014; Gess, 2016; O'Brien & Rigazio-DiGilio, 2016). The limitation of this approach was neglect of practical application, exploration of supervisors' level of preparation to supervise in this area, and lack of exploration of the variety of scenarios that may present in supervision. Cohen-Filipic and Flores pointed out that since scholarly literature focused on value conflicts within the supervision relationship, little has been explored in the way of providing specific strategies that can be utilized in a real-world setting. Furthermore, some scholarly literature on LGBT training and supervision encouraged the exploration of the supervisor perspective as much of the scholarly literature focused on the therapists'-in-training experience of supervision (Aten & Couden-Hernandez, 2004; Chui et al., 2018; Phillips et al., 2017). Indeed, through exploration of supervisors' experience mentoring therapists-in-training, a balanced perspective was obtained. It should be noted that Gess performed a case study of her experience supervising a Mormon therapist-in-training on LGBT ally development. This study was singular in nature, and thus a diversity of supervisor experiences was obtained through the generic qualitative approach in which multiple supervisors were interviewed.

While this study addressed some of the limitations of scholarly literature in this area, this study was not be able to fill all gaps and thus there were delimitations. The prominent delimitations of this study were diversity of experiences and limited

population. Compared to other studies in this area, this study had a broader definition of LGBT, R/S, and supervision than most. Nonetheless, there were still delimitations. Through purposive and snowball sampling, this study acquired participants that specifically addressed issues related to R/S among LGBT clients in supervision. Thus, exploring the full range of experiences, or lack thereof, among supervision was unlikely. Furthermore, while multiple mental health disciplines were included in the definition of supervision, there were multiple supervision scenarios that were excluded. Exclusions included medication management, inpatient levels of care, and postgraduate supervision experiences.

Limitations

There were anticipated limitations to this study which included unknowable volume of issues related to R/S among LGBT clients and increased risk of confirmability. In addition, there was inconsistent conceptual framework alignment among scholarly literature. For example, while much of the scholarly literature in this area either utilized the IAS model, or a foundational conceptual framework of the IAS model (Pett's gay affirmative model, affirmative developmental model of supervision, Buhrke's conflictual situation model, and House and Holloway's supervisee empowerment model), there was scholarly literature that did not utilize the IAS model or any of its foundational models (Chui et al., 2018; Halpert et al., 2007). In addition, a prevalent theory utilized among LGBT training scholarly literature was the minority stress theory (Boroughs, Bedoya, Cleirigh, & Safren, 2015; Isreal, Willging, & Ley, 2016). While minority stress theory was strongly considered for this study, MDCC was determined to be a better fit as it was

necessary to keep clear focus on the experience of the supervisor population as opposed to the experience of the client population.

The volume of LGBT clients presenting with issues related to R/S may not be knowable within the current cultural climate due to stigma, lack of client disclosure, and limitations within scholarly literature. For example, therapists-in-training reported instances of direct messaging from supervisors that R/S was not an acceptable topic (Elkonin et al., 2014). Furthermore, some practicing therapists may presume that the majority of their clients are not LGBT. Shelton and Delgado-Romero (2011) explained that LGBT clients may avoid coming out to their therapists for fear of judgment and/or fear that the therapeutic relationship will change for the worse. Hamblin and Gross (2014) pointed out flaws with existent scholarly literature, which included inconsistent operational definitions of identity conflict and small sample sizes.

Generally, qualitative studies are limited on transferability outside of the specific people and places of study (Creswell, 2013). With a purposive sampling method, the findings were not transferable to the entire supervisor population. Furthermore, as noted above, some delimitations included school counseling, medication management providers, supervision experiences at inpatient levels of care, and postgraduate supervision experiences. Ultimately, as is typical of qualitative research, the lack of randomized sampling techniques and use of exclusion criterion contributed to lower levels of transferability (Creswell, 2013).

Another area of limitation was confirmability. I filled all the roles of the researcher, as I interviewed, transcribed, coded, and reported results. As the researcher, I

had personal investment and biases that contributed to increased risk of confirmability. An example of biases, to be discussed in depth in chapter 3, included being an LGBT ally and a history of training and supervision professional experience. As a researcher, it was important to prove to the academic community that this research could be repeated with similar results found (Creswell, 2013). Thus, there was a plan to mitigate the effects of researcher bias. This study included member checking and bracketing. The practices of bracketing and member checking helped reduce confirmability via documented self-disclosure as I interviewed participants, transcribed interviews, and coded data. Member checking reduced confirmability via obtaining the participant perspective on my interpretation of their interview responses.

Significance

As aforementioned, with wide scholarly literature gaps, there were multiple directions for future research. Through exploring supervisors' experience mentoring therapists-in-training on issues related to R/S amongst LGBT clients, it was possible to understand what supervision in this area looks like. Furthermore, supervisors' level of preparation, or lack thereof, to mentor in this area was explored.

While there was no guarantee of results with an exploratory study, there were multiple possibilities for this study to positively contribute to the scholarly literature in this area. Given that this study was exploratory, one possible outcome was that this study would inform further research on supervision of issues related to R/S among LGBT clients would be necessary or unnecessary. This could positively benefit scholars via confirmation that research time would be well spent on this area of study or better spent

on other areas of study. Alternately, through better understanding supervisor experiences in this area, insight into the successes and challenges of supervision in this area could be enhanced among the academic community. In addition, there could be an enhanced appreciation for how supervisors are prepared to mentor therapists-in-training in this area. The findings could help inform future research in LGBT training and supervision, creating the possibility for positive social change for supervisors mentoring therapists-in-training in this area.

Summary

Through exploring supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients, it was possible to better understand what supervision in this area looks like. There are known tensions between R/S and the LGBT population, resulting in unique issues related to R/S among LGBT clients that may present in the therapeutic setting (Dahl & Galliher, 2012; Eidhamar, 2014; Halkitis et al., 2009; Harari et al., 2014; Levy & Lo, 2013; Meanley et al., 2016; Rosik & Popper, 2014; Schuck & Liddle, 2001; Sowe et al., 2014; Ward, 2011; Whicker et al., 2017; Wood & Conley, 2013). The intersection between the LGBT population and R/S is vast, with many nuances within this area of intersection (Eidhamar, 2014; Garcia et al., 2008; Hill, 2015; Johns & Hanna, 2011; Levy & Lo, 2013). Thus, it is not surprising that scholarly literature suggested the strong possibility that many therapists are unprepared to work with issues related to R/S among LGBT clients (ALGBTIC LGBQQIA Competencies Taskforce et al., 2013; Bidell & Stepleman, 2017; Grove, 2009; McCarty-Caplan, 2018; Perera-Diltz, & Sepulveda, 2014; Qi & Doud, 2017; Rivers & Swank, 2017; Scott et al.,

2016; Sherry et al., 2005). This concern would have been a moot point if LGBT clients' therapeutic experiences were consistently positive. However, there are known instances of negative therapeutic experiences for LGBT clients which included therapists' poor handling of issues related to R/S (Isreal et al., 2008; Shelton & Delgado-Romero, 2011).

It is unknown the degree to which, if any, R/S is addressed as part of the LGBT training and supervision experience (Chui et al., 2018; Mitchell, 2009; Moe et al., 2014). LGBT supervision literature was limited to theoretical overviews of LGBT-affirmative supervision, with no information on real world application of LGBT-affirmative supervision, topics covered, or depth and breadth of LGBT-affirmative supervision (Chui et al., 2018; Mitchell, 2009; Moe et al., 2014). Thus, the purpose of this study was to explore supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients. Exploration of this area helped understand supervisors' experiences in this area and supervisors' level of preparation to mentor in this area.

This exploration was a generic qualitative inquiry. Participants were supervisors experienced in this area of study. Participants were recruited utilizing email and snowball sampling methods. Interviews were 1:1, conducted over the phone, and lasted an average of 56 minutes. As the researcher, I was responsible for all aspects of research including interviewing, transcribing, coding, and reporting results. To mitigate limitations of researcher bias, the practices of member checking and bracketing were implemented.

With an exploratory study, the exploration could have gone a multitude of directions. The results of this study could inform future research in the area of LGBT

training and supervision for issues related to R/S, creating the possibility for positive social change for supervisors mentoring therapists-in-training in this area.

As aforementioned, this study is comprised of a total of five chapters. This chapter was dedicated to providing a high-level overview of the scholarly literature gap and plan for research methods and design. The next chapter will provide a comprehensive overview of the current scholarly literature in this area.

Chapter 2: Literature Review

Introduction

There are known issues related to R/S among LGBT clients that may arise in the therapeutic setting (Page et al., 2013; Ward, 2011; Whicker et al., 2017; Wood & Conley, 2013). Two-thirds of the LGBT population have reported negative experiences of R/S, which included identity struggles, religious abuse, and internalized homonegativity (Dahl & Galliher, 2012; Meanley et al., 2016; Schuck & Liddle, 2001; Whicker et al., 2017; Wood & Conley, 2013). Despite the need for LGBT competence in this area, there is reason to doubt that there is consistent LGBT competence among therapists (Aten & Couden-Hernandez, 2004; Bidell & Stepleman, 2017; Oxhandler & Pargament, 2018; Scott et al., 2016). For example, LGBT clients have reported negative experiences in talk therapy, such as therapists' failure to use LGBT-affirming language (Buser, Goodrich, Luke, & Buser, 2011; Isreal et al., 2008; Shelton & Delgado-Romero, 2011; Simeonov, Steele, Anderson & Ross, 2015). Furthermore, the state of R/S competence among therapists is questionable with 25% of therapists avoiding the topic of R/S in talk therapy (Elkonin et al., 2014; Rosmarin et al., 2013; Scott et al., 2016).

Recommendations among scholarly literature included further exploration of LGBT training and supervision (Bidell, 2013; Elkonin et al., 2014; Isreal et al., 2008; Phillips et al., 2017). Graduate programs and practicum/internship sites have varying levels of commitment to both LGBT and R/S training and supervision (Corturillo et al., 2016; Rodriguez-Menendez et al., 2017; Russell & Yarhouse, 2006; Sherry et al., 2005). Among 543 graduate students from clinical and counseling programs, 25% indicated

having had no training on R/S (Saunders et al., 2014). Among 104 graduate program training directors, 71% attested that LGBT topics are addressed via multicultural courses, 21% attested that LGBT topics are embedded throughout all coursework, and 95% attested that issues related to the LGBT population are addressed as part of the practicum/internship experience (Sherry et al., 2005, p. 117). The current state of LGBT training and supervision in graduate coursework is a surface level overview and does not adequately prepare therapists-in-training for success in treating LGBT clients holistically (Bidell & Stepleman, 2017; Phillips & Fitts, 2017). Graduate program training directors attested that coverage of topics related to LGBT are embedded within coursework, yet there is no scholarly literature that offers any level of specificity as to what coverage of topics related to LGBT looks like (Bidell, 2014; Boroughs et al., 2015; Grove, 2009; O'Brien, & Rigazio-DiGilio, 2014; Qi & Doud, 2017; Moe et al., 2014; Rivers & Swank, 2017; Sherry et al., 2005).

There is scholarly literature that explored LGBT training and supervision, however this scholarly literature did not focus on subtopics covered in LGBT training and supervision (Bidell & Stepleman, 2017; Boroughs et al., 2015; Chui et al., 2018; Grove, 2009; O'Brien & Rigazio-DiGilio, 2016; Phillips et al., 2017; Rivers & Swank, 2017). One recommendation from the scholarly literature in this area was to explore the intersection of multiple identities within the LGBT population (Chui et al., 2018; Phillips & Fitts, 2017). Recommendations and scholarly literature gaps noted, it is acknowledged that there was one scholarly article that narrowed focus on one supervisor's experience mentoring a therapist-in-training on building LGBT competence (Gess, 2016). However,

this study was a case study that primarily focused on the details of one supervision case as opposed to an exploration of multiple perspectives and experiences. The purpose of this study was to explore supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients. This exploration was accomplished through interviewing experienced supervisors for their experiences mentoring therapists-in-training on issues related to R/S among LGBT clients.

The following sections will describe the approach to the scholarly literature search, detail the conceptual frameworks supporting the study, and provide an overview of the existing scholarly literature in this area. There is limited scholarly literature available on supervision of issues related to R/S among LGBT clients, thus the scholarly literature review will be relatively brief. This noted, the scholarly literature review will contain an overview of the existing scholarly literature on neighboring, yet relevant areas of study.

Approach to the Literature Search

The initial scholarly literature search began with an exploration of issues related to R/S among the LGBT population. Search results produced multiple scholarly articles that identified issues related to R/S among the LGBT population that were both concerning and worthy of further exploration (Barringer & Gay, 2017; Beagan & Hattie, 2015; Kocet & Curry, 2011; Super & Jacobson, 2011). Scholarly literature identified that LGBT clients have had negative experiences with talk therapy, with some of the negative experiences having been issues related to R/S (Buser et al., 2011; Isreal et al., 2008). Furthermore, scholarly literature on R/S training revealed that many therapists have

limited R/S competence (Rosmarin et al., 2013; Russell & Yarhouse, 2006; Schafer et al., 2011). Among scholarly literature in this area, recommendations for future research were to explore LGBT training and supervision (Bidell, 2014; Boroughs et al., 2015; Buser et al., 2011; Grove, 2009; Isreal et al., 2008; Moe et al. 2014; Qi & Doud, 2017; Rivers & Swank, 2017; Sherry et al., 2005).

When searching for scholarly literature, multiple keywords and combinations of keywords were utilized, and multiple Walden Library EBSCO host databases were accessed. PsycINFO, PsycARTICLES, and the LGBT life databases were the primary databases utilized. Keyword search terms across the databases included *religion, spirituality, LGB, homosexual, training, supervisor, supervision, supervisee, trainee, internship,* and *competence.*

Conceptual Frameworks

The conceptual frameworks supporting this study included the integrative affirmative supervision (IAS) model and the multiple dimensions of cultural competence (MDCC). The IAS model is an affirmative supervision methodology that incorporated a LGBT-affirmative approach to supervision (Halpert et al., 2007). Halpert et al. described LGBT-affirmative supervision as, "the belief that all gender identities and sexual orientations are equally valid," (p. 342). MDCC is a multi-dimensional, holistic approach to multiculturalism within the field of psychology (Sue, 2001). One core element of MDCC is the belief that there is no maximum level of identity that an individual can reach (Sue, 2001). This section will provide a high-level summary of the IAS model and MDCC as well as the rationale for selection of these frameworks to support the study.

IAS

The IAS model is a combination of four supervision models: Pett's gay affirmative model, the affirmative developmental model of supervision, Buhrke's conflictual situation model, and House and Holloway's supervisee empowerment model. The combination of these four models created a singular supervision model that is LGBT-affirmative. The following will review the four foundational models that contributed to the development of the IAS model as well as review the IAS model.

Pett's gay affirmative model of supervision. The first supervision model that contributed to the development of the IAS model was Pett's gay-affirmative model of supervision (Pett, 2000). Pett noted the importance that the concept of LGBT-affirmative therapy also be present in the supervision relationship, including acceptance that there are natural variances in human sexuality, such as same-sex attraction. According to the tenets of LGBT-affirmative supervision, it is essential that supervisors engage in self-exploration, a practice which can help one to better understand how their own attitudes and beliefs pose challenges in supervision (Pett, 2000). In addition, four key elements must be present for LGBT-affirmative supervision to occur. One, supervisors must acknowledge the importance of creating a safe supervision space. Two, it is the responsibility of supervisors to educate themselves when knowledge is limited. Three, supervisors should hold awareness of unique issues facing the LGBT population. Four, supervisors are to challenge anti-LGBT-affirming attitudes.

Affirmative development model of supervision. The second model that contributed to the development of the IAS model was the affirmative developmental

model of supervision. This model was originally Stoltenberg and Delworth's developmental model of supervision, which was later transformed to include guidance for working with LGBT clients (Bruss et al., 1997; Halpert et al., 2007). The affirmative developmental model of supervision identified three dimensions of therapist-in-training development, which included self-awareness, autonomy, and motivation (Bruss et al., 1997). The first stage of development is characterized by the therapist-in-training having difficulty empathizing with client, high dependence on the supervisor, and a high degree of self-focus. During the initial phase, the supervisor should educate the therapist-in-training therapist on issues related to the LGBT population (Bruss et al., 1997). The second phase of development is characterized by therapists-in-training experiencing conflict between dependence on the supervisor and autonomy. During the second phase, the supervisor moves from a supportive to a confrontational role in which the therapist-in-training is challenged to contend with anti-LGBT-affirming attitudes such as homophobia and transphobia (Bruss et al., 1997). The third phase is marked by the achievement of balance between all dimensions, in which therapists-in-training should be able to see clients as individuals and as members of LGBT culture. During this final stage, the supervisor helps the therapist-in-training via provision of an assessment of strengths and limitations, confrontation on discrepancies, and encouragement of integration.

Buhrke's conflictual situation model. The third supervision model that contributed to the development of the IAS model was Buhrke's conflictual situation model. Buhrke's conflictual situation model focused on issues of

transference/countertransference and coming out as LGBT within the supervision relationship (Halpert et al., 2007). Furthermore, Buhrke's conflictual situation model addressed handling of extreme scenarios within the supervisory relationship, such as the therapist-in-training being LGBT-affirming and the supervisor being anti-LGBT or vice-versa. When the supervisor and therapist-in-training are in direct opposition to one another, a positive resolution is possible. However, success in conflicting supervision relationships is more likely when the supervisor is LGBT-affirming and the therapist-in-training is anti-LGBT-affirming (Halpert et al., 2007). In this scenario, the supervisor can work with the therapist-in-training to overcome issues of prejudice. One of the more challenging situations is when the supervisor is anti-LGBT-affirming and the therapist-in-training is LGBT-affirming. If the therapist-in-training identifies as LGBT, the power dynamics are such that the therapist-in-training may not be able to discuss issues freely with their supervisor, impeding the learning process. If the supervisor and therapist-in-training remain on opposing sides, learning and development will not be possible.

House and Holloway's supervisee empowerment model. The fourth model that contributed to the development of the IAS model was House and Holloway's supervisee empowerment model. This model posited seven dimensions of the supervision relationship that included both characteristics of the agency and characteristics of the individual supervisor (Halpert et al., 2007; House & Holloway, 1992). According to the supervisee empowerment model, the creation of a learning alliance is paramount within the supervisory relationship (House & Holloway, 1992). Supervisors are encouraged to disclose their own limitations and encourage the therapist-in-training to do the same.

Therapists-in-training should be evaluated for LGBT competencies and monitored for improvement. Agency policies should not pose barriers to the mission of enhancing LGBT competence. This model acknowledged that if the agency does not actively support an LGBT-affirmative approach, then successful development of LGBT competence may be hindered.

IAS model. The IAS model is a combination of four supervision models: Pett's gay affirmative model, the affirmative developmental model of supervision, Buhrke's conflictual situation model, and House and Holloway's supervisee empowerment model. Indeed, the four supervision models summarized above laid the groundwork for the IAS model. There are themes among the four models, such as acceptance that LGBT-affirming attitudes can positively impact LGBT clients and the cultivation of a safe supervision space as crucial to successful LGBT competence development. Under an IAS model, focus is placed on the supervisory relationship, LGBT competence is assessed, values are clarified, and anti-LGBT-affirming attitudes are confronted. Supervisors foster a safe space via self-disclosure, education, and skill development. This approach helps therapists-in-training feel safe and empowered. In addition to fostering a safe, empowering environment, the supervisor would also implement use of assessment tools to gauge skill deficits and measure progress. To do this, the supervisor may develop goals and objectives specific to LGBT competency development for therapists-in-training to achieve.

Multiple Dimensions of Cultural Competence

Sue (2001) developed MDCC in response to the challenge in the field of psychology to develop cultural competence. MDCC is an approach to multiculturalism that embodies a holistic approach to diversity, considering individual characteristics as well as the myriad of diversity variables that can make up an individual's identity. MDCC consists of three dimensions of competence which include levels of diversity, social justice, and taking ownership of personal biases.

Levels of diversity. The first dimension of MDCC, levels of diversity, is focused on race and cultural-specific attributes. Under the lens of MDCC, therapists view clients for their human, group, and individual attributes (Sue, 2001). Human level attributes are globally shared experiences that are common to most humans, an example being love. Group level attributes are experiences that are not necessarily globally shared but shared with others. Examples of group level attributes are race, age, and socioeconomic status. Individual level attributes are experiences unique to the individual, such as an individual's response to sociocultural factors. An important distinction among human, group, and individual level attributes is that there can be crossover between the levels. For example, individual variances occur within the group level. The experience of an individual who identifies as LGBT may vary dependent upon R/S identity, socioeconomic factors, age, and individual response to sociocultural factors.

Social justice. The second dimension of MDCC is social justice. While certainly complex and dynamic, viewing clients for human, group, and individual attributes alone is not enough to develop a holistic approach to multiculturalism. Sue (2001) argued that

within psychology, social justice and social systems must be considered to adequately address gaps in mental health treatment for marginalized populations. Through the lens of MDCC, therapists advocate for social justice via encouragement of positive development of clients and client systems.

Ownership of personal biases. The third dimension of MDCC is ownership of personal biases. MDCC assumes positive intent via the presumption that no individual sets out to be biased (Sue, 2001). Overcoming personal bias can be challenging as individuals see themselves as moral and decent, making it difficult to perceive oneself as biased. To become culturally competent, therapists must examine their own biases and take responsibility for those biases. In addition, therapists must take ownership for feelings and fears developed from his or her own personal experiences of bias.

Selection of IAS and MDCC

The IAS model and MDCC adequately addressed the conceptual approach to this study. While the IAS model and MDCC both provide a thorough conceptual approach to supervision and multicultural psychology, both concepts were necessary to adequately address the conceptual approach to this study. The IAS model was needed to address LGBT-affirmative supervision and MDCC was needed to address the intersection of R/S and the LGBT population. Through the lens of MDCC, LGBT individuals are conceptualized within the context of multiple diversity factors, including R/S. From an IAS model and MDCC perspective, intersectionality elevates beyond the conceptual level to a skill that is built and refined as part of the supervision relationship. Supervisors should challenge therapists-in-training to develop skills in intersectionality to

conceptualize their clients' multitude of diversity variables and how those variables interact.

IAS model and MDCC in scholarly literature. MDCC was prevalent in the existing literature (Boroughs et al., 2015; Chui et al., 2018; Sherry et al., 2005). This noted, it is also worth noting that minority stress theory was also prevalent among scholarly literature. For example, Boroughs et al. reviewed LGBT training literature and utilized both MDCC and minority stress theory as the conceptual framework. While it is essential that therapists-in-training come to understand both minority stress theory and MDCC, use of both minority stress theory and MDCC was unnecessary for this study and would have detracted focus away from supervision. MDCC was selected over minority stress theory as MDCC better accounts for a wide variety of possible intersecting diversity variables.

Another conceptual framework prevalent in the literature was Stoltenberg and Delworth's integrative development model (IDM) (Aten & Couden-Hernandez, 2004; Gess, 2016; Moe et al., 2014). While embedded in the scholarly literature, the IDM was the foundational concept that led to the development of the affirmative development model of supervision. Indeed, since IDM was the basis of the affirmative development model of supervision and was transformed to be inclusive of an LGBT-affirmative approach, the affirmative development model of supervision has been integrated into the IAS model.

While selection of the IAS model diverged from scholarly literature by not incorporating minority stress theory and IDM, it should be noted that there was relatively

limited scholarly literature in this area. This study was one of the first to explore supervision experiences mentoring therapists-in-training on issues related to R/S among LGBT clients, thus utilization of unique concepts was appropriate as the IAS model provided specific guidance on what LGBT-affirmative supervision looks like.

Issues Related to R/S among the LGBT Population

Positive R/S among the LGBT Population

In the United States, 59% of adults described themselves as religious and attested to the importance of religion in their lives (Garcia et al., 2008; Halkitis et al., 2009; Shuck & Liddle, 2001). For many individuals who identify as religious, R/S can be a source of well-being, resilience, and happiness (Barringer & Gay, 2017; Foster et al., 2015; Garcia et al., 2008; Harari et al., 2014; Pargament, Feuille, & Burdzy, 2011; Park & Folkman, 1997). Furthermore, for many individuals who identify as religious, religion can help cope with challenging times in their lives (Pargament et al., 2011; Park & Folkman, 1997). For example, many individuals who identify as religious turn to spiritual resources to help during periods of grief and loss (Park & Folkman, 1997). Prior to beginning the discussion of negative experiences of R/S among the LGBT population, it is acknowledged that many LGBT individuals have had positive experiences of R/S (Brewster, et al., 2016; Foster et al., 2015). For example, Foster et al. found that when LGBT individuals belong to an LGBT-affirmative faith community, R/S can be a source of resilience.

Negative R/S among the LGBT Population

Sexual partner selection that deviates from societal norms exacerbates the already tense relationship between R/S and sex/sexuality (Halkitis et al., 2009; Radojcic, 2016). Indeed, with high conflict between sexuality and religion, the risk of negative impact to LGBT individuals is high. The following sections will review themes within the scholarly literature on negative experiences of R/S among the LGBT population including religious abuse, microaggressions, identity struggles, and internalized homonegativity.

Religious abuse. Some LGBT individuals belong to religious institutions that strongly oppose LGBT rights, such as conservative Catholic denominations of Christianity (Radojcic, 2016). Scholars found that when LGBT individuals belong to a faith community that is anti LGBT-affirming, risk of exposure to negative R/S experiences increase (Foster et al., 2015). Ward (2011) identified six levels of religious abuse specific to LGBT individuals: leadership representing God, spiritual bullying, acceptance via performance, spiritual neglect, expanding internal/external tensions, and manifestation of internal states (p. 903). The six levels of religious abuse are defined below.

Leadership representing God. Leadership representing God occurs when either religious leadership or religious institutions denounce homosexuality. In turn, LGBT individuals believe that God directly denounces them (Ward, 2011; Wood & Conley, 2014).

Spiritual bullying. Spiritual bullying occurs when religious leadership or religious peers utilize coercion tactics to gain compliance of an LGBT individual (Ward, 2011).

For example, religious leadership or religious peers may threaten to reveal the sexual identity of an LGBT individual that has not yet disclosed their sexual identity to others, of which there may be anticipated consequences (e.g. disowned by family members, given an ultimatum, asked to leave the church, etc.). This threat of prematurely revealing their sexual identity influences the LGBT individual's decision to participate in reparative therapy (Ward, 2011; Wood & Conley, 2014). When spiritual bullying works, the result is acceptance via performance.

Acceptance via performance. Acceptance via performance occurs when an LGBT individual behaves in ways desirable to their religious leader or religious peers out of fear of retaliation (Ward, 2011; Wood & Conley, 2014).

Spiritual neglect. Spiritual neglect occurs when R/S leadership or religious peers neglect emotional pain experienced by an LGBT individual due to viewing their pain as punishment for sin or nonadherence to religious teachings (Ward, 2011; Wood & Conley, 2014).

Expanding internal/external tensions. Expanding internal/external tensions occurs when a religious LGBT individual lives a compartmentalized lifestyle in which their R/S identity and sexual and/or gender identity are not lived out concurrently (Ward, 2011). When this happens, the individual experiences emotional distress due to suppression of their full individuality (Ward, 2011).

Internal manifestation of internal states. Internal manifestation of internal states is the expression of physical consequences of emotional distress, such as ulcers, acid

reflux, and/or suicidal ideation (Super & Jacobson, 2011; Ward, 2011; Wood & Conley, 2014).

Sexual microaggressions and microassaults. In addition to the R/S abuse types outlined above, Ward (2011) described an additional level of abuse via sexual microaggressions. Microaggressions are forms of racial bias that are unintentional, subtle verbal put downs to those belonging to marginalized populations (Ong et al., 2013; Sue, Capodilupo, Nadal, & Torino, 2008). The term "sexual microaggressions" is used to describe instances of microaggressions occurring against individuals belonging to the LGBT population (Shelton & Delgado-Romero, 2011). There are multiple subtypes of microaggressions, including microassaults, microinsults, and microinvalidations (Ong et al. 2013; Ward, 2011). Microassaults, microinsults, and microinvalidations will be described below.

Microassaults. Microassaults are instances in which an individual in a position of power makes statements of belief that, while the majority may agree with the statement, may hold negative effects for individuals belonging to the minority population. This phenomenon is typically experienced privately by the minority (Sue et al., 2008). An example of a microassault would be a religious authority preaching about the sins of same-sex attraction. In this scenario, an LGBT individual could be negatively impacted by being immersed in a community that is actively voicing anti-LGBT-affirming messages.

Microinsults. Microinsults are a form of microaggression that belittle and exacerbate the feeling of 'other' (Sue et al., 2007). This level of microaggression typifies

that there is no intention of harm per se, yet impact is felt nonetheless (Sue et al., 2007). A sample microinsult statement within R/S would be something like, “God loves you anyway.” While the intention is well meaning, the core message is that there is something to be overlooked as opposed to viewing homosexuality and bisexuality as a natural variance of human sexuality.

Microinvalidations. Microinvalidations are a form of microaggression that denounces LGBT identity. For example, a microinvalidation statement would be “love the sinner, hate the sin,” when said about the LGBT individual’s sexuality (Wood & Conley, 2014).

Knowledge of religious abuse and microaggressions can hold multiple benefits in the supervision relationship. Awareness of the impact of R/S abuse, such as depression, low self-esteem, suicidal ideation, divine struggle, and either delayed or diminished sexual identity development, can help supervision via helping therapists-in-training be mindful of signs of religious abuse (Barton, 2010; Pargament, Murray-Swank, Magyar, & Ano, 2005; Rodriguez & Oulette, 2000). Knowledge of microaggressions can help supervision through identification of learning opportunities for the development of LGBT-affirming language.

Identity struggles. A theme unique among LGBT individuals who identify as religious is R/S struggles, which include identity struggles, identity integration, and compartmentalization. R/S struggles occur when a person doubts the concept of deity and/or questions the validity of R/S (Ellison & Lee, 2010). It should be noted that not all R/S identity struggles are bad. Some may view R/S struggles as a test of faith of which

their faith was strengthened (Ellison & Lee, 2010). In addition, some LGBT individuals find peace and contentment within agnosticism, atheism, or leading a spiritual life without participation in a faith community. While R/S struggles can sometimes lead to positive results, R/S struggles can sometimes lead to negative consequences for LGBT clients such as identity struggles (Ellison & Lee, 2010).

As aforementioned, one consequence of R/S struggles is identity struggles. When LGBT individuals struggle to reconcile LGBT identity and R/S identity, outcomes range from successfully integrating identities to abandoning religion, relocation to a LGBT-affirmative faith community, and compartmentalization (Page et al., 2013; Shuck & Liddle, 2001). Identity integration is the best possible outcome, a state in which the LGBT individual can fully embrace both LGBT and R/S identities (Sherry et al., 2010). Often, achievement of identity integration requires some renegotiation of previously held beliefs and definitions of identity (Sherry et al., 2010). Religious abandonment or relocation to an LGBT-affirmative faith community can hold negative consequences for the LGBT individual, such as grief and loss and feelings of rejection (Shuck & Liddle, 2001). The worst possible outcome is when LGBT individuals commit to leading compartmentalized lives. Compartmentalization occurs when LGBT individuals do not reconcile their sexual and R/S identities and are living in a perpetual state of managing different identities (Rodriguez & Ouellette, 2000). When this occurs, the LGBT individual is often the victim of R/S abuse and thus continually subject to R/S abuse as they remain submersed in an anti-LGBT-affirming faith community (Sherry et al., 2010; Super & Jacobson, 2011).

Internalized homonegativity. A theme among scholarly literature was internalized homonegativity (IH). IH is applying anti-LGBT-affirming attitudes towards the self (Lease et al., 2005; Whicker, et al., 2017). IH has been associated with negative psychological effects, such as lower self-esteem and social support, and higher rates of depression, relationship problems, and self-harm (Herek, 1998; Meyer, 2003; Szymanski, Chung, & Balsam, 2001). IH is more likely when LGBT individuals belong to conservative faith types (Sherry et al., 2010). Alternately, LGBT-affirming faith communities have been associated with lower IH (Lease et al., 2005). While linkages have been made between IH and conservative faith types, not all LGBT individuals belonging to conservative faiths have negative experiences (Whicker et al., 2017). For example, in Orthodox Jewish faiths, higher levels of religiosity were associated with higher levels of life satisfaction for LGBT individuals that were primarily seeking community benefits from their faith community (Harari et al., 2014).

Variances in Religion

Scholarly literature continues to emerge that focuses on unique areas within R/S and the LGBT population. Knowledge of the various faith types and how the various faith types intersect with LGBT identity could benefit LGBT-affirmative supervision (Chui et al., 2018). There are numerous faith types, all with unique beliefs, traditions, sacred text(s), rituals, attitudes towards the LGBT population, and consequences, or lack thereof, of identifying as LGBT within the faith community. According to the United States Census Bureau (2008) the majority of US citizens self-identified as a belonging to a Christian faith tradition. Of the Christian specific faith traditions, the top five

denominations were Catholic, Baptist, Protestant, Methodist, and Lutheran (United States Census Bureau, 2008). Of the non-Christian faiths in the US, Jewish, Muslim, Buddhist, and Hindu were amongst the most prevalent (US Census Bureau, 2008). While there are many faith traditions active in US society, scholarly literature on R/S among the LGBT population is limited. As Rodriguez (2010) eloquently summarized, the literature in this area is fragmented and focused on small sample sizes of highly unique populations. For example, much of the scholarly literature has focused on subpopulations such as Latino gay Catholics or Orthodox Jewish homosexual males (Garcia et al., 2008; Harari et al., 2014). This limitation of scholarly literature noted, the following review will focus on themes found in the scholarly literature among the most prevalent US faith traditions.

Christian Denominations

Within many Christian denominations, there is a heavy linkage between sex and sin (Radojcic, 2016; Subhi & Geelan, 2012). Many Christian denominations view same-sex attraction and sexual activity as amoral (Subhi & Geelan, 2012). Catholic, Baptist, and Latter-day Saints are some of the Christian denominations that hold anti-LGBT beliefs and attitudes (Gess, 2016; Johns & Hanna, 2011; Kashubeck-West et al, 2017). Catholicism and the church of the Latter-day Saints embrace the "love the sinner, hate the sin," attitude towards the LGBT population (Johns & Hanna, 2011; Radojcic, 2016). The Catholic church teaches tolerance of individuals who are LGBT so long as one does not act on same-sex attraction (Kashubeck-West et al., 2017). Competing viewpoints within Catholicism and Latter-day Saints can be confusing for an LGBT individual. For example, discrimination has been sanctioned in multiple areas, such as refusal to allot

LGBT religious leadership, yet the church teaches that individuals who are LGBT are deserving to be treated with respect and compassion (Catholic Answers, 2004; Johns & Hanna, 2011; Kashubeck-West et al., 2017).

The Baptist denomination varies in approach between conservative branches, such as Southern Baptist, and liberal branches, such as the American Baptist Association. The Southern Baptist denomination has taken a specific position on transgender individuals, holding the viewpoint that biological gender takes precedence over perception of gender (Kashubeck-West et al., 2017). The Southern Baptist denomination opposes any type of therapy to alter one's biological gender (Kashubeck-West et al., 2017). Alternately, the American Baptist denomination is LGBT-affirming and is welcoming of all sexual orientations and gender identities (Covenant of the Alliance of Baptists, 2019).

Islam

Islam is unique from a historical perspective in that same-sex sexual activity has been tolerated and openly practiced in many Muslim societies from the 17th to the 20th century (Eidhamar, 2014). In Islam, heavy emphasis has been placed on abstaining from premarital sex, and thus premarital sex with same-sex partners has become common practice (Kligerman, 2007). Within Muslim societies, male homosexual activity has been tolerated (Kligerman, 2007). Female homosexual activity has not spoken of historically and remains unacknowledged today (Alipour, 2017; Eidhamar, 2014; Kligerman, 2007). While there has been tolerance in Muslim societies of unspoken same-sex sexual activity since the 17th century on, Islam has not approved of open same-sex relationships (Eidhamar, 2014). Furthermore, Islam has transitioned to making an official and openly

anti-LGBT stance within the last century with greater emphasis on opposing male homosexuality than female homosexuality (Eidhamar, 2014; Kashubeck-West et al., 2017).

Like other faith types, there is a range from conservative to liberal views with varying levels of tolerances. Conservative Islamic denominations do not differentiate attraction from sexual activity and thus condemns same-sex attraction and same-sex sexual activity (Eidhamar, 2014). Moderate Islamic denominations differentiate between same-sex attraction and same-sex sexual activity (Eidhamar, 2014). Thus, moderate Islamic denominations may allow a LGBT individual in their faith community so long as that individual does not engage in same-sex sexual activity. Progressive stances within Islam are rare, but do exist (Alipour, 2017; Eidhamar, 2014). Revisionist Muslims have countered for a more tolerant LGBT stance that views LGBT identity as part of the creator's intention (Alipour, 2017).

Judaism

Judaism holds similar properties of other faiths, such as juxtaposing messages and several levels of conservativism within the religion. Judaism has condemned same-sex attraction and prohibited same-sex sexual activity yet advocates for the fair treatment of LGBT individuals (Kashubeck-West et al., 2017). There are variances within Judaism ranging from liberal to conservative, that view sexual orientation and gender identity differently. Within the Orthodox branch of Judaism, responses to same-sex attraction and same-sex sexual activity have included reparative therapy (Davis, 2008). Within conservative levels of Judaism, same-sex marriage became permissible in 2012 (Human

Rights Campaign, 2016). However, religious leaders can still opt not to perform same-sex marriage ceremonies (Human Rights Campaign, 2016). Alternately, within Reform and Reconstructionist Judaism, rabbis have performed same-sex marriage ceremonies and openly gay rabbis have been ordained (Kashubeck-West et al., 2017).

Something that stood out as unique regarding Judaism is that within Orthodox Jewish faiths, psychological distress is not a given. Harari et al. (2014) measured the relationship between R/S and emotional well-being between heterosexual and homosexual individuals belonging to Orthodox Jewish faiths. Harari et al. found higher levels of life satisfaction in participants with higher levels of religiosity. This noted, participants who were mainly seeking community benefits from their faith community had lower levels of distress than participants that were primarily seeking divine benefits (Harari et al. 2014).

Transgender and Religion

The scholarly literature was relatively silent with respect to the experience of transgender individuals within different faith traditions, with only three scholarly articles that explored the experience of transgender individuals in religious environments (Johns & Hanna, 2011; Kashubeck-West et al., 2017; Levy & Lo, 2013). Levy and Lo interviewed transgender individuals for their experiences of R/S. One theme discovered among transgender individuals' experiences were feelings of loneliness and isolation within their faith communities (Levy & Lo, 2013). Overall, participants described similar R/S experiences as sexual minorities, such fear of religiously driven rejection from family members and faith communities (Levy & Lo, 2013). Plus, some participants

would avoid joining a church for fear of being ostracized (Levy & Lo, 2013). Participants also described compartmentalization, identity integration efforts, aggressive behavior coming from church members and leadership, and their gender identity being misunderstood and/or confused for abnormal sexual behaviors. For example, one participant explained that upon the church learning of their transgender identity, they were asked to attend sexual addiction classes (Levy & Lo, 2013).

In comparison the larger LGBT population, one notable difference found for transgender individuals is within Judaism. The topic of transgender is less contentious within Judaism as Jewish law (Halakha) allots for gender reassignment surgery, even within Orthodox branches (Kashubeck-West et al., 2017). Alternately, the church of the Latter Days Saints has a more focused disapproval of transgender individuals (Johns & Hanna, 2011). Johns and Hanna noted that the church of Latter-day Saints believe that gender roles persist into the afterlife, making it difficult to conceptualize how the afterlife will be managed if gender roles are switched. Ultimately, with little scholarly literature in the area of transgender and R/S, there is much to be explored. Yet, what is known among scholarly literature is that negative experiences of R/S are not exclusive to sexual minorities and thus further research in this area is warranted.

Therapeutic Experiences of LGBT individuals

With known concerns of LGBT competence among therapists, continued exploration of LGBT competence, training, and supervision is important (Isreal et al., 2008; Shelton & Delgado-Romero, 2011). Advancing knowledge in this area would be less necessary if therapeutic experiences for the LGBT population were consistently

positive, however the unfortunate reality is that LGBT clients reported negative therapeutic experiences. This is not to say that all therapists are unsuccessful in the treatment of LGBT individuals. In fact, scholarly literature has pointed out positive therapeutic experiences for LGBT individuals (Isreal et al., 2008; Shelton & Delgado-Romero, 2011). For example, some LGBT clients reported positive therapeutic experiences, such as feeling accepted by their therapist (Isreal et al., 2008). Furthermore, some LGBT clients reported that therapists were knowledgeable on issues related to the LGBT population and that therapists focused on issues related to LGBT only as appropriate. It is acknowledged that there are positive experiences of therapy for LGBT clients. Yet, there are known instances of unhelpful and sometimes harmful experiences of LGBT clients in therapy (Isreal et al., 2008; Shelton & Delgado-Romero, 2011). The impacts of negative therapeutic experiences for LGBT clients include reduced help seeking behavior, feelings of being misunderstood or invalidated, and attitudinal changes towards the therapist and therapy as a whole (Shelton & Delgado-Romero, 2011).

There are multiple opportunities to improve therapeutic experiences among LGBT clients, including consistent use of LGBT-affirmative language and improved knowledge on issues related to R/S among LGBT clients. One general concern within therapeutic experiences among LGBT clients is therapists' use of microaggressions (Isreal et al., 2008; Shelton & Delgado-Romero, 2011). One common microaggression found in therapy is either an over focus or under focus on clients' LGBT identity (Isreal et al., 2008; Shelton & Delgado-Romero, 2011). For example, one LGBT client explained that their therapist came across as excited to learn of their LGBT identity

(Shelton & Delgado-Romero, 2011). Furthermore, one common assumption therapists make is that LGBT identity is the rationale for presenting to therapy (Shelton & Delgado-Romero, 2011). Alternately, some therapists avoid discussion of, and/or minimize discussion of, issues related to LGBT identity in therapy (Isreal et al., 2008; Shelton & Delgado-Romero, 2011). For example, some therapists would respond to issues related to LGBT with silence (Shelton & Delgado-Romero, 2011). Some LGBT clients reported that it was clear their therapist lacked the ability to use LGBT appropriate language (Shelton & Delgado-Romero, 2011).

In addition to the microaggressions outlined above, therapists sometimes make assumptions on issues related to R/S among LGBT clients (Shelton & Delgado-Romero, 2011). Shelton and Delgado-Romero found that one common assumption is that R/S is a source of contention and/or that a choice must be made between R/S and LGBT identity. As aforementioned, for some LGBT clients, R/S may be a source of strength and resilience (Barringer & Gay, 2017; Foster et al., 2015; Garcia et al., 2008; Harari et al., 2014; Pargament et al., 2011; Park & Folkman, 1997). Some LGBT clients have been urged to abandon their faith, making statements such as, “well, maybe you should think about just not being a Christian anymore,” (Shelton & Delgado-Romero, 2011, p. 216). While this response comes from a LGBT-affirmative mindset, the LGBT client explained their response to this approach, “You are really just still oppressing the way that I identify and the way that I experience the rest of my life because you are saying I have to choose,” (Shelton & Delgado-Romero, 2011, p. 216). Ultimately, this approach can leave

some LGBT clients feeling unheard and/or questioning their faith (Shelton & Delgado-Romero, 2011).

As aforementioned, the impact of negative experiences in therapy can involve an altered perception of the therapist and therapy, which can hinder LGBT clients' therapeutic experience (Shelton & Delgado-Romero, 2011). Negative therapeutic experiences among LGBT clients resulted in a 45% termination rate and 43% experienced a reduced quality of life (Isreal et al., 2008; Shelton & Delgado-Romero, 2011). LGBT-affirmative training and supervision has the potential to counteract some of the negative therapeutic experiences of LGBT clients.

Training and Supervision

Scholarly literature in R/S and LGBT training and supervision recommended further exploration of LGBT training and supervision (Bidell, 2013; Elkonin et al., 2014; Isreal et al., 2008). Training and supervision are powerful influences on therapists-in-training' self-efficacy and beliefs (Jahn, Quinnett, & Ries, 2016; McGeorge et al., 2014; Rosmarin et al., 2013; Ruzek et al., 2016). As aforementioned in chapter 1, the majority of scholarly literature in this area defined training differently, ranging from narrowed focus on graduate program curriculum to the totality of all pregraduate experiences (Adams et al., 2015; Grove, 2009; Moe et al., 2014; Sherry et al., 2005). For this reason, both training and supervision scholarly literature have been reviewed. The following scholarly literature review will include ethical and legal considerations, R/S training and supervision, and LGBT training and supervision.

Ethical and Legal Considerations

Ethics support for training and supervision. Multiple governing bodies within the mental healthcare space have endorsed therapist education in R/S. For example, the American Counseling Association (ACA) took a well-defined stance on R/S and wrote that therapists should be self-aware, knowledgeable of how R/S is related to theories of human development and be able to address issues related to R/S as relevant with clients (ACA, 2018). Furthermore, the ACA (2009) and the World Professional Association for Transgender Health (WPATH) standards of care documentation support the holistic approach to treatment of transgender individuals, including viewing transgender individuals within the context of multiple diversity variables (WPATH, 2017). The WPATH ethical guidelines identified religion as a specific example in their write-up of how therapists should conceptualize the influence of diversity variables on group dynamics. Furthermore, in current documentation, both the ACA and American Psychological Association (APA) have supported education and awareness of R/S (ACA, 2018; APA, 2018a). For example, under principle E, the APA code of conduct identified that psychologists are to respect cultural differences in which specific examples were provided by the APA, examples of which included the terms “religion” and “sexual orientation,” (APA, 2018a). Under guideline 12 of the LGBT practice guidelines, the APA (2018b) wrote, “psychologists are encouraged to consider the influences of religion and spirituality in the lives of lesbian, gay, and bisexual persons.” Both the ACA and APA are clear in the expectation the diversity variables of R/S and LGBT be included in training and supervision.

Conflicting expectations. While WPATH, ACA and APA promote the inclusion of R/S and LGBT training and supervision, compliance is inconsistent among agencies. For example, despite expectations from the ACA and APA to be inclusive of R/S, some agencies have openly discouraged R/S in therapy (Elkonin et al., 2014; Russell & Yarhouse, 2006; Schafer et al., 2011).

Compliance to ethical guidelines can be challenging for agencies as there are mixed expectations set forth by various governing bodies of psychology and state law. For example, in April of 2016, Tennessee state passed a law that allows therapists to refuse to see a client that has goals or behaviors that oppose the counselor's principles (Meyers, 2016). According to Meyers, the Tennessee state law directly opposes the ACA code of ethics. The ACA code of ethics, section A. 4.b., stipulates that therapists are not to impose personal beliefs on the client (ACA, 2018). Therapists are to respect diversity and seek training in areas in which knowledge is limited and/or when beliefs are in direct opposition to the clients (ACA, 2018; Meyers, 2016). Furthermore, LGBT practice guideline number 19 stipulated that "psychologists strive to include lesbian, gay, and bisexual issues in professional education and training," (APA, 2018b). Laws like the Tennessee state law directly contradict the direction put forth by the ACA and APA and support the further separation of R/S and LGBT by legalizing the right to refuse services, as many therapists who are anti-LGBT-affirming may leverage this law to avoid treatment of LGBT clients (Meyers, 2016).

R/S Training and Supervision

Current nature of the therapist population. Therapists have mixed comfort levels and attitudes with R/S. Some therapist populations, such as counseling psychologists, generally view R/S as an asset to therapy (Scott et al., 2016). However, Scott et al. found participants were more likely to verbally attest to the value of R/S than to use R/S in therapy. Alternately, the majority of clinical psychologists' view R/S as irrelevant to therapy (Bienenfeld & Yager, 2007; Rosmarin et al., 2013; Russell & Yarhouse, 2006; Scott et al., 2016).

There are multiple possible reasons to explain within-group differences among the therapist populations regarding general outlook on R/S. Proposed reasons for why some therapists fail to see the value of R/S in therapy include reduced personal religious affiliation, reduced exposure to R/S, failure to view R/S as a diversity variable, and the evidence based approach to human behavior reducing likelihood of therapists to embrace faith (Bienenfeld & Yager, 2007; Brawer et al., 2002; Rosmarin et al., 2013; Shafranske, 2014). For example, clinical psychologists have reduced levels of personal exposure to R/S than the general US population (Bienenfeld & Yager, 2007; Rosmarin et al., 2013). Another rationale offered by scholarly literature is that some therapists have had negative experiences in training and supervision pertaining to R/S. Johns (2017) interviewed practicing therapists and some participants described negative experiences in multicultural training. For example, one Mormon therapist described feeling traumatized from his experience in multicultural training in which he described feeling cornered and attacked for the Mormon doctrine on LGBT (Johns, 2017). Indeed, there are multiple

possible rationales for why some therapists fail to see R/S as relevant to therapy. No matter the rationale, the reality is that not all therapists and accept incorporating R/S in therapy.

R/S training and supervision has increased since the APA's development of multicultural guidelines in 2002 (Adams et al., 2015; Russell & Yarhouse, 2006; Schafer et al., 2011; Scott et al. 2016). In addition, there are greater levels of inclusion of R/S in training and supervision (Schafer et al. 2011). Yet, scholarly literature also indicated lack of satisfaction with R/S training and the majority of therapists have reported discomfort with incorporating R/S in therapy (Adams et al., 2015; Russell & Yarhouse, 2006; Schafer et al., 2011; Scott et al. 2016). While some therapists do not see the value of incorporating R/S in therapy, there are some therapists that are interested in learning more about R/S and how to incorporate R/S into therapy (Elkonin et al., 2014; Scott et al., 2016).

R/S competence. Because competency development is a vital component of training and supervision, scholarly literature on training and supervision often included discussion of competence (Halpert et al., 2007). To be competent in R/S, therapists must be self-aware, cognizant of the various faith types, cognizant of how faith intersects with clients' psychological well-being, and be able to access resources when knowledge is limited (ACA, 2018; APA, 2018a; Daniels & Fitzpatrick, 2013; Vogel et al., 2013). Given therapists' mixed comfort levels with R/S, it is likely that there are inconsistent R/S competence levels among the therapist population (Rosmarin et al., 2013; Scott et al., 2016).

For supervisors willing to address R/S in supervision, scholarly literature is available that outlines theoretical approaches to supervision (Aten & Couden-Hernandez, 2004; Berkel et al., 2007; Bienenfeld & Yager, 2007; Johns, 2017; Shafranske, 2016). For example, Shafranske offered a competency-based approach to the inclusion of R/S in supervision. Shafranske's approach captured the major themes among scholarly literature in this area. The R/S competencies, to be reviewed below, include attitude, knowledge, and skills.

Attitudes. R/S competency development of attitudes include self-awareness, acceptance, and cultural attitudes. Therapists-in-training must become self-aware of their worldviews and biases, develop cultural humility, and develop tolerance and appreciation for other R/S worldviews (Berkel et al., 2007). To establish the expectations, Shafranske (2016) recommended that supervisors incorporate the development of R/S focused competencies into learning agreements.

Knowledge. With therapists-in-training coming into the supervision experience with little knowledge of R/S, supervisors should introduce therapists-in-training to R/S literature and engage in academic conversations on R/S (Shafranske, 2016). Discussion topic examples include discussion of the relationship between R/S, mental health, and religious coping (Shafranske, 2016). Berkel et al. (2007) discussed the importance that therapists-in-training learn to access community resources and be directly exposed to different cultures and worldviews. Through exposure to literature, other cultures, and engagement in conversations on topics related to R/S, incorrect assumptions related to R/S can be addressed (Berkel et al. 2007; Shafranske, 2016).

Skills. Supervisors should help therapists-in-training develop skills for either implicit or explicit integration of R/S in therapy (Aten & Couden-Hernandez, 2004; Berkel et al., 2007; Shafranske, 2016). Competency development for therapists-in-training in this area can range depending on client need, be it simply willingness to listen and respect the clients' R/S concerns and worldview or willingness to address empirically supported mechanisms on how to address R/S directly in therapy (Shafranske, 2016). Berkel et al. wrote that supervisors should have therapists-in-training initiate cultural discussions in therapeutic relationship as a way to begin skill building straight away. Some scholarly literature recommended the inclusion of R/S assessment techniques (Aten & Couden-Hernandez, 2004). Furthermore, some scholarly literature recommended that supervisors help therapists-in-training incorporate R/S from various psychological approaches, such as behavioral and cognitive-behavioral approaches (Aten & Couden-Hernandez, 2004). Ethical guidelines should be observed, and client consent should be obtained before any attempt on the therapists-in-training behalf to directly address R/S in therapy (Aten & Couden-Hernandez, 2004; Shafranske, 2016).

Bienenfeld and Yager (2007) offered specific direction on an approach to R/S supervision within the realm of skill building. Bienenfeld and Yager recommended starting with helping therapists-in-training distinguish the terms religion and spirituality. This is followed by teaching the therapist-in-training how to distinguish between religious beliefs, behaviors, and psychopathology (Bienenfeld & Yager, 2007). Supervision of R/S should include helping therapists-in-training detect indirect forms of R/S and how it may present in therapy (Bienenfeld & Yager, 2007). Some of these issues

include existential issues, guilt about moral failings, protective functions of R/S, spiritual manifestations of psychiatric disorders, and religious factors influencing the client such as opposition of clergy for their followers to receive psychiatric treatment. The approaches outlined in this literature review are just a few examples of R/S supervision literature. All are focused on a theoretical overview of how R/S could be addressed in supervision, yet there is no scholarly literature on practical applications of R/S in supervision or overviews of what R/S in supervision looks like in a real-world setting.

As aforementioned, R/S competence across the therapist population is likely inconsistent (Rosmarin et al., 2013; Vogel et al., 2013). Specific competency challenges noted in the therapist-in-training population is the ability to address countertransference issues related to R/S and the ability conceptualize a case inclusive of R/S (Vogel et al., 2013). Vogel et al. explained R/S competence in terms of basic and specialized R/S competence, with basic being able to address issues related to R/S in therapy as necessary and specialized being R/S focused therapy. Vogel et al. argued that the distinction between basic and specialized competence is crucial to the future development of R/S training and supervision as many confuse basic R/S competence with the skills needed for R/S focused therapy. This distinction could demystify the intent of R/S training and supervision via defining what it means to incorporate R/S into training and supervision. For example, some therapists may fear the expectation to utilize religious doctrine to guide therapy or that their unique profession is being transformed to pastoral care (Vogel et al., 2013). This is not the case with the basic level of competence for non-pastoral therapeutic care. Despite improvements to R/S competence for therapists-in-training,

continued monitoring and evaluation of R/S in training should continue (Schafer et al., 2011; Vogel et al., 2013).

A limitation among scholarly literature on R/S competence was the lack of consistent measurement across the various therapist populations, such as social work, family therapists, and psychologists (Oxhandler & Pargament, 2018). Indeed, R/S literature was compartmentalized in a way that produced research results that are not generalizable to the entire therapist population (Oxhandler & Pargament, 2018). Thus, it is important to expand research to be more inclusive of the various therapist populations to better understanding of the state of therapist R/S competence.

R/S training and supervision. Historically, R/S training has not been available to therapists-in-training as only a minority of agencies have offered R/S training (Brawer et al., 2002; Russell & Yarhouse, 2006). Among agencies that offer R/S training, coverage of R/S varied greatly in depth and breadth (Brawer et al., 2002; Russell & Yarhouse, 2006). Reasons for withholding R/S training at agencies included lack of staff with expertise in R/S or training directors' decision to omit R/S training (Brawer et al., 2002; Russell & Yarhouse, 2006). Russell and Yarhouse found that two-thirds of APA accredited predoctoral internship programs do not offer any form of R/S training and one training director even commented that they did not foresee ever incorporating training R/S in their program.

Schafer et al. (2011) performed a follow-up study to reassess levels of systematic coverage of R/S in course work, supervision, and research across PsyD/PhD programs. The findings indicated an increase in the levels of R/S coverage at the graduate program

level but found that PsyD programs cover R/S more often than PhD programs (Shafer et al., 2011). Furthermore, agencies continue to vary widely in depth and breadth of R/S training (Schafer et al., 2011). One limitation of the study completed by Schafer et al. was that the focus was narrowed to PsyD/PhD level programs only. While prevalence of R/S training is on the rise, the issue remains that some practicing therapists have never received training in R/S (Saunders et al., 2014; Schafer et al., 2011; Vogel et al., 2013). While practicing therapists are not the focus of this study, it is worth mentioning as this nontrained cohort is leading supervision efforts over therapists-in-training. Ultimately, increased attention and sensitivity to this area would be an important element of increasing R/S awareness across the generalized therapist population.

There have been differing results found among the scholarly literature in this area. For example, out of a sample of 262 therapists, 71% reported little or no previous training in R/S (Rosmarin et al., 2013). Conversely, Saunders et al. (2014) found that out of a sample of 543 therapists-in-training, only 25% reported no training on R/S. A possible rationale for the inconsistent results between practicing therapists and therapists-in-training was increased rates of R/S training (Schafer et al., 2011).

In addition to low rates of training reported, Rosmarin et al. (2013) found 36% of therapists reported discomfort in addressing issues related to R/S in therapy. While therapists have reported discomfort in addressing issues related to R/S in therapy, there are therapists interested in learning about R/S (Brawer et al., 2002; Elkonin et al., 2014; Scott et al., 2016). In other words, discomfort with addressing issues related to R/S in therapy does not necessarily equate to unwillingness to do so. For example, Brawer et al.

found that out of 98 training directors at practicum/internship sites, roughly 20% reported that their faculty had been approached by therapists-in-training requesting training in R/S. Saunders et al. (2014) found that broadly, therapists-in-training acknowledge the importance of inquiring about R/S in therapy. However, Scott et al. discovered that therapists are more likely to attest that R/S is important in therapy than to put R/S into practice. Ultimately, therapists and therapists-in-training have reported receipt of some level of R/S training. While there are therapists and therapists-in-training that have received R/S training, no scholarly literature has explored the details of what R/S training looks like or how R/S topics are, or are not, handled as part of the supervision experience.

Further exploration of R/S training and supervision would be unnecessary if there were no evidence that R/S training and supervision can be of value. Indeed, R/S training and supervision can shape therapists-in-training approach to R/S. An exploration of practicing therapists' experiences with R/S in therapy revealed a theme that practicing therapists were interested in learning more about R/S but were discouraged from pursuing this interest from supervisors (Elkonin et al., 2014). Adams (2012) found that out of 118 therapists-in-training, "39.8% indicated that they were taught, either explicitly or implicitly, that it was inappropriate or unethical to discuss religious/spiritual issues with clients" (p. 73). Ultimately, therapists-in-training are receiving messages that incorporation of R/S into therapy is strongly discouraged (Adams, 2012; Elkonin et al., 2014). The influence of messages received in training can powerfully persuade therapists-in-training and thus it is important to further explore training and supervision in this area.

R/S training and supervision limitations. Limitations of scholarly literature in this area included inconsistent population of study and limited in depth knowledge of training and supervision content. R/S training literature has varied extensively and explored various therapist populations, ranging from masters to PsyD/PhD levels and therapists-in-training at various stages of their education experience (Elkonin et al., 2014; Grove, 2009; Schafer, 2011). Furthermore, details of what graduate program curriculum and practicum/internship looks like for issues related to R/S remains unknown. For example, Russell and Yarhouse (2006) surveyed training directors for the volume of R/S training at practicum/internship sites, yet there is no detailed account of the depth and breadth of R/S training. Moreover, requests for information at the director level did not provide a detailed account of training and supervision as that administration level is a step removed from direct application (Russell & Yarhouse, 2006; Sherry et al., 2005). Last, scholarly literature in this area solely overviews theoretical application of R/S training and supervision versus real world accounts of what R/S in supervision looks like.

LGBT Training and Supervision

As aforementioned, LGBT training and supervision scholarly literature is limited. Since there has been limited research in this area, there are multiple limitations and opportunities for future study. There has been limited exploration of the intersection between the LGBT population and R/S, and the scholarly literature available is scattered across unique subpopulations (Alipour, 2017; Gess, 2016; Hill, 2015; Johns & Hanna, 2011; Meanley et al., 2016; Porter, Ronneberg, & Witten, 2013). Much like the scholarly literature for R/S training, LGBT training literature has varied definitions of training,

ranging from a singular look at coursework to an all-inclusive definition of all pregraduate experiences. Thus, the review of scholarly literature of LGBT training will be inclusive of both training and supervision. The following scholarly literature review will include an overview of the current state of LGBT training and supervision in psychology, LGBT training and supervision literature, and limitations of the scholarly literature in this area.

History and administration. As Grove (2009) pointed out, the approach to the treatment of the LGBT population within the field of psychology has made great strides in the last fifty years. For example, in 1973, a crucial change was made to remove homosexuality as a mental disorder from the Diagnostic and Statistical Manual of Mental Disorders (DSM), effective with the third edition of the DSM (Bidell & Stepleman, 2017; Grove, 2009). As previously mentioned, the ACA (2018) and APA (2018a) have published official guidance in support of LGBT competence development via training and supervision. While the field of psychology has made strides towards the effort to provide equitable and holistic treatment of LGBT individuals, not all therapists are equipped to provide multiculturally competent therapy to LGBT clients (Bidell & Stepleman, 2017; Grove, 2009).

LGBT competence. Indeed, not all therapists are adequately prepared to provide multiculturally competent treatment to the LGBT population (ALGBTIC LGBQQIA Competencies Taskforce et al., 2013; Bidell & Stepleman, 2017; Grove, 2009; McCarty-Caplan, 2018; Moe et al., 2014; Qi & Doud, 2017; Rivers & Swank, 2017; Scott et al., 2016; Sherry et al., 2005). Grove explained that despite great strides in both

psychological and political systems in Great Britain, some practicing therapists maintained negative biases towards LGBT clients. Practicing therapists and therapists-in-training self-reported low levels of LGBT competence (Lee-Tammeus, 2016; McCarty-Caplan, 2018; O'Hara et al., 2013; Qi & Doud, 2017). Grove found that out of a sample of 58 therapists-in-training, self-reports of LGBT competence decreased with time in their graduate program. The rationale offered for this finding was that as therapists-in-training increased self-awareness and learned more about topics in multicultural psychology, therapists-in-training rated themselves more accurately (Grove, 2009). While therapists-in-training have self-reported low LGBT competence, multiple studies have pointed towards LGBT training having a positive impact on LGBT competence (Bidell, 2013, 2014; Grove, 2009; McCarty-Caplan, 2018; McGeorge et al., 2014; Qi & Doud, 2017; Rivers & Swank, 2017).

R/S training and supervision impact on LGBT competence. Training and supervision can have a powerful impact on therapists-in-training (Gess, 2016; Jahn et al., 2016; Moe et al., 2014; Rodriguez-Menendez et al., 2017; Ruzek et al., 2016). For example, McGeorge et al. (2014) found that therapist participation in R/S training increased belief in practicing LGBT-affirmative therapy. Implications from this study suggest that the inclusion of R/S in training and supervision could increase therapists' belief in LGBT-affirmative therapies. This noted, this study is limited to family therapists, and cannot be generalized across the therapist population (McGeorge et al., 2014).

LGBT training and supervision. With positive impact of LGBT training on LGBT competence, the question becomes consistency among LGBT training and supervision across multidisciplinary graduate programs. Sherry et al. (2005) surveyed 104 graduate program training directors on curriculum and level of issues related to the LGBT population present within multicultural classes, of which 95% of graduate programs indicated that LGBT training was deferred to practicum/internship experience (Sherry et al., 2005). LGBT coverage in graduate programs is limited, leaving therapists-in-training underprepared to work with LGBT clients and/or desiring additional training (Bidell, 2014; Grove, 2009; Lee-Tammeus, 2016; O'Hara et al., 2013; Qi & Doud, 2017). Only 46% of practicing family therapists reported having received some level of LGBT training during their graduate studies (McGeorge et al., 2014). Bidell and Stepleman (2017) found that LGBT training in graduate programs is traditionally five hours or less. Recommendations for future scholarly literature include a focus on interdisciplinary areas within LGBT training and a focus on the supervision experience (Bidell & Stepleman, 2017; Boroughs et al., 2015; Sherry et al., 2005).

With a focus on R/S among LGBT clients, the focus on an interdisciplinary study of LGBT training and supervision is satisfied. Additionally, there has been minimal LGBT scholarly literature that exclusively explored details of the practicum/internship experience (Chui et al., 2018; Corturillo et al., 2016; Gess, 2016; Harris et al., 2017; Lee-Tammeus, 2016; Moe et al., 2014; O'Hara et al., 2013; Phillips et al., 2017). Among LGBT literature on practicum/internship, the majority of the research explored therapists'-in-training perspective (Chui et al., 2018; Gess, 2016; Harris et al., 2017; Lee-

Tammeus, 2016; O'Hara et al., 2013; Phillips et al., 2017). Lee-Tammeus interviewed seven therapists-in-training on LGBT competence and found multiple themes, which included therapists-in-training desire for more training, exposure, and hands-on experience working with LGBT clients. Phillips et al. measured the level of LGBT coverage in supervision from the perspective of 132 therapists-in-training and found high levels of multicultural supervision correlated with a positive report of the supervisory relationship. Furthermore, Phillips et al. measured LGBT supervision, of which there was no data to expound on the subtopics covered as part of the supervision experience. Gess and Moe et al. explored LGBT ally development, both which underscored the importance of supervision in LGBT ally development. Chui et al. explored therapists-in-training experience at internship and found that most participants saw their supervisors as multiculturally competent. Recommendations for future research among scholarly literature in this area included an exploration of multiple perspectives within the supervision relationship, including supervisors' perspectives (Chui et al., 2018; Phillips et al., 2017).

Research limitations. With limited scholarly literature in this area, the limitations are vast, with multiple opportunities for further research. Limitations included theoretical approaches to training and supervision, missing depth and breadth, and diversity of research focus. Much of scholarly literature of LGBT-affirmative training and supervision has focused on value reconciliation between supervisor and therapist-in-training (Cohen-Filipic & Flores, 2014; O'Brien & Rigazio-DiGilio, 2016). Cohen-Filipic and Flores detailed multiple recommendations for LGBT-affirmative supervision, one of

which included that supervisors gain comfort in discussing religious beliefs with therapists-in-training. While Cohen-Filipic and Flores acknowledged the role of R/S in LGBT-affirmative supervision, the focus was on a theoretical approach to supervision as opposed to exploration of what supervision in this area looks like. Furthermore, there was no guidance on mentoring therapists-in-training on issues related to R/S among LGBT clients. Mitchell (2009) delved into a detailed, theoretical application of LGBT-affirmative supervision through the lens of helping therapists-in-training development of the therapeutic self. While Mitchell provided a detailed theoretical approach to supervision, no real-world scenarios were overviewed and there was silence on issues related to R/S among LGBT clients.

In addition, scholarly literature in this area is missing depth and breadth of information related to LGBT-affirmative training and supervision. Moe et al. (2014) explored a case from the supervisor perspective, yet this was a single case from one psychological discipline. Gess (2016) explored supervisory discussions held between herself and one of her therapists-in-training, yet this was a single case that was silent on issues related to R/S among LGBT clients. Ultimately, while case studies in this area provided rich detail, there was limited volume and diversity of experiences obtained (Gess, 2016; Moe et al., 2014). Chui et al. (2018) explored LGBT-affirmative supervision experiences among 12 therapists-in-training. While there were significantly more participant experiences obtained in this study than the case studies referenced above, the focus was broad and thus subtopics within LGBT-affirmative supervision were not captured. Furthermore, Chui et al. found that the exploration was only from the therapist-

in-training perspective and thus recommended tapping into the supervision perspective to gain a balanced perspective.

Scholarly literature in this area is highly variant in terms of research focus and unique subpopulations of study (Chui et al., 2018; Gess, 2016; Harris et al., 2017; O'Brien & Rigazio-DiGilio, 2016). Bidell and Stepleman (2017) and Phillips and Fitts (2017) performed an interdisciplinary review of training scholarly literature and critiqued that the pressing challenge within this area of study is the high volume of variable diversity. For example, Gess explored her experience with mentoring a therapist-in-training that was a heterosexual female member of the Mormon church. Furthermore, Harris et al. interviewed therapists-in-training that identified as African American former members of the Christian church. Moreover, scholarly literature of LGBT-affirmative training and supervision was scattered among the variety of psychological disciplines ranging from masters, PhD, social work, marriage and family, school, counseling psychology, and clinical psychology disciplines (Boroughs et al., 2015; Harris et al., 2017; Lee-Tammeus, 2016; McCarty-Caplan, 2018; McGeorge et al., 2018; O'Hara et al., 2013; Qi & Doud, 2017; Rivers & Swank, 2017; Rodriguez-Menendez et al., 2017). While this study does not seek to remedy the issue of complex and variety definitions of R/S and LGBT, or the multidisciplinary approach, it is noted that one limitation of the scholarly literature is scattered focus.

Summary

Due to high tensions between R/S and the LGBT population, it is likely that issues related to R/S among LGBT clients will arise in therapy (Dahl & Galliher, 2012;

Meanley et al., 2016; Radojcic, 2016; Shuck & Liddle, 2001; Whicker et al., 2017; Wood & Conley, 2013). Through the lens of the IAS model and MDCC, supervisors should mentor therapists-in-training from an LGBT-affirmative approach, building therapists'-in-training ability to view LGBT clients among a variety of diversity variables, including R/S (Halpert et al., 2007; Sue, 2001). While some LGBT individuals have positive experiences of R/S, two-thirds of LGBT individuals have reported negative experiences of R/S (Shuck & Liddle, 2001). The unfortunate truth is that the LGBT population is subjected to negative experiences of R/S such as religious abuse, microaggressions, identity struggles, and internalized homonegativity (Ellison & Lee, 2010; Foster et al., 2015; Hatzenbuehler et al., 2012; Lease et al., 2005; Ong et al., 2013; Page et al., 2013; Radojcic, 2016; Shelton & Delgado-Romero, 2011; Sue et al., 2008; Ward, 2011; Whicker et al., 2017; Wood & Conley, 2014). Within this area of study, there are multiple levels of diversity to consider, such as differences between the various religions and differences within religious denominations (Eidhamar, 2014; Gess, 2016; Harari et al., 2014; Johns & Hanna, 2011; Kashubeck-West et al, 2017). Furthermore, there are race and age diversity variables to consider (Garcia et al., 2008; Harris et al., 2017; Hill, 2015; Marshal et al., 2011; Porter et al., 2013; Qi & Doud, 2017). Ultimately, there is a lot to know when working with issues related to R/S among LGBT clients, making knowledge and skill building crucial to cultivating positive experiences of therapy for LGBT clients.

With so much to know within this area of intersection, the question becomes the competence of therapists to work with issues related to R/S among LGBT clients. Two-

thirds of therapists reported that they are either uncomfortable with topics related to R/S and/or are wanting more training and supervision (Elkonin et al., 2014; Lee-Tammeus, 2016; O'Hara et al., 2013; Qi & Doud, 2017; Rosmarin et al., 2013; Scott et al., 2016). While there is scholarly literature that has explored R/S training and supervision and LGBT training and supervision separately, training and supervision scholarly literature has not yet combined these diversity variables. Among both R/S and LGBT scholarly literature, there were concerns with singular disciplinary approaches (Boroughs et al., 2015; Elkonin et al., 2014; Grove, 2009; Harris et al., 2017; Hernandez & Rankin, 2008; Lee-Tammeus, 2016; McCarty-Caplan, 2018; McGeorge et al., 2018; O'Hara et al., 2013; Qi & Doud, 2017; Rivers & Swank, 2017; Rodriguez-Menendez et al., 2017; Schafer et al., 2011). For example, much of the scholarly literature has obtained the therapist-in-training perspective (Chui et al., 2018). Supervision perspectives have been obtained, but the perspectives have been either a single case study or from training directors who are removed from direct experience (Gess, 2016; Schafer et al., 2011). Aside from singular case studies, it is unknown what the details of what mentoring issues related to R/S amongst LGBT clients look like.

While this study does not seek to address all limitations from existing literature, it will attempt to address some. For example, an exploration of supervisors' experiences mentoring issues related to R/S among LGBT clients will explore examples of issues related to R/S among LGBT clients and details of what LGBT-affirmative supervision at the practicum/internship level looks like. Chapter 3 will focus on the research design, methodology, and what the research approach will look like.

Chapter 3: Research Method

Introduction

The purpose of this study was to explore supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients. Chapter 2 reviewed scholarly literature of R/S among the LGBT population. Chapter 3 will review the research design and the step by step research process. The content for this chapter is broken down into four major sections: research design and rationale, role of the researcher, methodology, and issues of trustworthiness. First, the research design and rationale section will review the qualitative research design and the rationale for selecting this research design. Second, the role of the researcher section will review the role of the researcher and the plan to manage researcher bias. Third, the methodology section will overview the approach to data analysis. Fourth, this chapter will review issues of trustworthiness, which will address research limitations and the plan to address ethical considerations.

Research Design and Rationale

The research design and rationale section will review the selection of the qualitative research design and the selection of the generic qualitative approach. The following will review the research questions and the definition of R/S, a central concept of this study. Furthermore, the following will detail the rationale for selecting the research design.

Research Questions

As mentioned previously, chapter 2 was a review of the scholarly literature of R/S among LGBT clients. The review revealed a gap in the scholarly literature, specifically within the area of supervision (Bidell, 2013; Brawer et al., 2002; Cohen-Filipic & Flores, 2014; Grove, 2009; McCarty-Caplan, 2018; McGeorge et al., 2014; Mitchell, 2009; Qi & Doud, 2017; Rivers & Swank, 2017; Russell & Yarhouse, 2006; Sherry et al., 2005). The purpose of this study was to explore supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients. The following research questions inspired the development of the research design and interview questions:

RQ1. What are supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients?

RQ2. What are supervisors' level of preparation to mentor in this area?

While research results cannot be predicted, answers to these research questions helped exploration of the level to which, if at all, supervisors are prepared to mentor in this area as well as supervisor experiences of mentoring therapists-in-training on issues related to R/S among LGBT clients.

Central Concepts

Central concepts of this study included R/S, LGBT, and supervision. Perhaps the most complicated concept was R/S as the definition of R/S has varied widely among scholarly literature. As reviewed in chapter 1, through the lens of MDCC, this study viewed R/S as a diversity variable and therefore accepts any level of R/S identity (Sue, 2001). Furthermore, this study acknowledged both pluralistic and individual approaches

to the definition of R/S (Brawer et al., 2002; Russell & Yarhouse, 2006; Schafer et al., 2011). Spirituality was defined as a search for a sense of wholeness, harmony, and interconnectedness with an entity outside oneself (Daniels & Fitzpatrick, 2013; Scott et al., 2016; Super & Jacobson, 2011). Religion was defined as the institutional and cultural expression of beliefs about how the world works, expressed through ritual and rules that were generated from a belief system (Daniels & Fitzpatrick, 2013; Scott et al., 2016; Super & Jacobson, 2011; Vogel et al., 2013). In addition, religion is sometimes utilized as the mechanism to develop, nurture, and express spirituality (Daniels & Fitzpatrick, 2013; Scott et al., 2016; Super & Jacobson, 2011; Vogel et al. 2013).

Research Method and Rationale

Chapter 2 reviewed scholarly literature of R/S among LGBT clients, which revealed a gap in the scholarly literature, specifically within supervision (Bidell, 2013; Brawer et al., 2002; Cohen-Filipic & Flores, 2014; Grove, 2009; McCarty-Caplan, 2018; McGeorge et al., 2014; Mitchell, 2009; Qi & Doud, 2017; Rivers & Swank, 2017; Russell & Yarhouse, 2006; Sherry et al., 2005). The scholarly literature gap is wide, with solely one scholarly article on the topic of LGBT, R/S, and supervision (Gess, 2016). Gess explored a case study of a personal supervision experience, but this study did not explore diversity of supervisor experiences, or issues related to R/S among LGBT clients. Since there was no significant scholarly literature available on supervision in this area, there was no research of which to develop a hypothesis to test, the hallmark of quantitative research (Creswell, 2013). As evident from the chapter 2 literature review, there was scholarly literature on LGBT training (Bidell, 2013; Cohen-Filipic & Flores,

2014; Grove, 2009; McGeorge et al. 2014; Mitchell, 2009; Rivers & Swank, 2017; Sherry et al., 2005). While there was scholarly literature that described the volume of LGBT training, there was not a detailed account of what the training or supervision content looked like. Thus, it cannot be assumed that LGBT training or supervision includes coverage of R/S.

A qualitative research design helped explore supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients. Much of the scholarly literature on LGBT training have been quantitative (Bidell, 2013, 2014; McGeorge et al., 2014; Qi & Doud, 2017; Sherry et al., 2005). It was acknowledged that a quantitative research design on this topic would be valuable and was considered. For example, a quantitative approach could describe the volume of supervisors that attest to mentoring therapists-in-training on issues related to R/S among LGBT clients. However, given the status of scholarly literature, a quantitative approach would offer insight only into volume, with no knowledge of the implications of volume. A qualitative approach moved scholarly literature away from the assessment of volume, and instead moved it towards an in depth understanding of this phenomenon. There are multiple studies of LGBT training, including qualitative studies, but none that had yet explored the intersecting variables of LGBT and R/S (Beagan & Hattie, 2015; Buser et al., 2011; Elkonin et al., 2014; O'Brien & Rigazio-DiGilio, 2016).

Of the qualitative research traditions, this study followed the generic qualitative research design. There was no scholarly literature on this exact topic, yet most of the qualitative research in LGBT training and supervision have been phenomenological in

nature (Beagan & Hattie, 2015; Elkonin et al., 2014; O'Brien & Rigazio-DiGilio, 2016). There was one narratological approach that explored LGBT client experiences of R/S in therapy (Buser et al., 2011). This narratology study explored experiences but did not narrow focus to training or supervision (Buser et al., 2011). A phenomenological study explores meaning and essence of a lived experience (Patton, 2015). The phenomenological research approach closely aligned with the purpose of this study to explore experiences yet did not fit precisely. Kahlke (2014) explained that researchers often find that their research questions do not fit precisely within the boundaries of a singular research methodology (e.g. grounded theory, phenomenology, ethnography, etc.). The generic qualitative approach allows researchers to utilize tools across the various research methods, generating a research design that best fits the research questions versus keeping within the boundaries of a singular research method (Kahlke, 2014). The purpose of this study was to explore supervisor experiences mentoring therapists-in-training on issues related to R/S among LGBT clients. Unlike the exploration of lived experiences which are typically explored in a phenomenology, the purpose of this study was to explore professional experiences (Patton, 2015). Thus, phenomenology was not selected for this study due to the distinction between lived experiences and professional experiences. Ultimately, the generic qualitative research design deviated from past research. This noted, the generic qualitative research design developed for this study most closely aligned to that of phenomenology.

Role of the Researcher

Within qualitative research, the role of the researcher is a core component of the research process. As Creswell (2013) pointed out, researchers' personal background, such as socioeconomic status, age, and experiences, can contribute to bias and ethical considerations. Furthermore, in qualitative research, researchers can sometimes be both the observer and participant (Patton, 2015). Thus, it was important to detail the parameters of my role as the researcher. The following section will review the role of the researcher, ethical considerations, personal background summary, and the plan for the management of personal and professional relationships. Also included in this section is a detailed account of how personal bias will be managed.

Role of Observer

As the researcher, I was responsible for all aspects of the research process, such as recruitment, interviewing, transcribing, coding, and summarizing the results. In addition, personally funded an incentive of a $40 Amazon gift card per participant. As aforementioned, within qualitative research, researcher roles can sometimes overlap between that of observer and participant (Patton, 2015). While this can be the case with qualitative research, my role as researcher was primarily that of observer. For example, some qualitative inquiries take the researcher to the field of study for observations or require that the researcher become the participant. For example, Radojcic (2016) performed an ethnographic case study to better understand LGBT individuals' continued participation in an anti-gay-affirming faith community. For this study, Radojcic

personally joined a support group for LGBT individuals belonging to the Catholic faith and reported on her findings after three years of participation in the support group.

The example described above was not possible for this study. Since I was a therapist-in-training at the time of the study, it was not feasible to personally experience mentoring therapists-in-training on issues related to R/S among LGBT clients. Plus, it was not feasible to arrange the observation of the phenomenon as it naturally occurred and thus obtaining data via interviews was necessary. To obtain the data, I recorded phone interviews with participants. This noted, it was acknowledged that interview dynamics created some overlap between the roles of observer and participant as interpersonal characteristics and worldview can shape interviewee responses (Patton, 2015).

Ethical Considerations

This study had low risk of harm and low risk of power dynamics. This study did not place participants at high risk of personal distress as this study explored professional experiences versus lived experiences. This noted, while distress was unlikely, it was not impossible. Thus, in the event that a participant was distressed, plans were in place to connect participants to the appropriate mental health resources. In addition to low risk of participant distress, there was low risk of questionable power dynamics. Recruitment of participants was at the national level, thus the likelihood of personal and professional relationships emerging as part of this study was unlikely. This noted, I have worked in administrative psychology for ten years, with five of those years serving in a supportive role to team of therapists on a local and national scale. While unlikely, it was not

impossible that a prospective participant would be someone that I have had a professional relationship with. Participants with a prior relationship with myself may wish to discontinue participation. While this study was an exploration of professional experience, the exploration may have uncovered personal attitudes, beliefs, and feelings that a participant would not wish to disclose. While there were no participants that had a prior relationship with me, the plan was that if a personal or professional relationship emerged, the participant would have held the same rights to opt out of participation as any other participant. All participants were informed of the study's purpose and my identity in advance of the interview.

An additional consideration was the use of a financial incentive. The use of financial incentive was to encourage participation. The anticipated participant base was mental health professionals that are otherwise compensated for their professional expertise and thus there would be financial burden of participation. For example, participants were interviewed one on one by phone and checked their transcripts for accuracy, committing to a minimum of one to two hours of volunteer time all together. While the offer of $40 for participation was not equivalent payment, the amount offset a portion of the potential loss.

Management of Researcher Bias

In qualitative research, researchers' personal background can contribute to bias (Creswell, 2013). With heavy involvement with all aspects of the research process, it was vital to take steps to manage personal bias (Patton, 2015). This section will review management of researcher bias, the journey that led to this research topic, and personal

worldviews. The role of the researcher section explained that in my role as researcher, I mostly served as the observer. This noted, I acknowledged that there was inherent and unintentional crossover between observer and participant roles. Through time and exposure to the research, I had a personal investment in the research topic and have developed informed opinions. As Patton expertly explained, "reflexivity has entered the qualitative lexicon as a way of emphasizing the importance of deep introspection, political consciousness, cultural awareness, and ownership of one's perspective," (p. 70). Indeed, the practice of reflexive activities begins here, with a detailed personal reflection of experiences and opinions that shaped personal worldview, and the plan for continued reflexive activities throughout the research process.

Key experience. Personal experiences and opinions shaped my approach to the research, creating unintentional bias and crossover between the observer and participant roles. My interest in researching issues related to R/S among the LGBT population developed through influential experiences. For example, on a mission to develop my spirituality, I tried attending a Unitarian Universalist church in my neighborhood. One attractive feature of the church was the rainbow flags decorating the outside of the building, signaling the church's stance as gay-affirming. While I do not identify as LGBT, I have considered myself an ally and thus a gay-affirmative stance was an important value that I was looking for in a church. One sermon was emotionally impactful. The pastor apologized to the congregation on behalf of the beliefs and actions of Christianity that were harmful to the LGBT population. I looked around at the fellow church goers and many were emotionally impacted by the pastor's message, as evidenced

by individuals and couples crying and comforting one another. The pastor acknowledged the pain felt in the room and remarked on the need for healing. I felt sadness as I realized that not every LGBT individual would have a supportive environment such as this one to turn to for healing, let alone a religious leader willing to acknowledge and apologize for any wrongdoing on behalf of the religious organization. It was not until my academic experience with selecting a research topic that I realized the impact of that experience. Prior to selecting this topic, I had considered two alternate topics that I discontinued because I was cognizant that the personal investment may be too high to successfully separate myself from the research. This noted, I purposefully sought a topic that I cared enough about to spend significant time with.

Sexual, gender, and R/S identity. While I had an emotionally impactful experience, I do not have lived experience as a sexual or gender minority. I identify as a cisgender heterosexual ally. I have several acquaintances, friends, and some family members who identify as LGBT, but no friends or family members who identify as LGBT that I interact with on a regular basis. In terms of R/S, I did not have a religious education or upbringing. My mother identifies as a Methodist and my father identifies as a Jehovah's witness. My parents did not actively practice their faiths and did not belong to any faith-based communities during my childhood. I grew up in Fargo, North Dakota among predominately Christian individuals and thus have had exposure to Christian-based religions. As a child, I was strictly "spiritual, but not religious," but as an adult I have mostly wavered between Atheism and "spiritual, but not religious." While I sometimes identify as Atheist, I respect those that identify as religious and admire the

positive contributions that religious institutions can make to society and an individual's well-being.

Training and supervision experience. One challenge to the determination of the observer versus observer-participant role is past professional experience as a corporate trainer and supervisor. I served as a corporate trainer and supervisor for approximately six years between the two roles. My professional background was one element that drew me to the literature gaps and recommendations for future research within LGBT training and supervision. In addition, I possess a trainer and supervisor identity that may generate biased thoughts and opinions throughout the research process. For example, I generally hold the position that training is a worthwhile venture. Furthermore, my supervision style is driven by a foundational belief in a coaching approach. This noted, it is also true that my training and supervision experience was steeped in administrative psychology and not that of clinical or counseling psychology, thus there remained a degree of separation from direct clinical supervision experience.

Reflexive activities. Ultimately, it was anticipated that professional and personal experiences would influence thoughts and reactions throughout the research process. Yet, while the reflexive exercise above was helpful, it was not enough to reduce confirmability of the study. As Patton (2015) pointed out, reflexivity goes beyond that of reported experiences and background. Creswell (2013) recommended multiple protections be implemented to enhance credibility of qualitative research. Thus, this study had two quality controls. One, I monitored personal reactions throughout this process via reflexive activities. I journaled about my personal reactions throughout the

study. Two, this study incorporated member checking. Participants were provided with a copy of the raw data transcript to provide feedback on transcript accuracy, which provided participants the opportunity to amend or add to their statements (Creswell, 2013).

Methodology

The methodology section is dedicated to review of the approach to the research process. The following will review the approach to sampling, inclusion criteria, recruitment, and sample size selection. In addition, the approach to instrumentation and data analysis will be reviewed.

Sampling Strategy

Criterion, purposeful, and snowball sampling techniques were utilized to ensure the minimum number of participants were recruited (Patton, 2015). Participants were purposefully selected based upon predetermined selection criterion. Snowball sampling was utilized, asking willing participants to forward the recruitment message to anyone they know that may be interested in participation. Purposive sampling was necessary as a randomized sample would not yield candidates that meet the minimum inclusion criterion (Patton, 2015). Diversity within the therapist population is vast as therapists work in a variety of treatment settings and specializations. Scholarly literature indicated that many therapists are uncomfortable with the topic of R/S, thus it is unlikely that most therapists will have robust experience in this area (Rosmarin et al., 2013; Russell & Yarhouse, 2006). Most qualitative research in this general area of study utilized the purposive sampling strategy (Beagan & Hattie, 2015; Buser et al., 2011; Elkonin et al., 2014). One

study utilized the snowball sampling method (O'Brien & Rigazio-DiGilio, 2016). While snowball sampling was not the preferred method of recruitment, snowball sampling was necessary given the highly unique population.

Inclusion Criteria

Inclusion criterion consisted of multiple elements. To begin, supervisors must be masters or doctoral level. Initially, supervisors were to have a minimum of four years of clinical supervision experience. Years of experience required was later an adjusted criterion, the rationale detailed in chapter 4. Furthermore, participants had to have a minimum of one example of mentoring a therapist-in-training on issues related to R/S among LGBT clients. The supervision experience had to be individual supervision, taken place at the outpatient level of care, and taken place within the past four years. The type of care supervised had to be talk therapy (e.g. cannot be medication management or psychological testing). Lastly, therapists-in-training must have been in a pregraduate practicum or internship.

The inclusion criteria outlined above were developed to align with past research. Past research of supervision has had a wide range of supervision experience among participants, ranging from 3 to 39 years of supervision experience (Bang & Park, 2009; Karel, Zweig, Altman, & Hinrichsen, 2014; Nelson, Barnes, Evans, & Triggiano, 2008; Norberg et al., 2016; Skjerve et al., 2013). Some researchers have not focused on years of experience, but the number of therapists-in-training the supervisor has supervised in the past (Burkard et al., 2014). For example, the participants in the study conducted by Burkard et al. supervised anywhere from 3 to 125 therapists-in-training. To accommodate

the majority of past supervision research, the minimum years of experience was set to four years. In addition, to align with past research, a timeframe of the supervision experience being no more than four years in the past was specified to assure the example was relevant and current (Skjerve et al., 2013).

Setting a minimum of one case example increased the likelihood that the participant would have enough data to discuss during the interview. The provision that the supervision experience be at the outpatient level of care ensured discussions were focused on talk therapy as opposed to stabilization. This approach kept the data aligned with the existing literature as most scholarly literature was focused on talk therapy (Boroughs et al., 2015; O'Brien & Rigazio-DiGilio, 2016). Narrowed focus on therapists-in-training as opposed to supervision of postgraduates ensured that the experience was localized to the graduate program experience. This approach aligned with much of the existing literature on LGBT training and supervision that focused on graduate program curriculum overview, therapist recollections of their graduate experience, or the LGBT competence of newly graduated therapists (Bidell, 2013, 2014; Brawer et al., 2002; Schafer et al., 2011; Scott et al., 2016; Shafranske, 2016; Sherry et al., 2005). It should be noted that there was scholarly literature on LGBT competence that studied licensed therapists, however the focus of this study was the graduate program experience (Daniels & Fitzpatrick, 2013; Elkonin et al., 2014; Grove, 2009; Sperry, 2016).

Sample Size

The anticipated sample size was 12 to15 participants. The rationale for setting the sample size at 12 to15 participants was based on historical qualitative inquiries in this

area of study and the single point of study. With saturation being essential for quality research and with no distinct guidelines or way to test adequacy, it can be challenging to set a sample size to reach saturation with any level of certainty that saturation will be achieved (Guest, Bunce, & Johnson, 2006). Generally agreed upon among experts was that the appropriate sample size depends on which type of qualitative study is being performed (Creswell, 2013; Guest et al., 2006; Morse, 1991). Since this study most closely mirrored that of a phenomenology, I followed guidance for sample size in phenomenology. Expert opinion ranged widely on the recommended sample size for a phenomenology, the range being from 3 to 25 participants (Creswell, 2013; Guest et al., 2006; Morse, 1991). This noted, there were some contextual clues that the sample size of 12 to15 participants was the right anticipated participant range for this study. Experts agree that purposive sampling sample size differs from randomized sampling (Creswell, 2013; Guest et al. 2006; Morse, 1991). Since this study relied on a purposive sampling technique, the participant pool was rich with the phenomenon of interest. In addition, the purpose of this study was not to seek comparisons and thus a comparison sample was not be needed. For these reasons, the high end of the participant range was likely unnecessary. In addition, past qualitative research in this area ranged from 12 to15 participants and thus selection of this participant range was consistent with past qualitative research in this area of study (Elkonin et al., 2014; O'Brien & Rigazio-DiGilio, 2016).

Recruitment

Participants were recruited via a recruitment message sent via email (see appendix A). Initial plans were to obtain permission was requested from authorities at relevant divisions of the APA, ACA, and WPATH in order to send the recruitment email to their email distributions on my behalf. The authorities at APA, ACA, and WPATH were advised on the purpose of the study. Chapter 4 will detail changes to this recruitment strategy. Furthermore, the minimum inclusion criteria were communicated in the initial recruitment email message. Also included in the initial recruitment email message was mention of the $40 gift card incentive. Those interested in participation were offered an option to take a survey using email or by phone. If prospective participants were selected to participate in the study, I coordinated with the participant via their preferred method of contact, to schedule the interview date and time.

The aim was for the interviews to range, on average, from 45 to 60 minutes in length. Interview length varied on the individual participant's depth and breadth of information that they had and were wanting to share. Generally, I did schedule more than two interviews per day. If two interviews were scheduled in one day, I scheduled a minimum of a two hour break in between to allow time for any post interview activities as well as provide a personal break.

There was a backup plan in place if the initial attempt to recruit participants did not yield the minimum volume of participants. The plan was to outreach alternate listservs for permission to submit a recruitment message on my behalf. The backup listservs included the Minnesota Psychological Association, Northern California Society

for Psychoanalytic Psychology, and the National Council of Schools and Programs of Professional Psychology. Like the initial plan for recruitment, if the initial emailing did not reveal high participant numbers, then snowball sampling would be utilized in which I would outreach any participants obtained to see if they know anyone interested in participation.

Instrumentation

Data collection was completed via a one on one phone interviews with participants. Focus groups were considered as a mechanism for data collection as focus groups have been utilized in this area of study (Elkonin et al., 2014). The reason for choosing the one on one interview format over the focus group format was the same as the rationale for the sampling method. Due to the diversity of the therapist population and the uncertainty of the volume that this phenomenon occurs, it was not feasible to orchestrate a group meeting of supervisors that meet minimum inclusion criteria. Furthermore, the one on one interview format has been conducted in past qualitative research in this area of study at greater volumes than focus groups and thus the decision to go with individual interviews aligned with previous research (Beagan & Hattie, 2015; Buser et al., 2011; O'Brien & Rigazio-DiGilio, 2016).

A prior research instrument could not have been utilized as this was a unique area of study and interview questions would not translate to the context of this study. Thus, an interview guide was created specifically for use in this study. The basis for instrument development was centered around the research questions and the IAS model and MDCC. As part of the semi-structured interview process, prompts were implemented to engage

exploration. After the first couple of interviews, I planned to review recordings to see what questions could be added, adjusted, or deleted for redundancy.

Data Collection

As aforementioned, data was collected via 1:1 phone interview. Through the generic qualitative inquiry, one can use a variety of qualitative data collection methods, such as fieldwork observations, document review, and interviewing (Patton, 2015). While the generic qualitative approach can include a variety of data collection methods, this study collected data via interview. Most qualitative inquiries in this area have collected data via interview (Beagan & Hattie, 2015; Buser et al., 2011; Elkonin et al., 2014; O'Brien & Rigazio-DiGilio, 2016). Data collection via 1:1 interview was practical in nature as answering the research questions via fieldwork observations, focus group, or document review would not have been feasible.

The 1:1 interview was a semi-structured interview format. The majority of qualitative studies in this area of study were 1:1, semi-structured interviews (Beagan & Hattie, 2015; Buser et al., 2011; O'Brien & Rigazio-DiGilio, 2016). Interviews were recorded on my cell phone, using a call recording application called "call recorder." Each participant was debriefed on the purpose of the study. Also, each participant was asked a series of demographic questions, such as age, gender identity, sexual orientation, and ethnicity. Then, each participant was guided through a series of interview questions (see Appendix C).

The questions were designed for 'planned flexibility' (Patton, 2015). The interview questions were open ended, which allowed for follow-up questions that

explored paths in which participants took their responses. At the same time, the interview questions explored the research questions due as the interview questions were developed to answer RQ1 and RQ2.

Prior to each interview, I did reflexive journaling. During the interview, I took field notes using pen and paper. The field notes were helpful with active listening and documentation of personal reactions during the interview process. Immediately after the interview, I double-checked that the sound recording was intact. If the recording was not intact, the plan was to immediately write down the contents of the interview via memory, and then proceed to reflexive journaling. If the recording was intact, I proceeded directly to reflexive journaling. I transferred field notes, reflexive journaling, and recordings to Microsoft Excel.

As aforementioned, interviews were recorded using a call recording application. Once the transcription process was completed, each participant was provided a copy of the raw data transcription to review for accuracy. This was also an opportunity for the participant to clarify, amend, or add to their original statements. As part of this step, I prompted participants to clarify intent for any discrepant items.

Data Analysis Plan

The coding process observed the techniques of thematic analysis (Attride-Sterling, 2001; Braun & Clarke, 2006). This approach was determined to be in alignment with the generic qualitative approach. Thematic analysis allowed a level of flexibility that aligned with the semi-structured interview format and the generic qualitative approach (Braun & Clarke, 2006). The flexibility of thematic analysis is not to be mistaken for lack

of rigorous standards. Under the guidance of the thematic analysis, data was coded using a series of six steps. The first step of coding was to familiarize myself with the data (Attride-Sterling, 2001; Braun & Clarke, 2006). This step was accomplished through personally conducted the interviews and transcribing the data. Once all interviews were transcribed and participants had checked their transcripts, I refamiliarized myself with each transcription via rereading the data and transferring data from Microsoft Word to Excel. For the second step, I began generating initial codes (Attride-Sterling, 2001; Braun & Clarke, 2006). In the third step, I searched for themes (Attride-Sterling, 2001; Braun & Clarke, 2006). In the fourth step, I generated a map of the codes to explore a visual representation of the themes (Attride-Sterling, 2001). For the fifth step, I summarized the thematic networks, generating a report of the coding data (Attride-Sterling, 2001; Braun & Clarke, 2006). In the sixth step, reported and summarized the findings (Attride-Sterling, 2001; Braun & Clarke, 2006).

Issues of Trustworthiness

This section is primarily focused on research quality. The following discussion will overview credibility, transferability, dependability, and confirmability and the plan to manage quality concerns. Also included in this section is a review of ethical considerations, including a detailed account of how privacy will be managed.

Credibility

Patton (2015) explained that in qualitative research, there are three elements of credibility: rigorous methods, researcher credibility, and belief in the value of qualitative inquiry. While I may not be able to press upon anyone to adopt belief in the value of

qualitative methods of inquiry, I can provide reassurances as to the rigorous methods of design and researcher credibility. Careful attention has been paid to the development of the research design. An example would be consideration of ways to mitigate researcher bias. As the sole researcher, bias must be checked and thus the controls of bracketing and member checking were incorporated into the research design. In addition, as a therapist-in-training, my research was overseen by supervising faculty, supplying an outside perspective and feedback.

Transferability

Qualitative studies are limited on transferability outside of the specific people and places of study (Creswell, 2013). With a purposive sampling method, the findings were not be transferable to the entire supervisor population. While the population of this study is wider than past research as this study is open to multiple mental health therapist types (e.g. masters, psychologist, etc.), the findings were not generalizable to the entire supervisor population as this study narrowed focus on supervisors that had experience with the phenomenon in question (Corturillo et al., 2016; Elkonin et al., 2014; McGeorge et al., 2014; O'Brien & Rigazio-DiGilio, 2016; Qi & Doud, 2017). This noted, the results should have a high level of transferability among supervisors with similar backgrounds to those that meet inclusion criteria of this study.

Dependability

Dependability is an important element of trustworthiness as it refers to the degree to which the study is repeatable (Patton, 2015). This study has a high level of dependability due to the detailed outline of the research steps. Another researcher should

be able to repeat the research design outlined in this study and find similar results. A threat to dependability was researcher bias as researcher bias can result in conclusions that otherwise would not be found from participant data (Patton, 2015). Oversight via supervising faculty, bracketing, and member checking offset the risk of researcher bias diminishing the ability to repeat this study.

Confirmability

As Patton (2015) explained, one barrier in qualitative research is the skepticism that researchers, albeit unintendedly, shape findings according to personal worldview and biases. The flexible nature of thematic analysis can be critiqued as overtly flexible, that is, without rigorous standards of analysis (Braun & Clarke, 2006). While this is the critique of thematic analysis, the data analysis approach outlined above was carefully followed and documented. In addition, it was acknowledged that bias can unintentionally impact the conceptualization of the results. This underscores the importance of carefully documenting the analysis process so that thought processes can be accounted for. Indeed, careful documentation helped communicate results with transparency. In addition, member checking ensured that the results were accurately transcribed. Plus, oversight from supervising faculty helped provide an outside perspective.

Bracketing

The definition of bracketing is debatable (Tufford & Newman, 2010). For the purposes of this study, I defined bracketing according to the definition of acknowledgement of preconceived ideas and notions that may influence perception (Starks & Trinidad, 2007). As part of the acknowledgement that researchers' personal

worldview can influence a study, I completed reflexive journaling before and after interviewing participants. The reflexive journaling data was documented alongside the transcription data for consideration in the interpretation of the results.

Member Checking

Member checking is the process of allowing members to determine the accuracy of the qualitative findings (Creswell, 2013). This step offered participants the opportunity to review their transcript for accuracy as well as a chance to weigh in on my transcription of their statements. Plus, this step offered each participant an opportunity to add or amend their original statements (see Appendix D). Participant feedback was collected and reported upon.

Ethical Procedures

As aforementioned, this study did not place participants at high-risk. While the LGBT population is a protected population, the participants of this study were recruited for their supervisor status and experience with the topic of study and thus this study did not directly work with a protected population. Furthermore, while not high-risk, risk was not impossible. Thus, plans were in place in the event a participant became distressed. Also, while not high-risk, upholding ethical principles was of vital importance and thus measures to uphold ethics and privacy were built into the research design. The most pressing consideration was implementing steps to ensure privacy was maintained. The following will provide a detailed account of the controls put in place to ensure privacy was maintained, including obtaining permission, disclosure, and protecting data.

Agreements to Gain Access

Permission was obtained in all applicable areas, including permission to use listservs, obtaining participant agreement, and obtaining Institutional Review Board (IRB) approval. Permission was requested of the authorities of each listserv utilized to recruit participants. Authorities were thoroughly debriefed on the purpose of the study and how recruitment procedures would operate. Authorized parties determined the sender of any recruitment messages. For example, some authorized parties preferred me to send the recruit message and others preferred to send the recruitment messages themselves. The recruitment message contained full disclosure of the purpose of the study. The recruitment message identified the researcher and the purpose of the study (see appendix A). In addition, the recruitment message detailed benefits of participation, anticipated time investment, potential risks of participation, confidentiality considerations, withdrawal rights, and who to contact for questions. Interested participants were sent an initial screening (see Appendix B) and an informed consent form. Participants could respond via email with their response of "I consent." Alternately, participants could opt to provide consent via phone. Participants were emailed a copy of their transcript with directions to review for accuracy (see Appendix D). The transcript did contain information that could identify a specific person or place.

Personal and Professional Relationships

While unlikely, it was a possibility that a possible participant that I have had a professional relationship with could volunteer. A participant may not wish to share information with me if they have professional relationship as they may wish to maintain

privacy within the professional relationship. If this situation arose, the participant would hold the same rights to opt out of participation the same as any other participant. In addition, my name was identified as part of the recruitment message and thus a participant could decide to opt out. Note that I have not supervised clinicians and thus there was no risk of a power relationship with any prospective participants.

Treatment of Data

The only individual who had access to the raw data was me. Data was recorded using a personal laptop that was password protected. In addition, all data was stored on a thumb drive. When not in use, the thumb drive will be stored in a secure location under lock and key, with the key stored in a secure location. Data to be shared for review via supervising faculty will be scrubbed of any reference to person, place, or region replacing identifiers with pseudonyms or generic terms.

Data were transcribed onto Microsoft word, and then coded using Microsoft excel. Journaling and field notes were recorded using handwritten notes. The notes were transferred to Microsoft word as soon as possible following the interview, with handwritten notes immediately destroyed upon completion of transferring the notes to Microsoft word. Phone recordings on my cell phone were transferred to my laptop as soon as possible upon conclusion of the interview. Once the recording was confirmed as successfully transferred, I deleted the recordings from my cell phone. In addition, my cell phone was password protected. Electronic files will be stored for five years after the date this study is published, and then will be destroyed. However, if a participant decided to opt out early, then all interview materials would have been immediately destroyed.

Summary

This chapter reviewed the research design and the step by step research process. The four major sections covered research design and rationale, role of the researcher, methodology, and issues of trustworthiness. The qualitative research method is the generic qualitative approach as this study's focus was to explore professional experiences as opposed to personal experiences. This noted, the generic research design for this study most closely modeled phenomenology. As the researcher, I was responsible for all tasks associated with the research process including recruitment, interviewing, transcribing, coding, and summarizing and reporting the data. Due to the heavy involvement in all aspects of the research process, quality controls of bracketing and member checking were implemented into the study. The sole method of data collection was a 1:1 phone interview with supervisors experienced in this area of study. Participants were recruited via email listserv and vetted for inclusion criteria. Participants submitted to an estimated 45 to 60-minute semi-structured interview and checked raw transcripts for accuracy and clarification of discrepancies. Precautions were taken to protect the privacy of participants, including protection of identity from supervising faculty.

Chapter 4: Results

Introduction

The purpose of this study was to explore of supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients. The following research questions led the exploration:

RQ1: What are supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients?

RQ2: What are supervisors' level of preparation to mentor in this area?

This chapter is dedicated to the discussion of results. Included in this discussion is an in-depth overview of the data collection process, participant demographic data, data analysis approach, results, and evidence of trustworthiness.

Demographics

A total of 10 supervisors participated in this study. Participants supervised therapists-in-training who were either in the practicum and/or internship phases of their respective degree programs. Sample therapists'-in-training degree programs were counselor education and supervision, social work, and clinical psychology. Depending on setting, participants sometimes worked with therapists-in-training from various degree programs or a singular degree program, such as those that worked in a college counseling center. Participants' supervision experiences were within the last four years and were held in an outpatient clinical setting. Participants worked for variety of agency types, some that varied in mission and target population. For example, some participants' agencies were primarily faith-based or LGBT-affirmative. Other participants practiced

out of college counseling centers or community counseling centers. While participants discussed group supervision, the majority of supervision discussed was individual supervision. Participants' supervision experience varied in terms of in years of experience, number of therapists-in-training supervised, degree, licensure, and setting (see Table 1). Participants also ranged in region, ethnicity, gender identity, sexual identity, and religious and/or spiritual identity (see Table 2).

Table 1

Participant Experience and Background

	Years of Experience	Number of therapists-in-training	Degree	Licensure
Participant 1	3	8	PhD	Unlicensed
Participant 2	2	19	MA	LPCC
Participant 3	6	10	PhD	Unlicensed
Participant 4	2	3	PhD	LP
Participant 5	2	12	MA	LPC
Participant 6	21	20	PhD	LP
Participant 7	2	20	MSW	LICSW
Participant 8	10	10	PhD	LP
Participant 9	2	4	PsyD	TTLP
Participant 10	25	55	PhD	LP

Table 2

Participant Demographic Variables

	US Region	Ethnicity	Gender Identity	Sexual Identity	R/S Identity
Participant 1	Southwest	Caucasian	Female	Heterosexual	Roman Catholic
Participant 2	Eastern	Caucasian	Female	Heterosexual	Vaguely Spiritual
Participant 3	Southern	Asian	Female	Heterosexual	Agnostic
Participant 4	Eastern	Caucasian	Transgender male	Asexual, but romantic	Pagan
Participant 5	Eastern	Caucasian and Native American	Male	Bisexual	Christian, Protestant
Participant 6	Midwest	Caucasian	Female	Heterosexual	Christian
Participant 7	Midwest	Caucasian	Gender queer	Queer	Unitarian
Participant 8	Midwest	Caucasian	Female	Heterosexual	Christian
Participant 9	Eastern	Caucasian	Male	Gay	Christian, Anglican
Participant 10	Midwest	Caucasian	Male	Heterosexual	Christian

As part of each interview, each participant was asked to describe their approach to supervision. The expectation for the answer was open ended. Most participants discussed their theoretical approach to supervision, and some discussed their personal philosophy of supervision. For example, most participants characterized their supervision approach as a combination of multiple supervision theories. Three participants characterized their supervision approach involving the developmental model. Three participants characterized their supervision approach as involving psychodynamic approach. Two participants characterized their supervision approach involving the discrimination model. Other descriptive terms were named as well, such as goal oriented, postmodern narrative, and the approach to supervision to “mentor as teachers.”

An additional variance among participants was working at a variety of outpatient setting types. Outpatient settings included college counseling centers, community facing outpatient clinics, and the Veteran's Administration (VA). Moreover, four participants having supervision experience at an outpatient clinic that was faith-based. One participant had supervision experience at an LGBT focused outpatient clinic. One participant had supervision experience at an outpatient clinic that was exclusively dedicated to the intersection of R/S among LGBT clients.

Data Collection

Interviews were conducted between September 2019 and January 2020. I conducted all interviews one on one, over the phone. Interviews ranged from 33 minutes to 72 minutes in length. The mean interview length was 55.6 minutes and the median interview length was 56.5 minutes. All interviews were recorded on my cell phone, using an application titled "call recorder." Call recordings were immediately transferred from my phone to a thumb drive. Once I verified the recording successfully transferred to the thumb drive, recordings were deleted from my phone. It should be noted that one interview failed to record, which was the call recording for the interview of participant 3. The recording failure was handled by immediate documentation of the interview via memory. This was followed by providing the participant with a copy of the transcript for their review. All other recordings were intact and audible.

There were minor changes to the original research design outlined in chapter 3. Changes occurred in the areas of recruitment, participant criterion, and sample size. An adjustment was made to participant recruitment. Recall the original participant

recruitment approach was criterion and purposeful sampling. The recruitment message (see appendix A) was sent via email to multiple listservs. In addition, existing participants were messaged via email with a request to forward on the recruitment flyer, at their discretion, to anyone they knew that may be interested. The original participant recruitment approach resulted in eight participants. After the initial eight participants were obtained, the volume of interested participants slowed significantly. With the IRB's permission to take the following action, I directly approached peers at my practicum site to ask if they knew anyone that may be interested. Two peers forwarded my recruitment flyer to their contacts. This new approach resulted in two more participants. I did not know any of the participants before their participation in the study.

In addition, different listservs were utilized than the listservs initially proposed. Per the IRB, for reasons related to confidentiality, listservs will not be named. Not all of the original associations identified in chapter 3 were willing to forward the recruitment flyer to their respective distribution lists on my behalf. Alternative listservs were identified and utilized. A total of four organizations' listservs, all from different psychology disciplines and professional psychology organizations, were utilized for mass communication of the recruitment flyer. Listserv authorities distributed the recruitment message to their listservs on my behalf.

Another change made to the original research design was inclusion criterion. In order to gain enough participation, the inclusion criterion of a minimum of four years of experience had to be adjusted. The decision to alter the original inclusion criterion was carefully made based on need for participants and past research. Past research used

inclusion criterion that ranged from 3 to 39 years of supervision experience (Bang & Park, 2009; Karel, Zweig, Altman, & Hinrichsen, 2014; Nelson, Barnes, Evans, & Triggiano, 2008; Norberg et al., 2016; Skjerve et al., 2013). Noted in chapter 3, some studies in this area focused on the number of therapists-in-training supervised as opposed to years of experience (Burkard et al., 2014). Thus, the new approach aligned with past research in that the primary focus was weighed between number of therapists-in-training and years of experience. Ultimately, five participants that participated had two years of clinical supervision experience. None of the participants in this study had less than three therapists-in-training throughout their supervision experience. Supervisors declined from participation had either too little experience or experience with supervision that did not meet other inclusion criterion.

The original sample size was 12 to 15 participants, yet saturation for this study was reached at 10 participants. As noted in chapter 3, expert opinion ranges widely on the recommended sample size for a phenomenology, the range being from 3 to 25 (Creswell, 2013; Guest et al., 2006; Morse, 1991). Researchers agree on signs that saturation has been reached, “no new data, no new themes, no new coding, and ability to replicate the study,” (Fusch & Ness, 2015, p. 1409). These signs inspired the approach to data saturation for this study. New themes stopped emerging by the eighth interview. While initial codes were identified up until the tenth interview, new initial codes steadily reduced starting with the seventh interview. The new initial codes that were generated in the last three interviews were supportive of the multiple dimensions of cultural competence (MDCC). As aforementioned, according to MDCC, there is no level of

diversity that can be reached (Sue, 2001). In other words, if coding for diversity variables, the coding possibilities are endless.

Data Analysis

The coding and data analysis process closely mirrored thematic analysis. I personally transcribed each interview, generated codes, cleaned the data, generated themes, and summarized thematic networks (Attride-Sterling, 2001; Braun & Clarke, 2006). Below is a discussion of the data collection and data analysis process, including an overview of the interview process, transcription, data saturation, and data analysis process.

Interview and Transcription Process

Interviews were conducted one on one via phone, using the interview guide (see appendix C) to guide the conversation. After the first two interviews, I considered whether or not to alter the original interview guide. Due to the richness of data provided in the first two interviews and participant feedback, it was determined that the original interview guide was sufficient. The interviews were true to the interview guide, using prompts as needed.

The interviews were transcribed utilizing what Globalme (2018) termed as an "intelligent," approach to transcription. Globalme distinguished three types of transcription: verbatim, intelligent, and edited. The intelligent approach to transcription omits common filler words, such as "like," and nonverbal communication, an example being "umm." In addition, according to the intelligent transcription approach, pauses were not documented, and false starts of sentences were omitted. Aside from the omissions noted, participants' words were not changed or altered in any way.

Interviews were transcribed onto Microsoft word. Upon completion of each transcript, I emailed a copy of the transcript to the participant for their review. This member checking step served as an opportunity for participants to clarify, add, or correct transcripts. Among ten participants, nine reviewed their transcript and responded that this step was done. Of the nine participants that responded that their review was completed, four responded with feedback. Three participants responded with feedback regarding mis transcribed words. One participant provided additional thoughts that came to them after the interview, of which that data were included and coded among the rest of the data.

Before and after each interview, I participated in a reflexive journaling process. Using Microsoft word, I wrote any/all thoughts and feelings that came to mind before and after each interview. As part of the reflexive process, I challenged myself to consider how I was feeling about the study. During each interview, I took field notes using pen and paper. Immediately following each interview, I transferred the field notes to Microsoft word and discarded the paper copies.

Transcripts, reflexive journaling, and field notes were transferred to Microsoft Excel for the coding and data analysis processes. Transcribing interviews onto Microsoft word and then transferring the data to Microsoft excel served as an opportunity to increase familiarity with the data. On a practical note, it was helpful to view the data side by side as a way to visualize initial codes and themes, which was made possible by Microsoft excel.

Data Analysis Process

During the initial coding process, the transcripts were read in full two times. Next, any data that could be considered valuable to answering the research questions were highlighted and an initial code was created. For example, one initial code was “supervisor reaction of fear.” All initial codes were tracked on a separate tab in excel, with columns that represented each participant. A tally was made for each time the participant stated an initial code during the interview. Any relevant stories and quotes that deepened the richness of the data during discussion of the results were identified and entered into a column dedicated to quotes.

The initial coding process resulted in a total of 364 initial codes. By the eighth interview, no new themes were identified. By the seventh interview, the number of new initial codes began to reduce, a consistent pattern for each subsequent interview. The tenth interview generated a few new initial codes but resulted in the fewest number of new initial codes. As aforementioned, the new initial codes generated were supportive of the overarching theme of the MDCC as opposed to initial codes that had potential to support a new theme. Thus, the determination was made that saturation had been reached.

The tally system for tracking initial codes helped gauge initial themes. For data analysis, I weighed how much an initial code had been emphasized and how many participants were stating the same initial code. For example, if one initial code had been stated multiple times, but by one participant only, I would not consider that an emerging theme. If a code was teetering between being a theme or not, I would weigh how much supervisors had emphasized, or did not emphasize, the initial code. Sample initial themes

included, “self-awareness important,” “connected client with affirming supports in the community helpful,” and “create a safe space for supervisees in which faith and sexuality can be discussed.” Initial codes were granular in nature, and thus I focused on reviewing the initial codes to stimulate big picture thinking. To do this, I created a few high-level categories and sorted each initial code into two categories: RQ1 and RQ2. Then, I reread each initial code twice and identified duplicate and/or similar items and merged those codes. This step I refer to as “data cleaning.” Data cleaning identified 24 duplicate/similar codes. There were two sets of exact duplicate codes, and the remaining codes were similar codes. Originally, I placed emphasis on the codes representing the participants’ exact words, a practice which created similar codes. For example, I merged “students prefer concrete supervision,” and “students appreciate direct supervision,” together.

During the next phase, codes that had common elements were placed next to each other for ease of visualization. Initial themes developed such as reactions, challenges, and recommendations. In addition, a category titled, “one-off,” was created to place initial codes that were either stated by only one participant or did not support any themes or subthemes. By the end of the data analysis process, there were a total of 46 initial codes placed in the one-off category. In addition, I developed a category for themes that emerged, but were either not directly relevant to answering either RQ1/RQ2 or were mentioned by the minority of participants. This category was titled, “honorable mention.” Sample honorable mention themes included “joys in supervision,” and “supervision theoretical approaches.” At the end of the data analysis process, a total of 68 initial codes

were placed in the honorable mention category. The remaining initial codes were examined closely for themes and supporting codes and were rearranged until no further rearranging could be done.

As part of the data analysis process of moving from a granular level of initial coding to the big picture level of theme generation, I performed a mapping exercise (see Figure 1). This mapping exercise helped to visualize entities that supervisors were interacting with and influenced by. This process helped crystalize and acknowledge the role societal influences and settings can play, impacting clients, therapists-in-training, and supervisors. Ultimately, the mapping process which helped develop the subtheme of social challenges.

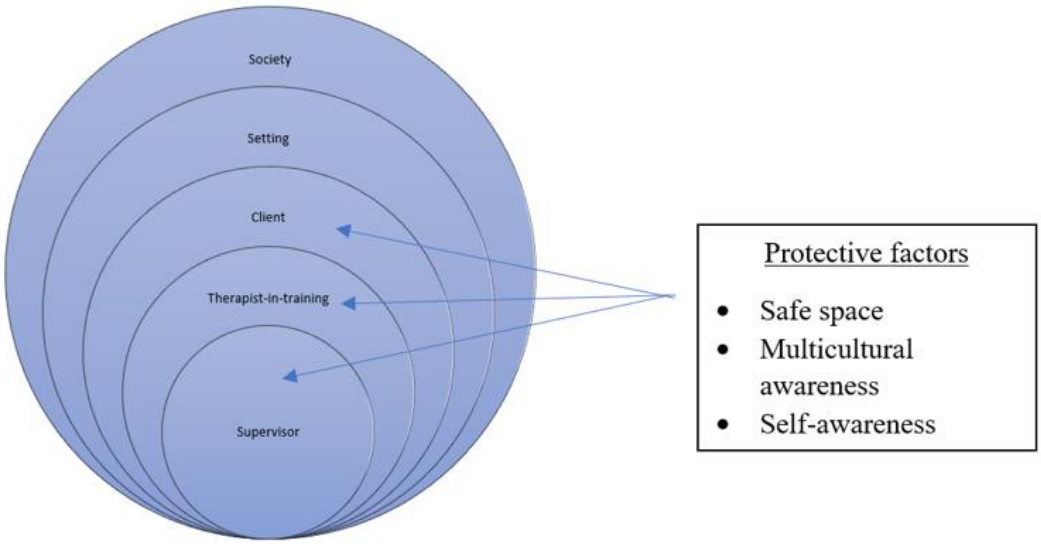

Figure 1. Social structure and protective factors.

Considerations that emerged were ambiguous codes and revisiting one-off and honorable mention initial codes. Of course, there were initial codes could support a couple of different categories and be an appropriate fit either way. To reduce risk of confusion, I decided against duplicating initial codes. Though some decisions were tough decisions, I used best judgement to determine the best themes to place a supporting initial code under. It should be noted that throughout all phases, I returned to the one-off and honorable mention categories to identify any initial codes that supported newly emerging themes. At the end of the data analysis process, a total of 10 themes emerged, with 34 supporting subthemes.

Evidence of Trustworthiness

Below is a summary of the final outlook on evidence of trustworthiness post data collection. Thoughts related to credibility, dependability, and confirmability will be addressed. In addition, thoughts on transferability will be discussed.

Credibility, Dependability, and Confirmability

Patton (2015) explained that in qualitative research, there are three elements of credibility: rigorous methods, researcher credibility, and belief in the value of qualitative inquiry. Furthermore, dependability is an important element of trustworthiness as it refers to the degree to which the study is repeatable (Patton, 2015). This study has a high level of dependability due to the detailed outline of the research steps. Another researcher should be able to repeat the research design outlined in this study and find similar results. Regarding confirmability, one barrier in qualitative research is the skepticism that researchers, albeit unintentional, shape findings according to personal worldview and

biases (Patton, 2015). Plans to mitigate threats to trustworthiness outlined in chapter 3 were upheld. Reflexive practices, such as journaling and taking field notes, were upheld throughout the data collection process. In addition, the member checking process was completed, offering an opportunity for participants to offer feedback. In addition, the research process was overseen by supervising faculty.

Transferability

As aforementioned in chapter 3, with a purposive sampling method, the findings will not be transferable to the entire supervisor population. Due to opening the participant pool up to multiple mental health therapist types (e.g. masters, doctorate, etc.), the population of this study was wider than past research. Expanding the participant pool resulted with diverse academic backgrounds, such as masters/doctorate levels and different degree types such as counselor education and social work. Furthermore, results were not generalizable to the entire supervisor population as this study narrowed focus on supervisors experienced with the phenomenon in question (Corturillo et al., 2016; Elkonin et al., 2014; McGeorge et al., 2014; O'Brien & Rigazio-DiGilio, 2016; Qi & Doud, 2017). While the participant pool was expanded, it was not exhaustive as licensures and academic backgrounds were represented equally. Furthermore, there was not an equal distribution of diversity variables. For example, equal representations of different ethnicities, region, gender, or religious/spiritual identities was not possible. This noted, the results have a high level of transferability among supervisors with similar backgrounds to the participants of this study.

Results

Through the initial coding and thematic analysis process outlined above, the supervisor experience mentoring therapists-in-training on issues related to R/S among LGBT clients evolved from a granular level to a big picture overview. As aforementioned, a total of 10 themes emerged, with a total of 34 supporting subthemes (see Table 3). The results will be discussed in order of research question. Themes and subthemes will be discussed in order of frequency, starting with the most frequent theme mentioned by participants to least frequent theme mentioned by participants.

Table 3

Research Questions, Themes, and Subthemes

Research Question	Theme	Subtheme
RQ1: Supervisor experiences mentoring therapists-in-training on issues related to R/S among LGBT clients	1. Challenges	1. Competency 2. Harmful assumptions 3. Personal challenges for supervisors 4. Self-disclosure 5. Rigid stances 6. Harmful similarities 7. Boundaries
	2. Multicultural psychology in practice	1. Interpersonal differences 2. Multicultural approach to supervision 3. Setting differences
	3. Emotional reactions	1. Fear/doubt 2. Surprise/shock 3. Anger
	4. Safe space	1. Safe space for therapists-in-training 2. Safe space for LGBT clients

(table continues)

Research Question	Theme	Subtheme
	5. Helpful therapist-in-training attitudes, skills, and knowledge	1. Self-awareness 2. Openness 1. Active listening 2. Knowledge
	6. Unique issues related to R/S among LGBT clients	1. Identity issues 2. Rejection 3. Grief/loss 4. R/S helpful in therapy
	7. Empowerment	1. Empower therapists-in-training 2. Empower LGBT clients
RQ2: What are supervisors' level of preparation to mentor this area?	8. Preparation to supervise	1. Personal exposure 2. Influential leadership 3. Literature consumption 4. Helpful attitudes/approaches
	9. Supervisor needs	1. Build social resources 2. Knowledge 3. Multicultural supervision 4. Reflexive work
	10. Lack of preparation	1. Grad school course content

Research Question 1

The first research question was what are supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients? In answer to RQ1, there were 7 themes and 25 subthemes. The themes include challenges mentoring in this area of intersection, multicultural psychology in practice, emotional reactions, safe space, helpful therapist-in-training attitudes, skills, and knowledge, unique issues related to R/S among LGBT clients, and empowerment.

Challenges. As part of each interview, I asked participants to reflect on challenges mentoring therapists-in-training on issues related to R/S among LGBT clients. While I also asked about successes in this area, answers to the question of challenges, by far, had the highest level of consensus among participants. The majority of participants spoke to therapists'-in-training competency related issues and general harmful assumptions. A few participants spoke to issues related to supervisor personal challenges, self-disclosure, rigid stances, harmful similarities, and boundaries. While only a few participants spoke to the latter subthemes, the latter subthemes will be discussed in support of the depth and breadth of challenges found mentoring in this area of intersection.

Competency. Multiple competency related issues were identified. Seven participants mentioned that therapists-in-training were still processing their own beliefs in this area of intersection. One participant discussed their supervision case in which a therapist-in-training held the belief that they would be able to avoid treating LGBT clients by referring LGBT clients. Other participants discussed instances in which their therapist-in-training had not yet processed their personal thoughts and feelings in this area of intersection. Two participants' comments illustrated this point. According to Participant 6:

> So, [I] worked with a number of interns who have worked with LGBT patients who are struggling with issues of religion and spirituality…And so, it was really challenging in that sense, helping them work through some of those messages they get from family or friends, or the community and how to deal with those issues. So, that what we talked about. Certainly, some of the trainees early on

> were still needing to understand and reflect on their own values and beliefs and things like that.

Participant 5 stated:

> Mentoring, so I kind of mentored her [the therapist-in-training] about even with her own story... But that was what she was struggling. She was really struggling with the idea of "can I be a lesbian and go to heaven?" Because that was the real conflict for her. She had always believed that "if I choose this, then I'm going to hell." And so, I really modeled bracketing with her and acceptance, unconditional acceptance of her unconditional positive regard with her.

Additional competency related issues were mentioned among participants. Four participants identified their belief that therapists-in-training' R/S competence tended to be less developed than LGBT competence. For example, two participants commented that their therapist-in-training did not naturally incorporate R/S as part of the intake process. Regarding the general belief of R/S competence being less developed in therapists-in-training than LGBT competence, Participant 2 had this to say on the matter:

> With LGBT clients, I feel people talk about it more because, even though it can be a hidden identity, it is still something that it is in the news very much right now, it is very current. There has been a lot of push for that. Whereas with spirituality and religion, I feel like sometimes people feel like it is an off-limits or taboo topic.

Other competency related issues revolved around language. Three participants mentioned the need to address inclusive language as some therapists-in-training tended to

make overly broad generalizations. One participant commented on the need to address nonacceptance of using clients' preferred pronouns with their therapists-in-training.

Harmful assumptions. Among challenges, nine participants referenced some form of harmful assumption. Harmful assumptions are made from a variety of sources. For example, two participants referenced anti-LGBT messages received by LGBT clients from faith-based communities. One participant mentioned the dangers of the historical assumption of R/S equaling harm, when the reality is that R/S can be a positive experience for some LGBT clients. Three participants referenced harmful assumptions within the broad field of psychology. Two assumptions within the field of psychology were identified as harmful. One assumption was the idea that therapists need to be "blank slates." The second assumption is that all therapists hold the same beliefs and values. Comments from Participant 9 illustrated the potential harm of assumptions for therapists-in-training:

> I think there probably is a pretty strong assumption within the psychological community that we all share personal values and views, religiously on questions of sexual morality and things like that. And that actually is just not true. And so, what it often results in is people just being quiet and not feeling like they can share the struggles that are really going on…If the conversation is, "you have to conform, or you are not welcome here." That clinician is never going to

> experience how to sit with someone who disagrees with them. And they are going to then go out and do damage to a client later, because of that missed opportunity.

In addition, one participant discussed a supervision case in which the therapist-in-training had unsuccessfully tried to process their thoughts and feelings surrounding issues related to R/S among LGBT clients in their graduate program. Participant 2 had this to say:

> She couldn't reconcile those with working with an LGBTQ client. She said it was something she was struggling with the entire program. She had negative experiences disclosing it to her peers before who had essentially said, "why are you so judgmental about this?" She said, "okay, well I won't talk about it then." Somehow, [this] never got picked up by an instructor or supervisor prior. She came and she went out on a limb and told me.

Within the field of psychology, two participants mentioned having witnessed fellow supervisors as unapproachable for the topic of R/S, leaving their therapists-in-training to either "sink or swim," or seek alternate supervision for help in this area. For example, Participant 8 reflected on an example of a time that a therapist-in-training sought out their expertise in this area:

> There was one student who came to see me a number of times for consultation because she was, her primary supervisor was more cognitive behavioral. She was seeing someone who was a very religious person, whose sexual exploration seemed to be related to personality dynamics. And there was a real rigid moral religious structure that she was working from, that the client was from. It was really nice to be able to talk with this student, who wasn't technically a

> supervisee, but to talk with this student about the interplay about how someone can use religion or their sexuality in a way to communicate or to express something.

Personal challenges for supervisors. Six participants discussed personal challenges, subthemes ranging from emotional reactions to suspending automatic judgments in supervision to managing their own wrestlings with R/S. Two participants mentioned emotional reactions to hearing negative messages received by clients from faith communities. For example, one participant discussed their reactions of sadness upon hearing an LGBT client was rejected from their church due to their sexual identity. Another participant shared their reaction of sadness upon hearing the negative R/S oriented messages stated to an LGBT client by their family. Participant 6 had this to say on the topic:

> I think what has surprised me and has made me sad is some of what I am hearing about some of what our patients are experiencing. Some of the messages they are getting that are really hurtful and are certainly based in peoples' strong religious beliefs.

Two participants referenced their challenges with suspending automatic reactions in supervision. One participant discussed an issue unique to the intersection of R/S for LGBT clients, which is processing their own feelings and judgements related to R/S or LGBT. For example, Participant 7 commented on their personal experience wrestling with issues related to R/S:

> And it [R/S] doesn't always have to be about harm, it can be about growth, and identify, and community, and culture. And so, in some cases, it's mentoring clinicians to not always have that kind of reaction as well, it's mentoring myself to not always have that kind of reaction. It's also helping us to guide clients on allowing for a space where anger and hurt does and needs to exist in terms of processing, but also that there can be a completely different narrative. We can move away, and moved into the preferred narrative of "yes, and there is a way of thinking of spirituality where it brings me benefits, it doesn't just harm me."

Self-disclosure. Three participants commented that self-disclosure tends to come more often when mentoring therapists-in-training on issues related to R/S among LGBT clients than when compared to the general population. For example, participants pointed out that LGBT clients tend to ask direct questions, such as "what do you think about celibacy?" and "what is your theological view of homosexuality?" Participants stated that navigating the pros and cons of self-disclosure were carefully discussed in supervision, along with careful attention to the motives for self-disclosure. Participant 4 discussed a scenario that stood out as a prime example of the nuances of discussing self-disclosure:

> We had a transgender client, she also considered herself to be bisexual. She had been raised in a strictly fundamentalist religious family and had internalized a lot of those messages…And my supervisee was also struggling with this and had some strong reactions because she had actually come from a Mormon background. And reached a point where she was getting too many negative messages about herself and opted to step away from that environment. So, kind of

> her knee jerk reaction was, "I want this client to not be in this situation anymore. I want her to make that choice to leave." And so, we spent a lot of time in supervision processing all of these pieces, of looking at how my supervisees' experiences were leading to her having this really strong countertransference …We started off more looking at that countertransference, of how her experiences were leading her to respond this way, with this client's dilemma. And ultimately, as she worked through, spent time looking at how her experiences may relate to the client and some may not, she did reach a point where we determine that it was time to, if it felt appropriate in the moment, share this [therapists-in-training personal background] with the client.

Rigid stances. When discussing challenges, four participants referenced rigid religious stances of therapists-in-training, clients, or the religious communities that the client is facing as challenges. As participant 2 discussed, they were challenged in mentoring a therapist-in-training that held rigid religious views and thus were unsure if they would be willing to treat LGBT clients. Another participant talked about clients' rigidity kept them from negotiating their sexual and faith identities. Participant 6 reflected on their experience mentoring therapists-in-training in the "bible belt," of the United States:

> So, then that bible belt section, there were a lot of messages of "I am going to pray the gay out of you," and things of that nature, that we would hear from patients, that my supervisees would talk about. "How to help people within a culture or climate that for some people was pretty awful, pretty judgmental, and a

> lot of homophobia?" And so, it was really helping the trainee now to support and empower the client who is dealing with those messages, even from [name of organization] vectors. And so, it was really challenging in that sense, helping them work through some of those messages they get from family or friends, or the community and how to deal with those issues.

Harmful similarities. Two participants referenced harmful similarities, meaning similarities between the client and therapists can make for a "blind spot," in therapy. For example, one participant referenced a supervision scenario in which their therapist-in-training was in a mixed sexual orientation marriage, meaning one heterosexual spouse and one homosexual spouse, who was seeing an LGBT client that was contemplating entering a mixed sexual orientation marriage. In this scenario, the thinking that could cause a problem is that the therapist had already reconciled their R/S and LGBT identity in a way that worked for them. Thus, the therapist-in-training needed to suspend their beliefs about what manner of reconciliation worked for them in order to allow the client to come to their own natural resolutions.

Participants discussed the idea that while well intentioned, a strong sense of LGBT advocacy can sometimes become a blind spot in therapy, specifically when it comes to the topic of R/S. Out of compassion and desire to enforce LGBT affirmative attitudes, one can inadvertently direct someone to abandon an important part of their identity, their faith identity. Participant 9 had this to say about the dangers of a rigid LGBT-affirmative stance:

> And I think, privately what I have found in my own experiences in therapy, as well as some of the practica settings that I worked at, is that there is sort of an orthodoxy that is expected in psychology and counseling. And it would be the gay affirmative. "This is the narrative that you have to push your client toward." But what that does, is it creates non-safety, it creates gaps, and creates a whole group of people who refuse to come to mental health services because they believe, rightly so, that they are going to be challenged to give up their faith, to give up their really closely held religious views. And that is just not the business of the psychologist or therapist, that is not what we are supposed to be doing. We are not pastors.

Boundaries. Narrowing focus on R/S in therapy, three participants mentioned challenges of ethics and boundaries. Participant 4 explained that therapists are not experts on religious texts:

> So it's that really tricky line of how do we balance talking about something that is so charged as a clinician, or as my supervisee is navigating it, we don't necessarily have that same understanding and we can't necessarily say, "well, have you considered looking at this different passage that might give a different impression?"

Furthermore, two participants referenced the challenge of navigating the boundary between pastoral counseling and therapy. Participant 8 commented:

> Gosh, at what point do you do you say like, I am not your religious or spiritual guide? What can you do, what can't you do? That also feels really challenging,

> especially with the weight of these issues. Really important to think about for ethical practice and the health and well-being of the client.

Overall, participants identified multiple challenges mentoring in this area of intersection. Participants reported that R/S competence tended to be less developed than LGBT competence. Furthermore, participants referenced the need to address issues related to transference/countertransference as therapists-in-training are often still processing their beliefs in this area. Participants identified multiple types of harmful assumptions, such as anti-LGBT sentiments among faith communities and harmful assumptions within the field of psychology. Personal challenges for supervisors were identified, such as the emotional toll of exposure to negative experiences of R/S among LGBT clients. Furthermore, participants identified the need to process the decision to self-disclose more frequently when mentoring this area of intersection as LGBT clients tend to ask more direct questions. Last, participants cautioned about harmful similarities, indicating that similarities between LGBT clients and therapists-in-training can lead to blind spots.

Multicultural psychology in practice. One frequent theme was the concept of multicultural psychology in practice. For example, consider what Participant 4 had to say in answer to what the challenges are mentoring therapists-in-training in this area are:

> I would say a big one that just comes to my mind is how many different religious backgrounds there are. I think that was striking to me in large part, in the group setting in particular. Because we would have clients of Christian background, fundamentalist Christian background, Buddhist, Jewish, and that each of them

> brought something different. So that was one of the biggest challenges I saw, was when there was this mishmash of all of those different identities, especially with those religions approaching the LGBT population in different ways.

While there are unlimited diversity variables, subthemes emerged that characterized real world practicalities of the MDCC. Subthemes included interpersonal differences, multicultural approaches to supervision, and setting differences.

Interpersonal differences. It became clear that there are infinite possibilities for ways individuals can differ from one another. All participants were united in their recognition that all therapists-in-training and all clients are unique. All participants talked about themselves, their therapists-in-training, and their therapists-in-trainings' clients, and would often name diversity variables at play. Among stories shared from participants, some diversity variable matchups became relatively common, such as either the supervisor or therapist-in-training identifying as LGBT and the other identifying as heterosexual. Some diversity matchups were less common. An example of an uncommon pairing mentioned occurred in a college counseling center, of which international students were presenting to therapy with an American therapist-in-training.

Multicultural approach to supervision. Seven participants explicitly referenced their multicultural approaches to supervision. One participant named role modeling as a key method of their multicultural approach. Five participants indicated that their approach to multicultural supervision was more of a directive approach, meaning diversity variables are named in supervision to aid discussion. For example, when discussing supervision approach, Participant 1 stated:

> I think I did take a more directive approach at times when I felt like it needed to happen. But, much more hands off, exploratory, curious about interpersonal dynamics and how those impact the therapeutic alliance, especially when it comes to exploring things so personal and intimate as sexuality and faith. Being at a center within a Christian setting there was a stimulus value to that, that made for helping my supervisees name that with clients and understand how that might impact the work.

Setting differences. While not the focus of this study, eight participants mentioned setting differences. Participants were mindful that their settings of practice could influence the nature of what they are experiencing. For example, two participants referenced awareness that their faith-based agency may influence disclosure, or lack thereof, of diversity variables. For example, at a faith-based agency, some therapists-in-training and clients may feel more willing to discuss issues related to R/S. Alternately, LGBT therapists-in-training and LGBT clients may fear disclosing their sexual identity for fear of rejection or retaliation. Participant 9 had this to say on the topic:

> …someone with more traditional values, either Christian or Muslim or Jewish, could end up in a more progressive setting and feel that they don't have the ability to express their point of view, or the questions or their concerns, without it being negatively received. Without it being negatively received, without there being social or even professional consequences. So, they just are quiet, they never seek

the supervision, they never seek the process. And they can go on and do damage later on, because of those missed opportunities.

Overall, participants acknowledged the wide variety of possible individual diversity variables as well as interpersonal differences between therapist-in-training, LGBT client, and supervisor. In addition, participants talked about setting differences that can influence therapist-in-training and LGBT client disclosure, or lack thereof, of identity, beliefs, questions, etc. For example, a LGBT client being treated in a primarily R/S oriented agency may be less likely to disclose their sexual identity. Participants identified how they incorporated multicultural psychology into their supervision practice, of which many indicated their preference to directly name diversity variables in supervision.

Emotional reactions. Participants' report of their experience mentoring therapists-in-training on issues related to R/S among LGBT clients included strong emotional reactions. The strong emotional reactions were primarily described as fear/doubt and surprise/shock. These emotional reactions were participants' emotional reactions throughout the supervision process as well as the therapists'-in-training emotional reactions throughout the supervision process. Anger was a subtheme, although it should be noted that anger was rarely mentioned in comparison to fear/doubt and surprise/shock.

Fear/Doubt. Five participants expressed emotional reactions related to fear and doubt that occurred in a variety of contexts. Therapists-in-training feared potential repercussions related to R/S, ranging from fear of bringing up the topic of R/S in

supervision, fear of the unknown due to lack R/S education/training, fear of legal/ethical issues, fear of discussing R/S in supervision and therapy because of their own LGBT identity, and generally viewing R/S as a "taboo," and/or divisive topic. One participant stated that even within the context of supervising at a faith-based agency, their therapists-in-training were hesitant to bring up the topic of R/S.

With respect to doubt, one participant expressed doubt over the true nature of LGBT-affirmative attitudes in one of their therapists-in-training. Their therapist-in-training had expressed that, for religious reasons, they were unsure of their willingness to do therapy with an LGBT client. After education on LGBT affirmative attitudes, professional ethical guidelines, personal counseling, and reflexive work, the therapist-in-training changed their mind and stated their willingness to do therapy with an LGBT client. The participant expressed doubt as to whether or not this change was sincere or a disguise in order to avoid remediation.

Surprise/Shock. Six participants discussed emotional reactions related to surprise and shock. Therapists-in-training experienced surprise/shock regarding the nature of issues related to R/S among LGBT clients, such as the religiously driven anti-LGBT messaging that LGBT clients received from their family and faith-communities. One participant explained that their therapist-in-training was surprised at how much value R/S can hold for some LGBT clients. Furthermore, therapists-in-training were surprised at how much knowledge there is in the intersection of R/S among LGBT clients. One participant described their therapists'-in-training reactions of surprise upon realizing that they have likely already met an LGBT individual or have likely already had an LGBT

client. Participant 2 talked about addressing inclusive language with therapists-in-training in a college counseling setting:

> And [some therapists-in-training] were not curious about it, but actually dismissive of the idea so we had to have a conversation right off the bat on day one about, "okay, this is really important that you do this and that you do this with your clients as well, you need to be inclusive." We do have several LGBTQ identifying students in our main campus, if one of them had been in the room they wouldn't have known.

Participants also mentioned pleasant surprise. Two participants expressed their reaction of pleasant surprise to witnessing the willingness of therapists-in-training to put their personal beliefs aside as well as the eagerness of new therapists-in-training to participate in reflexive work.

Anger. As aforementioned, anger was not the most popular theme among emotional reactions. At the same time, emotional reactions related to anger were not unheard of and while infrequent, anger was a part of supervisors' experience in this area of intersection. Two participants described therapists'-in-training emotional reactions to the topic of R/S among LGBT clients including defensiveness, offense, verbal claims of reverse oppression, and push back.

Overall, therapists-in-training fear bringing up R/S in supervision, fearing R/S is a taboo topic in supervision/therapy. Moreover, therapists-in-training fear the unknown as the lack of training/education in this area can make the idea of incorporating R/S in therapy intimidating. Another commonly reported emotional reaction among participants

was surprise. As therapists-in-training gain exposure to issues related to R/S among LGBT clients, there is reactions of surprise. For example, some therapists-in-training expressed surprise over the religiously driven anti-LGBT messaging their LGBT clients have received.

Safe space. During interviews with participants, time was devoted exploring negative experiences, positive experiences, and helpful/unhelpful supervision approaches. Eight participants referenced the importance of creating a safe space. Participants devoted much of the conversation to creating safe spaces for therapists-in-training. To a lesser extent, but nonetheless discussed, participants talked about how to help therapists-in-training create safe spaces for their LGBT clients.

Safe space for therapists-in-training. As mentioned above, participants discussed the importance of a safe space. Eight participants mentioned that creating a safe space allows therapists-in-training to freely discuss issues related to R/S among LGBT clients in supervision. Participant 4 remarked on what worked for them in making group supervision a safe space in a historically anti-LGBT setting:

> So, I found it to always be really powerful to have somebody that wasn't a part of that [LGBT] community join me as a co-facilitator because it really let them build a connection with that individual that often times they were surprised they were able to do. Especially at the [name of organization], the LGBT community was really afraid, and did not feel safe. And did not feel like people there cared about them or supported them. And when we had somebody who wasn't necessarily a part of the community join us for those sessions, every single time we started to

> come to the end of that person's rotation, there would always be comments about how they "weren't so sure about them at the beginning," but that it really meant a lot to them to have them there, and they learned a lot. And they now feel more comfortable and they are able to build a community that is not only in the LGBT community.

One participant talked about their therapist-in-training feeling comfortable enough to name their own biases as well as their supervisor's biases. The participant took the therapist-in-training's comfort in doing so as a sign that a safe space has been achieved. Participant 9 had this to say on the matter:

> So, it was really awesome to have those conversations, to talk through like, "okay, so these are your views, and that's great, you can have these views, and we can talk through that, and we can learn about different views within Christianity or within different religions. But what is really ultimately important is what this client needs and wants and is saying." And he was very open to that, this particular clinician, was very open to that. Very open to not bringing his personal values into the room. And also, at the same time, balancing my own values, and he had the courage a couple of times to say, "I think that might be your values. But, I'm not sure if the client agrees with that or not." And then we would process that, and he would go and investigate it. It was just a great give and take experience.

Furthermore, participants talked about reducing fear of talking about either R/S or LGBT in supervision. Fear reduction can be accomplished a variety of ways. Participants

mentioned specific approaches such as normalizing, role modeling acceptance, and finding safe spaces to talk about these topics.

Another subtheme within safe spaces for therapists-in-training was group supervision. Participants were mixed in their beliefs of group therapy being helpful and unhelpful, with five participants of the mindset that group supervision is helpful, whereas four participants expressed serious reservations about the use of group supervision for this area of intersection. Some participants referenced group therapy as a great way to help therapists-in-training learn to disagree graciously, to spitball ideas with each other, and weigh pros/cons with one another. Alternately, some participants stated that issues related to R/S among LGBT clients is too sensitive of a topic for group supervision. One participant stated their belief that group supervision could be helpful, yet their agency was not a safe space. Another participant shared their belief that settings' openness, or lack thereof, to discussion of divisive issues impacts whether or not group supervision would be helpful. One participant stated an idea to mitigate challenges of group supervision, which is to avoid forcing anyone to participate in the conversation and circling back with anyone that appeared uncomfortable during the group session privately.

Safe space for LGBT clients. Five participants referenced that their supervision included helping therapists-in-training learn how to create a safe space for their LGBT clients. Three participants discussed ways they went about this in supervision, such as mentoring their therapist-in-training on how to "bracket," their beliefs and values. Additional approaches included helping therapists-in-training learn from LGBT clients in

a nonjudgmental way and ensuring the therapist-in-training is allowing LGBT clients to process issues related to R/S in therapy.

Overall, to achieve a safe space, participants identified multiple approaches, such as normalizing, role modeling acceptance, and finding safe spaces to talk about R/S among LGBT clients. Participants were divided on use of group supervision to talk about issues related to R/S among LGBT clients. Some participants believed that group supervision can help therapists-in-training learn to disagree graciously whereas some participants not all settings are safe enough spaces. Moreover, participants talked about helping their therapists-in-training create safe spaces for LGBT clients, which can be accomplished via helping therapists-in-training learn to bracket their beliefs and values and allowing LGBT clients to process issues related to R/S in therapy.

Helpful therapist-in-training attitudes, knowledge, and skills. When talking about what therapists-in-training need to be successful providing therapy in this area of intersection, all participants referenced helpful attitudes, knowledge, and skills for therapists-in-training to have. The largest consensus on helpful skills to have was self-awareness. Next, the majority of participants referenced openness and active listening as helpful. Last, three participants referenced knowledge in the area of R/S and LGBT as helpful.

Self-awareness. When asked the question of what therapists-in-training need to successfully treat LGBT clients with issues related to R/S, the majority of participants stated self-awareness. Participants referenced the need to be aware of ones' own biases and blind spots. Another participant mentioned the need to learn of their own

microaggressions as part of self-awareness. One participant remarked on their approach to stimulate self-awareness, including drawing, painting, and role playing. On the topic of self-awareness, participant 7 remarked:

> "How do you help somebody walk through a journey of gender if you've never done it yourself? How you do help somebody explore what it means to be masculine or feminine or androgyne, what is healthy manners of looking at doing that? How do we do that without toxic masculinity? How do we explore all of those things, how do you explore that as a potential cisperson that has never done that work yourself?"…It is so important to also look at our own identities, see them as privilege or oppression, and do some of that really good reflective, explorative, solid grounding work ourselves.

Participant 10 had this to say:

> So, first of all I think it is a real firm understanding of themselves and what their beliefs and experiences are. It's an understanding of to what degree do they carry those into the room with them when they sit with a client? And that includes an understanding of what is their stimulus value? Okay, as a 35-year-old white heterosexual male, my interns' stimulus value is very different from a 27-year-old Latino/a female who is bisexual. That is just different stimulus value. And so, I think, first of all, really that deep understanding of self, of minimizing blind spots, attending to biases, countertransference. So, I think that is the very first step. I

> can't imagine if you can do good work, and not damaging work, if you are unaware of those things.

Openness. Five participants referenced the attitude of openness as helpful. Participants referenced elements that would define an open attitude, such as avoidance of black and white thinking, cultural humility, having a sense of curiosity, and learning how to disagree graciously.

Active listening. Eight participants referenced active listening skills as helpful. As part of the development of active listening, participants explained that learning to put ones' own beliefs and values aside was important. In addition, allowing LGBT clients to come to their own natural resolutions is important.

Knowledge. Knowledge was the least popular item mentioned by participants. This noted, three participants referenced knowledge as helpful in successfully treating LGBT clients on issues related to R/S. One participant referenced the importance of having a solid grasp on the developmental model. On the topic of knowledge, participant 10 had this to say:

> I think part of that is really educating ourselves about the developmental identity development of young men and women. I don't want to be too binary there. Of individuals who are working on these issues, who are discovering, developing their identities. So, I think awareness of that developmental process. I think learning and educating ourselves about what are the issues that the LGBTQ community faces? And there are multiple issues because that is a pretty broad range of individuals and sets of issues. So, I think educating ourselves on the

> concerns, the issues, the processes. I think educating ourselves on the barriers, the systemic barriers that exist, but also what are the resources that exist?

Participant 8 commented:

> And then there is a lot of knowledge to learn too. About, I'm certainly really on this journey, which is maybe why I say that. Learning about gay rights movements, the challenge of gay men and how that is different from lesbian women. Challenges of bisexual folks within the LGBT community. Trans folks, how male to female is different from female to male experience. There is just so much to learn, and that is, if we are really going to get our clients there is a lot do, to learn. And that is just a piece of the sexuality portion. And then, how that intersects with religion. You know, somebody is Catholic and gay, raised in the church. All kinds of questions are coming up, versus protestant and gay, and then of course all kinds of denominations and how they have interacted with LGBTQ folks historically. What kinds of messages, what kinds of camps kids are sent to? It's just so many things to learn.

Overall, participants referenced a variety of attitudes, skills, and knowledge that are helpful for therapists-in-training to possess when developing in this area. Participants had the largest consensus that self-awareness was the most important. A self-aware therapist-in-training would be aware of their biases, blind spots, and personal microaggressions. In addition to self-awareness, participants referenced it is helpful for therapists-in-training to possess openness, active listening, and knowledge in this area.

Unique issues related to R/S among LGBT clients. Discussions naturally included coverage of unique circumstances and challenges that LGBT clients were facing. Much of participants' discussions included an overview of cases that presented unique issues related to R/S among LGBT clients. Subthemes in this area included identity issues, rejection, grief/loss, and R/S helpful in therapy.

Identity issues. Six participants referenced identity related issues in this area of intersection. Identity related issues ranged from internalized homonegativity, exploration of LGBT identity while simultaneously navigating R/S identity to LGBT clients' wondering if their current setting is safe or if they belong. For example, consider what Participant 1 had to say:

> I'm thinking of a client who came to one of my supervisees who was a person of faith, raised, I think, in the Southern Baptist tradition. They were coming in, probably early thirties, looking at they experienced same-sex sexuality. What does that mean for labels? … Then was kind of navigating a new church context, not the one they were raised in, but trying to figure out, "what does it look like to integrate my faith with the one I was raised in and where I am at now in my life?"

Consider comments from Participant 5:

> And so, what I would do with that kind of client, we open up like I said, both sides, and acceptance of both sides. So really, it's a conflict of desires in some way. But one desire, a desire to live holy and please God. The other desire to be with the same sex and "how do I reconcile this if my faith is saying that this is wrong?" And some people, this is not the case. Some Christian faiths are more

> open to same sex relationships and celebrated. And so, there is a little bit of a difference there. So, in the University where I was at, a lot of these were Baptist or pretty traditional Christians. So that's how they would come in.

Consider comments from Participant 9:

> So, I ended up inheriting in supervision, the same client I had seen in therapy. …the therapist and I had very different views of religion and spirituality, and so that prompted a lot of great conversations. Especially because this particular person, very much identified integration of sexuality and spirituality as part of his work, that he wanted to do in therapy. It had been a very important aspect of even figuring out if he was safe enough to stay at [name of university] had been a pretty significant part of his work with me.

Rejection. Four participants referenced themes related to rejection. One participant commented that some LGBT clients' past experience of nonsupport from family or faith communities can sometimes render some LGBT clients more vulnerable in the therapy room. Participant 9 commented:

> …in my own experience, my clients, would present as very fragile and would present as "if there is a disagreement here, I am out. I am not going to continue with this therapeutic relationship."

Another participant described the challenge that one college aged LGBT client was facing, in which the LGBT client witnessed their family disown their brother for religiously driven reasons after he came out. This added stress to the LGBT client's

decision of whether or not to come out due to the realistic potential for loss of family, housing, and financial support.

Grief/loss. Three participants referenced feelings of grief/loss that came up in their experiences mentoring therapists-in-training on issues related to R/S among LGBT clients. The grief/loss circumstances named were instances of loss of family and loss of faith community.

R/S helpful in therapy. Three participants referenced positive aspects of R/S in therapy among LGBT clients. Participants shared their views that R/S is more of a help than a hinderance in therapy. One participant shared their outlook that exploration of R/S and LGBT identities can be meaningful, a way of uncovering the "deeper meaning behind behavior." One participant recalled having received client feedback that incorporation of R/S in therapy was helpful.

Overall, participants referenced the unique situations when working with issues related to R/S among LGBT clients. LGBT clients can sometime struggle with their identity, struggling to negotiate their faith identity with their sexual identity. In addition, LGBT clients sometimes face issues related to religiously driven rejection. For example, family and faith communities may reject an LGBT individual for religiously driven reasons. The rejection creates issues related to grief/loss for LGBT clients as well.

Empowerment. The last theme in response to RQ1 was the concept of empowerment. Eight participants referenced empowering therapists-in-training as helpful. In addition, six participants referenced mentoring therapists-in-training on ways to empower their LGBT clients.

Empower therapists-in-training. Eight participants referenced empowerment of therapists-in-training as helpful to supervision in this area of intersection. Participants shared different ways to achieve empowerment in supervision. Four participants discussed helping therapists-in-training process transference and countertransference as well as placing focus on development of therapists'-in-training therapeutic self. In development of the therapeutic self, participants talked about helping therapists-in-training gain appreciation for their own thoughts and beliefs. One participant mentioned the underlying motivator for placing focus on the development of the therapeutic self was to prepare therapists-in-training for independent practice someday. For example, participant 5 commented:

> I would say, teaching them [therapists-in-training] to assess these areas [R/S and LGBT identity] at the intake. So, instead of avoiding or being fearful of it. Actually, having them do that during intake. Talking about these sensitive areas, assessing them, how do they identify both spiritually and sexually, sexual orientation? So, I think that is really rewarding, so hopefully my supervisees are doing that now as they continue. That's my hope. And to feel more grounded in who they are, but also be able to bracket.

Participant 10 had this to say:

> Well, the supervisee developed a better understanding of himself or herself, of their own values and identities. And, obviously I am not helping them develop their sexual identity or their most of their identities. But how those identities interact with their identity as a therapist, as a psychologist. So, that in itself is a

> success, I think. Any time, also when, a therapist has a better understanding of how to unpack some of the complexity and some of the different, the multiple intersecting identities and systems in which the clients are operating. And how these systems sometimes conflict in terms of values and messages. So, the more understanding a therapist has of those things, the more they can help the client unpack.

In addition, four participants recommended that therapists-in-training receive personal counseling and cited that personal counseling was helpful for their therapists-in-training.

Empower LGBT clients. Six participants referenced the importance of mentoring therapists-in-training on how to empower their LGBT clients. Mentoring therapists-in-training on empowerment can be achieved in a variety of ways. For instance, some participants referenced mentoring therapists-in-training to help their LGBT client navigate pros/cons while other participants mentioned mentoring therapists-in-training on how to prioritize what their LGBT clients are saying in therapy. Four participants referenced the importance of connecting LGBT clients with community resources, such as LGBT-affirming faith leadership and community-based support groups.

Overall, participants endorsed empowerment of therapists-in-training and LGBT clients as important when mentoring in this area. Empowerment can be achieved via processing transference/countertransference and personal counseling for therapists-in-training. In helping therapists-in-training learn how to empower LGBT clients, participants identified helping therapists-in-training process pros/cons with LGBT clients as well as connect LGBT clients with community resources as helpful.

Research Question 2

The second research question this study explored was supervisors' level of preparation to mentor in this area. In answer to RQ2, there were three themes and eight subthemes. Themes that emerged were preparation to supervise, supervisor needs, and lack of preparation.

Preparation to supervise. The discussion of RQ2, the majority of participants talked about what prepared them versus what did not prepare them. In terms of what helped participants prepare to supervise in this area, participants talked about personal exposure, influential leadership, literature consumption, and helpful attitudes/approaches.

Personal exposure. Whether it was their own LGBT identity or having a close loved one that identified as LGBT, personal exposure helped prepared many participants to mentoring therapists-in-training on issues related to R/S among LGBT clients. Personal exposure served as an opportunity for normalization. Furthermore, one participant discussed their own faith background was helpful in knowledge building. For example, in their faith experience, they had the opportunity to learn about world religions, which proved to be helpful mentoring therapists-in-training in this area.

Influential leadership. Six participants stated that their personal experience in supervision held a strong influence on their level of preparation to mentor therapists-in-training in this area. Participants recalled that their supervisors created a space that was supportive, safe, and allowed the opportunity to process transference and countertransference. While the majority of participants stated their supervisor was a

powerful influence on their level of preparation to mentor this area of intersection, participant 8 discussed that their graduate program had a strong influence:

> Primarily my own graduate training…I knew I wanted to study religion/spirituality and clinical psychology. Mostly because of my own formation…religious identity was such a core part of me. And I had lots of questions about, what is mental health? What is mental illness? Religious folks tell me one thing, but then my psychology professors tell me something else. And, I just felt like religion and psychology are asking some very similar questions sometimes. Anyway, so I went to a school where I could ask some of those questions and study those things. And I had pretty great mentors and some really strong friendships that are some of the people I still consult with. And it was primarily from a Christian perspective. You know, took lots of classes thinking about the religion and clinical psychology, including sexuality. So, we had a whole class on masturbation and faith, just really interesting, really important to talk about. Because people have feelings that if they engage in sexual activity, that is like condemned by their religious institution. And of course, shame and secrets create psychological problems. So anyway, my graduate program was really, really helpful for me in that.

Literature consumption. Six participants mentioned consumption of literature was helpful in their preparation to mentor therapists-in-training on issues related to R/S among LGBT clients. Four participants referenced that reading research and books on topics in this area was helpful. Three participants referenced coursework as helpful. Other

participants referenced use of resources put forth by governing bodies, such as the APA and ALGBTIC, as helpful.

Helpful attitudes/approaches. Three participants mentioned that their attitude and/or general approach to this area of intersection was helpful in their preparation to mentor therapists-in-training in this area. One helpful attitudes/approaches mentioned was refraining from the desire to control. Three participants referenced suspending judgment as helpful, in which one participant stated that recalling their own development as a therapist was helpful in suspending judgement. Last, while only one participated stated this, one participant shared that a valuable lesson learned was developing comfort with not knowing all answers.

Overall, participants referenced personal exposure, whether it be their own experience or a loved one, personal exposure to R/S and/or LGBT individuals helped prepare them for mentoring in this area. Moreover, many participants credited their personal supervision experience as helpful in preparing to mentor in this area. For example, supervisors' role modeled acceptance of R/S and LGBT diversity variables being discussed in supervision and therapy.

Supervisor needs. One question asked of each participant was what do supervisors need to successfully mentor therapists-in-training on issues related to R/S among LGBT clients? Subthemes in this area were building social resources, acquiring knowledge, developing a multicultural supervision approach, and engaging in reflexive work.

Build social resources. Five participants remarked on the need to build social resources. The comments on what building social resources would look like varied, but the majority of comments were focused on developing relationships with local community resources and gaining knowledge of local community resources. By doing this, one can gain exposure for themselves and better help LGBT clients connect with R/S and LGBT resources within the community. Participants stated that finding safe spaces and affirming mentors can be valuable to developing proficiency in this area. One participant referenced the importance of connecting with professionals that are experienced and knowledgeable in this area of intersection. As part of the discussion of the value of developing social resources, participant 8 had this to say:

> I think community, first of all, is really helpful. So, having colleagues that I can talk to about all these issues. Not only training, also consultation about my own clinical work in thinking about these issues, always keeping fresh for myself as a therapist is really helpful, I think. But, you know, having consultation about that and then the training issues also. Having good colleagues that I work with…Yeah, you know, conferences, reading, all of that professional development kind of stuff is really helpful. I have found to talk about this intersection, I need to do some work to find safe, helpful places to talk about this intersection. Yeah, because in my experience there have also been times where it feels like we can only hold one and the other is demonized somehow.

Acquiring knowledge. Seven participants mentioned knowledge building as helpful. Participants were divided on what obtaining knowledge might look like.

Recommendations included seeking ongoing education via conferences, reading research in this area, and taking related courses. One participant mentioned the need to learn about considerations for international LGBT clients to better understand legal consequences and cultural differences. For example, this participant referenced practical legal considerations, such as the fact that in some countries, coming out may have legal consequences.

Multicultural supervision. Five participants referenced the need adopt a multicultural approach to supervision. All five participants were clear on the need to directly address and name R/S and LGBT identities with therapists-in-training. Beyond this point of agreement, participants varied on their ideas of how to achieve multicultural supervision. Two participants shared their belief that R/S should be talked about more in supervision. One participant shared their outlook that adopting the spirit of curiosity would be helpful.

Reflexive work. Six participants referenced the need to participate in some form of reflexive work. One participant commented on the need to "constantly," engage in personal work. Among the discussion in this area, three participants referenced the need to seek "supervision of supervision," and described their own experience of supervision of their supervision as instrumentally helpful. In addition, participants referenced the need for supervisors to have worked out their own biases in this area.

Overall, participants identified multiple supervisors needs for mentoring in this area, such as developing social resources, acquiring knowledge, and developing a multicultural supervision approach. Participants identified development of social

resources, such as knowledgeable peers and making connections with local LGBT-affirming organizations. Acquiring knowledge in this area can be achieved by consuming literature in this area. Participants talked about the importance of developing a multicultural approach in supervision, which can be achieved by directly naming R/S and LGBT diversity variables in supervision and encouraging a spirit of curiosity.

Lack of preparation. The majority of participants mentioned that they were adequately prepared to supervise in this area. This noted, four participants mentioned lack of preparation. Also, in contrast to majority report, four participants referenced the need for changes to graduate school courses to better accommodate preparation in this area of intersection.

Regarding the general lack of preparation, four participants referenced not having had any level of preparation from their graduate school experience to supervise on issues related to R/S among LGBT clients. Two participants referenced their own experience of being supervised, in which R/S was treated as an "off limits," or "taboo," topic. One participant commented that in their experience of being supervised, the lack of role modeling on topics related to R/S was unhelpful.

Graduate school course content. One question asked of participants was what do therapists-in-training need to be successful in this area? Four participants provided feedback on graduate program curriculum. Ideas varied on what future curriculum could look like, but general consensus among the four participants were to better incorporate the concept of intersectionality throughout all graduate school courses. Two participants commented on the need to better incorporate topics related to LGBT in courses. Two

participants commented on the need to speak to R/S early in the graduate program experience. One participant voiced their belief that graduate programs are responsible for teaching this area of intersectionality, so that therapists-in-training know "what they are in for," prior to entering practicum/internship. Generally, this honorable mention theme was contrary to feedback provided by the majority of participants that stated their belief that graduate school was helpful in their preparation to mentor therapists-in-training on issues related to R/S among LGBT clients.

Overall, only a minority of participants credited their graduate program experience as having prepared them to mentor in this area. Some participants referenced unhelpful experiences, such as treating R/S as a taboo topic. Participants made recommendations for what could be different about the graduate program experience, such as changes to graduate courses. For example, having greater levels of intersectionality embedded throughout all coursework as well as talking about R/S early on in the graduate program experience are possible changes that would better prepare future therapists.

Honorable Mentions

As aforementioned, the term honorable mention was developed to describe themes that that either were not directly answering RQ1 or RQ2 or were mentioned only by the minority of participants. Six themes developed from the honorable mention category, of which three were noteworthy. The three honorable mentions discussed below include joys in supervision, technical supervision approaches, and positive factors.

Joys in supervision. Seven participants mentioned that they enjoy supervision. Some participants voiced passion for the work, enjoyment from always learning from therapists-in-training and therapy clients, and/or that they view supervision as personally beneficial. Two participants voiced enjoyment of working on issues related to R/S among LGBT clients because it is something unique to offer the field of psychology. One participant stated their enjoyment of helping therapists-in-training develop LGBT competence.

Technical supervision approaches. Participants referenced multiple supervision tools and interventions. Four participants described use of video recordings to aid supervision. Two participants discussed use of readings, and one participant explained that reading content centered around ethics and research. Two participants talked about use of role play and weighing pros/cons in supervision. One participant stated their supervision style was to utilize artistic interventions, such as drawing, especially in times when there was a language barrier between the supervisor and therapist-in-training. One participant explained that they encouraged their therapists-in-training to engage in self-care. One participant stated that they encouraged their therapists-in-training to engage in reflexive activities.

Positive factors. Much attention was paid to what was challenging about mentoring therapists-in-training on issues related to R/S among LGBT clients. Yet, it should be noted that six participants mentioned positive elements of mentoring this area of intersection. There were no subthemes in this area. This noted, two participants stated their belief that overall, education has improved in the ability to education on issues

related to R/S and LGBT clients. Participants were clear that they were unsure how well this specific area of intersection is taught but were confident that education has improved in these two areas independently.

Two participants commented that they felt R/S competency was at a basic level of understanding, which is contrary to other participants who generally felt R/S competence was underdeveloped. Two participants stated their experience of supervision in this area of intersection was largely positive. While only two participants directly stated this belief, it is my opinion from listening to each participant that while the challenges discussed were in fact challenging, many of the challenges had positive outcomes. For example, one participant discussed the protective characteristics of one therapist-in-training that they mentored, and explained that while going through a challenge, their therapist-in-training still managed to keep their biases "in check." Another participant talked about how their therapist-in-training was successful in not bringing their values into the therapy room while the therapist-in-training privately worked on the issues related to this area of intersection.

Summary

When it comes to supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients, there were multiple themes and subthemes. Challenges named were competency related issues, such as the therapist-in-training still needing to process their values and beliefs in this area and general lack of knowledge in the area of R/S. Participants mentioned a variety of societal ills contributing to challenges, such as a historical perspective of R/S "equaling harm." There was

confirmation of the MDCC in action, as evidenced by a wide breadth of intersectionality among clients and therapists-in-training, creating a never-ending possible pairing between clients and therapists-in-training. Among supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients, there were strong emotional reactions, mostly fear/doubt and surprise/shock. Participants emphasized the need for a safe space in supervision and the importance of empowering therapists-in-training and LGBT clients. Participants talked about helpful knowledge, attitude, and skills for therapists-in-training to have, which included self-awareness, openness, active listening, and knowledge. Participants talked about unique issues related to R/S among LGBT clients, chief among them being identity issues and rejection.

When it comes to the level of preparation to mentor in this area, participants stated personal exposure, leadership, and literature consumption were among the most helpful. Participants discussed what supervisors need to successfully mentor in this area, with themes including building social resources, developing knowledge in this area, and adopting a multicultural approach to supervision. Last, while not as prevalent of theme as those participants that felt that they were adequately prepared, some participants stated that there was no preparation from their schooling and/or supervision experience to mentor in this area.

The next chapter will conclude this study. Chapter 5 will include an interpretation of findings. In addition, limitations of the study, recommendations for future research, and implications for social change will be discussed.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to explore of supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients. The following research questions steered the exploratory process:

RQ1: What are supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients?

RQ2: What are supervisors' level of preparation to mentor in this area?

A total of 10 supervisors participated in this study. Data analysis resulted in a total of 10 themes, and 34 supporting subthemes. In response to RQ1, there were 7 themes and 25 supporting subthemes. RQ1 themes included challenges mentoring in this area of intersection, multicultural psychology in practice, emotional reactions, safe space, helpful therapist-in-training attitudes, skills, and knowledge, empowerment, and unique issues facing R/S for LGBT clients. In response to RQ2, there were 3 themes and 9 supporting subthemes. RQ2 themes were preparation to supervise, supervisors' needs, and lack of preparation.

Top challenges among supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients included competency related issues, harmful assumptions, and supervisors' personal challenges. Topics related to multicultural psychology in practice emerged from the data, of which interpersonal differences, multicultural approaches to supervision, and setting differences characterized the nature of discussion in this area. Also, participants talked about emotional reactions

for themselves and their therapists-in-training, with the most frequent emotional reactions being fear/doubt and surprise/shock. Furthermore, participants discussed the concept of developing a safe space for therapists-in-training as well as helping therapists-in-training learn how to develop a safe space for their LGBT clients. Furthermore, participants discussed helpful therapist-in-training attitudes, skills, and knowledge, of which self-awareness, openness, and active listening were the most frequently identified among participants. Also, participants discussed empowerment of therapists-in-training, of which empowerment could be accomplished by allowing therapists-in-training to process transference/countertransference and the supervision focus being placed on development of the therapeutic-self. The last theme supporting the exploration of supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT client, was unique issues related to R/S among LGBT clients. Top subthemes describing LGBT client issues related to R/S included identity issues, rejection, and grief/loss.

Regarding supervisors' preparation to supervise in this area, three themes emerged, which were preparation to supervise, supervisors' needs, and lack of preparation. Participants discussed what prepared them to mentor in this area, of which top subthemes were personal exposure to this area of intersection, influential leadership, and consumption of literature. Also, participants talked about what supervisors need to successfully mentor this area of intersection. Participants emphasized the importance of building social resources, acquiring knowledge, and developing a multicultural approach to supervision. The last theme was lack of preparation. A few participants mentioned that

their graduate program and/or their supervision experience was unhelpful in their preparation to mentor therapists-in-training in this area of intersection.

This chapter will review the interpretation of findings. In addition, this chapter will review limitations and recommendations for future research. Last, social change implications will be reviewed.

Interpretation of Findings

When comparing results to scholarly literature, there were multiple consistencies, inconsistencies, and new learnings. Consistencies with scholarly literature included unique issues related to R/S among LGBT clients, R/S competence not being as developed as LGBT competence, and helpful supervision approaches. There were also inconsistencies between the results and scholarly literature, an example being the majority of participants reported sufficient preparation by their graduate programs to mentor therapists-in-training on issues related to R/S among LGBT clients. While consistencies and inconsistencies were observed, results also extended knowledge in this area. For example, participants discussed harmful similarities, harmful assumptions in the field of psychology, challenges related to self-disclosure and personal challenges, and influential leadership. Consistencies, inconsistencies, and new learnings will all be discussed below. In addition, this section will conclude with an overview of how the conceptual frameworks of IAS and MDCC align with the results.

Consistencies

As aforementioned, multiple consistencies between the literature review and results were found. Consistencies included common issues related to R/S among LGBT

clients, helpful therapist-in-training attitudes and skills, R/S competence not being as developed as LGBT competence, influential leadership, helpful supervision approaches, and influential leadership. These consistencies will be discussed in detail below.

Issues related to R/S among LGBT clients. Upon review of the results, themes associated with issues related to R/S among LGBT clients were similar to scholarly literature. From this study, top subthemes among issues related to R/S among LGBT clients included identity issues, rejection, and grief/loss. Common issues related to R/S among LGBT clients are identity issues (Ellison & Lee, 2010; Page et al., 2013; Sherry et al., 2010; Shuck & Liddle, 2001). In this study, participants discussed a variety of identity related issues in this area intersection. For example, one participant described an LGBT client going through an internal "tug of war," between their sexual identity and R/S identity.

Furthermore, participants referenced issues related to rejection and grief/loss among LGBT clients. There are negative consequences of faith communities rejecting an LGBT individual and R/S driven rejection from family, including reactions of grief/loss (Shuck & Liddle, 2001). For example, one participant discussed an LGBT client who witnessed their parents disown a sibling after coming out as gay. This LGBT client then held the realistic fear of rejection and loss of support, exacerbating the internal conflict surrounding their decision to come out.

Despite common themes among issues related to R/S among LGBT clients, there is acknowledgement of unique circumstances that have emerged and may continue to emerge as knowledge in this area develops. For example, variances in practice settings

may impact client decisions to disclose, or not disclose, either their R/S and/or LGBT identity to a therapist. In addition, there are practical consequences for LGBT clients dependent upon unique circumstances, such as international LGBT clients possibly facing legal consequences of living authentically when returning to their homeland.

Helpful therapist-in-training attitudes and skills. Participants discussed helpful therapist-in-training attitudes and skills, which closely mirrored scholarly literature in this area. Self-awareness was named as an important attitude for a therapist-in-training to have, self-awareness being necessary for the development of cultural humility, acceptance, and tolerance of others' views (Berkel et al., 2007). In this study, the top subtheme among helpful therapist-in-training attitudes and skills was self-awareness. Furthermore, other helpful skills identified by scholarly literature focused on R/S training were willingness to sit and listen to clients on topics related to R/S (Aten & Couden-Hernandez, 2004; Berkel et al., 2007; Shafranske, 2016). In this study, other attitudes and skills named by participants included openness and active listening. While not a direct, name to name, match, one could argue that openness and active listening are closely aligned with the concept of willingness to sit and listen to clients on topics related to R/S.

R/S competence not as developed as LGBT competence. Prior to discussion of this topic, it should be noted that there was no scholarly literature that offered comparisons of R/S competence to that LGBT competence and thus it is important to underscore the results of this study as a subjective report of R/S competence being "less robust," than LGBT competence. Despite this, scholarly literature pointed to this possibility that R/S competence may be less developed than LGBT competence. Positive

developments in the area of LGBT competence have been demonstrated, whereas the nature of R/S training has been inconsistent (Bidell, 2013, 2014; Elkonin et al., 2014; Grove, 2009; McCarty-Caplan, 2018; McGeorge et al., 2014; Qi & Doud, 2017; Rivers & Swank, 2017; Rosmarin et al., 2013; Scott et al., 2016). For example, studies have demonstrated positive outcomes of LGBT trainings on LGBT competence (Bidell, 2013, 2014; Grove, 2009; McCarty-Caplan, 2018; McGeorge et al., 2014; Qi & Doud, 2017; Rivers & Swank, 2017). Alternately, R/S training has not been consistently available to therapists-in-training as only a minority of practicum/internship sites have offered R/S training (Brawer et al., 2002; Russell & Yarhouse, 2006). Alternately, Schafer et al. (2011) found an increased volume of R/S training being offered at the graduate program level for PsyD/PhD programs.

Participants shared that in their general experience mentoring in this area, R/S competence was not as developed as LGBT competence. Participants also shared specific competency related issues that they observed, such as therapists-in-training not yet having processed their own beliefs in this area of intersection and therapists-in-training not inquiring about R/S as part of the intake process. Shafranske (2016) overviewed ways to incorporate R/S into supervision and mentioned addressing issues related to transference/countertransference and incorporating R/S as part of the intake process. One interpretation based on scholarly literature and results of this study is that supervisors may reasonably expect to help therapists-in-training develop R/S competence via processing transference/countertransference and helping therapists-in-training inquire after R/S as part of the intake process as this is a typical development need.

Another consistency found between the results of this study and scholarly literature is the rationale for therapists'-in-training avoidance of addressing R/S in supervision and therapy. Elkonin et al. (2014) identified fear of legal/ethical issues and discouragement from supervisors as part of the rationale for therapists'-in-training avoidance of addressing R/S in supervision and with their clients. Participants shared a variety of possible rationales for R/S competency being less developed among therapists-in-training included setting influences, fear of ethical/legal issues, and discouragement from supervisors to bring up R/S in supervision.

Helpful supervision approaches. Participants named supervision approaches that were helpful, of which many of the supervision approaches named were consistent with helpful supervision approaches identified by scholarly literature. Participants identified empowerment, multicultural supervision, and creating a safe space as helpful supervision approaches in this area of intersection. These supervision approaches are components of the IAS model of supervision. For example, one component of the IAS model of supervision was to create a safe space for therapists-in-training (Halpert et al., 2007). The IAS model of supervision also identified that supervisors should empower therapists-in-training (Halpert et al., 2007). Phillips et al. (2017) found that supervisors that incorporated high levels of multicultural oriented supervision was positively correlated to therapists'-in-training positive reports of the supervision experience. The results of this study, combined with past scholarly research, supported creation of a safe space, empowering therapists-in-training, and incorporating a multicultural approach to supervision.

Influential leadership. Each participant was asked what helped them prepare to mentor therapists-in-training in this area. In response to this question, participants mentioned the influence of their leaders, be it their professors and/or their supervisors. Indeed, supervision can hold a powerful influence on therapists-in-training (Gess, 2016; Jahn et al., 2016; Moe et al., 2014; Rodriguez-Menendez et al., 2017; Ruzek et al., 2016). Most participants recalled their supervision experience as one where R/S identities and LGBT identities were directly named. Also, most participants mentioned that they personally adopted their supervisors' supervision approaches. Alternately, supervision can hold negative influences. For example, one participant recalled identified an unhelpful supervision experience, in which their supervisor discouraged discussion of R/S.

Inconsistencies

Some results from this study were inconsistent with scholarly literature. Inconsistent results included knowledge, boundaries, and silence on religious abuses. The identified inconsistencies will be discussed in detail below.

Knowledge. Each participant was asked what therapists-in-training need to be successful to provide therapy on issues related to R/S among LGBT clients. Participants mentioned knowledge, but not as predominantly as anticipated per scholarly literature. For example, it was anticipated that knowledge of various religious abuses and types of microaggressions would be identified as helpful (Barton, 2010; Pargament et al., 2005; Rodriguez & Oulette, 2000). While some participants mentioned knowledge and

knowledge developed into a subtheme, participants endorsed therapists'-in-training need for attitudes and skills more often than knowledge.

Furthermore, each participant was asked what prepared them to mentor therapists-in-training on issues related to R/S among LGBT clients. It was anticipated that participants would identify limited preparation as scholarly literature pointed to inconsistent R/S training (Russell & Yarhouse, 2006). While some participants discussed the limits of their preparation and this topic developed into a subtheme, more participants discussed what preparation from graduate programs and supervision as opposed to the lack of preparation. This noted, most participants shared that their academic experience did not explicitly cover topics related to R/S, let alone issues related to R/S among LGBT clients. Nonetheless, the popular viewpoint among participants was that transferrable attitudes and skills were learned via academia, which in turn helped them prepare to mentor therapists-in-training on issues related to R/S.

Boundaries. One inconsistency identified was related to boundaries. Prior to discussion, it should be noted that terminology may not be an exact match in this area. As aforementioned, Elkonin et al. (2014) found that fear of incorporating R/S in therapy was traced back to fear of ethical or legal issues. Scholarly literature did not identify the term "boundaries," specifically, yet Vogel et al. (2013) mentioned fear and confusion among therapists regarding the boundary between faith-integrated therapy versus pastoral counseling. In this study, participants referenced fear of violating boundaries, for reasons related to not being experts on religious texts, fear of crossing the line between faith-integrated therapy and pastoral counseling, and fear of crossing over to pastoral

counseling resulting in ethical and legal issues. Boundaries developed into a subtheme, yet boundaries were not a top subtheme as only three participants referenced boundaries as a challenge in this area of intersection. One possible rationale for this result is that the majority of participants held comfort with the topic of R/S in supervision and therapy and thus results from this participant pool may diverge from the general supervisor population. Along this line of thought is that even some supervisors experienced with mentoring therapists-in-training on issues related to R/S among LGBT clients identified boundaries as a challenge mentoring in this area of intersection.

Silence on religious abuses. The literature review uncovered complex ways that religious abuse can emerge in faith-based communities. Ward (2011) identified six levels of religious abuse specific to LGBT individuals: leadership representing God, spiritual bullying, acceptance via performance, spiritual neglect, expanding internal/external tensions, and manifestation of internal states (p. 903). Participants discussed LGBT clients' presenting problems, of which religious abuses were not mentioned. While participants were relatively silent on religious abuses, multiple microaggressions were identified. While participants discussed LGBT clients' presenting problems, LGBT clients' presenting problems were not discussed in depth as this was not the main focus of this study, which may be a possible rationale for the general silence on religious abuses among participants.

New Learnings

As an exploratory study, much of the results were beyond anticipations based scholarly literature. Learnings that extended beyond scholarly literature included harmful

similarities, harmful assumptions within the field of psychology, self-disclosure, the value of community resources, and supervisors' personal challenges mentoring this area of intersection. Prior to discussion, it is important to note that there was not an assumption that scholarly literature was nonexistent on these topics at all. Instead, these concepts were novel when compared to the scholarly literature review for this study. Below will be a detailed discussion of new learnings.

Harmful similarities. While not a top subtheme among results, participants cautioned on the dangers of similarities between LGBT clients and therapists-in-training. While this concept was present in the results of this study, it was not apparent from the review of scholarly literature in this area. Indeed, some participants referenced similarities between therapists-in-training and LGBT clients as a potential area for blind spots. For example, one participant shared that a strong sense of LGBT advocacy can sometimes become a blind spot in therapy. Another participant stated that a strong LGBT-affirmative approach can result in encouragement of LGBT clients to abandon their faith and/or faith community. Indeed, some therapists have urged LGBT clients to abandon their faith, which LGBT clients identified as unhelpful (Shelton & Delgado-Romero, 2011, p. 216). Without further study, it cannot be known for sure, yet it is possible that a strong sense of LGBT advocacy is one rationale for negative therapeutic experiences among LGBT clients.

Harmful assumptions in the field of psychology. The review of scholarly literature included therapist characteristics. For example, while some therapists acknowledge the importance of R/S, many therapists struggle with incorporating R/S into

therapy (Saunders et al., 2014; Scott et al., 2016). Despite there being some knowledge that many therapists struggle with incorporating R/S into therapy, there was no contributing factors to explain why this is the case. Each participant was asked what challenges are mentoring in this area. Some participants identified harmful assumptions within the field of psychology. For example, one harmful assumption is that therapists are assumed to be "blank slates." Another harmful assumption identified was all therapists hold the same beliefs and values. Participants discussed the consequences of these harmful assumptions, such as lack of opportunity to learn how to disagree graciously as well as the lack of opportunity to process their beliefs about this area of intersection. For example, during their graduate program experience, one therapist-in-training was discouraged by peers to talk about their hesitation to treat LGBT clients. In this scenario, the therapist-in-training remained silent about this issue and never processed their beliefs, and the issue did not surface again until practicum/internship. While nothing can be confirmed without further research, it is possible that harmful assumptions within the field of psychology have contributed to challenges mentoring therapists-in-training on issues related to R/S among LGBT clients.

Self-disclosure. One challenge mentoring therapists-in-training on issues related to R/S among LGBT clients that emerged greater need to process self-disclosure. For example, one participant discussed their reaction of surprise to the amount of time and energy spent helping their therapists-in-training navigate the decision of whether or not to self-disclose. Participants shared their perspective on why this phenomenon may exist, which was LGBT clients' tendency to ask more direct questions when discussing issues

related to R/S. For example, two participants discussed the tendency for LGBT clients to ask direct questions, such as wanting to know therapists' views on homosexuality and religion.

Community. Participants emphasized development of community resources for supervisors, therapists-in-training, and LGBT clients. Scholarly literature in this area has not specifically identified development of community resources. Halpert et al., (2007) wrote that as part of the IAS model of supervision, supervisors should empower their therapists-in-training. While scholarly literature identified supervision theory, no specific strategies were identified. Results of this study possibly identified what empowerment might look like on a detailed level, of which one strategy was for supervisors to develop community resources for self-learning and to help connect therapists-in-training and LGBT clients to community resources.

Personal challenges. Participants identified personal challenges mentoring therapists-in-training on issues related to R/S among LGBT clients. Personal challenges in supervision did not emerge from the review of scholarly literature in this area. Yet, some participants shared personal wrestlings mentoring therapists-in-training in this area of intersection. For example, one participant talked about their efforts to work through their personal negative experiences with religion. This participant acknowledged that despite their personal negative experiences, R/S may be beneficial for others. Thus, this participant made conscious efforts to work through their issues in this area. In addition, some participants referenced personal challenges with suspending judgment, challenges with being exposed to anti-LGBT messaging, and feeling oppressed for their personal

views within their respective academic/therapeutic settings. While not the primary focus of this study, one possible opportunity for future research would be to explore this finding more deeply to learn what impacts and challenges occur among therapists that are willing to incorporate R/S in therapy and/or supervision.

Conceptual Frameworks

The IAS model of supervision and MDCC steered development of this study. Furthermore, both conceptual frameworks were present in the results of this study. This section will overview results of this study that aligned with the IAS model and MDCC.

The IAS model. The IAS model identified the importance of a safe supervision space, LGBT-affirmative supervision, and both supervisors and therapists-in-training sharing responsibility for building competence (Halpert et al., 2007). The results of this study uncovered what it means to apply the IAS model in the real world. For example, some participants identified a helpful attitude being that of bidirectional learning, a process in which the therapist-in-training learns from the supervisor and vice versa. Furthermore, participants identified the importance of a multicultural approach to supervision, an approach in which diversity variables are directly named and discussed. Also, participants identified the importance of creating a safe space for therapists-in-training, a safe space defined in this context by an environment in which therapists-in-training are safe to explore issues related to R/S among LGBT clients. There are a variety of tangible approaches to create a safe space. Participants identified approaches such developing therapists'-in-training abilities to inquire after R/S and LGBT as part of the intake process. Furthermore, supervisors could help therapists-in-training process their

beliefs in this area. Also, supervisors must take care to avoid discouragement of bringing up topics related to R/S among LGBT clients in therapy and supervision.

MDCC. As aforementioned in chapter 4, the MDCC emerged as part of the coding process. Recall that multicultural variables were coded, rendering it unlikely that data saturation would be fully reached as new multicultural variables emerged with each interview. According to MDCC, there is no maximum level of diversity that can be reached (Sue, 2001). This concept was demonstrated in this study with a multitude of complex intersecting diversity variables were at play. For example, participants referenced setting differences as well as diversity variable differences ranging from age, gender identity, sexual identity, and R/S identity that were unique and complex.

Limitations

This section is dedicated to discussion of the limitations of this study. The limitations of this study fall within the limitations of qualitative research as one cannot view qualitative results through a quantitative lens. This section will overview the identified limitations regarding transferability and participant characteristics as well as review how issues related to confirmability were handled.

Transferability

As mentioned in chapter 3, qualitative studies are limited on transferability outside of the specific people and places of study (Creswell, 2013). Due to the nature of qualitative analysis, there was limited ability to generalize findings to the general supervisor population. For example, diversity was limited in that there were not equal representations of diversity variables. Sample diversity variables are R/S identity,

racial/ethnic background, and age. The limits of transferability noted, it is fair to say that results should be representative of the supervisors that participated in this study.

Participant Characteristics

One possible factor that may have influenced results were common factors among willing participants. Recall that scholarly literature in this area indicated a questionable state of R/S competence across the therapist population, with 25% of therapists avoiding the topic of R/S in talk therapy (Elkonin et al., 2014; Rosmarin et al., 2013; Scott et al., 2016). In this study, the majority of participants shared their beliefs that R/S is valuable in therapy. In addition, the majority of participants' view R/S as important in their personal lives. Viewpoints not represented were the supervisors who actively avoid, fear, and/or discourage the topic of R/S. Also, the perspectives of supervisors that do not assign importance to R/S in their personal lives were not equally represented in this sample.

Confirmability

As mentioned in chapter 3, one anticipated limitation was confirmability. As the sole researcher, I conducted all duties of this study including interviewing, transcribing, and coding. Because I was the sole researcher, the plan outlined in chapter 3 was developed to mitigate researcher bias. The plan was to perform journaling, bracketing, and member checking activities.

Having performed the scholarly literature review, I expected to hear stories that aligned with the scholarly literature. Reflexive activities were helpful in managing expectations. While some expectations were met, some expectations were not and/or

were not discussed in the volume anticipated. Thus, not every prior expectation emerged as a theme or subtheme. Ultimately, the processes in place, such as bracketing and member checking, were successful in mitigating confirmability.

Recommendations

Now that there is a better sense of what supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients looks like, attention should turn to the future direction of research in this area. There are multiple possibilities for future research in this area. Sample future research ideas include analysis of supervision techniques, influences of leadership, and impact of R/S for LGBT training on competence.

One possible area of future research would be analysis of supervision techniques. Participants shared mixed opinions on the value of group supervision on this topic. One possibility for future research would be to seek feedback from therapists-in-training on their experience of group supervision for this topic. Furthermore, results supported the notion that setting differences can sometimes make a difference in comfort level with the topics of R/S and LGBT. Thus, it may be beneficial to explore setting differences and their level of influence on comfort levels and/or competency surrounding R/S and LGBT diversity variables. In addition, scholarly literature in this area recommended further exploration training and supervision (Bidell, 2013; Elkonin et al., 2014; Isreal et al., 2008; Phillips et al., 2017). Thus, one possibility for future research in this area would be the development of a training module focused on the intersection of R/S among LGBT clients. R/S and LGBT competency levels and confidence levels could be possible

before/after measurements. Last, results supported that therapists-in-training often have not yet processed their beliefs in this area. This may or may not be an issue to be resolved per se. Instead, there may be an opportunity to stimulate therapists-in-training self-reflection on issues related to R/S among LGBT clients. Future research could explore possible interventions at the graduate program and/or practicum/internship levels, such as incorporating reflexive activities aimed at exploring thoughts and beliefs in this area of intersection.

Implications

This study has multiple implications in the area of positive social change. Through positive change at the supervision and therapist-in-training levels, there may be positive impacts to LGBT clients' experience of therapy. In addition to positive social change, there are some immediate practical implications for supervision. The following will review social change and practical implications for supervision in detail.

Social Change

Scholarly literature indicated that LGBT clients have had unhelpful experiences in therapy (Isreal et al., 2008; Shelton & Delgado-Romero, 2011). Thus, with a better understanding of what supervisor experiences mentoring therapists-in-training on issues related to R/S among LGBT clients looks like, further enhancement of the therapeutic experience for LGBT clients is possible. This study may offer supervisors insight into what supervision in this area looks like for their own supervision efforts, thus better preparing therapists-in-training to address issues related R/S among LGBT clients. For example, it is valuable to anticipate direct questions from LGBT clients and anticipate the

need to weigh pros/cons of self-disclosure with therapists-in-training. Furthermore, knowledge that R/S can be successfully incorporated into supervision may be helpful to those supervisors that fear allowing the topic of R/S in supervision. For example, among 10 participants, no participants discussed supervision in this area resulting in remediation efforts and/or ethical/legal consequences.

Supervision

This study offers practical considerations for supervision, such as helpful supervisor knowledge and attitudes. One practical takeaway from this study is that supervision in this area of intersection is not overtly dissimilar from standard supervision. In other words, mentoring therapists-in-training on issues related to R/S among LGBT clients looks more similar to standard supervision than different. While there are subtle differences mentoring therapists-in-training on this area of intersection, such as a higher quantity of direct questions from LGBT clients, helpful supervisor knowledge and attitudes are largely consistent with scholarly literature on supervision.

Each participant was asked what helped them prepare to mentor therapists-in-training on issues related to R/S among LGBT clients. Participants' experiences in this area may prove to be valuable recommendations to supervisors and/or future supervisors on how to prepare to mentoring therapists-in-training in this area. For example, participants recommended building social resources, such as developing knowledge of local LGBT affirmative community resources. In addition, participants recommended developing academic knowledge in this area via reviewing academic literature and attending conferences. Furthermore, participants agreed that suspending judgement is a

key attitude needed to successfully mentor therapists-in-training on issues related to R/S among LGBT clients. Indeed, supervisors' openness and willingness to discuss topics in this area of intersection may help reduce therapist-in-training fear in this area, whereby therapists-in-training may have the opportunity to process their beliefs in this area of intersection.

Conclusion

This purpose of this study was to explore supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients and supervisors' preparation to mentor in this area. To explore these questions, 10 supervisors were interviewed for their experiences mentoring therapists-in-training in this area of intersection. Participants shared their unique experiences via phone recorded interviews. All interviews were transcribed and coded, which developed a total of 10 themes and 34 supporting subthemes. In answer to supervisors' experiences mentoring therapists-in-training on issues related to R/S among LGBT clients, themes included challenges, multicultural considerations, emotional reactions, safe space, helpful attitudes, skills, and knowledge, empowerment, and unique issues related to R/S among LGBT clients. In answer to supervisors' preparation to mentor in this area, themes included preparation to supervise, supervisors' needs, and lack of formal preparation to supervise.

When comparing results of this study to scholarly literature, consistencies, inconsistencies, and new learnings emerged. A sample consistency with scholarly literature was helpful supervision approaches and helpful therapist-in-training knowledge, attitudes, and skills. Moreover, unique issues facing the LGBT population

were largely consistent with scholarly literature. In addition, participants reported that therapists'-in-training R/S competence was not as developed as LGBT competence. Furthermore, inconsistencies were found as well, such as lesser emphasis on the need for knowledge in this area of intersection than scholarly literature suggested, silence on religious abuses, and lesser emphasis on concerns related to boundaries/ethics than scholarly literature suggested. Last, but not least, new learnings emerged from this study. For example, participants cautioned of harmful similarities between therapists-in-training and LGBT clients, noting that similarities can sometimes lead to blind spots. Also, participants identified harmful assumptions within the field of psychology, such as the assumption that all therapists have similar beliefs and values as well as the assumption that all therapists are blank slates.

Primary takeaways from this study revolve around the idea that mentoring therapists-in-training on issues related to R/S among LGBT clients is more similar to standard supervision than different. For example, supervisors can build helpful skills and attitudes that are transferable to a wide variety of contexts, such as active listening and suspending judgement. Supervisors preparing to mentor therapists-in-training on this area of intersection may do so by seeking community resources and consuming scholarly literature in this area. In addition, the fear of allowing the topic of R/S in supervision may be mitigated by evidence of positive supervision experiences. For example, among 10 participants with experience mentoring on issues related to R/S among LGBT client, there were no instances of remediation or ethical/legal consequences. Moreover, any instances of conflict were resolved with positive outcomes. There are, of course, possible

unique circumstances and considerations in mentoring therapists-in-training on issues related to R/S among LGBT clients, such as a higher volume of self-disclosure discussions with therapists-in-training and the need to build community resources. Yet, despite these subtle differences, building competency to supervise on issues related to R/S among LGBT clients is attainable and not to be feared.

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Appendix A: Recruitment Message

This is your opportunity to contribute your experiences mentoring therapists-in-training on issues related to religion and spirituality among LGBT clients

Supervisors are invited to participate in a research study conducted by Stephanie Kolhei, a doctoral candidate at Walden University. The purpose of this study is to explore supervisors' experiences mentoring therapists-in-training on issues related to religion and spirituality among LGBT clients. Participants of this study will receive a **$40 gift card for Amazon.com**.

You may be eligible to participate in this study if:

- Have a minimum of one example of mentoring a therapist-in-training on issues related to religion and spirituality among LGBT clients to discuss.
- You are 18+ years of age.
- The supervision experience must have been:
    - During the therapists-in-training's pregraduate practicum or internship experience.
    - Conducted in an outpatient mental health setting.
    - Held within the last 4 years.
    - The type of treatment must have been talk-therapy (e.g. not psychological testing, medication management, etc.)

If you would like to participate in this study, please contact Stephanie Kolhei at stephanie.kolhei@waldenu.edu or call at 612-965-4006. To determine your eligibility in the study, you will be sent a brief screening.

If you have any questions, you may contact Stephanie directly. You may also contact Stephanie's faculty advisor, Dr. Tracy Marsh, at (800) 925-3368, extension 1624, or by email at tracy.marsh@mail.waldenu.edu.

Appendix B: Initial Screening

Participant Screening Questions

Thank you for your interest in becoming a participant of this study. Your time is greatly appreciated. The following questions have been created to determine your eligibility to participate in this study. Please fill out the survey and reply to sender (stephanie.kolhei@waldenu.edu).

If you prefer, you may opt to take this survey via phone with the researcher. Please contact Stephanie Kolhei @ 612.965.4006 to set a date/time.

1. What is your age?

2. What is your degree *(e.g. master's; doctorate)*?

3. What is your license type *(e.g. LCSW, LMFT, LP)*?

4. How many therapists-in-training (aka supervisees) have you mentored?

6. How many years of clinical supervision experience do you have?

7. How many therapists-in-training have you mentored on issues related to religion and spirituality among LGBT clients?

8. Regarding the therapists-in-training you have mentored on issues related to religion and spirituality among LGBT clients…

a) How many years ago was your supervision experience?
b) Was the supervision experience individual supervision or group supervision?
c) What phase of education was the therapist-in-training in? (e.g. practicum, internship, post-graduate)
d) What was the setting? (e.g. inpatient, residential/partial, intensive outpatient, group therapy, outpatient)
e) What was the type of care? (e.g. talk therapy, psychological testing, medication management)

If eligible to participate: Thank you for taking the time to fill out the screening questions. Based on your responses, you are eligible to participate in this study. If you consent to participate, the researcher will outreach to schedule a date/time for the interview. You will be mailed a $40 Amazon gift card after the interview and transcript review are completed. You will be sent a consent form in a separate email message.

If ineligible to participate: Thank you for taking the time to respond to the screening questions, your time is greatly appreciated. Upon review of the responses provided, I will not be able to include you as a participant in this study as specific criterion must be met. Thank you again for your time and interest in this study.

Appendix C: Interview Guide

Demographic questions

a) Ethnicity:
b) Gender Identity:
c) Sexual Orientation:
d) Religion/Spiritual identity:
e) Setting(s) you have supervised in:

Interview questions

RQ1: What are supervisor experiences mentoring therapists-in-training on issues related to R/S among LGBT clients?

a) Please tell me about your experience as supervisor. (prompts: how long? In which contexts? To what types of trainees, etc.)

b) Tell me about your approach to supervision. (prompts: is there a theory that guides you? What led you to choose this approach?)

c) Tell me about one experience mentoring issues related to R/S among LGBT clients? (Prompts: What has surprised you? What have you come to expect? How often?)

d) What are challenges you have experienced? (Prompts: example? What has been helpful?)

e) What are some successes you have experienced? (Prompts: example? What factors contributed to success?)

f) What do therapists-in-training need to be successful in this area? (Prompts: What knowledge do they need? What attitudes do they need? What skills do they need?)

g) What do supervisors need to successfully mentor in this area? (Prompts: What are your tips? What are your recommendations?)

RQ2: What are supervisors level of preparation to mentor in this area?

a) What has prepared you to mentor therapists-in-training on issues related to R/S among LGBT clients? (Prompts: How have you personally prepared? How has your education prepared you? How has your employer(s) or agency helped you?)

Conclusion

b) Is there anything else that I haven't asked that would like to share?

Appendix D: Transcript Review

Thank you for participating in the phone interview. Your time was greatly appreciated. The next and final step is to review your interview transcript for accuracy. Your participation in this phase of the process helps to ensure that the researcher has accurately captured your responses.

Attached is a copy of the transcript of your phone interview for your review. In addition, this is an opportunity to add or amend anything you stated in the initial interview. Please share your changes and/or additions with the researcher. You may share your feedback with the researcher by responding to this email message. If you prefer, you may opt to share the feedback via phone. To do this, please outreach Stephanie Kolhei at stephanie.kolhei@waldenu.edu or at 612-965-4006 to schedule a date/time.

Please outreach Stephanie with any questions or you may contact Dr. Marsh at (800) 925-3368, extension 1624, or by email at tracy.marsh@mail.waldenu.edu. Please respond no later than **[mm/dd/yyyy]**. Upon completion of this phase, you will be mailed a $40 Amazon gift card to the mailing address of your choice.

Your time is greatly appreciated. Thank you.