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Experiences of Heterosexual-Identified Counselors-in-Training With Lesbian, Gay, and Bisexual Couples in Relation to Perceived Training and Self-Efficacy

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Melissa Lee-Tammeus

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Walden University
2016

Abstract

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by

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MA, Walden University, 2012

MA, Walden University, 2006

Dissertation Submitted in Partial Fulfillment

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Abstract

Research has indicated that lesbian, gay, and/or bisexual (LGB) couples seek mental health counseling far more than heterosexual couples. Using identity development theory and family-of-choice frameworks, a review of the literature revealed that there are a multitude of considerations in working with LGB couples. The use of self-determination theory and social cognitive theory also uncovered many considerations for counselors and counselors-in-training. The purpose of the current study was to add to the lacking empirical data regarding counselors-in-training by exploring their experiences in working with LGB couples. More specifically, this study aimed to understand perceptions regarding the educational training and self-efficacy of heterosexual-identified counselors-in-training who work with LGB couples. Through the use of a phenomenological interview approach, a purposive sample of seven counselors-in-training shared their experiences of working with LGB couples as well as their perceptions of their education and self-efficacy during their postgraduate work. Data interpretation, through the use of coding and a discovery-oriented approach, uncovered 10 themes that counselors-in-training shared. While the overarching theme was that every couple is to be treated similarly, regardless of sexual orientation, there were also very definite issues that were specific to LGB couples. The study's findings and recommendations can benefit those in the mental health fields as well as educators to continue to work toward consistency in educational programs and accreditation standards. The application of these findings can aid in implementing social change that embrace student and client needs in both classroom settings and hands-on field experience.

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Dedication

This endeavor would have never been completed had I not had the full and unwavering support of my husband, Ty, and my son, Brock. They saw me at both my best and my worst during this journey. I thank them for their patience, the many times they made and had dinner ready for me after long hours of research and writing, and for their understanding of the many times I missed out on family time to pursue this goal. A special thanks to them both for all their help with the computer glitches I invariably caused. My two boys—I love you both dearly.

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Table of Contents

List of Tables	vii
Chapter 1: Introduction to the Study.....	1
Introduction.....	1
Background of the Study	6
Problem Statement.....	9
Purpose of the Study.....	11
Research Questions.....	12
Theoretical Framework.....	13
Nature of the Study	16
Method	16
Methodology.....	17
Researcher Role	19
Data Collection and Analysis.....	20
Definitions of Key Terms	22
Assumptions.....	25
Scope and Delimitations	26
Limitations	27
Significance of the Study	28
Summary.....	31
Chapter 2: Literature Review.....	34
Introduction.....	34

Literature Review Strategy	39
Theoretical Foundation	40
Literature Review.....	42
Sexual Minority Couples	42
Sociocultural Challenges	43
Application-Based Challenges.....	48
Evidence-Based Counseling Practices for LGB Population.....	54
Affirmative Therapies.....	56
Identity Development Theory.....	58
Family-of-Choice Frameworks.....	60
Practice Challenges.....	61
Counselors and Counselors-in-Training.....	62
Education and Training.....	65
Life Experience.....	68
Sexual Prejudice and Microaggressions	70
Sexual Orientation and Sex of Therapist	72
Religion.....	74
Self-Efficacy Levels.....	76
Summary.....	79
Chapter 3: Research Method.....	82
Introduction.....	82
Research Design and Rationale	82

Central Concepts	83
Research Tradition and Rationale	84
Researcher Role	85
Methodology	86
Participants	87
Sampling Strategy	87
Sample Size	88
Recruitment	89
Instrumentation	90
Content Validity	91
Participation and Data Collection	92
Data Analysis Plan	95
Procedure for Integration and Coding	96
Software Use	98
Trustworthiness	99
Transferability	100
Dependability	101
Confirmability	102
Ethical Procedures	103
Summary	104
Chapter 4: Results	106
Introduction	106

Research Questions.....	107
Data Collection	108
Participant Recruitment	108
Sample Size.....	109
Interview Setting and Procedure.....	109
Demographics	111
Participant 1 (P1)	113
Participant 2 (P2)	113
Participant 3 (P3)	113
Participant 4 (P4)	113
Participant 5 (P5)	114
Participant 6 (P6)	114
Participant 7 (P7)	114
Data Analysis	115
Transcriptions	115
Coding Procedures	116
Results and Emerging Themes.....	117
RQ1: Perceptions of Experiences	120
Theme 1: They're the Same, but They're Different	131
Theme 2: Just Treat Them Like a Couple.....	144
Theme 3: It's All Good	148
RQ2: Perceptions of Education.....	151

Theme 4: Professors and Supervisors Make a Big Difference	152
Theme 5: We Want More	164
Theme 6: Networking and Support Is a Big Deal.....	176
Theme 7: Being an Intern Is Hard, but It’s Worth It	181
Theme 8: Classes Are Okay, But Hands-on Experience and Role Playing Is Even Better.....	185
RQ3: Perceptions of Self-Efficacy.....	195
Theme 9: Exposure Helps.....	195
Theme 10: I Got This, Sort of.....	199
Evidence of Trustworthiness.....	205
Transferability.....	205
Dependability	206
Confirmability.....	206
Researcher Role	207
Summary	208
Chapter 5: Discussion, Recommendations, and Conclusions.....	213
Introduction.....	213
Interpretation of the Findings.....	215
Limitations	227
Recommendations.....	229
Implications for Social Change.....	233
Conclusion	234

References.....	239
Appendix A: Consent Form.....	269
Appendix B: Information Letter: Invitation to be Interviewed.....	273
Appendix C: Demographic Data Sheet.....	275

List of Tables

Table 1. Personal Demographic Variables 1.....	111
Table 2. Personal Demographic Variables 2.....	112
Table 3. Second Cycling Revamped Modes	117
Table 4. Node Configuration Within Final Themes	119
Table 5. Themes in Relation to Research Questions	211

Chapter 1: Introduction to the Study

Introduction

A *counselor-in-training* (CIT) is a student who has earned a master's degree from a mental health counseling program. In order to become a fully licensed professional counselor, a CIT must complete 1,500 hours of postgraduate work under the care and supervision of a licensed counselor. After the hours are completed and a licensing exam has been taken and passed, a CIT can then work independently as a licensed mental health counselor (Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, 2016). Counselors-in-training are expected to uphold the ethical and moral codes of many institutions, such as the American Counseling Association (ACA), the American Psychological Association (APA), and the American Association for Marriage and Family Therapy (AAMFT), while continuing to gain knowledge and experience in their field. Counselors-in-training are also obligated to endorse and uphold their chosen school's moral and ethical obligations to the profession. Furthermore, counselors-in-training are required to follow all rules and codes dictated by their respective residential state for the purpose of licensing protocols.

Along with such expectations, counselors-in-training are asked to explore their own biases, ethics, and morals, and to be willing to modify them for the betterment of the clientele they intend to serve (Coll, Dumas, Trotter, & Freeman, 2011; Priest & Wickel, 2011). Counselors-in-training are expected to play multiple roles, which include therapist, student, supervisee, and coworker (Edwards & Patterson, 2012). The experiences of a CIT in the transitional quest from novice to expert can be daunting.

Depending on the clients they are exposed to, counselors-in-training can experience personal struggles, including learning to manage emotional reactivity, resolving ethical and confidential dilemmas, and addressing feelings of uncertainty (DeStefano, Atkins, Noble, & Heath, 2012).

Consequently, challenges in reconciling personal values with those of the profession are not unusual (Ametrano, 2014). Incorporate a multitude of diverse clients to such an undertaking and counselors-in-training may begin to feel doubt and insecurity about their abilities. However, such challenges are not just for those newly exposed to the counseling profession. For instance, counselors already in the field have reported feelings of affirmation for diverse clientele such as the lesbian, gay, and bisexual (LGB) population but have concerns about their abilities once in the therapy room (Farmer, Welfare, & Burge, 2013). School counselors have reported feelings of inadequacy in regard to their diverse clientele, such as adolescents with mental health and substance abuse issues (Walley & Grothaus, 2013). Gender counselors have reported struggling with supporting their clientele in seeking reassignment surgeries while simultaneously facing ethical dilemmas in professionally advocating such choices (Rachlin & Lev, 2011).

Self-efficacy and social-cognitive development are necessary for such challenges and are linked to a counselor's ability to perform. Such developments are malleable and can wax and wane depending on experience (Kozina, Grabovari, DeStefano, & Drapeau, 2010; Lambie, Hagedorn, & Ieva, 2010). Such fluctuation requires a supportive environment in which counselor development is embraced (Ametrano, 2014). Therefore,

these numerous areas of concern must be addressed in the education and preparation of a CIT.

One area garnering a lot of attention recently is providing services for the lesbian, gay, and bisexual (LGB) community and counselor readiness to do so (Farmer et al., 2013; Graham, Carney, & Cluck, 2012; Lynch, Bruhn, & Henriksen, 2013). Counselors are more likely now than in the past to work with an individual who identifies as LGB, and competency is key (Graham et al., 2012). However, the field is still struggling with questions of how to best serve this population (Mandel, 2014). Currently, there is limited empirical evidence that focuses on effective therapy with LGB individuals and couples (Johnson, 2012). The practices once deemed acceptable for the entirety of the general population are simply not enough (Graham et al., 2012).

Currently, the counseling field is making strides to recognize best practices for working with clients who identify as LGB. For instance, Dermer, Smith, and Barto (2010) have elucidated terminology associated with lesbians and gay males. Assessments that measure counselor competency in LGB issues have emerged, such as the Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory—Short Form (LGB-CSI-SF) and the Sexual Orientation Counselor Competency Scale (Bidell, 2005; Dillon et al., 2014). Protocols for evidence-based assessment changes for individuals in the military who identify as LGB have been presented (Goldblum, Balsam, Bhakta, & Johnston, 2014). The ACA continues to update its Code of Ethics to address LGB issues, such as recognizing personal value discrepancies in counseling settings and the role of

historical and social prejudice in misdiagnoses (Pope, 2014). Despite these positive directions for change, there is still much to be explored and solidified.

For instance, there remains a variance in counseling programs and standard practice expectations. Currently, the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) does not have training and education specific to LGB populations (Bordoloi, O'Brien, Edwards, & Preli, 2013). Additionally, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards have no specifications or requirements for working with sexual minorities (Troutman & Packard-Williams, 2013). Consequently, CACREP has been called into question regarding its lack of clarity in training protocols for working with LGB and transgender individuals (Troutman & Packer-Williams, 2014). At the beginning of this writing, revisions for the 2016 CACREP standards in regard to LGB issues were underway (Troutman & Packer-Williams, 2014). Currently, 2016 CACREP revisions include a general statement regarding contextual elements to include "cultural factors relevant to clinical mental health counseling" (CACREP.org, 2016, para. 2). Furthermore, the ACA does not address educational protocols in relation to standardization, requesting simply a "graduate degreed professional" (Kaplan, Tarvydas, & Gladding, 2014, p. 368). The delegates of 20/20: A Vision for the Future of Counseling, a group of organizational presidents representing many of the major counseling associations, have addressed the need for more focus on counselors-in-training and their respective educational programs; however, changes have yet to be seen (Kaplan & Gladding, 2011; Kaplan et al., 2014).

The aim of the current study was to add to the lacking empirical data regarding counselors-in-training by exploring the experiences that counselors-in-training face in working with diverse clientele, particularly LGB couples. The purpose of this study was to understand the experiences of heterosexual-identified counselors-in-training in working with LGB couples. More specifically, this study aimed to understand perceptions regarding the educational training and self-efficacy of heterosexual-identified counselors-in-training who work with LGB couples. The manner in which the perceptions of counselors-in-training regarding their education as well as their self-efficacy regarding that training translate into their work with LGB couples is an area that has yet to be fully explored. In doing so, the members of this field can better understand how to enhance CIT education for the purpose of working with LGB couples.

The following study investigated the experiences of heterosexual-identified counselors-in-training in working with LGB couples through a qualitative, transcendental, phenomenological, interview approach. The perceptions of counselors-in-training represent a piece of the puzzle that needs to be understood. With such understanding, the mental health counseling field and educators alike may enhance mental health practices for LGB clientele. This may lead to more positive outcomes not only for LGB individuals and couples, but also for both novice and experienced counselors. For instance, this effort may lead to enhanced microskills, reduction of microaggressions displayed, and improved cultural competency within the work of counselors and counselors-in-training (Kozina et al., 2010; Martell, 2014; Nadal, 2013).

Furthermore, understanding this phenomenon may help to improve curriculum development and educational protocols in counseling programs.

The following chapter provides an overview of the current study, including an introduction to the background of the problem that presents issues such as the lack of empirical evidence to further enhance treatment for LGB individuals as well as the lack of progressive changes in educational protocols for counselors-in-training. The chapter also addresses the gaps in the current literature that are explored in Chapter 2. The following chapter also addresses the purpose of the current study with a clarification of the research questions. Theoretical frameworks that built the foundation for the research questions are also discussed, along with an overview of the study's nature, methodology, and design. The chapter includes definitions of key terms used throughout the consequent chapters. Finally, the chapter concludes by addressing assumptions, scope, delimitations, and limitations of the study, as well as the significance of the study.

Background of the Study

In the United States, nearly 9 million people define themselves as LGB or transgender, and over 1 million individuals are in committed same-sex relationships (Buzzella, Whitton, & Tompson, 2012; Gates, 2011; Williams Institute, 2016). In 2010, over 646,000 U.S. homes were headed by same-sex couples, and it was estimated that over 2 million lesbian mothers and gay fathers supported 14 million children (Green, Murphy, & Blumer, 2010; Starke & Roberts, 2013). In the most current data from 2015, it was estimated that 1.2 million LGB couples were in committed relationships and that 780,000 couples had married (Gates & Newport, 2015). At the time of this writing, all 50

states have legalized same-sex marriage as a fundamental right upheld by the U.S. Supreme Court (ProCon.org, 2016).

LGB couples face unique challenges specific to their sexual minority status. These issues include coming out, social stigma, family acceptance, gender identity issues, denied marriage rights, renounced familial support, and dual lives (Buzzella et al., 2012; Pachankis & Goldfried, 2013; Roughley & Morrison, 2013). With such challenges, it is understandable that same-sex couples tend to seek counseling more than heterosexual couples do (Rutter, Leech, Anderson, & Saunders, 2010). However, culturally competent service providers can be difficult to find. Sexual minority clients are often left feeling invalidated, frustrated, and powerless (Casquarelli & Fallon, 2011; Shelton & Delgado-Romero, 2011). These feelings are often due to a therapist's lack of knowledge of LGB issues (Shelton & Delgado-Romero, 2011).

For instance, heterosexual-identified counselors working with LGB couples have been reported to display sexual prejudice and microaggressions, as well as to avoid sexual issues pertaining to the couple seeking services (Green et al., 2010; Grove & Blasby, 2009; Rutter et al., 2010; Shelton & Delgado-Romero, 2013). Stereotypical ideals, overly excessive support, and lack of awareness can create many barriers to successful therapeutic encounters (Pachankis & Goldfried, 2013; Shelton & Delgado-Romero, 2013). Furthermore, the lack of specific training in affirmative therapy, family-of-choice frameworks, multicultural issues, gender identity, and same-sex couples counseling in general can set the stage for creating harm (Bidell, 2012; Rock, Carlson, & McGeorge, 2010; Rutter et al., 2010).

It is crucial that those working with LGB individuals and couples use empirical and evidence-based practices and techniques specific to the population that reflect awareness of the unique challenges facing LGB couples. Awareness of the various political changes that LGB individuals and couples have experienced, as well as the everyday issues that all couples face, is important to further understand the issues presented by LGB couples in counseling (Buzzella et al., 2012; Panchankis & Goldfried, 2013). This includes being knowledgeable about advocacy issues and current programs (Buzzella et al., 2012; Panchankis & Goldfried, 2013).

In spite of gay and lesbian couples having a higher rate of attendance in couples' therapy, little research has focused on the training and perceptions of counselors-in-training in regard to the LGB population and LGB couples specifically (Knoble & Linville, 2012; Perosa & Perosa, 2010; Rock et al, 2010; Rutter et al., 2010). The focus of research has largely been directed toward licensed counselors and supervisors. Counselors-in-training have had little say about their learning experiences and perceptions of their education and self-efficacy levels in working with those who identify as LGB (Folkes-Skinner, Elliot, & Wheeler, 2010; Knoble & Linville, 2012; Lynch et al., 2013; Rock et al., 2010).

After an extensive review of the literature, I was unable to find any qualitative studies that explored the experiences of counselors-in-training with LGB couples. How the role of education sets the tone for perceived self-efficacy levels and how well that transfers to the tangible work of therapeutic intervention of counselors-in-training in regard to LGB couples is currently unknown. There is a need for knowledge of the

perceptions of counselors-in-training. Their experiences with LGB couples may give insight into how to improve the programs that support both counselors-in-training and their clientele (Evans & Barker, 2010; Goodrich & Luke, 2010; Grove, 2009).

Furthermore, such understanding may help in productively navigating the numerous barriers and concerns that LGB individuals and couples may present with in the counseling office.

Problem Statement

A trusting and comfortable relationship is important to the therapeutic goals developed between a counselor and a client. Clinical issues, specific concerns, and client perspectives need to be handled respectfully and without bias. This is not to say that those in the mental health field are blank slates themselves and enter the therapy setting with no biases of their own. However, they are expected to put biases aside for the sake of the client (ACA, 2014). Those in the mental health field must work toward a feeling of acquiescence and be prepared to advocate for and support their clients (ACA, 2014). This can be a challenge for even the most proficient of counselors (Green et al., 2010; Grove & Blasby, 2009; Rutter et al., 2010).

The problem of a lack of therapeutic comfort for both LGB couples and counselors-in-training who work with them is perpetuated by an absence of consideration and knowledge regarding the learned experiences, or lack thereof, of counselors-in-training with LGB couples (Bidell, 2012; Buzzella et al., 2012; Green et al., 2010; Riggle, Rostosky, & Horne, 2010; Rock et al., 2010; Rutter et al., 2010). In order to improve therapeutic interventions for LGB couples and enhance educational programs for

counselors-in-training, it is imperative that counselors-in-training in the field have a voice not shrouded by assessments. Increased knowledge of their experiences in working with LGB couples in relation to their perceptions of their education and self-efficacy levels may give some insight into how to improve the level of discomfort both parties are feeling in the counseling office (Evans & Barker, 2010; Goodrich & Luke, 2010).

There have been numerous calls to the field for more qualitative studies in regard to LGB clientele (Buzella et al., 2012; Folkes-Skinner et al., 2010; Singh & Shelton, 2011). There has also been concern among researchers that there is simply not enough empirical evidence to truly understand whether the educational needs of counselors-in-training are being met (Ametrano, 2014; Schmidt, Glass, & Wooten, 2011). Furthermore, educational programs are being questioned for their abilities to train students to handle the challenges awaiting them (Biaggio, 2014; Bidell, 2012). The findings thus far pertaining to such concerns have been confusing and filled with discrepancies. For instance, Troutman and Packer-Williams (2014) indicated that current standards of practice for working with LGB as well as transgender clients are vague and fail to prepare students adequately. However, Urofsky (2013) reported that CACREP standards are current and meet the needs of those they serve. To further complicate the issue, Warden and Benschhoff (2012) noted that educators and students have very different ideas about the programs in which they are involved. The study involved 481 counseling students and 63 faculty members, with results indicating that educators felt positive about their ability to supply learning opportunities. Students, however, felt that program expectations were not being met (Warden & Benschhoff, 2012).

The current study aimed to address this discrepancy by going to the source—the counselors-in-training. In this way, counselors-in-training had the opportunity to share their experiences of working with LGB couples and to convey their perceptions of their education. The study further explored how their education played a role in those experiences along with their perceptions of self-efficacy. With such understanding, a clearer picture emerged on what is going on behind the scenes. This knowledge may now be able to contribute to improving the experiences of both counselors-in-training and the clients they serve.

Purpose of the Study

This exploration of the experiences of counselors-in-training with LGB couples is essential, as it provides insight to important information about current counselor-education programs. Thus, this study may promote greater awareness regarding the perceived capabilities of students as they complete their postgraduate work. The study's information about educational training and the experiences of heterosexual-identified counselors-in-training may aid those seeking to enhance future programs for counselors-in-training. Subsequently, findings may also contribute to the enhancement of positive experiences for LGB couples within the therapeutic environment.

Hence, the purpose of this study was to understand the experiences of heterosexual-identified counselors-in-training in working with LGB couples. Furthermore, my intent was to explore the perceptions of counselors-in-training regarding their educational training and self-efficacy as they related to working with LGB couples. The intent of the study was to explore this phenomenon through the use of a qualitative,

transcendental phenomenological methodology with a narrative interview approach. This approach helped in identifying the phenomenon while focusing on the participants' experiences and exploring themes through textural and structural descriptions (Creswell, 2013). In holistic terms, this understanding may lead to a more supportive, helpful setting for both counselors-in-training and LGB couples.

Research Questions

The goal of this qualitative study was to understand the individual experiences of heterosexual- identified counselors-in-training and their variations in relation to involvements with LGB couples. In addition, the study aimed to understand these experiences in relation to CITs' perceived education and self-efficacy levels. The following research questions provided a foundation for the literature review and served as the guiding introductory point for the interviews. The research questions were as follows:

RQ1: What are the experiences of heterosexual- identified counselors-in-training in working with LGB-identified couples in a therapeutic setting?

RQ2: What are the perceptions of heterosexual-identified counselors-in-training regarding their education as it relates to their experiences in working with LGB-identified couples in a therapeutic setting?

RQ3: What are the perceptions of heterosexual-identified counselors-in-training regarding their self-efficacy as it relates to their experiences in working with LGB-identified couples in a therapeutic setting?

Theoretical Framework

The goal of this transcendental, phenomenological study was to explore the experiences of counselors-in-training in working with LGB couples; therefore, a pragmatic approach was taken. Such a stance was designed to explore participants' experiences through self-interpretation and personal meaning (Gergen, 2014). The assumption of commonality in a shared experience within the same context through a phenomenological lens guided the research (Chenail, 2011; Patton, 2002). It was understood that theoretical frameworks often aid in formulating a structure that directs research to increase understanding and knowledge (Mitchell, 1993; Omirin & Falola, 2011). While the use of a specific framework can be a driving force of any study, flexibility based on the phenomenon explored must also be considered (Maxwell, 2013). Therefore, a few theoretical frameworks were chosen for the purpose of guiding this study as an initial footing but did not dictate the study as it progressed.

Identity development theory and family-of-choice frameworks are vital to working with the LGB community (Blumer & Murphy, 2011; Burkard, Knox, Hess, & Schultz, 2009; LaSala, 2013). Identity development theory and family-of-choice frameworks reflect the unique challenges facing LGB individuals and couples, such as various stages of coming out, the role of dual lives, family member relationships, and the trials of living as a gay couple (Pachankis & Goldfried, 2013). Identity development theory recognizes the process of "coming out" and the variability within that process (Chazin & Klugman, 2014). According to identity development theory, fundamental attitudes and ideals are formed at a young age and are often taught by social groups

(Poteat & Anderson, 2012). Understanding this developmental journey and the various stages and changes to fundamental ideals is imperative to working with same-sex couples.

Family-of-choice frameworks involve understanding the process of coming out in relation to the connecting family members and how this progression interconnects with self-esteem, confidence, and overall attitude about and for the couple in general (Pachankis & Goldfried, 2013). For instance, clients who “come out” may face a multitude of changes, both mentally and environmentally, in relation to family members, self-esteem, confidence, and assertiveness (D’Augelli, Grossman, Starks, & Sinclair, 2010; Pachankis & Goldfried, 2013).

Pachankis and Goldfried’s (2013) research, whereby the conceptual models of both identity development theory and family-of-choice frameworks were discussed, was a frame of reference for the current study. Pachankis and Goldfried (2013) challenged stereotypical ideals in regard to counseling same-sex couples, such as fusion in lesbian couples and nonmonogamy and disengagement in male couples. Many same-sex couples are still regarded as “antifamilies” as opposed to the typical, traditional “family” of a man and a woman (Pachankis & Goldfried, 2013). Family members of same-sex couples report apprehension and need time to accept the couple as dedicated and committed (Pachankis & Goldfried, 2013). Parental and family support is seen as a crucial element of well-being for LGB individuals and couples, and familial perceptions can create unique challenges for this population (Pachankis & Goldfried, 2013). When children are part of a family headed by a same-sex couple, the unique challenge of deciding when to discuss

sexual orientation and other issues specific to LGB couples can be a concern (Pachankis & Golfried, 2013). Whether or not both people in the couple are open to family members and others about their sexual orientation can also present unique challenges to the same-sex couple (Pachankis & Golfried, 2013). This framework is explored in Chapter 2.

Foundational theoretical frameworks in regard to counselors-in-training involve personal beliefs of self-efficacy and motivation, as originally proposed by Bandura (Brady-Amoon & Fuertes, 2011; Rowell & Hong, 2013). These include self-determination theory and social cognitive theory (Brady-Amoon & Fuertes, 2011; Rowell & Hong, 2007). Self-determination theory was used to explore the constructs of intrinsic versus extrinsic motivation, while social cognitive theory aided in exploring the role of self-efficacy (Brady-Amoon & Fuertes, 2011; Henderson-King & Mitchell, 2011). Academic motivation involves how students feel about learning, such as whether they recognize the value of learning and mastering goals. Awareness of such aspects of learning is directly related to perceived abilities and success (Huang, 2011). Bandura's theory reflects an understanding of how people's belief in their own capability can help them to manage their lives. Beliefs of self affect motivation and are directly related to desired outcomes (Bandura & Locke, 2003). The use of personal beliefs of self-efficacy and motivation was a cornerstone for the collaborative semistructured interview used in the current research study. A thorough rationale for the use of these frameworks is presented in Chapters 2 and 3.

Nature of the Study

To embrace a pragmatic approach to the current study, I needed to ensure that the goal of understanding the experiences of counselors-in-training in their own words remained at the forefront. I focused on the involvements and perceptions of counselors-in-training in working with LGB couples. Furthermore, I sought to understand perceptions in regard to educational training and self-efficacy as it related to participants' experiences in working with LGB couples. Achieving this goal required a method of qualitative inquiry that would allow me to understand the participants in relation to the phenomenon at hand (Creswell, 2009).

Method

For the purpose of this qualitative study, a phenomenological design methodology using a narrative/interview approach was chosen. Moustakas (1994) indicated that a phenomenological study focuses on the essence and meaning that an experience has for a person. Two types of phenomenological studies, transcendental and hermeneutical, are based on interpretive measures as well as the researcher's involvement in the experience (Creswell, 2013). For the purpose of the study, a transcendental, phenomenological study was used, and there was a concentration on the involvements and perceptions of counselors-in-training in working with LGB couples.

Narrative approaches are often used to reveal the personal experience of the subject to understand subjective meaning (Gergen, 2014). Such an approach assisted in exploring the experiences of counselors-in-training through the use of rich detail. Using Grove and Blasby's (2009) research as a guide, a realist/essentialist approach was taken

in which the participants guided the interviews to explain their own perceptions, experiences, and reality of working with LGB couples. This was accomplished through the combination of an informal conversation style that required a level of impulsiveness and naturalness and a standard, open-ended format in which research questions set a foundational guideline (Patton, 2002). Therefore, the research questions listed above as well as exploratory questions based on respondents' answers and driven by the participants themselves were presented.

Such an approach was appropriate due to the lack of scholarly work on this particular group (Singh & Shelton, 2011). This approach helped the study to contribute to "fundamental knowledge" and to a better understanding of what counselors-in-training experience in working with LGB couples (Patton, 2002, p. 213). Furthermore, the purpose for such a design was to explain the overall essence of the CIT experience and to encompass the many facets that arose and were worthy of more exploration. The goal was to understand the experiences of counselors-in-training, variations in those experiences, and participants' feelings about them in relation to their education and self-efficacy (Patton, 2002). Thus, the strategy was people-focused with an emphasis on individuals who share a common familiarity and/or perspective (Patton, 2002).

Methodology

For the purpose of this study, a purposive, heterogeneous sample was sought. A heterogeneous sample was chosen in order to "capture and describe the central themes" of CIT experiences with LGB couples, which resulted in an overall smaller sample size (Patton, 2002, p. 234). Due to the nature of the qualitative research, sample size is not a

definitive number that is agreed upon in the literature. However, recommendations for phenomenological studies indicate that an adequate sample may have anywhere from three to 25 participants (Englander, 2012; Mason, 2010). A maximum goal of 10 individual participants was attempted; however, a maximum of seven participants was deemed acceptable. A larger sample size might have impeded data collection, and saturation did occur at seven participants (Mason, 2010). With larger sample sizes, repetition and excess of data would be expected and could be counterproductive (Mason, 2010).

The participants consisted of heterosexual-identified counselors-in-training who had completed their educational requirements and had graduated from a master's program with a degree in mental health counseling from a CACREP-accredited college. They currently were in their postgraduate work as interns and working toward independent licensure, which required registration with their residency state, Florida. Heterosexual-identified participants had at least one experience with a LGB couple. The rationale for one experience as a minimum as well as a possible maximum was based on demographics of the area as well as an attempt to include a novice CIT who might not have had ample experience with LGB couples but yet still had an experience to share. Participants were recruited through emails and/or postal letters sent to interns listed on two major counseling advertisement sites: Psychology Today and LinkedIn. Respondents reached out to me by email and/or telephone after receiving initial contact and were then asked a short series of questions to finalize participation requirements, such as if they were currently seeing clients, were registered with the State of Florida, and had

completed their education. To encourage a level of comfort, participants were then asked to suggest a place of their choice to meet for a semistructured interview for a minimum of 1 hour (Mikene, Gaizauskaite, & Valaciciene, 2013).

An open-inquiry format was used to encourage flexibility of both the researcher and participants (Creswell, 2009). The open-ended style of interviewing was employed to help seek out various themes and multidimensionality. In exploring the participants' experiences, the hope was to discover the importance of their feelings regarding the role education had played and whether counselors-in-training felt that their education and perceived self-efficacy had prepared them for working with LGB couples. Interview sessions were digitally audiotaped for transcription purposes. A possible follow-up interview was requested if there was a need to clarify any information from the initial interview; however, no follow-up interviews were conducted.

Researcher Role

Acting as the interviewer, I took an active role as a “researcher as instrument” due to my similarities with the participants (Mikene et al., 2013; Miles, Huberman, & Saldana, 2014, p. 42). The fact that I also have a degree in mental health counseling and have experienced the challenges of internship and working with LGB couples played a critical role in building rapport and camaraderie and helped to form a subject-phenomenon relationship (Englander, 2012; Mikene et al., 2013). My role as a researcher was to build trust with each participant and to ask open-ended questions with the intent of understanding the experience of the interviewee. Judgment and interpretation were put aside, and encouragement to explain experiences and perceptions was part of the

interview. Through our shared culture, I sought to supply a level of comfort for the participants and avoid superficiality (Englander, 2012). Due to the nature of the qualitative study and the shared culture, it was expected that I would experience immersion as the researcher, and this did intensify and/or confirm biases already in place (Watkins, 2012). I clarified my own perceptions, experiences, and biases for the participants during the interviews as topics arose, and it felt natural to do so. I also self-reflected and wrote in a paper journal after the interviews as well as made notes throughout the coding process and other segments of the data collection effort to recognize the “researcher as instrument” role. There was a continuous challenging of views throughout the process with this use of researcher reflexivity (Morrow, 2005; Singh & Shelton, 2011). Trustworthiness was maintained for the readers of the research analysis through this process and is discussed in Chapters 4 and 5 (Watkins, 2012).

Data Collection and Analysis

The research was dedicated to understanding the phenomenon of the experiences of counselors-in-training in working with LGB couples (Patton, 2002, p. 69). Data were collected regarding specific experiences as told by the participants themselves. Findings involved comprehensive portrayals of each individual participant’s experiences as well as shared patterns between participants (Patton, 2002). Interviews were digitally audiotaped, and the audio was transcribed for data management purposes. The data were then organized to flush out significant themes and to provide a textural and structural description (Creswell, 2013).

Data interpretation was conducted through a discovery-oriented approach (Patton, 2002). Data were clarified in batches as each interview was completed and were gathered into sections as similarities such as words and themes became evident (Patton, 2002). First and second cycling approaches to the data collected proved beneficial and gave time for reflection (Miles et al., 2014). The strategies used to interpret the data included listening to the digitally audiotaped interviews immediately after they were conducted. Then each interview was transcribed in a Word document. Interviews were listened to again and compared to the transcription to correct any mistakes. Transcriptions were then read, and filler words such as *um* and *you know* were removed for clarity. These transcriptions were then sent to the participants for a member check. No changes were necessary, and all participants approved the transcripts. This member check helped to ensure the credibility of the information and confirmed the participants as not only informants, but also researchers (Rudestam & Newton, 2007). Transcriptions were then printed and examined for first impressions. Transcriptions were then loaded into NVivo. Data management was secured through the use of NVivo, a high-security electronic program. NVivo aided in developing node containers and a coding system for the purpose of noting themes and identifying particular concerns and experiences as well as underlying patterns throughout the interviews (QSR International, 2012).

First cycle coding in NVivo helped in recognizing various terms and labels to focus on emotional context and to recognize participants' consistent word choices. This helped me to focus on prominent themes and make overall inferences about the data (Miles et al., 2014). Such analysis provided a textural and structural description

(Creswell, 2013). Second cycling coding was used to concentrate on breaking themes and pieces of information into more manageable pieces called *metacode* (Miles et al., 2014, p. 86).

Such a descriptive approach through labeling, in which words from the participants themselves were noted, was an appropriate and succinct choice given the data (Miles et al., 2014). I also used analytic memoing, through which I documented personal thoughts and reflections while organizing the data (Miles et al., 2014).

Definitions of Key Terms

A variety of terms were used throughout this study. Clarification of terms is important to secure a foundational basis for understanding. The following definitions are given for the purpose of a thorough understanding of the concepts within the current study. However, the list is meant to act neither as an exhaustive index nor as an all-inclusive inventory for future studies.

American Counseling Association (ACA) Code of Ethics (2014): A code of guidance for all professional counselors. This code of ethical practices and standards prohibits counselors from discrimination based on sexual orientation.

Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards (2009): These are standards set by CACREP. These standards dictate that institutions of learning as well as faculty must uphold the institution's code of ethics and evaluate students regarding their ability to be in the counseling profession. Within these standards, sexual orientation is considered an area of multicultural diversity that must be protected.

Coming out: The process by which there is an acknowledgement of one's sexual orientation to others (APA, 2012). This term also refers to not only recognizing one's sexual orientation and being open about it with oneself and others, but also recognizing gender identity or sex identity (Gender Equity Resource Center, 2014).

Competency: The “habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served” (Epstein & Hundert, 2002, p. 227).

Counselor-in-training (CIT): This term is synonymous with a variety of other words for a student who is not fully licensed as a mental health counselor and cannot officially work on his or her own. This student has earned a master's degree from a mental health counseling program accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) that consists of at least 60 semester hours or 80 quarter hours of clinical and didactic instruction, including a course in human sexuality and a course in substance abuse. This also includes a set number of intern hours during school. The student may also have attended a non-CACREP school in which the requirements were similar to those of a CACREP standard education. A CIT may be called an *intern*, a *registered intern*, a *student counselor*, or a *postgraduate intern*. The state of Florida requires any CIT who has graduated from his or her respective school and wishes to continue toward the licensing requirement to register as an intern. Thereafter, a CIT must work under the supervision of a mental health counselor or approved psychologist for a minimum of 2 years. Within this timeframe, a CIT must

work toward 1,500 face-to-face client hours and have an hour of supervision per 15 client hours (Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, 2016).

Cultural competence: In counseling, cultural competence is awareness of one's own culture and the assumptions made about that culture. This also encompasses being aware of other worldviews and developing ways to work with diverse cultures other than one's own. This also includes advocacy (Ancis & Marshall, 2010).

Family-of-choice: Friendships and networks as a primary source of support (Weston, 1991, as cited in LaSala, 2013). This term also is interpreted as referring to persons or a group of people whom an individual sees as significant in his or her life, which may include members of the family of origin, significant others, domestic partners, friends, and coworkers (Gender Equity Resource Center, 2014).

Heterocentrism: Bias against LGB individuals. Such bias can manifest on an individual level as well as on a cultural or societal level and may be reflected in societal laws and restriction of rights (Pachankis & Goldfried, 2013).

Heterosexism: This is a newer version of the term *homophobia*. It refers to the process whereby heterosexuals are granted certain rights and privileges that contribute to the oppression of LGB persons (Ritter & Turndrup, 2002).

Multicultural competence: Such competence is composed of three dimensions: knowledge, skills, and awareness. Multicultural competence requires an understanding of the client and his or her culture, identity development, and context within social and

political realms as well as culturally sensitive interventions with the ability to self-reflect (Sue, Arrendondo, & McDavis, 1992).

Sexual minority: Refers to members of sexual orientations or to those who engage in sexual activities that are not part of the mainstream (Gender Equity Resource Center, 2014)

Sexual orientation: The American Psychological Association (APA) refers to sexual orientation as an enduring pattern of emotional, romantic, and/or sexual attractions to men, women, or both sexes. This may also speak to a person's sense of identity based on those attractions and related behaviors (APA, 2015).

Assumptions

Through my own experiences and a comprehensive review of the literature, I made a few assumptions for the present study. A primary assumption was that counselors-in-training would be available and willing to discuss their experiences. Initially, there was the supposition and a level of dependency in regard to reported sexual orientation and identification of participants, as I was seeking heterosexual-identified counselors-in-training only. Based on the prerequisites of the purposive sample, there was a level of assumption that the participants would have a measure of similarity in their education and would have taken the same core classes required of a CACREP institution. There was also an assumption that they had experience with one or more LGB couples and would be open to discussing their perceptions regarding their educational and self-efficacy levels. I had supposed that there would be a level of reflection and retrospection in regard to the participants' experiences, as they had prior knowledge of the content to

be discussed (Patton, 2002). All of the participants did mention that they had thought about the questions before the actual interview took place.

There was also a major assumption that because I was also in the field and was a licensed counselor as well, participants would feel camaraderie with me and would feel comfortable in discussing such matters. Being in the field for over 4 years myself, I assumed that participants would be willing to help to further research and training protocols. This proved to be true based on the participants' interviews. In their sharing, I also expected a level of honesty regarding both common and uncommon experiences that would enhance the interviews, leading to contextual details and understandings that had been unavailable in the literature. Within this overall assumption, I anticipated that participants would speak the same language that I do and share and understand most of the collective terminology common to the field. This was also the case.

Scope and Delimitations

The purpose of the study was to understand the experiences of heterosexual-identified counselors-in-training in working with LGB couples. More specifically, this study aimed to understand perceptions regarding educational training and self-efficacy as they related to working with LGB couples. The main strength of the study was the focus on participants' experiences and "putting [them] first" (Cernea, 1991, as cited in Patton, 2002, p. 121). By noting specific themes, I sought to expand the field's knowledge of the experiences of counselors-in-training with LGB couples. The chosen method supplied the counselors-in-training a voice in regard to their work with LGB couples that has thus far been silent.

In light of the intent of the study, the recruitment of participants was limited to an area that I could travel by vehicle. This was so that I could sit with the participants face to face during the interviews. The intent of such a defined and intimate setting was to grasp the full subjective experience of the participants and understand the intricacies of their experiences. Such a level of intimacy was sought in the hope of establishing trust whereby validity would be ensured.

Limitations

As with many qualitative investigations, there can be difficulty in generalizing findings to a wider population (Creswell, 2009). Counselors-in-training who were not in the area were obviously excluded. The sample size was based on a convenient, purposive sample and may not reflect all student experiences. Validity is also a concern, as all information from participants was based on self-report and past recollection (Creswell, 2009). It is impossible to know with certainty that what the interviewees remembered or relayed was accurate. The data relied on participants' ability to remember events, and there was a level of assumption of fact within the information gathered.

It was expected that I would experience some immersion as the researcher that could intensify and/or confirm biases already in place. I anticipated that this structure would also be the basis of new biases. Such limitations were clarified for the participants involved and are also described in Chapters 4 and 5 for the readers of the research analysis (Creswell, 2009). Transparency of bias and rival conclusion comparisons are also addressed to maintain quality (Miles et al., 2014).

Trustworthiness was maintained by discussing my perceptions, experience, and biases within the introduction and analysis of the final results. Throughout the process, I engaged in continuous challenging of views with the use of researcher reflexivity (Morrow, 2005; Singh & Shelton, 2011). As biases were addressed in this manner, ethical issues were minimal.

Ethics were maintained through the use of informed consent. Informed consent consisted of a detailed form signed by the participant and confirmed by me indicating the participants' rights. These included, but were not limited to, the expectations and purpose of the study, the role of confidentiality, the topics of discussion, how responses were to be used, and the risks and benefits for the participants (Patton, 2002). This was given in written form as well as discussed verbally during recruitment of individual participants and before the interviews took place to ensure understanding.

Significance of the Study

Appreciating the perceptions of counselors-in-training from their own point of view has been a vital gap in the literature. This qualitative, phenomenological study helps in recognizing the experiences of counselors-in-training without the confines of an assessment. Furthermore, this study contributes to the increasing need for additional education and training of counselors-in-training in working with LGB individuals and couples. Exploring the experiences and perceptions of counselors-in-training, as I attempted to do in this study, may provide insight that may lessen the divide between counselors and LGB couples in the therapy room. With such an understanding, those in

the mental health counseling field and educators alike can promote more beneficial outcomes not only for new counselors, but also for LGB couples seeking services.

Now more than ever, the LGB community is a large part of political and social change. Damaging practices and ideals affecting those who identify as LGB—such as reparative therapy, the “Don’t Ask, Don’t Tell” policy, and the labeling of homosexuality as a mental disorder—are slowly becoming notions of the past. Human services must be privy to the needs of the LGB community and to those who serve them. This includes paying attention to the education that mental health counselors are receiving as well as their perceived feelings regarding their self-efficacy in using that education to the best of their abilities.

Ultimately, the themes that were discovered through this study can be used to understand the experiences of counselors-in-training working within the field and directly with clients. The education that CITs receive and how it may be helping or harming both CITs and clients may be assessed. Through the exploration of perceived educational training as well as self-efficacy levels among counselors-in-training, it may be possible to gain a better understanding of not only the needs of those going into the field, but also how to better serve LGB clients overall.

Implications for social change include understanding and possibly improving or changing the way in which counselors-in-training are prepared for working with LGB clients and couples. Objectives to support LGB individuals and couples include receptive environments, collaboration, and co-optation (Homan, 2011). Those in the human services field in particular have the unique opportunity to make their environments

receptive and supportive. Same-sex couples and LGB clients often seek services from associations and mental health services that advertise as LGB supporters (Grove & Blasby, 2009). By exploring how counselors-in-training feel about their role in supporting the LGB community through their perceived training and self-efficacy, the field may acquire a better understanding of how to improve these environments. This may also further enhance programs specific to sexual minority couples and counselors-in-training who are preparing for work with this clientele. Implications of this study include the continued goal of working toward a community of acceptance, care, and support for both those in the field and those who seek services.

Such advocacy is not only about changing larger systems, but also about changing individuals through self-empowerment (American Counseling Association [ACA], 2003). A counselor is required to understand his or her client as a social, political, economic, and cultural being (ACA, 2003). In doing this, both self-empowerment and advocacy can occur for the client and the counselor alike (ACA, 2003). Social-political advocacy requires those in human services to be change agents. One way to do this is to make sure that counselors, both novices and experienced professionals, are self-empowered and comfortable working with LGB individuals and couples (ACA, 2003). By making the training and education that counselors-in-training receive a receptive environment that addresses their needs, they, in turn, can be part of an accessible environment and be a vehicle for social change for those whom they seek to help.

Ultimately, the themes that were discovered within the various interviews may be used to understand the experiences of counselors-in-training in working with LGB

couples. The education counselors receive and how it may be helping or harming both students and clients can be further assessed. Through the exploration of perceived self-efficacy levels, there is apt to be more understanding of not only the needs of those going into the field, but also how to better serve LGB couples as clients.

Implications for social change include understanding and possibly improving or changing the way in which CITs are prepared for working with clients from sexual minority groups. This includes paying attention to the instruction of mental health counselors-in-training and their perceived feelings regarding their abilities and confidence in using that education in the field. By exploring how CITs feel about their role in supporting the LGB community with regard to their education and capabilities, the field can continue to work toward a community that embraces diversity and supports not only clients, but also counselors.

Summary

Reflecting on goals and objectives for change is just as vital as the action itself (Homan, 2011). Any form of social reform requires clear obligations, relevant literature and research, and unrelenting activism (Abramovitz, 1998). However, in order for such social change to take root and grow, there must be a sense of harmony (Epple, 2007). A united front is required for all of those involved (Epple, 2007). Ultimately, advocacy and social changes are about being supportive allies and “giving voice” (ACA, 2003; Homan, 2011, p. 404).

The goal of qualitative research is to understand social constructs through a description of experiences (Ancis & Marshall, 2010; Heppner, Kivlighan, & Wampold,

1999). Furthermore, qualitative studies focus on looking deeper for the purpose of change (Watkins, 2012). Bobby (2013) implored the mental health profession to continue to research the effects of CACREP accreditation on programs, student knowledge and skill development, and graduate performance (Bobby, 2013). Fallon et al. (2012) noted the need to teach thoughtful critical thinking skills to counseling students to encourage them to explore and challenge assumptions that do not align with ethical codes for counselors. It has been noted that a sexual orientation class is not enough to ensure that students feel equipped to work with LGB clients (Rutter et al., 2010). It also has been confirmed that heterosexual bias is alive and well in educational literature and in intervention and health programs (Rock et al., 2010). In therapy offices, relevant and important issues specific to LGB clientele are often not discussed (Grove & Blasby, 2009). Conversely, the fact that a couple is gay can be inappropriately exhausted in the therapy room (Shelton & Delgado-Romero, 2013). Assessments given to couples, both heterosexual and same sex, may be filled with heterosexual bias and often need to be changed on the fly to accommodate same-sex couples (Grove & Blasby, 2009). Furthermore, educational programs for counselors and mental health professionals often do not address LGB concerns and offer no affirmative therapies to help prepare students for same-sex couples in therapy (Rock et al., 2010). Counselor training and education need to include the students' voices to help counselors in recognizing and exploring the incongruities in thinking and values (Fallon et al., 2012).

Given the inconsistencies of the literature in regard to these concepts as well as the lack of understanding about what counselors-in-training are experiencing with LGB

couples, the present study and its results are pertinent. In Chapter 2, I further investigate the current state of such concepts and how the field is addressing such issues. Beginning with an introduction of the review as well as the strategy taken, the following chapter continues with a look at sexual minority couples and the sociocultural challenges they have faced, including both historical issues and political barriers. An exploration of social and family support issues and therapeutic boundaries as well as a look at evidence-based counseling practices for LGB clientele and the challenges that can occur are also incorporated. Counselor and counselor-in-training challenges, along with factors of education, training, life experiences, and biases, are included as well. Lastly, theoretical frameworks that aid counselors and counselors-in-training in working with sexual minority couples are discussed. Such an examination will help to appreciate the necessity for current and ever-changing programs and educational requirements to address the needs of LGB clientele and those who serve them.

Chapter 2: Literature Review

Introduction

Based on political and legal advancements for LGB rights in the United States, society appears to be moving slowly but steadily toward a world of accepting and embracing differences. Professionals within the field of mental health must be at the forefront of helping to secure this transition and must recognize and acknowledge these changes. The field must be equipped to help people of all backgrounds and identities who seek services in light of political and societal vicissitudes. It is requisite of all mental health field workers to be prepared to work with those who seek services and to have the knowledge and training that support such advances. The following exploration of the literature was conducted in an effort to comprehend these developments while acknowledging what work still needs to be done.

There has been notable progress in the literature in regard to counseling issues overall. Between 1998 and 2007, 15 counseling journals published over 4,457 articles (Ray et al., 2011). Out of those articles, 1.9% were related to the LGB as well as transgender populations, and 28.9% were associated with counselor skills or dynamics in the counseling process (Ray et al., 2011). Research regarding therapy with couples accounted for 36 of the 4,457 articles; however, none of the populations studied were defined as sexual minority couples (Ray et al., 2011). Within the 28.9% of articles related to counselor skills, 11% focused on counselors-in-training (Ray et al., 2011).

Although these results showed a smaller focus on LGB issues than on other areas such as counselor skills, overall literature regarding LGB concerns has peaked within the

past few decades (Ray et al., 2011). For example, since 1996, there has been a 238% increase in LGB studies, with the focus largely centered on LGB youth, substance abuse issues, supervision and training, and mental health (Hartwell, Serovich, Grafsky, & Kerr, 2011). Research articles on therapy regarding LGB clients has risen from 8% to 40%, and counselor training research has risen from nearly nonexistent to 6% (Hartwell et al., 2011). Such an increase has fostered greater acceptance toward LGB clients in therapy and has enhanced therapy training (Shelton & Delgado-Romero, 2011).

Despite this increase in literature, there are noticeable gaps. On closer examination, this increase on LGB centered issues is merely 173 articles out of a total of 8,781 research articles in 17 family, behavioral, and therapeutic journals published between 1996 and 2009 (Hartwell et al., 2011). Of the 173 articles, 13.3% were qualitative in nature (Hartwell et al., 2011). Singh and Shelton (2011) noted similar findings in an investigation of four journals including *Journal of Counseling and Development*, *Journal of Counseling Psychology*, *Journal of LGBT Issues in Counseling*, and *The Counseling Psychologist* while researching for LGB content from 1998 through 2008. A mere 12 articles were empirical and qualitative in nature.

Fundamentally, there remains underrepresentation in the literature of LGB individuals in general, as well as LGB clients in therapy (Schmidt et al., 2011; Singh & Shelton, 2011). Along with LGB individuals overall, LGB couples are underrepresented within the literature. For instance, there has been a lack of studies on LGB couples' satisfaction in relation to issues unique to them, such as coming out. Hardtke, Armstrong, and Johnson (2010) noted that there is no empirical evidence regarding treatment models

for lesbian couples. Researchers are just now recognizing that treatment models specific to LGB individuals and couples are important within the therapeutic environment (Chazin & Klugman, 2014; Knoble & Linville, 2012; Manel, 2014). There are still unanswered questions regarding the opportunity for lesbian and gay couples to seek out and find safe support in therapeutic settings (Blumer & Murphy, 2011). Currently, there are no family therapy techniques or models for gay or lesbian families that have been empirically validated (LaSala, 2013).

Within the general research, there are also significant inconsistencies in respect to perceived abilities and education in counselors-in-training as well as a lack of research regarding the impact of internships, cultural awareness, and postgraduate work on counselor competency (Bidell, 2012; Grove, 2009; Knoble & Linville, 2012; Perosa & Perosa, 2010). Graham et al. (2012) noted that current training for counselors is insufficient, which may be in direct relationship to the lack of research. This lack of scholarship in the literature is affecting the teaching and practice of those in the field (Bordoloi et al., 2013). Counseling research from a counselor viewpoint is needed to help flesh out therapeutic issues and assist in discovering what is happening in session to work toward a positive experience for all (Stracuzzi, Mohr, & Fuertes, 2011).

Recommendations have been made for more counseling education and research for students in reference to LGB clients (Hartwell et al., 2011; Schmidt et al., 2011).

Consequently, researchers have indicated that those in the field working directly with LGB clients as well as supervisors working with counselors-in-training may not be

adequately competent, consistent, or knowledgeable (Burkard et al., 2009; Eisenhard & Muse-Burke, 2014; Lyons, Bieschke, Dendy, Worthington, & Georgemiller, 2011).

In regard to the investigation of such opinion, the current review indicated little literature on the relationship between counselors-in-training and LGB couples in the therapeutic environment. The literature review showed an overall shortage of both quantitative and qualitative studies in regard to counselors-in-training in postgraduate work. The existing exploratory research has largely focused on practiced counselors and supervisors and their work with LGB individuals (Burkard et al., 2009; Grove & Blasby, 2009; Pachankis & Goldfried, 2013; Perosa & Perosa, 2010). What little research there is about counselors-in-training has been based on assessments and minimal case studies (Grove, 2009; Rock et al., 2010; Rutter et al., 2010). Consequently, counselors-in-training have had little voice outside the confines of assessments, especially in regard to their education, self-efficacy, and experiences in working with LGB clients and specifically LGB couples (Folkes-Skinner et al., 2010; Grove, 2009; Lynch et al., 2013). For instance, the popular assessment Counseling Self Estimate Inventory (COSE), originally introduced by Larson et al. (1992), does not account for the individual and subjective experiences of counselors-in-training (Kozina et al., 2010; Lent et al., 2003).

Quantitative research involving the use of assessments such as the COSE in regard to counseling is plentiful; however, qualitative, psychological research as a whole in this area is sparse (Ponterotto, 2013). For instance, studies that focus on practiced counselors and students still in academic settings tend to be assessment driven (Ancis & Marshall, 2010; Bidell, 2012; Brady-Amoon & Fuertes, 2011; Carlson, McGeorge, &

Toomey, 2013). Such studies can limit the range of understanding as well as the narrative data immensely (Creswell, 2013). Likewise, there are few assessments that aid supervisors in evaluating competencies in counselors-in-training and providing feedback (Swank et al., 2012). Perosa and Perosa (2010) noted that there is little available to determine growth or self-efficacy during internships and post degree experience. Furthermore, there are concerns about the soundness of self-reported competency assessments of counselors (Stracuzzi et al., 2011).

There remains inconsistency and a lack of acuity in the research findings in regard to counselors and counselors-in-training and their perceptions of skills in relation to therapeutic interventions with LGB individuals and couples (Graham et al., 2012; Hartwell et al., 2011; Kozina et al., 2010). In light of these limitations, much of the literature in this review focused on students who were still in school in related fields and counselors and other related mental health workers who were already licensed, which emphasizes the need for more research with counselors-in-training out in the field. LGB couple information is also sparse; thus, the literature review tends to focus on LGB individuals, consequently also highlighting the need for more research on LGB couples.

As the political and social realms for the LGB population continue to transform, so does the knowledge base. There is a need for continual assessment of this transformation in regard to training, education, and abilities within the mental health field for the betterment of the LGB population and for those who serve them. In order to recognize this marginalization of both LGB couples and counselors-in-training within the literature, the following literature review, although not exhaustive, includes a general

overview within the historical context of LGB issues and the assessments that have driven the knowledge base thus far. The review emphasizes both common and uncommon understandings of individual and couples counseling for the LGB community. The review reflects recognition of the concerns of LGB individuals and same-sex couples and ways to enhance the counseling experience through an examination of themes and evidence-based practices that are recommended as a part of same-sex couples counseling. Educational requirements for counselors-in-training and counselors' concerns are also explored. The review also notes both the consistencies and inconsistencies of research regarding counselor attitudes and challenges in working with LGB clients.

The purpose of this study was to understand the experiences of heterosexual-identified counselors-in-training in working with LGB couples. More specifically, I aimed to understand perceptions regarding participants' educational training and self-efficacy as they relate to working with LGB couples. A review of the available literature was imperative to further appreciate this purpose.

Literature Review Strategy

The intent of the review was to look not only at what is currently available, but also at what has been lacking throughout the research. A wide-ranging literature review was achieved largely through the use of the Walden University Library, through the electronic search engine EBSCOhost. Specific databases that were used included Academic Search Complete, PsycINFO, PsycARTICLES, ERIC, and LGBT Life. PsycINFO provided the most relevant and current articles and was used more extensively than other databases due to the nature of the topic. Internet databases such as Google

Scholar and Sage Journals were used, and current statistics and trends were obtained from reputable Internet sites such as those of the U.S. Census Bureau (2015), GLAAD (2015b), and the American Counseling Association (2014). Keywords such as *LGB*, *counselor-in-training*, *student*, *intern*, *couples*, *gay*, *lesbian*, *bisexual*, *self-efficacy*, *therapy*, and *counseling* were used as searching tools. Searches focused on the most current research from 2010 to 2015. Articles that were older were used for the purpose of creating historical timelines and understanding the growth and exposure of LGB literature and issues in both a social and political context. Each article was individually reviewed for relevance of purpose and cross-referenced with any cited original articles to clarify perceptions noted.

Theoretical Foundation

The focus of this study was the perceptions of counselors-in-training regarding their experiences and how their perceived education and self-efficacy translated into their work in the therapy room with LGB couples. For the purpose of a theoretical foundation in regard to understanding the experiences of counselors-in-training, personal beliefs of self-efficacy, as originally proposed by Bandura, was a main focus (Brady-Amoon & Fuertes, 2011; Rowell & Hong, 2013). Self-determination theory explores the constructs of intrinsic versus extrinsic motivation, while social cognitive theory further examines the role of self-efficacy (Brady-Amoon & Fuertes, 2011; Henderson-King & Mitchell, 2011). Bandura's theory reflects an understanding of how individuals' beliefs in their capability can help them to manage control over their own lives. Beliefs concerning the self affect motivation and are directly related to desired outcomes (Bandura & Locke, 2003).

Humanistic, behavioral, and cognitive factors that include beliefs, goals, and values combine to motivate students to learn within an academic setting. Therefore, the experiences of counselors-in-training in working with LGB couples in relation to their perceptions of training constitute an important area of exploration. Use of such a theory aided in the assumption that those students with a high level of self-efficacy during their training might be more inclined to embrace the challenges of working with LGB couples, whereby those with perceived lower self-efficacy might not (Rowell & Hong, 2013).

Pachankis and Golfried's (2013) research was also used as a guide throughout the study in regard to LGB couples' concerns. Both identity development theory and family-of-choice frameworks are useful in recognizing the unique challenges facing LGB couples, such as various stages of coming out, the role of dual lives, family member relationships, and the trials of living as a couple (Pachankis & Goldfried, 2013). Fundamental attitudes and ideals are secured at a young age and are often maintained ideals taught by social groups (Poteat & Anderson, 2012). Identity development is the process of relearning potential, such as in clients who come out, and can be as diverse as individuals are (D'Augelli et al., 2010). Family-of-choice frameworks involve understanding the process of coming out in relation to the connecting family members and how it interrelates with self-esteem, confidence, and overall attitude about and for the couple (Pachankis & Goldfried, 2013). Conceptual models of identity development theory and family-of-choice frameworks were chosen as structural centerpieces to help guide the review and structure the study.

The goal of this phenomenological study was to appreciate the experiences of counselors-in-training in working with LGB couples; therefore, a pragmatic approach was taken. Pragmatism is not committed to one philosophy and allows for flexibility to refocus for curiosity's sake (Chenail, 2011). The theoretical framework, though used as a foundational tool, did not dictate the study. My interpretation remained malleable for the sake of a textural as well as a structural collection of the experiences of counselors-in-training and the meaning attached to those events (Englander, 2012; Mikene et al., 2013). This allowed for elasticity and the possibility of other conceptual frameworks to formulate.

Literature Review

The following literature review is a collaborative look at issues pertaining to LGB clients and couples as well as the counselors-in-training who work with them. A closer look at statistics regarding sexual minority couples is included, as well as historical perspective on LGB minority populations. This is followed by an overview of challenges that LGB couples face both inside and outside the mental health field, specifically in sociocultural, political, and therapeutic realms. An overview of presiding thematic evidence-based counseling is also included, along with the challenges that such practices may present. Finally, an exploration of the education and life experiences of counselors-in-training and how they may affect therapeutic intervention is included.

Sexual Minority Couples

Approximately 9 million people define themselves as LGB or transgender in the United States and over 1 million individuals are in committed same-sex relationships

(Buzzella et al., 2012; Gates, 2011). In 2000, the U.S. Census reported that nearly 600,000 homes were headed by same-sex couples (Green et al., 2010). By 2009, there had been 32,000 marriages of same-sex couples and 80,000 legally recognized same-sex couples (Buzzella et al., 2009). In 2010, the number of households headed by same-sex couples increased to 646,000 (CNN Politics, 2013). At the time of this writing, the U.S. Census Bureau (2014) had reported that there was a total of 726,600 same-sex households in the United States and that 34.6% of said couples were legally married. Consequently, within the next decade, lesbian and gay elders are projected to be an estimated 7 million people (Hillman & Hinrichsen, 2014).

In the United States, it is estimated that 2 million lesbian mothers and gay fathers support 14 million children (Green et al., 2010). Researchers have concluded that gay and lesbian couples are just as committed and capable of long-term relationships as heterosexual couples and that same-sex couples show higher levels of relationship satisfaction while also exhibiting better psychological adjustment in raising children than heterosexual couples do (Farr, Forssell, & Patterson, 2010; Herek, 2006; Peplau & Fingerhut, 2007). Due to progressive reform, Florida became the last state to finally lift the ban on lesbian and gay adoption. While such a ban was deemed unconstitutional in 2010, it took the mayor of Florida, Rick Scott, nearly 5 more years to officially repeal the ban (Equality Florida Action, Inc. 2014).

Sociocultural Challenges

Despite growing support from the APA, overall acceptance of LGB individuals as well as couples remains a social, religious, and political issue, as well as a human rights

issue. A meticulous examination of these concerns in their entirety is practically impossible. However, a review of some of the more common challenges for LGB individuals and couples that are discussed within the literature is important in order to recognize and appreciate the potential impact of the current study. These include issues related to political and social realms, family structures, and mental health therapies. The following section explores the historical issues and political barriers that have been faced by those who identify as LGB.

Historical issues. The history of the political and social hardships that surround those who identify as LGB is plenteous. The word *homosexuality* was not recognized in U.S. social media print until 1926 and human rights as a doctrine by way of the General Assembly of the United Nations did not emerge until 1948 (Time World, 2013; United Nations, 1998). *The Stanford Encyclopedia of Philosophy* described human rights as “international norms that help to protect all people everywhere from severe political, legal, and social abuses” (Nickel, 2012, para. 1). Human rights are to encompass all civil and political liberties, equality and social rights, and security and due process rights (Nickel, 2012). As stated in the preamble of the *Universal Declaration of Human Rights*, the document originated due to a “disregard and contempt” that instigated unacceptable actions against those liberties (United Nations, 1998, para. 1). The hope of such a doctrine was that humans could aspire to living without fear and be free to speak and believe as they desired (United Nations, 1998). The role that such a doctrine instigated was the desire to continue to strive for freedom for all people and to embrace all “race, colour, sex, language, religion, political or other opinion, national or social origin,

property, birth or other status” which included any and all statuses (United Nations, 1998, Article 2).

In 1952, the APA pathologized homosexuality as a psychological disorder likened to a antisocial disorder and deemed such practice a “perversion” (Drescher, 2006, p. 118). It was not uncommon for mental health providers to employ reparative therapy or sexual orientation conversion therapy, a psychotherapy that was intended to change a person who identified as homosexual into a culturally accepted heterosexual (Johnson, 2012). The first public gay student organization was formed in 1965 and by 1970, two men applied for a marriage license in Minnesota. They were denied and the Supreme Court refused to hear the case when the denial was appealed (Time World, 2013). However, a year later, the same couple was issued a license in the same state that originally denied them. By 1973, in a formal retraction by the members of the APA, homosexuality was deemed a normal practice and reparative therapies were sanctioned as being harmful and unethical (APA, 2015). By 1975, the APA was asking mental health professionals to take the lead in removing stigma and promoting the well-being of those who identified as LGB (APA, 2015). Then, in 2004, the APA Council of Representatives passed a resolution that clearly stated that denying same sex marriage was discrimination (Rostosky, Riggle, Horne, & Miller, 2009).

Political barriers. Culture is defined as “a way of living informed by the historical, economic, ecological, and political forces of a group” (APA, 2002, p. 10). Being granted a legal marriage secures cultural legitimacy and recognition for all who desire it and ultimately leads to feelings of security and support (Riggle et al., 2010).

Legal recognition is an “important macro-environmental factor” of one’s culture that enhances psychological health and well-being (Riggle et al., 2010, p. 85). In the *Universal Declaration of Human Rights*’ preamble, human rights “promote social progress and better standards of life in larger freedom” (United Nations, 1998, para. 1). Article 16 of the document states: “Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family” (United Nations, 1998, Section 16). In an online sample of 2,677 LGB participants, those who were legally married expressed much less internalized homophobic feelings, fewer depressive symptoms, lower stress levels, and believed they had more meaning in their lives than those who were not in a legally recognized union (Riggle et al., 2010). For the participants, especially those whose relationships were recognized legally, lower stress, depression levels, and internalized homophobia were in direct relation to the length of the relationship. The longer the participants were in a relationship, the higher their overall sense of well-being was perceived (Riggle et al., 2010).

In 1996, President Clinton signed into action the Defense of Marriage Act (DOMA), a policy dictating that legalized marriage was to be recognized federally as a union between a man and woman. Each state was responsible for approving and legalizing same sex marriages (GLAAD, 2014a; Green et al., 2010). Beginning in early 2000, California began recognizing same sex couples by awarding rights such as hospital visits and pension benefits to same sex partners (New Hampshire News, 2013). However, in March of that same year, a proposition was put in place to uphold DOMA and the terminology that supported the legalized union of one male and one female. Despite this

dispute in California, Massachusetts legalized gay marriage in May of 2004 (Procon.org, 2015). Notwithstanding, the passing of a bill to negate the state's proposition by the California Senate in both 2005 and 2007 did not sway the California governor, Arnold Schwarzenegger, to pass same sex marriage equality. In May, 2008, this refusal was deemed to be unconstitutional and the ban on same sex marriage was lifted (New Hampshire News, 2013). Proposition 8 was then brought forth, which supported heterosexual marriage only and it appeared on the state ballot in November, 2008. After numerous legal arguments and court cases that continued yearly, Proposition 8 was deemed in violation of constitutional rights, with exceptions, in 2010 (New Hampshire News, 2013). The history of California law regarding same sex marriage continued in this fashion until the summer of 2013. During this time, the Supreme Court, led by Chief Justice John G. Roberts, Jr. reasoned that DOMA was a desecration of the 5th Amendment, thereby considering it unconstitutional (GLAAD, 2013; Supreme Court of the United States, 2013). This also included state propositions such as Proposition 8. Same sex marriages then resumed in California. Other states also engaged in struggles of this nature. By early 2015, thirty-seven states had succeeded in legalizing same sex marriage. Washington, D.C. was one of the first locations to legalize same sex marriages, approving the sanction in March, 2010. Alabama, Alaska, Arizona, California, Colorado, Connecticut, Florida, Idaho, Indiana, Iowa, Kansas, Massachusetts, Montana, Nevada, New Jersey, New Mexico, North Carolina, Oklahoma, Oregon, Pennsylvania, South Carolina, Utah, Virginia, West Virginia, Wisconsin, and Wyoming have legalized same sex marriage by way of court cases. Maine, Maryland, and Washington have legalized

same sex marriage by popular vote. Delaware, Hawaii, Illinois, Minnesota, New Hampshire, New York, Rhode Island, and Vermont had all approved same sex marriage through state legislature (ProCon.org, 2015). Finally, in June of 2015, the United States Supreme Court, in a ruling of 5 to 4, declared that same sex marriage was a constitutional right and would be honored on a national level by all 50 states (Barnes, 2015).

Such legislative actions and ethical standards in favor of the LGB community, as well as the repeal of “Don’t Ask, Don’t Tell” and the Supreme Court ruling of nationwide legalized same sex marriage, have made LGB issues much more high profile than in the past, however it does not address the ground issues of the normative lifestyle of the LGB population and the segregation that continues to occur (Shay & Strayder, 2012). For instance, even with these legal advances such as those described above, those who identify as LGB or transgender, depending on the state in which they reside, are not protected against discrimination in the work place based on their sexual orientation. Even fewer states protect workers from gender expression or identity (Glad.org, 2014).

Application-Based Challenges

Societal oppression, segregation, and heterocentric institutions create unique challenges for individuals and couples who are LGB which may include, but are not limited to, victimization, coming out issues, family acceptance, and dual lives (Pachankis & Goldfried, 2013). Being aware of issues such as identity development, internalized homophobia, and concerns unique to LGB clientele are imperative to addressing needs and ensuring appropriate care (Chazin & Klugman, 2014). Key issues related to LGB mental health need to be recognized and understood as well as tailored for the individuals

and couples seeking services (Mandel, 2014). The following section explores social and familial support issues as well as barriers that are presented in therapy by those individuals and couples who identify as LGB.

Social and family support issues. LaSala (2013) reported that both the ideas and the research about homosexuality have come in waves. The first wave premised that homosexuality was a disease and family dynamics were to blame. The second wave theorized that those who identified as gay or lesbian split away from the family unit and focused on families of choice to avoid pain. Currently, the third wave is showing family as a source of support in which gay and lesbian youth are now experiencing positive relationships (LaSala, 2013). For many who identify as LGB, the ramifications created by these waves can affect one both negatively and positively.

For instance, LGB youth face problems related to school that include bullying and poor guidance by incompetent school counselors that can lead to absenteeism, poor grades, and lower future academic aspirations (Bidell, 2012). In a study of over 7,000 students, 85% of those who identified as LGB reported they were verbally harassed, nearly half had been physically assaulted, 60% felt unsafe in their current school environment, and 50% reported being cyberbullied (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010). Berlan, Corliss, Field, Goodman, and Austin (2010) reported that out of 8,000 students, those who identified as LGB were more likely targets of bullying versus those who were heterosexual. Such negative experiences can have lasting effects such as depression, anxiety, eating disorders, violence issues, substance use and abuse, suicide ideation and attempts, and homelessness (Bidell, 2012, Coker, Austin, &

Schuster, 2010; Haas et al., 2011; Institute of Medicine, 2011). Conversely, positive experiences such as adult advisors in school that promote equality and allies, extracurricular clubs for students who identify as LGB and transgender or questioning, and support groups can thwart such affects (Valenti & Campbell, 2009).

The process of *coming out* can be also be construed as negative and positive. Situational outness, continuous decision making on whom to be out to and whom not to be, fear of job loss or physical harm when being and/or coming out, and role modeling for others as a decision to be out are common conceptual themes faced by those who identify as LGB (Graham & Barnow, 2013; Knoble & Linville, 2012; Pachankis & Goldfried, 2013). Being out as a same sex couple increases visibility and acts as a catalyst for others or for an individual in a same sex relationship to come out (Knoble & Linville, 2012). Researchers have discerned that the choice of coming out for each individual was in direct correlation to relationship quality as well as family and partner support (Graham & Barnow, 2013; Knoble and Linville, 2012). Research regarding gay male couples has reported coming out as a positive experience related to a greater sense of autonomy, freedom, and the ability to be flexible (Bettinger, 2004; Blumer & Murphy, 2011; Tunnell & Greenan, 2004).

Coming out can have ramifications for family members as well. Family members of LGB individuals and couples can have increased stress related to feelings regarding political issues that are directly related to their relatives who identify as LGB (Arm, Horne, & Levitt, 2009). They often feel a need to remain staunch in the face of political upheaval at the expense of their own health, frequently feel a need to be involved in

political issues to fight for their relative's rights, and experience pain and a sense of hopelessness regarding said issues (Arm et al., 2009). Many family members have experienced discrimination and fear for their relatives who identify as LGB or have experienced dissention within the family regarding the politics of LGB issues while still others reported confusion in incorporating their religious views with feelings about their family members (Arm et al., 2009).

Reaching out to families of choice is common for LGB individuals and couples in light of family dissention (LaSala, 2013). Reports indicated a direct correlation between family and friend support with a sense of individual as well as couple well-being (Farr et al., 2010; Graham & Barnow, 2013; Reeves et al., 2010). Heterosexual couples report higher levels of family support correlated to higher levels of relationship satisfaction; however, friend support created a negative correlation to a sense of well-being in the relationships. The direct opposite was true for same sex couples. Friend support related to higher relationship quality, while family support had little connection (Graham & Barnow, 2013).

Therapy barriers. Same sex couples seek counseling far more than heterosexual couples, with a ratio of 50% for same sex couples as compared to 6% for heterosexual couples (Rutter et al., 2010). While reports pertaining to therapy experiences of heterosexual couples are abundant, the little research pertaining to therapy experiences for same sex couples is sparse and is often in comparison to heterosexual couples (Gotta et al., 2011). Literature as well as services for LGB couples regarding any types of pre-union services or counseling overall is lacking as well (Casquarelli & Fallon, 2011). In

contrast, there is more research regarding therapy experiences of LGB individuals (Pachankis & Goldfried, 2013; Shelton et al., 2013). For instance, it is reported that gay men seek counseling two to four times more than heterosexual males (Blumer & Murphy, 2011). LGB clients overall report poor reception from many mental health care workers with more dissatisfaction from therapy than heterosexuals (Grove, 2009; Lyons et al., 2011; Shay & Strayder, 2012). It is not unusual for sexual minority clients to be left feeling invalidated, frustrated, and powerless due to therapists' lack of knowledge of LGB issues (Shelton & Delgado-Romero, 2011). LGB clients indicated reasons for discomfort in a therapeutic setting included a professional's incompetence, along with inaccurate assumptions about the client and differential treatment (Lyons et al., 2011). In interviewing 11 gay males who were in a relationship, 75% who sought couples services indicated that the therapist's lack of knowledge regarding the oppression they experienced and the lack of specialized training created an unhelpful therapeutic experience (Blumer & Murphy, 2011).

For LGB couples specifically, other reported areas of concern were a lack of strength based approaches for long term LGB couples and an absence of therapists that embraced humanistic values for LGB couples (Casquarelli & Fallon, 2011). However, Blumer and Murphy (2011) ascertained that same sex male couples reported both non-supportive and supportive therapeutic encounters. Supportive encounters tended to include those that did not seek services directly related to their sexual orientation (Blumer & Murphy, 2011).

Although there are significant differences in working with LGB couples specifically, there are also many similarities to heterosexual couples (Farr et al., 2010; Graham & Barnow, 2013). Compared to a few decades ago, Gotta et al. (2011) noted an overall shift in heterosexual, gay, lesbian, and bisexual couples' relationships by which there is a significantly higher rate of perceived monogamy and equality between all couples. Farr et al. (2010), in a study which included twenty-nine gay male couples, 27 lesbian couples, and 50 heterosexual couples, all with adoptive children, reported no significant differences in partner attachment and sexual satisfaction (Farr et al., 2010). While lesbian couples tended to have the lowest sexual encounters and male couples tended to have the most, secure attachments exhibited a direct link to higher sexual satisfaction in all couples (Farr et al., 2010).

Blumer and Murphy (2011) determined that many LGB couples could be helped in therapy by simply being treated like any other couple. Likewise, counselors are inclined to believe that treating all clients the same is enough (Pachankis & Goldfried, 2013). However, other research has indicated that therapists need to be mindful of their own biases in counseling and be aware of issues pertaining specifically to LGB clientele (Chazin & Klugman, 2014; Blumer & Murphy, 2011). For instance, Hertzmann (2011) indicated that when same sex couples adopt, there may be a need for the couple to mourn the inability to biologically create a child together. Implications of Knoble and Linville's (2012) research pointed to the importance of recognizing the coming out process and how it is an integral part of couples counseling for same sex couples. However, knowing when or when not to talk about such issues is important as well, as barraging,

overcompensating, or forcing LGB issues to the forefront can be just as damaging as ignoring the issue altogether (Grove & Blasby, 2009; Skinner & Goodfriend, 2009). With such a wide array of suggestions, it is clear there is a need for more succinct evidence based counseling practices for working with both LGB individuals and couples (Buzella et al., 2012; Lyons et al., 2010).

Evidence-Based Counseling Practices for LGB Population

Evidence based practices in counseling are a complicated interweaving of both the relationship between counselor and client along with the technique and intervention used by the counselor (Norcross, 2011). Per the consensus of over 29 major counseling organizations, counseling is “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan et al., 2014, p. 366). Principles related to the counseling profession include a commitment to multiculturalism and knowledge of diversity as well as the ability to advocate (Kaplan & Gladding, 2011). A counselor is required to understand his or her client as a social, political, economic, and cultural being whereby both self-empowerment and advocacy can occur for the client and the counselor alike (ACA, 2003). Counselors are expected to put aside personal biases for the sake of the client and work toward a feeling of acceptance (ACA, 2014).

Consequently, considerations related to clients who identify as LGB are expansive (Lyons et al., 2011). With such a wide array of challenges unique to LGB individuals and couples, it is crucial that those working with this population use empirical and evidence based practices and techniques specific to LGB individuals and couples that

will help navigate the various roadblocks and political changes experienced, as well as the everyday issues all couples face (Blumer & Murphy, 2011; Buzzella et al., 2012; Panchankis & Goldfried, 2013). Yet, Pachankis and Goldfried (2013) could find no studies that looked at the effectiveness of particular theoretical orientations in working with LGB clients and Casquarelli and Fallon (2011) ascertained that developmental models that focus on issues specific to LGB couples such as sexual identity development models and couple development are deficient (Casquarelli & Fallon, 2011). Chazin and Klugman (2014) also noted the lack of empirical direction for intervention with sexual minority clients. Moore and Stambolis-Ruhstorfer (2013) called for a need for not only increased empirical studies dedicated to LGB and transgender families, but more theoretical insight of those already working and studying such matters. Johnson (2012), along with Pachankis and Goldfried (2013), noted a need for therapy and empirical research that is more useful for both counselors and LGB clients that reflects guidelines of the APA (Johnson, 2012; Pachankis & Goldfried, 2013).

When working within practices such as affirmative therapies, identity development theory, and family-of-choice frameworks that are available, a counselor must feel comfortable with both his or her clients and the usefulness of the practice, and be willing and able to support both (ACA, 2014). In working with the LGB population, counselors must be aware and knowledgeable in advocacy issues, current programs, and research as well as address their own feelings and attitudes about homosexuality (Buzzella et al., 2012; Panchankis & Goldfried, 2013; Ray et al., 2011). Such an examination of a counselor's own beliefs with a resolve to engage in non-discriminative

therapy conveys a measure of competency (Lyons et al., 2011). Ensuring competency when working with sexual minority clients is an ongoing process and knowledge of affirmative therapies and frameworks is essential for such capability (Lynch et al., 2013). While there is still debate about the most productive evidence based practices, affirmative therapeutic interventions that encourage support systems that include both heterosexual and homosexual individuals, along with oppression awareness and the feelings associated with these issues such as shame, anger, and guilt are being encouraged (Mandel, 2014; Pachankis & Goldfried, 2013).

The following section introduces some of the therapies, theories, and frameworks in working with LGB populations and the research regarding the use of such practices within the therapeutic setting.

Affirmative Therapies

In 1987, Clark released the *Summary of Guidelines for LGB Affirmative Practice* which included such important themes as “recognize[ing] and work[ing] with the oppression all LGB people have experienced,” “work[ing] to lessen shame and guilt around LGB thoughts and feelings” and “work[ing] to explore awareness of feelings, especially anger, amongst LGB clients” (as cited in Landridge, 2007, p. 32). Since that time, affirmative therapies have been well discussed (Johnson, 2012; Rutter, 2012; Rock et al., 2010) and guidelines adopted by the APA (2000) outline a frame of reference that counselors can use in providing such therapy. Yet, gay affirmative therapy has been described as difficult to define and even more difficult to incorporate into practice (Johnson, 2012). The most holistic definition is from *Handbook of Counseling and*

Psychotherapy with Lesbian, Gay, Bisexual, and Transgender Clients (2007) in which affirmative therapy is defined as an “integration of knowledge and awareness by the therapist” that includes the “developmental and cultural aspect of LGB [and transgender] individuals, the therapist’s own self-knowledge, and the translation of this knowledge and awareness into effective and helpful therapy skills at all stages of the therapeutic process” (Bieschke, Perez, & DeBord, 2007, p. 408). However, it has been argued that this range of explanation lacks definitive structure for actual practice. Affirmative therapy is not all about therapists being knowledgeable about coming out and identify development but embracing the fact that heterosexism exists and needs to be acknowledged (Johnson, 2012; McGeorge & Carlson, 2011). Johnson (2012), after examining a collection of fourteen quantitative studies dedicated to affirmative therapies, noted that most studies focused on LGB clients and their interpretations of therapy. The counselor and any information related to his or her abilities and knowledge were absent. Recently, there has been more concentration on the actions of therapists with clients and what affirmative therapy truly means such as normalizing experiences, validating, and rewarding sexual expression (Mandel, 2014; Proujansky & Pachankis, 2014).

Regardless of the lack of overly concrete concepts, there is conflicting research regarding students’ perceptions in regards to ability and knowledge. Rock et al., (2010) surveyed 190 counseling students and 60% reported no type of affirmative therapy being taught in their program and over 62% indicated they had not learned any information regarding LGB identity development theory. Nevertheless, most students believed they were highly competent to work with LGB clients (Rock et al., 2010). Additionally, in a

sample of 199 counselors, Green et al., (2010) discovered that only 64% of those surveyed reported learning about sexual minorities in their graduate courses. Conversely, students who did learn content on lesbian, gay, and bisexual affirmative therapy concepts and were able to spend time reflecting on their own biases reported higher levels of learning and overall skills in working with lesbian, gay, and bisexual clients (Carlson et al., 2013).

Identity Development Theory

Although slight, the literature does address identity formation and development within the LGB population and the importance of this knowledge in a therapy setting (Knoble & Linville, 2012; Sarno & Wright, 2013). The process of acceptance of one's sexual orientation and sharing this growth and discovery with others is significant in the life of a LGB individual (Blumer & Murphy, 2011; Hartwell et al., 2012; Pachankis & Goldfried, 2013). Development theory indicates that fundamental ideals occur when one is young and these principles are maintained over time (Poteat & Anderson, 2012). One holds these views and adopts practices that are taught by social groups such as family and peers. However, even if taught subjective, yet fundamental principles of right and wrong, cognitive reasoning can occur with growth and change in views can ensue (Poteat & Anderson, 2012). Often times, change is based on inner group ideals through gained knowledge and experience and the sense that one has the ability to think for one's self (Poteat & Anderson, 2012). Adler (1956) stated, "[A] child will grow up in such complicated circumstances that an error regarding the degree of his inferiority and insecurity is almost certain" (p. 116). Based on these changes, one can begin to repress

feelings, desires, and even goals and actions as a safeguard function designed within the ego to protect self-esteem (Adler, 1956, p. 3). According to Adler, and other theorists like him, repression protects our self-esteem from external threats and demands. We decide this, often unaware ourselves, in order to “filter out, reconstruct, or reinterpret events” to protect what we interpret as hazardous surroundings (Shulman, as cited in Silon, 1992, p. 156). Therefore, many LGB individuals lead a double life to protect both themselves and their families from persecution, ridicule, and harm (Pachankis & Goldfried, 2013).

Support has much to do with this vision of the self and identity development (Graham & Barnow, 2013). There is a direct correlation between family and friend support and a sense of individual and couple well-being and perceived positive relationship quality (Graham & Barnow, 2013). Heterosexual couples tend to have higher levels of family support correlated to higher levels of relationship satisfaction; however, friend support created a negative correlation to a sense of well-being in the relationships. However, the direct opposite was found for same sex couples. Friend support related directly to higher relationship quality, while family support had little to do with it (Graham & Barnow, 2013).

In the case of supporting or denying identity, there may be the ideology of an “us” and a “them” which can contribute to prejudice, a sense of dominance, and a level of self-hate and internalized homophobia which can create cognitive dissonance (Hertzmann, 2011; Poteat & Anderson, 2012). Internalized homophobia, society heterocentricism and homophobia, and mental and physical harassment are unique challenges faced in such development for those who identify as LGB (Pachankis & Goldfried, 2013). Even when

the issues presented do not focus on this milestone of developing identity, discussing such experiences provides a therapeutic alliance and helps with overall treatment goals (Johnson, 2012).

Family-of-Choice Frameworks

Appreciating the progression of the family unit in regards to support is an important therapeutic tool (LaSala, 2013). However, Perosa and Perosa (2010) reported that many counselors who work with family and couples focused on a more individualistic therapy theory than a system focused or family theory. Family-of-choice frameworks involve the understanding of the process of coming out in relation to the connecting family members and how it interrelates with self-esteem, confidence, and overall attitude about and for the couple in general (Pachankis & Goldfriend, 2013). Recognizing the dual life of each individual as well as the process whereby he or she has become part of the same sex couple is an important piece to working within a therapeutic alliance (Pachankis & Goldfriend, 2013). Consequently, attachments are a large part of the theoretical framework of family-of-choice theory. Mohr, Selterman, and Fassinger (2013) studied attachments in relation to family functioning whereby survey data were gathered from 247 lesbian couples, 188 gay male couples, 34 females without their partner, and 39 males without their partner. Results indicated that the variables of attachment anxiety and avoidance in both partners were correlated to less positively perceiving relationships and experiences (Mohr et al., 2013). The climate of negativity that many same sex couples find themselves dealing with appeared to be directly linked to this anxiety and the couples' feelings about their relationship (Mohr et al., 2013).

Hence, LGB individuals and couples often gravitate toward those outside of the family unit that can offer emotional support, positive role models, and acceptance (Dewaele, Cox, Van den Berghe, & Vincke, 2011; Pachankis & Golfried, 2013). Blumer and Murphy (2011), in a report that interviewed eleven gay men in same sex relationships, discovered that all of the participants used family-of-choice as a main means of support and coping. However, conflicting research has shown that when family support is available, it is much more helpful than family-of-choice networks (LaSala, 2013). Therefore, it is essential to inquire about extended families of LGB individuals and couples as parental and family support, whether chosen or otherwise, as it is central to reducing overall victimization and helps LGB individuals and couples feel accepted while also encouraging well-being (Murphy & Blumer, 2011; Pachankis & Golfried, 2013).

Practice Challenges

Such practices discussed above can be difficult for even the experienced counselor (Green et al., 2010; Grove & Blasby, 2009; Martell, 2014; Rutter et al., 2010). Professionals in the field, as well as counselors-in-training, have not received proper training in LGB issues such as affirmative therapy, family-of-choice concerns, multicultural issues, self-awareness, gender identity, and/or same sex couples counseling (Bidell, 2012; Rock et al., 2010; Rutter et al., 2010). There is a lack of knowledge in regards to understanding the role of disclosure, various stages and strategies such as Stages of Identity Development and Transitional Identities, and maintenance for both LGB couples and the therapist working with the couple (Bradford, 2012). Heterosexual-

identified counselors working with LGB clients and couples have been reported to display sexual prejudice, microaggressions, and avoid sexual issues within the counseling office (Grove & Blasby, 2009; Rutter et al., 2010; Shelton & Delgado-Romero, 2013).

Likewise, acts of surreptitious discrimination, recognized to be difficult for LGB couples that many heterosexual couples take for granted, can be disregarded within counseling. For instance, access to holiday cards that highlight same sex couples and community aversion for displays of affection in public are issues that are generally ignored by the public at large and the unaware heterosexual counselor (Casquarelli & Fallon, 2011). Counselors must be aware of these covert injustices and be prepared to provide strength based approaches to LGB couples to validate their unique experiences (Buzzella et al., 2012; Casquarelli & Fallon, 2011).

A summary of data by Arm et al., (2009) suggested the need for counselors to help couples and other family members “depersonalize antiLGB sentiments” through cognitive strategies (p. 94). Consequently, programs need to be tailored to provide same sex couples with the same services provided to many heterosexual couples that focus on legal issues, sexual orientation disclosure, unique needs, social support, and invisibility issues (Bradford, 2012; Casquarelli & Fallon, 2011). The following section explores the research of said challenges in more depth in regards to what counselors and counselors-in-training are facing.

Counselors and Counselors-in-Training

With the little research that is forthcoming, counselors-in-training have been found to have diminutive training in LGB issues such as affirmative therapy, gender

identity, sexual minorities, and/or same sex couples counseling in general (Green et al., 2010; Rock et al., 2010). Counselors-in-training are apprehensive about working with LGB couples and are unsure of their abilities in discussing sexual issues, role identity development, and family-of-choice concerns (Rock et al., 2010; Rutter et al., 2010). However, counselors-in-training who also identify as LGB as well as female counselors-in-training report lower levels of homophobia (Rock et al., 2010). Even experienced licensed counselors display sexual and religious prejudice and avoid sexual issues within the counseling office; though counselors who identified as homosexual reported higher levels of comfort working with LGB clientele (Green et al., 2010). Research indicated that psychologists, regardless of sexual orientation, also report a lack of formal training in working with LGB clients (Lyons et al., 2011). Frequently, gay and lesbian clients find themselves trying to put the counselor at ease regarding discussions that are sexual in nature as well as other concerns specific to LGB couples (Grove & Blasby, 2009). This has impacted LGB couples in counseling whereby couples themselves often feel a need to support, educate, and nurture the counselor (Kelley, 2014).

Counselors-in-training go through extensive stages of development in understanding their own abilities and competencies that include changes in stress levels, ambivalence, and thoughts of completion of their education (Folkes-Singer et al., 2010). Pope (2014) noted that effective counselors must be able to accept human differences, communicate with and have interest in others, and be emotionally affected but yet demonstrate emotional stability to others. Counselors must be open to feedback, able to write and speak effectively, open minded, aware of both the world around them and their

own self, all while also displaying objectivity, a sense of humor, and a willingness to learn (Pope, 2014). Folkes-Singer et al., (2010) indicated that there are numerous theoretical frameworks that can be applied to a CIT's experiences such as change theory, professional identity, education, and perceptions of failure.

Human service workers are entrenched in moralistic work, and there can be extensive demands placed on therapists and clients when working with complicated issues specific to sexual minority couples (Bradford, 2012; Hasenfeld, 2010). Mental health professionals must have an understanding of LGB, transgender, and questioning culture and issues that include awareness of heteronormative assumptions and insensitivities that they may be instigating themselves (Johnson, 2012). Same sex couples and LGB clients often seek services from associations and mental health services that advertise as LGB supporters (Grove & Blasby, 2009). Hence, counselors must be privy to displaying a receptive environment that shows signs of support. This includes therapy settings that are free from heterosexual bias and include safe space signs, LGB friendly literature and resources, intake forms and assessments with inclusive language, and caring and sensitive therapists (Chazin & Klugman, 2014; Grove & Blasby, 2009; Lyons et al., 2011).

What follows are a few of the matters that counselors and counselors-in-training must consider in working with LGB individuals and couples. These include, but are not limited to, education and knowledge base, personal experience, the ability to recognize homophobia and heterocentrism, the understanding of how sexual orientation, gender, religious views, and microaggressions can affect therapeutic outcomes, and the role of

self-efficacy levels in perceived ability (Chazin & Klugman, 2014; Edwards & Patterson, 2012; Green et al., 2010; Stracuzzi et al., 2011; Sue, 2010).

Education and Training

In spite of gay and lesbian couples being the highest attendees of couple's therapy, little research has focused on the training of counselors-in-training in regard to this population and LGB couples specifically (Knoble & Linville, 2012; Perosa & Perosa, 2010; Rock et al, 2010; Rutter et al., 2010). For instance, Rock et al., (2010) attempted to research heterosexual bias in educational programs and found very little research, ultimately deeming it inadequate. They were only able to find four articles that addressed any LGB issues in relation to couple and family therapy students. Graham et al., (2012) also noted the gap in research regarding counselors-in-training in reference to perceived competency levels and training. Studies have mainly focused on experienced mental health counselors' and marriage and family therapists' perceptions in regards to working with lesbian and gay couples and/or individuals and counselors-in-training are rarely represented (Grove & Blasby, 2009; Pachankis & Goldfried, 2013; Perosa & Perosa, 2010).

The focus of this study is on students in postgraduate training who have attended and graduated from an accredited school. Key issues in such an education include core competencies, student development monitoring, communication skills, political and social awareness, and understanding of others and the self (Grove, 2009). CACREP, founded in 1981, is the primary programmatic accreditor and reevaluates core values and standards on a 7-year basis (Urofsky, 2013). CACREP, a private program involving

representatives from a variety of stakeholders, has accredited over 600 programs and is part of over 260 institutions that accredit entry level counseling programs such as marriage, couple, and family counseling and clinical mental health counseling (Urofsky, 2013). Accreditation is a quality assurance that promotes self-regulation and holds institutions to over 120 core standards and substandards that focus on institutional support, faculty and supervisory qualifications, training and clinical requirements, and overall program identity (Urofsky, 2013).

Those who attend a CACREP institution are expected to follow the standards of their school and the pursued profession, which includes competence and upholding ethical codes (Even & Robinson, 2013). In the first study to use archived data, Even and Robinson (2013) noted that graduates of CACREP institutions were less likely to commit ethical misconduct. Over 480 master's counseling students surveyed felt that their CACREP institution supplied them with a generalized as well as specialized education with the understanding to help them in their residencies (Warden & Benschhoff, 2012) but this is in direct opposition to findings by Bidell (2012) and Rutter et al., (2010). Bidell (2012) indicated that counselors-in-training that worked in school atmospheres recognized their own low self-competency levels and that their knowledge regarding sexual orientation and multicultural competencies were below levels that were required of school climates in regards to bullying, gender identity issues that students face, and the need for continuous advocacy.

Additionally, Rutter et al., (2010) reported a case study that recognized the apparent gaps in education and supervision with counselors-in-training. Two student co-

therapists journaled feelings, concerns, and issues experienced in co-counseling a lesbian and her female to male transgendered partner. Lack of high self-efficacy, as well as feelings of angst and apprehension about broaching sexual issues, were prominent themes throughout the journals (Rutter et al., 2010). The research indicated that training programs and supervision needed to include issues specific to LGB couples as well as the importance of educators evaluating and modifying training as needed (Rutter et al., 2010).

CACREP has focused on areas of specialty that include addiction counseling, career counseling, and work with veterans (Bobby, 2013). There has also been a focus on a strong counselor identity and decreasing problematic behaviors in students' group work such as unethical behavior and the inability to self regulate (Goodrich & Luke, 2012; Lee, Craig, Fetherson, & Simpson, 2013). Training and direction in regards to LGB clientele is not a secure educational structure, however. For instance, the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) does not have training and education specific to LGB populations (Bordoloi et al., 2013) and there is little discussion for added revisions to the CACREP core in relation to LGB content (Troutman & Packer-Williams, 2013). While a component that focuses on diversity and advocacy was added to the 2009 CACREP standards, there are no specifications or requirements for working with sexual minorities (Troutman & Packard-Williams, 2013).

Although CACREP has been praised for its changes, Rock et al., (2010) noted that many educational programs for counselors and mental health professionals do not address LGB concerns. Some offer no affirmative therapies to help prepare students for

same sex couples in therapy. For instance, Burkard et al., (2009) determined that doctoral psychology students who identified as LGB themselves had received inconsistent and sometimes nonexistent training in LGB issues from their classes and their supervisors. Farmer et al., (2013) reported that counselors across many different settings believed they were supportive of LGB individuals but did not feel equipped to work with them in session. The study was quantitative in nature and it is unclear why the counselors felt this way. Suggestions were made for future research to gather feedback from counselors as to the inconsistencies in perceptions of education and beliefs. Farmer et al. (2013) noted that it is highly possible that counselor educators as well as school and community counselors may not be receiving adequate skills based training for LGB individuals.

While some programs may offer a sexual orientation class, it is not enough for students to feel equipped to work with LGB clients (Rutter et al., 2010). Carlson et al., (2013) noted that when students of both master's and doctoral programs were provided with classroom content that supported LGB affirmative therapy, they tended to feel more competent in their ability to work with LGB clients. Also, when programs adopted an LGB-affirmative stance, students had a positive correlation in regards to their own beliefs, knowledge, and skills (Carlson et al., 2013).

Life Experience

Concerns have been raised regarding the lack of research as well as training of counselors and psychologists in LGB and transgender and questioning issues (Hartwell et al., 2011; Lynch et al., 2013; Singh & Shelton, 2011). Most often it is a counselor's own personal experiences with LGB persons that increases competency (Pachankis &

Goldfried, 2013). Those with experiences related to those who identify as LGB tend to have much higher motivation in being supportive than someone who does not (Russell, 2011; Lynch et al., 2013). Grove (2009) noted that students who had personal experiences such as friendships with LGB persons and a political awareness of LGB issues helped elevate their positive attitude in working with LGB clients versus their experiences related to school. Despite this personal experience, negative comfort levels, feelings of high tension in the therapy office, and internalized homophobia were recognized by the students (Grove, 2009). The need for first-hand experience with LGB clients was an overriding theme (Grove, 2009). Lynch et al., (2013), in a qualitative study with 6 heterosexual participants who were pursuing their counseling license, surmised that when a student does not have personal experience or effective affirmative training in LGB issues, students will feel a level of inadequacy in helping clients who identify as LGB. This was supported by Stracuzzi et al.'s (2011) recommendations for students to explore differences and seek experiences that are different than their own to enhance effectiveness in the therapy room (Stracuzzi et al., 2011).

However, years of experience either in the therapy setting or in one's personal life does not necessarily correlate with expertise or vice versa and Witteman, Weiss, and Metzmacher (2012) explained that expertise often relies directly on original feedback from supervisors. Counselors-in-training specializing in psychology reported that training needs such as evaluation and feedback, techniques, and support are often unmet (Muse-Burke & Tyson, 2010). Moreover, less experience may also imply less ability to overcompensate. For instance, Skinner and Goodfriend's (2009) collected data from 216

psychology students' and 96 professional counselors' perceptions related to perceptions of same sex couples as compared to heterosexual couples. Most counseling professionals reported perceiving much more commitment from the same sex couples than the heterosexual couples while psychology students perceived no differences (Skinner & Goodfriend, 2009).

The implications are that professional counselors may be refraining from negative comments in order to appear to be unbiased and thereby harming the therapeutic relationship overall. This was something that students had not learned to do as of yet (Skinner & Goodfriend, 2009). Such conflicting research regarding experience versus education based on quantitative assessments can be confusing and the lack of qualitative research explains little about what is really happening in the therapeutic setting in regards to these factors.

Sexual Prejudice and Microaggressions

Section A.7.a. of the American Counseling Association's Code of Ethics (2014) reads that those in the human services field "advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients" (p. 5). Unlike the conflicting research in regards to education, heterosexual bias and heterosexism have been well documented in the literature (Burkard et al., 2009; Buzzella et al., 2012; Grey, Robinson, Coleman, & Bockting, 2013); Rock et al., 2010). Mental health counselors come with their own stereotypes and biases and recognizing what those are and how to overcome them to help a client reach his or her goals is a part of the professional ethical code (ACA, 2014).

Stracuzzi et al., (2011) determined that counselors who ranked high in assessments regarding endorsing diversity were positively correlated with their clients' affirmative perceptions of the therapy sessions they had together. This has also been well supported in the literature and therapists that have not examined their own heterosexism and heteronormative assumptions are reported as lacking self awareness and knowledge about sexual minority oppression occurring both in and out of the office (Blumer & Murphy, 2011; Martell, 2014; McGeorge & Carlson; 2011). There is conflicting research regarding this topic, however.

For instance, Blumer and Murphy (2011) as well as Pachankis & Goldfried (2013) recommended counselors and counselors-in-training treat same sex couples the same as heterosexual couples. Reversely, McGeorge and Carlson (2011) noted that heterosexual-identified therapists need to address how such practices promote heterosexism and may be inadvertently detrimental to the therapeutic alliance (McGeorge & Carlson, 2011).

Heterosexism can be masked in microaggressions which are slight communications of discrimination through what initially appears to be meaningless comments (Sarno & Wright, 2013; Shelton & Delgado-Romero, 2011). Counselors may display a bias attitude, demean a client, or negate the thoughts and feelings of a client in a very subtle fashion but may actually be meant as a positive support tactic in therapy (Shelton & Delgado-Romero, 2011). Themes that have been noted in the research include treating LGB clients as second class citizens and as abnormalities, counselors denial of bias and social oppression, and stereotypical assumptions (Nadal, Rivera, & Corpus,

2010; Sue, 2010; Sue & Capodilupo, 2007). Other themes include counselors assuming a client's sexual orientation is the cause of his or her mental health symptoms, minimizing a client's sexual orientation, over identification with the client, expressing subtle heterocentrism, or warnings about a LGB lifestyle (Shelton & Delgado-Romero, 2011). This can be incredibly confusing to the LGB client and can be harmful to the therapeutic experience by causing feelings of inferiority, anger, and powerlessness (Shelton & Delgado-Romero, 2011). It can also affect feelings about identity and self esteem, especially for those who identify as bisexual (Sarno & Wright, 2013).

Sexual Orientation and Sex of Therapist

It was once believed that sexual orientation of those in the field had much to do one's attitude in working with those who identified as LGB (Bhugra & King, 1989) but such ideals are now changing. Early research from Gelso and Mohr (2001) indicated that if a therapist and client shared the same sexual orientation – or even if the client perceived this as true – it would increase client trust and the overall therapeutic alliance. Stracuzzi et al., (2011) agreed that many LGB clients do find therapeutic work more meaningful when the counselor identifies as LGB also.

Little research indicates counselors' perspectives on this (Stracuzzi et al., 2011) but Hertmann (2011) discussed the possibility that therapists, regardless of whether they are LGB or heterosexual, may have their own internalized homophobia (Hertzmann, 2011). Contrariwise, others have suggested this is presumptuous to believe that simply because a therapist and client share the same sexual orientation that a positive therapeutic environment will be created (Lyons et al., 2011). Sue and Sue (2008) reported that

counselors who were simply aware of multiculturalism and supportive of differences could create a positive environment. Quantitative studies showed that counselors who endorsed multiculturalism and supported LGB issues, despite their own sexual orientation, showed higher client satisfaction (Stracuzzi et al., 2011). Evans and Barker (2010) documented that there can be no assumptions about client preference and that many clients do not require therapist self disclosure, remarking instead the desire for a counselor to provide safety, and be both knowledgeable and non-judgmental.

Johnson (2012) reported that the therapeutic alliance is a strong predictor of success for clients, regardless of sexual orientation of the counselor, and that an affirming and competent counselor is much more important. Blumer and Murphy (2011) noted that 75% of successful encounters of gay male couples in therapy were not due to a therapist's sexual orientation, but the respect and trust of the therapeutic alliance. Conversely, Kelley (2014) reported that out of 116 lesbian and gay participants, 33% preferred a lesbian, gay, or gay friendly therapist and Grove and Blasby (2009) described couples being leery of heterosexual-identified counselors unless such obvious signs of ally support such as use of language and knowledge set were displayed early in the session. Client discomfort occurred if a therapist showed inexperience or hesitancy in a lack of knowledge in such processes as coming out and the various stages involved (Grove & Blasby, 2009). Still further, Stracuzzi et al., (2011) surmised that LGB clients may actually benefit from having a therapist that is a different sexual orientation than them, acting as an equalizer to past negative experiences. Kelley (2014) confirmed this notion,

indicated that heterosexual-identified counselors do have the ability to provide effective therapy to LGB clients.

Research relating to the sex of the therapist in regards to clients has been plentiful (Bhati, 2014) although little has been documented in regards to LGB clientele specifically. Women have higher associations of positivity in working with LGB clients overall and female counselors were found to be significantly more comfortable working with LGB clients than males (Carlson et al., 2013; Green et al., 2010). Female counselors were reported as more liberal than male counselors and also tended to be more comfortable with and supportive of same sex couples (Green et al., 2010). Bhati (2014) supported these findings, indicating there is a “female effect” with counseling overall (p. 565).

Religion

Academic institutions are bound by ethics that embrace diversity, but depending on accreditation standards, there is concern that not all colleges and programs uphold this ideal, specifically religious institutions (Biaggio, 2014). This can confuse students and send a contradictory message while also enticing discrimination for sexual minorities (Biaggio, 2014; Fallon et al., 2012). There is significant research that supports the notion that the values of the therapist, as well as the client, can play an important part in the therapeutic process (Biaggio, 2014; Priest & Wickel, 2011). Religious beliefs were found to be the overall factor in lower comfort levels of counselors in working with clients that identify as lesbian or gay (Green et al., 2010). In one such study, results indicated that medical professionals, including both students and physicians, who self defined as

religious had lower levels of knowledge regarding homosexuality and higher incidences of stigmatization. Those who defined themselves as non-religious, tended to stigmatize less (Dunjić-Kostić et al., 2012). When values of the client are perceived as incorrect or wrong, anxiety is introduced into the relationship and can cause counselor inflexibility, overcompensation, or a complete shutdown in therapy (Priest & Wickel, 2011).

Counselors and counselors-in-training have been reported as practicing referring out clients to avoid this, but this can create more victimization for the client (Fallon et al., 2012; Priest & Wickel, 2011). While Pope (2014) indicated the commonality of students pushing back in regards to their religious stance, such practices are in direct opposition to a counselor's ethical codes and expose elements of disengagement, avoidance, and discrimination, which can cause harm to not only the client but the counselor as well (Fallon et al., 2012).

A handful of students, based on religious convictions that prompted them to refuse services to LGB clients, have sued their colleges. These include, but are not limited to, *Ward vs. Polite* (2012), *Keeton vs. Anderson-Wiley* (2011), *Walden vs. Centers for Disease Control and Prevention* (2010), and *Bruff vs. North Mississippi Health Services, Inc.* (2001). In both *Bruff's* (2001) and *Walden's* (2010) cases, the court ruled that favoring a counselor's religious values over a client's showed an inflexibility by the counselor and could both harm and prevent clients from seeking further assistance. No students have won their cases and have ultimately been removed from their educational programs based on the violation of ACA Ethics Codes (2014) and the need for the client to come first. Such legal cases have sparked literature debate and Herlihy,

Hermann, and Greden (2014) noted that this has also ignited tensions between counselor educators and counseling professionals regarding rights versus values. Many counselor educators indicate it is acceptable to refer a client due to lack of competence (Herlihy, Hermann, & Greden, 2014) however Hancock (2014) noted that counselors-in-training need extensive education on exploring their own identity and how referring out can have negative consequences for those they serve.

Self-Efficacy Levels

Self-efficacy is a construct derived from Bandura's social cognitive theory which describes a person's belief in his or her capability to exercise control over his or her own life (Brady-Amoon & Fuertes, 2011). This belief affects motivation and is directly related to commitment, aspirations, advancement, desired outcomes, achievement of set goals, and interests and behaviors (Bandura, 1994; Brady-Amoon & Fuertes, 2011; Chen, Casper, & Cortina, 2001). Self-efficacy theory involves how one judges the self in relation to experience and the feelings of adequacy in reaching said goals (Dörnyei, 2000). Such confidence is an important factor in the likelihood of counselor trainees being able to apply counseling skills and should be a focus of training (Barnes, 2004; Iarussin, Tyler, Littlebear, & Hinkle, 2013; Kozina et al., 2010). The combination of content knowledge, application of skills, and the belief that those skills will be used successfully tends to be higher among counselors with more counseling education, along with more years of practicing and supervision (Barnes, 2004; Larson et al., 1992). However, self-efficacy is defined as a belief system by which humans function in regard to cognition, motivation, affect, and problem solving (Bandura & Locke, 2003). How

one thinks can work in both a positive and negative direction and affect emotional well-being, causing everything from depression to stress (Bandura & Locke, 2003). Such beliefs can be altered based on suggestions from others, comparisons we make, and judgments others make about us (Bandura & Locke, 2003). Self-esteem, on the other hand, is considered a personality trait of sorts by many theorists, but is believed to not completely be solidified and can adjust and change over time (Chung et al., 2013). Self-esteem is considered a “subjective evaluation” of one’s merit and can influence a wide range of behaviors (Chung et al., 2013).

In a case study by Folkes-Skinner et al, (2010), a CIT discussed the “sudden realization” of the stress and impact clients in general had on her (p. 89). She experienced feelings of self-doubt in her abilities the further she became enmeshed in her training (Folkes-Skinner et al, 2010). However, the study by Kozina et al., (2010) suggested that self-efficacy can build with relatively short periods of training, but that the areas of self-efficacy students foster are not consistent. Their study identifies cultural competency to be a much slower process that requires much training that needs to include diverse populations and a willingness to self reflect and challenge preexisting beliefs (Kozina et al., 2010). Still, Iarussin et al., (2013) noted a need to investigate correlations between student self-efficacy, satisfaction in courses, and execution of skills, as well as the best timing for training. Studies also show inconsistencies in regards to students’ beliefs in abilities and actual skill sets. Graham et al., (2013), in a quantitative study involving 234 masters level and doctoral level counseling students, identified that most felt they had an adequate level of competency in working with LGB clients. This was due to a perceived

high level of awareness and a moderate level of knowledge, yet a low level of actual skill (Graham et al., 2013).

The role of harmony between students, educators, and belief systems is an important factor in motivating and encouraging students to develop and continue to learn (Rowell & Hong, 2007). Academic motivation in relation to how students enjoy learning, recognize the value of learning, and utilize mastery goals is imperative to perceived abilities and success (Huang, 2011). Contrariwise, self-defeating behaviors and a lack of understanding by educators as to the needs of the students can hinder students' beliefs in their own abilities and confidence (Rowell & Hong, 2007). Strategies for those working with LGB clients include supervision and consultation, on-going trainings, reading, and personal reflection (Lyons et al, 2011).

Self-determination theory. In considering counselors-in-training and the level of challenges they face, self-determination theory is an appropriate framework. Self-determination theory helps explain human motivation in regards to the use of ones' own resources in regard to development and behavior (Deci & Ryan, 2008). Both intrinsic motivation and extrinsic motivation are part of this development (Deci & Ryan, 1980). A sense of autonomy and an intrinsic locus of control are highly correlated to the success of self-regulation and creating change (Legault & Inzlicht, 2013). Gaining a level of self-motivation through such things as feeling joy or expressing empathy can inherently promote intrinsic motivation (Swanson, 2004). However, research also indicated that a person's extrinsic locus of control may also help with goal attainment and overall motivation (Legault & Inzlicht, 2013). A meta-analysis of both these loci of control

indicated that extrinsic rewards lower intrinsic motivation regardless of age, activity, and rewards and their possibilities (Deci & Ryan, 2008). Regardless of having an intrinsic versus an extrinsic locus of control, there is still the possibility of change (Çınar, Bektaş, & Aslan, 2011; Legault & Inzlicht, 2013). Such factors have been deemed important to recognize in settings such as home, work, and academia (Deci & Ryan, 2008).

Social cognitive theory. Self-efficacy concepts originated with Bandura's social cognitive theory and are considered a large part of a CIT's skill set. Such concepts foster empathy, flexibility, the ability to look at multiple perspectives, and well-being (Bandura, 1997; Lambie et al., 2010). As one develops the ego through social cognitive development, there is more self-awareness, the ability to think in complexities, and self regulation (Manners, Durkin, & Nesdale, 2004). Such development can be enhanced by finding outside activities and field work that is diverse and challenging and creates levels of cognitive dissonance, forcing a student to rethink earlier ideas (Lambie et al., 2010). Mastering such skills is part of the CACREP (2009) requirements. Higher social cognitive development is in direct correlation to ethical and legal knowledge that is well served for counselors-in-training (Lambie et al., 2010). Numerous studies have linked the importance of self-efficacy and social cognitions with overall perceived success (Ouweneel, Schaufeli, & Le Blanc, 2013; Salanova, Llorens, & Schaufeli, 2011).

Summary

Despite the existing research that covers a wide array of topics about challenges that both LGB individuals as well as counselors face, the experiences and perceptions of LGB couples and counselors-in-training remain unexplored. There is an untapped need

for understanding the educational experiences of counselors-in-training who are out in the field after their academia career is complete. There still remain questions about authority figures such as educators' and supervisors' preparation in teaching about LGB issues (Graham et al., 2013; Green et al., 2010). Furthermore, the associations between self-efficacy, self-rating abilities, academic performance, and adjustment seem to be out of alignment (Brady-Amoon & Fuertes, 2011).

In many of the articles, there was a running theme whereby the field is beginning to understand the needs of LGB clients but have little research to indicate a satisfactory fulfillment of that need (Knoble & Linville, 2012; Rock et al., 2010). There is a slow progression of services for LGB couples which directly affect LGB clients' feelings of security in seeking services (Casquarelli & Fallon, 2011).

The purpose of this literature review was to not only recognize the gaps, but to identify what the mental health field currently understands about making certain that those in the field are secure in their abilities and ensuring a supportive, helpful environment for those LGB clients who are seeking mental health services. The research suggested that there is some uncertainty on whether training programs are enabling counselors-in-training to not only feel self-reliant and comfortable working with the LGB community, but to have LGB clients feel safe, confident, and comfortable as well (Bidell, 2012; Graham et al., 2012; Grove, 2009; Knoble & Linville, 2012; Perosa & Perosa, 2010). The present literature review alludes to the fact that programs must be made and evaluated that are all encompassing to LGB clients; not only will this help with issues

specific to LGB clients and couples, but with counselors who work with this population (Bobby, 2013; Bradford, 2012; Casquarelli & Fallon, 2011; Kaplan & Gladding, 2011).

The research regarding the LGB community is continuing to rise, however the lack of qualitative studies that explore the common themes that are specific to LGB couples and the therapists that work with them are scarcely available. Hartwell et al., (2011) recommended that researchers need to broaden the scope through new areas of investigation. Social change requires those in human services to be agents of change and one way to do that is to make sure that mental health counselors-in-training are self-empowered and comfortable working with LGB individuals and couples and can fully support them with no bias (ACA, 2003).

In Chapter 3, the study's design is discussed which includes the rationale and methodology. The procedure for recruitment and participation as well as my role as researcher is also clarified. Procedural design is included such as how informed consent and confidentiality was handled and how data collection and analysis was managed. Considerations related to trustworthiness, internal validity, dependability as well as ethical procedures are also addressed.

Chapter 3: Research Method

Introduction

The following chapter provides the research design and the method used in the study. The purpose of this study was to understand the experiences of heterosexual-identified counselors-in-training in working with LGB couples. More specifically, I aimed to understand perceptions regarding the educational training and self-efficacy of heterosexual-identified counselors-in-training as they related to working with LGB couples. Chapter 3 focuses on a variety of important design prerequisites for this study, such as the rationale for the study and my role as the researcher. Also included is the methodology for the purpose of replication, including the identification of, criteria for, and recruitment of interview participants. The process of data collection, which encompasses interview protocols and data analysis, is also addressed. Concerns such as trustworthiness, internal validity, transferability, and confirmability, along with potential ethical issues, are also recognized and discussed.

Research Design and Rationale

The goal of this qualitative study was to understand the individual experiences of heterosexual-identified counselors-in-training and their variations in involvements with LGB couples. In addition, I aimed to understand these experiences in relation to the perceived education and self-efficacy levels of counselors-in-training. The following research questions were used as a foundation for the literature review and served as the guiding introductory point for the ensuing interviews. The research questions were as follows:

RQ1: What are the experiences of heterosexual- identified counselors-in-training in working with LGB-identified couples in a therapeutic setting?

RQ2: What are the perceptions of heterosexual-identified counselors-in-training regarding their education as it relates to their experiences in working with LGB-identified couples in a therapeutic setting?

RQ3: What are the perceptions of heterosexual-identified counselors-in-training regarding their self-efficacy as it relates to their experiences in working with LGB-identified couples in a therapeutic setting?

Central Concepts

Along with a guiding focus on the research questions, there were a few central concepts that were significant to the study. The main central concept was understanding the experiences of counselors-in-training in relation to their work with LGB couples. The hope in exploring this phenomenon was to contribute to the mental health field at large through the use of a qualitative study with a transcendental, phenomenological, interview approach.

Transcendental phenomenology is intended for gathering meaning and illuminating the human experience (Moerer-Urdahl & Creswell, 2004). Likewise, narrative approaches of research are founded in the “lived and told stories of individuals” (Creswell, 2013, p. 70). Often, there is collaboration between the researcher and the participant for the purpose of telling a story situated around a certain instance and place (Creswell, 2013). Describing the perceptions and experiences of those CITs who had worked with LGB couples and exploring what this meant to the field as a whole

constituted the central goal. In order to reach this goal, models of identity development theory and family-of-choice frameworks were structural centerpieces. Use of these theoretical tools was effective in appreciating the experiences of LGB couples. Social cognitive theory, self-determination theory, and self-efficacy were also important concepts that related to the point of view of the counselors-in-training.

Identity development theory and family-of-choice frameworks assisted in recognizing the unique challenges facing LGB couples (Pachankis & Goldfriend, 2013). Such frameworks helped in directing the interviews and fleshing out possible concerns that counselors-in-training had in working with LGB couples. The use of social cognitive and self-efficacy theories aided in the assumption that those students with high self-efficacy during their education would be more inclined to embrace the challenge of working with LGB couples (Rowell & Hong, 2013). Such overall structural strongholds helped in exploring the meaning of the experiences being told.

Research Tradition and Rationale

The literature review showed a shift in the amount of studies in the field regarding LGB concerns. There also was an indication of multiple studies that highlighted experienced counselors as well as counselors-in-training in general. However, there was a lack of qualitative studies that combined counselors-in-training with LGB couple concerns. The need to understand this particular phenomenon was the focus of the study. The rationale for a qualitative study with a transcendental, phenomenological, interview approach for this research was that it “attend[ed] to [an] individual’s experiences” (Sheperis, Young, & Daniels, 2011, p. 135). CITs’ experiences in respect to their work

with LGB couples, before this study, had not been voiced. Through this phenomenological research study, I sought to understand CITs experiences as well as their perceptions in relation to their education and self-efficacy (Sheperis et al., 2011). The purpose was to inform practice through an understanding of the participants' experiences that reflected their own perspectives on events (Sheperis et al., 2011). By using a qualitative method of this type, I was able to acquire information in a free-flowing and flexible atmosphere. My purpose was not only to empower the participants, but also to help enlighten and inform treatment methods by truly understanding what is occurring when counselors-in-training work with LGB couples.

Researcher Role

As a licensed mental health counselor, I used a “researcher-as-instrument” approach (Miles et al., 2014, p. 42). This involved not only familiarity with the phenomenon, but also a multidisciplinary approach with the ability to draw people out in a nonjudgmental, empathetic manner (Miles et al., 2014). The use of qualitative phenomenology as a research approach aided in gathering the shared meaning of the participants' experiences. This was done from a philosophical basis, whereby judgment was withheld and concepts were explored both subjectively and objectively (Creswell, 2013). Furthermore, the use of the transcendental method was based on interpretive measures and the researcher's involvement in the experience (Creswell, 2013).

Thus, revealing my personal and professional commonalities with the participants was crucial. Moustakas (1994) noted the need for *epoche*—a conscious effort to refrain from judgment while also being honest regarding one's own experiences so as to see an

experience for the first time. Revealing my own experiences created a “ripple effect” of experience, enriching the study and creating a sense of camaraderie with the participants (Moerer-Urdahl & Creswell, 2004, p.1).

With such a flexible, enmeshed approach, “value-free inquiry” was unrealistic, and biases had to be addressed and reflected upon within the research itself (Patton, 2002, p. 93). Due to the nature of the qualitative study and the shared culture, there was a small measure of immersion on my part; therefore, I clarified my perceptions, experiences, and biases for the participants involved, and I have also done so for the readers of the research analysis to ensure trustworthiness (Watkins, 2012). Rigorous procedures and an audit trail to recognize and address any personal bias were practiced (Patton, 2002).

As such biases described above were addressed, ethical issues were minimal. Ethics were maintained through the use of informed consent, which consisted of a detailed form signed by the participants and confirmed by me indicating the participants’ rights. The content of the consent form included, but was not limited to, the expectations and purpose of the study, the role of confidentiality, the topics of discussion, how responses were to be used, and the risks and benefits for the participants (Patton, 2002). This was given in written form and was discussed verbally, both during recruitment of potential participants and immediately before the interviews took place to ensure understanding. I used Cone and Foster’s (2006) example of an informed consent form as a foundational tool and changed certain areas of the sample form to reflect the present study. A copy of the informed consent can be found in Appendix A.

Methodology

Those who conduct qualitative research seek to understand individuals or groups in relation to a phenomenon or issue (Creswell, 2009). In order to explore the research questions posed above, a basic research typology in the form of a qualitative, transcendental, phenomenological, interview approach was used. An open inquiry format was employed to encourage flexibility of both researcher and participants (Creswell, 2009). Such an approach contributed to “fundamental knowledge” and helped to provide a better understanding of what counselors-in-training are experiencing in working with LGB couples (Patton, 2002, p. 213).

Participants

The participants consisted of heterosexual-identified counselors-in-training who had completed their educational requirements and had graduated from a master’s program with a degree in mental health counseling from a CACREP-accredited college. They were currently in their postgraduate work as interns and were working toward independent licensure, which required registration with their residency state of Florida. Heterosexual-identified participants had at least one experience with a LGB couple. Rationale for one experience as a minimum as well as a possible maximum was based on demographics of the area as well as the attempt to include a novice CITs who might not have had ample experience with LGB couples but still had an experience to share.

Sampling Strategy

In order to conduct the study, the sampling strategy was people focused with an emphasis on individuals who shared a common familiarity and/or perspective (Patton, 2002). This particular group of heterosexual-identified CITs had experienced the

phenomenon of working with one or more LGB couples and were chosen based on that criterion, thereby becoming a purposive sample (Sheperis et al., 2011). A heterogeneity sample was chosen in order to “capture and describe the central themes” of the experiences of counselors-in-training with LGB couples (Patton, 2002, p. 234). This purposive, heterogeneity sample consisted of heterosexual-identified individuals who had graduated from a master’s program from a CACREP-accredited college with a degree in mental health counseling, were currently in their postgraduate work as interns, and had at least one experience of working with a LGB couple.

Sample Size

It is not uncommon for qualitative researchers to focus on smaller sample sizes that are purposive and sequential (Miles et al., 2014). Due to the nature of qualitative research, sample size is not a definitive number that is agreed upon in the literature (Mason, 2010). While Creswell originally (1998) recommended that phenomenological studies have a range of five to 25 participants, Englander (2012) and Mason (2010) later discussed a recommended range of three to 25 participants. A larger sample size could impede data collection, and saturation might occur (Mason, 2010). Repetition and excess of data can transpire with larger sample sizes and would be counterproductive (Mason, 2010). In taking a more “in-breadth” approach to understanding CITs’ experiences with LGB couples in relation to their training and self-efficacy, a smaller sample size was acceptable (Patton, 2002, p. 244). Therefore, a maximum of seven individual participants was acceptable.

Recruitment

Potential participants were randomly recruited through a general email sent to CITs listed on two popular counseling advertisement sites, Psychology Today and LinkedIn. A snowball sampling and chaining technique was employed whereby I accessed participants through contact information provided by others, a strategy widely used and highly effective in qualitative inquiry (Noy, 2008). Potential participants were contacted directly through their advertising email or by postal service at their advertised place of business. Contact involved an invitation that included an introduction of myself, the purpose of the study, the time commitment anticipated, and information to contact me directly if individuals were interested or had further questions. When potential participants contacted me by phone or email with interest, the criteria were then explained further through a short series of questions to ensure that individuals met participation requirements, such as having worked with a LGB couple, being registered with the State of Florida, and having completed their education. Informed consent was emailed to potential participants to confirm their desire to continue. Further discussion included the suggestion that we meet at a place of their choice for a minimum of 1 hour. The choice of a face-to-face meeting for a semistructured interview was intended to foster a level of comfort (Mikene, Gaizauskaite, & Valaciciene, 2013). The email invitation was loosely based on a sample form supplied by Cone and Foster (2006) and can be found in Appendix B.

Instrumentation

A main goal of qualitative inquiry is to gain experience regarding the phenomenon being researched (Trochim, 2006). Data of a qualitative nature are both exploratory and inductive and involve in-depth interviews that can include both observation and written documentation (Trochim, 2006). Qualitative inquiry as an inductive process is about discovery of the data collection itself (Mitchell, 1993). Overall, there is a belief that “nature, inquiry, discovery, and theoretical interpretation” can work together and that one does not necessarily have to come first versus another (Mitchell, 1993, p. 170). Such a process focuses on rich descriptions in order to facilitate understanding of meaning and context within the experiences (Maxwell, 2013). Furthermore, phenomenological inquiry stems from philosophical foundations and focuses on the subjective experience of the participants (Trochim, 2006).

Therefore, the instrumentation included the participant, the researcher, and the interview itself. Counselors and counselors-in-training are expected and assumed to have a level of prolific and practical reflective listening, open mindedness, and the ability to communicate and connect (Epstein & Hundert, 2002). Hence, personal connection was the defining feature of the data collection (Cooper, Fleisher, & Cotton, 2012). While there was no formal structured instrument, the research questions were used as a guiding foundation for exploration. Both the participant and I were free to guide the interview in a manner conducive to the richest content obtainable (Trochim, 2006).

Interview sessions were digitally audiotaped for transcription purposes. Using Grove and Blasby’s (2009) research as a guide, I took a realist/essentialist approach in

which the participants guided the interviews to explain their own perceptions, experiences, and reality of working with LGB couples in relation to their training and self-efficacy. Olsen (2009) explained a realist approach as relational and personal, indicating that both the researcher and the participants are agents of knowledge. Such knowledge seeking was accomplished through the combination of research questions that had already been determined, as well as the added, informal conversation guided by participants, which required a level of impulsivity and naturalness. Therefore, not only were the central research questions presented, but so were subsequent questions based on the participants' answers, which were driven by the participants themselves. No follow-up interviews were needed or requested.

Content Validity

Such a design appreciates the complexity of the human experience and focuses on the individual (Creswell, 2009). Qualitative research aids in understanding individuals or groups in relation to a phenomenon or issue and is flexible and inquisitive in order to “explore and understand the meaning individuals or groups ascribe to a social or human problem” (Creswell, 2009, p. 4). When such a design approach is taken, methods emerge through open-ended questions and various types of data such as interviews, observations, documentation, and audio and visual aids (Creswell, 2009). Through such sources, patterns and themes begin to ascend that help to clarify the issue and the experiences of those involved.

Content validity is the assumption that there is extensive description of a construct with detailed criterion (Trochim, 2006a). It is recognizing the ability to translate

information into operational terms (Trochim, 2006a). Consequently, careful monitoring of the interview procedures and thick and rich description of the data can help to enhance content validity. Therefore, quality was insured based on the focus on the CITs' experiences and "putting [them] first" (Cernea, 1991, as cited in Patton, 2002, p.121). Stenbacka (2001) indicated that validity for qualitative research is possible if redefined as rigor, trustworthiness, and quality. While content validity in qualitative research is often established using triangulation, it can also be established through the use of credibility, transferability, dependability, and confirmability (Trochim, 2006a). Triangulation is the use of multiple data sources and methods (Lather, 1991). Lather (1991) noted that the use of catalytic validation may be much more appealing in qualitative research, whereby the participants are excited to share and know their own experience and reality in order to change it. This was apparent in the participants' responses in the current study. The research questions as well as the open ended format for further inquiry were used with the intention of enhancing catalytic validation by giving counselors-in-training a voice to share their experiences. Further discussion of establishing rigor and trustworthiness through the use of transferability, dependability, and confirmability will be addressed later in this chapter.

Participation and Data Collection

Participation was determined by specific criteria being met, which included the following:

1. Self-identification as a heterosexual

2. Earned master's degree in mental health counseling from a CACREP-accredited college
3. Registration with the state of Florida as a registered mental health counseling intern (RMHCI)
4. One or more experiences working with a LGB couple

If those contacted met the criteria and chose to continue, they were asked to contact me by secure email or telephone. Further discussion included answering any questions participants had and discussing as well as supplying them with an informed consent form. Informed consent forms were emailed to them which notified them of detailed information including further introduction of myself, details of the study, procedures and expectations of the study, and timeframes of the study. Potential risks, the voluntary nature of the study, and confidentiality were also included. The informed consent form was based on the sample supplied by Cone and Foster (2006) and can be found in Appendix A.

Once a participant agreed to be interviewed, further discussion by phone or email involved deliberating on a suggested meeting place of the participant's choice and answering any lingering questions or concerns the participant had. When the time and place had been decided, the participant and researcher met at the allotted time and place. Six out of the seven participants chose to meet in the own work offices, while one chose to meet at my work office. Upon meeting, the CIT was asked to fill out a demographic sheet with general information. The demographics form included the date of the interview, the length of the participant's postgraduate work, the year he or she graduated

from the degree program, the number of face-to-face hours completed in postgraduate work, intern practice settings, age and sex. The demographic data sheet is found in Appendix C.

The interview was guided by the main research questions; however, the questions were only a baseline. Their intended use was to lead to a conversational style interview with the opportunity for the CIT to discuss anything that he or she liked regarding his or her experiences with LGB couples, his or her training, and perceptions of self-efficacy. They were reminded that they could decline to answer any of the interview questions or withdraw from the interview or the study as a whole at any time by advising me of the decision to withdraw. Data collection consisted of the in-depth interview and the narratives supplied by the participants (Mikene et al., 2013). The interview was digitally audio recorded to facilitate collection of information, and later transcribed for analysis and data management purposes. The audio equipment was visible at all times and was used only after the CIT's verbal consent at the time of the interview.

The face to face interviews terminated when the allotted time had passed or the participant agreed that they had shared all they cared to. Depending on the locale chosen by the participant, the interview was considered completed upon leaving the premise. Participants were later supplied with a full transcription, minus filler words, of the interview by email. This member check was used as a means to confirm the accuracy of the interview, or to add or clarify any points. This member check helped ensure credibility of the information and confirmed the participant as not only an informant but as a researcher as well (Rudestam & Newton, 2007). All participants approved the

interview and authorized usability before interpretation began. No follow up interviews were requested by either party and no changes were made to the transcripts.

Data Analysis Plan

As discussed above, data were collected through individual interviews that encouraged a narrative of what counselors-in-training perceived about their experiences in relation to their education and self-efficacy in working with LGB couples. Upon completion of the interview with the participant, since I was acting as a researcher as instrument, a time was set aside immediately after the initial interview for my own individual reflection. This was completed through writing down first impressions, initial feelings, and any other pertinent information in a hand held paper journal. Progoff (1992, as cited by Janesick, 2011) wrote that journaling is a way “to get feedback from ourselves” (p.157). Cooper et al., (2012) noted that reflective journaling while experiencing qualitative analysis can be an emotional experience and it is anticipated that these emotions will be captured during the journal writing exercise.

Not only did this exercise help define my role as a researcher, but it helped clarify the participants’ contributions and helped build the levels of understanding in the work itself (Janesick, 2011). Such actions aided in the credibility of the study for the sake of internal validity and transferability for external validity. This also helped ensure dependability and confirmability that clarified reliability and objectivity during the interview transcript analysis (Nastsai, n.d.).

Furthermore, the participant’s interview was listened to repeatedly on the audiotape to gain an initial feeling and tone of the results. Upon arrival to my own study

location, which is my own home office, the interview was transcribed directly to a written form in a Word document. The word document was located on a personal computer secured with password protection and in a locked location. After the document was checked for errors and readability, by simultaneously reading the transcript while listening to the audio, it was saved as a secure file. Another word document was generated in which the transcript was read again and filler words such as “um,” “you know” or “like” were removed for clarity. This transcript was then sent to the participant by email for any clarification or changes they chose. Once the transcribed interview was approved by the participants, by email transactions, the transcribed data were entered in the program NVivo. There, the transcripts were organized and coded to flush out significant themes and to provide a textural and structural description (Creswell, 2013).

This analysis occurred through the use of interpretive phenomenological analysis (IPA) used in Cooper et al.'s (2012) qualitative research. Such data analysis includes an unearthing of the participant's unique experience as well as what is commonly shared by all participants. This includes a cross case analysis defined across participants (Sheperis et al., 2011). A description of said experiences also formulated an interpretation with a commitment to understanding each participant's point of view. This, in turn, clarified a meaning within the context of the experiences (Smith, Flowers, & Larkin, 2009).

Procedure for Integration and Coding

Data collection involved isolating meaning units to help form and note themes that were ultimately coded and analyzed. A step in the data analysis using IPA is developing a set of descriptive comments regarding the interview transcript. This flushed

out key phrases, explanations, descriptions, and emotional responses (Cooper et al., 2012). Initial notes from both my personal journal as well as information discovered during the flushing out process included expressive, linguistic, and conceptual comments related to the transcribed interview (Smith et al., 2009).

Linguistic meaning helped clarify significance by paying attention to such nuances as pauses, repetition, and the use of terminology commonly used in the field within the interviews (Smith et al., 2009). Insight in this manner helped conceptualize the meaning and emerging themes of the CITs' experiences with LGB couples in relation to their training and self-efficacy. Such an approach provided rich descriptions in order to understand meaning and context within the interviews (Maxwell, 2013, p. 29).

Data interpretation was clarified in batches as each interview was completed and was gathered into sections as they become evident (Patton, 2002). Patton (2002) described this as a "discovery oriented approach" (p. 37). First and second cycling approaches to the data collected also helped organize data (Miles et al., 2014). The strategies used to surmise data included building parent and child nodes within NVivo, memoing, and query searches for common wording and phrases using NVivo.

A data matrix using Word Microsoft software acted as an accounting log in which a spreadsheet showed participants demographic data, time and date stamps, and various interview details. This helped keep the data organized and accessible (Miles et al., 2014). Analytic memoing, the documentation of personal thoughts and reflections while organizing the data, helped keep objectivity regarding the data itself (Miles et al., 2014). Coding through the use of NVivo was used to capture certain predominant emotions,

themes, and prominent words and issues that were expressed. Through First Cycle Coding, various terms and labels that focused on emotional context and recognized participants' consistent word choices was utilized to help center on prominent themes and make inferences about the data overall (Miles et al., 2014). Through both coding and memoing, the data were further organized through text queries and tree maps to focus on specific themes (Lane Library, 2013). Second Cycling Coding was used to concentrate on breaking themes and pieces of information into more manageable pieces called "meta-code" (Miles et al., 2014, p. 86). Those themes were ultimately placed within specialized nodes to assist in further capturing those more succinct themes (QSRInternational, 2012).

Software Use

As described above, data management was secured through the use of NVivo, a high security electronic program. NVivo is an electronic program which helps manage large amounts of information from many different sources, such as articles, audio tapes and video devices, and interviews (QSRInternational, 2012). Such software helped keep track of my researcher notes, questions to research at a later date, as well as follow ups that needed to be completed (QSRInternational, 2012). The program aided in tracking and helped me look for specific coding directions and themes that were common as well as exceptional to each participant (QSRInternational, 2012).

With the variety of tools NVivo supplies, there was the ability for me, as the researcher, to generate new ideas, uncover subtle themes, and explore underlying patterns (QSRInternational, 2012). Not only did NVivo provide high security, but gave me the ability to reorganize data and search for specifics within the data (Creswell, 2013). The

use of node containers in NVivo helped capture particular themes identified through the research questions and subjective interviews (QSRInternational, 2012). Node containers and a coding system for the purpose of noting themes and identifying particular concerns and experiences as well as underlying patterns throughout the interviews provided a level of organization that was easily accessible and manageable as more interviews were added (QSRInternational, 2012).

Trustworthiness

Trustworthiness in qualitative research is whereby confidence is secured in a study's results. This is related to the more understood notions of reliability, validity, and objectivity in quantitative research (Lincoln & Guba, 1985). Regardless of the terminology used, the basics of these perspectives lies in the fact that the research is ethically sound and that there is a level of understanding and objectivity within the evidence that is reflective of the researcher (Creswell, 2009). The debate regarding the issue of trustworthiness in qualitative inquiry is a strong one. Hoffman (2010) indicated that to ensure trustworthiness a researcher must exhaust and demonstrate thorough understanding of the underlying context that guides the research. Porter (2007) noted that we may need to let go of validity altogether in order to understand the levels of naturalistic inquiry related to trustworthiness. Rolfe (2006) indicated that trustworthiness can only be established through extensive reflective journaling on the part of the researcher.

For this study, trustworthiness was initially maintained through a discussion of my perceptions, experiences, and biases to the participants involved during the initial

discussion in preparing for the face-to-face interview as well as during the interview itself. Trustworthiness was also maintained through the use of reflexive journaling immediately after the interview. Memoing during data organization also helped to capture impressions and conserve trustworthiness. The set procedures and methods of verification during data collection helped to instill trustworthiness and ensure both reliability and validity (Morse, Barrett, Mayon, Olson, & Spiers, 2002). Trustworthiness continued to be upheld through a discussion of my perceptions, experiences, and biases to the readers of the research analysis in Chapters 4 and 5 (Watkins, 2012).

Trustworthiness involves not only a level of transparency in reflexive journaling, and recognizing biases and discussing them, but also in the study's transferability, dependability and confirmability.

Transferability

Transferability is the ability to apply the findings of a study to contexts similar to the study's context (Henwood & Pidgeon, 1992). This is much like the ideals associated with external validity and generalizability often associated with quantitative research (Patton, 2002). This requires a researcher to give a full report on contextual features, which necessitates rich and detailed descriptions. Nastasi (n.d.) reminds a researcher to ask him or herself if the conditions will be similar enough to make the finding applicable. Since the research was focused on one particular, focused group – counselors-in-training with specific criteria – there is a solid confidence that transferability has been obtained. With such a focused group of participants, the likelihood of comparability of context is very high. As with many qualitative investigations, there is the concern of generalizing

findings to a wider population (Patton, 2002). The sample size is based off a convenient, purposive sample and may not reflect all counselor interns' experiences. However, the focus on counselors-in-training as well as their work with LGB couples specifically will help fulfill transferability to other counselors-in-training and their experiences with LGB couples. The intent is to inform the research, so any information of CITs' experiences is noteworthy with the ability for transferability to a wider context.

Dependability

Dependability accounts for such factors that may instigate instability or change within the natural context (Natasi, n.d.). As researcher, I was responsible for describing the changes as well as the consistencies that occurred within the context of the data and how these changes affected the way I approached the study (Trochim, 2006). This is the qualitative counterpart to reliability. To ensure dependability, documenting the natural occurrence of the phenomenon occurred through the use of audit trails. The audit trail consists of all raw data, as well as the progression by which the data were analyzed, including all process notes based on my own reflections (Rudestam & Newton, 2007). This was to ensure that all steps remained transparent and that the conclusions drawn were displayed as a natural deduction (Rudestam & Newton, 2007). This audit trail, along with recording both the data's stability and possibilities for change, secured dependability (Natasi, n.d.). As I was the only researcher, I took multiple breaks from the data coding to gather insight and a fresh look at the data. Recoding through second cycle coding as discussed earlier helped adhere to dependability standards. The software nodes that could be reassessed through revamping techniques also ensured dependability. Building up

documentation, which included everything from initial interpretations, to hunches about the data, to observations about the context of the data, all helped to ensure dependability of the research overall (Henwood & Pidgeon, 1994).

Confirmability

Confirmability is the ability to authenticate the internal coherence of the data, along with the findings and interpretations (Natasi, n.d.). This is quantitative research's counterpart to objectivity. This is often addressed through credibility management and reflexivity. Credibility in phenomenological research is shown by how well supported the initial idea and subsequent data analysis is (Creswell, 2009). Polkinghorne (1989) recommended that researchers ask themselves a series of questions in order to safeguard credibility. One must ask about the conclusions derived and to be careful of inductive and deductive reasoning within the descriptions themselves (Polkinghorne, 1989).

Confirmability included being honest about my influence on the participants to ensure that it did not interfere with their recounting of subjective experiences. A level of trust was established with the participants based on the context that we shared. The mere fact that I am also educated with a degree in mental health counseling and have experienced the challenges of internship was a factor that was addressed and brought camaraderie and comfort to the interview session and the data collection process. The fact that I also work with LGB couples established rapport and solidarity with the counselors-in-training as well. This shared culture helped supply a level of security for the participant, as well as a level of credibility to the research itself. Combined with the help

of such notions as *epoche* discussed earlier, the exercise of reflexive journaling, and being clear in my own biases, bracketing possible interference was heightened (Creswell, 2013). Credibility was also maintained through the assurance that data collection conveyed the correct meaning intended by the participant. This was ensured through the use of Word document transcriptions of the interviews that were approved by the participants themselves.

Ethical Procedures

With the use of the Walden Ethics Planning Worksheet (Walden University, 2011) as a guide, it was confirmed that there were minimal ethical issues related to my research study. The study gained IRB approval through Walden University and any concerns by the board were addressed immediately and before the study was conducted.

With the use of interviews as the basis of data collection for this qualitative, transcendental, phenomenological study approach, risk was minimal. There was little likelihood of any physical risk as a result of participation in this research project, as participants were not asked to perform any tasks as a part of interview that could result in physical harm. As part of the interview process, participants did drive to a location and meet me, but this posed low physical risk. They were asked to provide information about their subjective experiences related to their work with clients as well as their training and levels of self-efficacy. They were also asked to share demographic data. Such information had a small likelihood of low psychological risk.

All information from participants was based on self-report and past recollection. It is impossible to know with certainty that what the interviewees remember or relay is

accurate. The data relied on participants' ability to remember events and there is a level of assumption of fact within the information gathered. Ethics were maintained by securing their anonymity and confidentiality through the use of coding and the elimination of their names associated with the data.

Ethics were also maintained through the utilization of a detailed informed consent form based on Cone and Foster (2006) found in Appendix A. This was given in written form as well as discussed verbally during recruitment of individual participants and before the interview took place to ensure understanding. Informed consent consisted of this detailed form indicating the participants' rights and was signed by the participant. Informed consent was confirmed by both parties before the initial interview takes place. Informed consent included the researcher's information, the purpose of the research, the duration of the participants' time, how many participants were expected, the procedures to be followed, the risks and benefits for the participants, any alternatives to the research, the role of confidentiality, topics of discussion, how responses were to be used, and the rights of the participant to withdraw and gain access to data results (Cone & Foster, 2006; Patton, 2002).

Summary

The purpose of this study was to understand the experiences of heterosexual-identified CITs in working with LGB couples. More specifically, this study aimed to understand perceptions regarding the educational training and self-efficacy of heterosexual-identified counselors-in-training who work with LGB couples. In order to

understand this phenomenon, a qualitative, transcendental, phenomenological, interview approach was chosen.

In Chapter 3, research design for my study was presented that focused on a variety of important design prerequisites such as the rationale for the study, central concepts and my role as researcher. Also included was the methodology for the purpose of replication which included identification, criterion, and recruitment of the interview participants. The process of data collection which encompassed interview protocols, instrumentation, and data analysis was also addressed. Concerns such as trustworthiness, that included transferability, dependability, and confirmability, along with possible ethical issues to be encountered, were also recognized and discussed.

In Chapter 4 the results from the data collected during the study are presented. A restatement of the research question and a review of the sampling method and size are included, along with a verification regarding study setting and interview procedures. The participants and demographics are discussed and the data collected is analyzed by reviewing and considering the emerging themes and the process whereby this was fulfilled. A confirmation of the process whereby credibility, transferability, dependability, and confirmability are upheld is also included.

Chapter 4: Results

Introduction

The aim of this study was to add to the lacking empirical data by exploring the experiences that CITs were currently facing in working with diverse clientele, particularly LGB couples. The purpose of this study was to understand the experiences of heterosexual-identified counselors-in-training in working with LGB couples. More specifically, I aspired to understand perceptions regarding the educational training and self-efficacy of heterosexual-identified counselors-in-training who work with LGB couples. At the time of this study, how the perceptions counselors-in-training held of their education, as well as their self-efficacy regarding that training, translated into their work with LGB couples had yet to be fully explored.

The study investigated the experiences of heterosexual-identified counselors-in-training in working with LGB couples through a qualitative, transcendental, phenomenological interview approach to enrich the literature in this area, in which there has been a growing need for insight. This open inquiry format was used to encourage flexibility of both the researcher and participants (Creswell, 2009). Using Grove and Blasby's (2009) research as an influence, I took a realist/essentialist approach in which the participants guided the interviews to explain their own perceptions, experiences, and reality of working with LGB couples. Thus, the participants not only explored the research questions posed, but also reflected on their own concerns and points of interest as they arose. Consequently, the data collected may contribute to "fundamental

knowledge” and give a better understanding of what counselors-in-training are experiencing (Patton, 2002, p. 213).

Research Questions

The research questions were as follows:

RQ1: What are the experiences of heterosexual-identified counselors-in-training in working with LGB-identified couples in a therapeutic setting?

RQ2: What are the perceptions of heterosexual-identified counselors-in-training regarding their education as it relates to their experiences in working with LGB-identified couples in a therapeutic setting?

RQ3: What are the perceptions of heterosexual-identified counselors-in-training regarding their self-efficacy as it relates to their experiences in working with LGB-identified couples in a therapeutic setting?

These research questions were a jumping-off point for further exploratory questions based on participants’ answers. Further inquiry was guided by the participants themselves and helped in discovering the overall essence of the experiences of the counselors-in-training. Central concepts and ideals were also kept in mind to further enhance the meaning of the experiences being shared by the participants. These concepts specific to the participants included social cognitive theory, self-determination theory, and self-efficacy. Models of identity development theory and family-of-choice frameworks were structural centerpieces in regard to LGB couples.

The overall strategy was participant focused with an emphasis on individuals who share a common familiarity and/or perspective (Patton, 2002). This method was used to

encompass the many issues that arose for the participants and were worthy of more exploration. The overarching goal was to understand the experiences of counselors-in-training and variations in those experiences in relation to their education and self-efficacy (Patton, 2002).

In this chapter, the results from the data collected during the study are presented. A review of participant recruitment, sampling method and size, and interview setting and procedures is included. The participants and demographics are also discussed. Data analysis and process are also incorporated with a review of transcriptions and coding procedures that resulted in the emerging themes. Confirmation of the process whereby credibility, transferability, dependability, and confirmability were upheld is also included.

Data Collection

Participant Recruitment

Participants who advertised as registered mental health counseling interns on two major counseling advertisement sites, Psychology Today and LinkedIn, were recruited by invitation through emails and/or postal letters. Respondents reached out to me by email and/or telephone after receiving initial contact and were then asked a short series of questions to finalize participation requirements, such as if they had worked with one or more LGB couples, were registered with the State of Florida, and had completed their education. The invitation was loosely based on the sample form supplied by Cone and Foster (2006) and can be found in Appendix B.

Sample Size

A total of 293 potential candidates were contacted by email and/or postal invite. All advertised as registered mental health counselors in the State of Florida. Eight letters were returned unopened, and a total of 43 potential participants responded. Twenty-three potential candidates contacted me indicating a desire to participate. However, during our exchange, it was noted that they did not meet all criteria. Six other potential candidates spent ample time speaking with me regarding their desire to be involved because they had a passion for the topic; however, these candidates did not identify as heterosexual. All six asked to be put on a list for potential candidates for a follow-up study. Five potential candidates who met requirements and had read through the informed consent sent to them after our first exchange could not commit to the time. A total of nine candidates did meet all requirements and moved on to the next phase.

Interview Setting and Procedure

After mutual contact and an agreement to participate were made with the nine participants, the informed consent was sent to them by email to further confirm participation. Participants were asked to suggest a place of their choice to meet for a semistructured interview for a maximum of 1 hour (Mikene, Gaizauskaite, & Valaciciene, 2013).

When the logistics had been decided, the participant and I met at the allotted time and place. Six out of the seven participants chose to meet in their own work offices, and one chose to meet at my work office. The eighth participant's interview, which was completed at the participant's office, was deemed unusable in the middle of the interview

due to the participant not meeting criteria. The participant had only worked with LGB individuals and not any LGB couples. The ninth participant left the study for personal reasons before the actual interview was completed.

All offices were in confidential, secure, quiet, and personal locations. Upon meeting, the CIT was asked to fill out a demographic sheet with general information (see Appendix C). The demographics form included the date of the interview, the length of the participant's postgraduate work, the year he or she graduated from the degree program, the number of face-to-face hours completed in postgraduate work, intern practice settings, age, and sex.

The interview was guided by the main research questions; however, the questions were only a baseline. Their intended purpose was to lead to a conversational-style interview with the opportunity for the CIT to discuss anything that he or she liked regarding his or her experiences with LGB couples, his or her training, and perceptions of self-efficacy. Participants were reminded that they could decline to talk about any topics brought forth, or withdraw from the interview or the study as a whole at any time by advising me of the decision to withdraw. Data collection consisted of the in-depth narratives supplied by the participants (Mikene et al., 2013). The interview was digitally audio-recorded to facilitate collection of information and later transcribed for analysis and data management purposes. The audio equipment was visible at all times and was used only after verbal consent from the CIT at the time of the interview.

When the allotted time had passed or the participant agreed that he or she had disclosed all that he or she cared to share, the face-to-face interview terminated. The

interview was considered completed when the audio recording device was turned off upon verbal agreement.

Demographics

Seven participant interviews were ultimately used for data analysis. A breakdown of the demographic variables is shown in Tables 1 and 2.

Table 1

Personal Demographic Variables 1

	Age	Sex	Graduation year
1	46	Female	1996
2	35	Female	2014
3	53	Female	2013
4	43	Female	2014
5	26	Male	2014
6	34	Female	2015
7	26	Female	2014

Table 2

Personal Demographic Variables 2

	Hours completed	Time as intern	Experiences
1	1,950	1 year 3 months	Private practice w/multiple counselors
2	2,000	1 year 8 months	Private practice w/one counselor; private practice w/ multiple counselors; inpatient facility; emergency room setting
3	unknown	2 years	Private practice w/one counselor
4	640	10 months	Private practice w/one counselor
5	4,000	1 year 4 months	Inpatient facility; outpatient facility
6	80	9 months	Private practice w/one counselor
7	2,200	1 year 4 months	Private practice w/one counselor; inpatient facility

Participant 1 (P1)

P1 was a 46-year-old female. She first graduated from a counseling program in 1996 and returned to school for a second time because many of her credits had expired. She completed 1,850 postgraduate hours in her first program and had completed 1,950 postgraduate hours in her current program. Her experience was in a private practice with multiple counselors. She had been registered as an intern for 2 years and 3 months at the time of our interview.

Participant 2 (P2)

P2 was a 35-year-old female. She graduated in 2014. She had completed over 2,000 postgraduate hours. Her experiences included working in private practice with one counselor, in private practice with multiple counselors, in an inpatient facility, and in an emergency room setting. She had been registered as an intern for 1 year and 8 months at the time of our interview.

Participant 3 (P3)

P3 was a 53-year-old female. She graduated in 2013. She did not report how many postgraduate hours she had completed, but rather indicated that she did not need any more and had met the state requirements. Her experiences included working in private practice with one counselor. She had been registered as an intern for 2 years at the time of our interview.

Participant 4 (P4)

P4 was a 43-year-old female. She graduated in 2014. She had completed 640 postgraduate hours. Her experiences included working in private practice with one

counselor. She had been registered as an intern for 10 months at the time of our interview.

Participant 5 (P5)

P5 was a 26-year-old male. He graduated in 2014. He had completed over 4,000 postgraduate hours. His experiences included working in an outpatient facility and an inpatient facility. He had been registered as an intern for 1 year and 4 months at the time of our interview.

Participant 6 (P6)

P6 was a 34-year-old female. She graduated in 2015. She had completed 80 postgraduate hours. Her experiences included working in private practice with one counselor. She had been registered as an intern for 9 months at the time of our interview.

Participant 7 (P7)

P7 is a 26-year-old female. She graduated in 2014. She had completed 2,000 postgraduate hours. Her experiences included working in private practice with one counselor and in an inpatient facility. She had been registered as an intern for 1 year and 4 months at the time of our interview.

All seven participants identified as heterosexual and had graduated from an accredited college with a master's degree in mental health counseling. Each participant's school had received accreditation from the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009). The CACREP standards dictate that institutions of learning as well as faculty must uphold the institution's code of ethics and evaluate students regarding their ability to be in the counseling profession.

All participants were registered in Florida as registered mental health counseling interns and had one or more experiences working with LGB couples. The seven participants represented five separate counties as well as five distinct cities in Florida. The seven participants had attended a wide variety of CACREP colleges, including an online university, a brick-and-mortar college, a university that combined online with brick-and-mortar curricula, a Christian university, and a seminary. None of the participants had attended the same college or university; therefore, a total of seven CACREP-accredited colleges are represented in the data.

An eighth participant was also met with and interviewed. During the interview, it was determined that the participant had not fully met the required criteria. After the interview was completed, my dissertation chair and I confirmed that the interview was unusable. The interview was deleted from the audiotape device, and the participant was informed by email that the interview would not be included and was thanked for the time spent talking with me. A ninth participant was also recruited, and preliminaries were conducted. However, the participant cancelled the agreed-upon meeting for personal reasons a few days before the interview was to take place.

Data Analysis

Transcriptions

The strategies used to explore data included listening to the digitally audiotaped interviews immediately after they were conducted. Then, each interview was transcribed in a Word document. Interviews were listened to again while simultaneously reviewing the transcription to correct any mistakes. Transcriptions were then read once again, and

filler words such as *um* and *you know* were removed for clarity. These transcriptions were then sent to the participants for a member check by secure email. This member check was used as a means to confirm the accuracy of the interview, to add or clarify statements, and helped to ensure credibility of the information (Rudestam & Newton, 2007). This member check confirmed the participant as not only an informant, but also a researcher (Rudestam & Newton, 2007). All participants approved the interview and authorized its use before interpretation began. No follow-up interviews were requested by either party, and no changes were made to the transcripts.

Coding Procedures

Transcriptions were printed and examined for first impressions, and then loaded into NVivo, a high security electronic program. NVivo aided in developing node containers and a coding system for the purpose of noting themes and identifying particular concerns and experiences as well as underlying patterns within the interviews (QSRInternational, 2012).

First Cycle Coding in NVivo helped recognize various terms and labels to focus on emotional context and to recognize participants' consistent word choices and topics. This helped focus on prominent themes and make inferences about the data overall (Miles et al., 2014). Such analysis provided a textural and structural description (Creswell, 2013). Second Cycling Coding was used to concentrate on breaking themes and pieces of information into more manageable pieces called "meta-code" (Miles et al., 2014, p. 86). I also utilized analytic memoing in which I documented personal thoughts and reflections while organizing the data (Miles et al., 2014).

Results and Emerging Themes

Through the use of the coding procedures described above a multitude of nodes emerged. Analysis of the data resulted in 568 initial nodes that were then narrowed down to 62 nodes in second cycle coding. Those nodes were again revamped after a brief period of reflection that involved memoing and rereading the transcriptions for any missed information. This reflexive journaling and exploration yielded 26 nodes. These nodes are shown in Table 3.

Table 3

Second Cycling Revamped Nodes Formatting

Node name		Node name	
1	Lacking/desire for more	14	Knowledge of LGB issues
2	Supervision	15	Networking
3	Becoming an intern	16	Feelings about education
4	Training	17	Training self
5	Confidence	18	Comfort level
6	Couples seen	19	Gay marriage
7	Classes	20	School/training
8	Opinions about program	21	Couples same as anybody else
9	Preparation	22	Professors
10	Feelings/couples counseling	23	Working w/couples/opinions
11	Competency	24	DSM/books
12	Treat like any other couple	25	Program format/work
13	Issues in counseling	26	Personal experience

Upon further analysis, it was noted that many of the 26 nodes could be combined due to shared aims with consideration to the overall research questions posed. Thus, these nodes were again systematically examined for commonalities as well as outliers and ten overarching themes resulted to include

- Theme 1: They're the Same, but They're Different;
- Theme 2: Just Treat Them Like a Couple;
- Theme 3: It's All Good;
- Theme 4: Professors and Supervisors Make a Big Difference;
- Theme 5: We Want More;
- Theme 6: Networking and Support is a Big Deal;
- Theme 7: Being an Intern is Hard but It's Worth It;
- Theme 8: Classes are Okay, But Hands-On Experience and Role Playing is Even Better;
- Theme 9: Exposure Helps; and
- Theme 10: I Got This, Sort Of.

A breakdown of the 26 nodes and their dispersion are in Table 4.

Table 4

Node Configuration Within Final Themes

Final nodes	Theme #	Final theme
Couple same as anybody else Feelings/couples counseling Gay marriage	Theme 1	They're the same, but they're different
Working w/couples/opinions Treat like any other couple	Theme 2	Just treat them like a couple
Couples seen Issues in counseling	Theme 3	It's all good
Supervision Professors	Theme 4	Professors and supervisors make a big difference
Lacking/desire for more DSM/books Feelings about education	Theme 5	We want more
Networking School/training	Theme 6	Networking and support is a big deal
Becoming an intern Preparation Training self	Theme 7	Being an intern is hard but it's worth it
Program format/work Training Classes	Theme 8	Classes are okay, but hands-on experience and role is even better
Knowledge about lgb issues Personal experience	Theme 9	Exposure helps
Confidence Competency Comfort level	Theme 10	I got this, sort of

RQ1: Perceptions of Experiences

The first emerging theme is in direct relation to the foundational research question: *What are the experiences of heterosexual-identified counselors-in-training in working with LGB-identified couples in a therapeutic setting?* This initial question was intended to open up the interview dialogue. Participant experience varied from seeing only one couple to multiple couples. Some participants' practices focused on working with the LGB community while others focused in other areas completely. There were a multitude of reasons the couples were seeking therapy that included, but were not limited to, jealousy, sexual identity issues, communication problems, infidelity, and parenting skills. Participants varied in what they were willing to share about their experiences with LGB couples. Any incriminating words, such as names and places that were discussed and were deemed easily identifiable during coding, have been removed to keep confidentiality.

P1 worked with a variety of different clients specializing in relationship issues and parenting and remembered working with four couples throughout her internship:

You have to be very fluid. You cannot have kind of one size fits all or this is how it needs to happen because every couple and where they're at personally, what's gone on between the two of them - it's very unique. And so when a couple comes, you have to kind of deal with where they are right then . . .

When asked to elaborate further, P1 said:

And everybody's personalities and styles are different. And people need to feel comfortable, they need to feel trust, they need to feel that they're not being

judged, that they are accepted. That's true for everybody, so I pretty much treat everyone the same way. I have this same approach. I don't look at a particular couple and so "Oh I'm going to approach you differently or you might have some unique - they might, but that's not mine to decide – they'll let me know and I'll follow their lead.

P2 is as a board certified sex therapist, a transgender care therapist, a kink awareness professional, and a certified clinical trauma professional. When asked about her experience with couples, P2 replied, "At this current time, I've had a lot of experiences with LGB couples only because I kind of stumbled upon the community."

P2 remembered her first experience with a couple:

My first client in the university setting identified as a lesbian asexual. My cohort, along with the practicum advisors, had no idea where to begin with this and they're at PhD level. So, it took me maybe about two to three office visits with her to realize I need to get either formal training with this, I need to read up on what it means to be asexual. I understood the LGB part but the fine intricacies in that where you have, okay, I'm a lesbian but I'm asexual or I'm transgender but I'm intersex, in trying to figure out how do I help her, how do I help her partner, when one identified as just a lesbian, and the other one identified as being asexual. I don't think my school prepared me at all to deal with a diverse kind of population like that . . . But a lot of her issues were gender oriented or identity things . . . I can't communicate, I don't trust people because I feel as though people are judging me because I'm a lesbian. And then add on top of that, I

can't connect with my partner because I'm asexual and I don't really need sex as much or at all compared to my partner, how do I deal with that? So, I felt myself becoming a little bit frustrated because I wasn't, I don't feel like I really did her justice at that time only because I wasn't basically educated on the population . . .

P2 then shared a time in which she did feel better about her work:

I had a LGB couple who were both from very religious, very strict, religious, faith based families. They recently moved to Florida - not a lot of friends, not a lot of support. And I begin working with them, I would say last year, maybe around October/November sometime and February/March they came in the office and we were talking about change and treatment goals and the one partner says "I don't know what I would've done if we didn't come and see you. And I feel even though we have a lot of work to do," . . . she said something like . . . "I think that we can do it on our own." P2 grins and moves forward in her chair as she recalls how she felt:

And I was like, "Okay, well . . . can we do a monthly maintenance?" and they've been monthly. And they've been reportedly doing very well. So it really shocked me, because I was like oh my gosh, oh my gosh, because you really - you know in my experience I hadn't gotten that - I hadn't gotten that experience. So I was like, okay, I can do this (laughs). So, yeah, I think that was a great positive experience for me.

P3, who has certifications in areas such as anger management, sex therapy, and EMDR, said her experience with LGB couples “was very small” as she had only worked with one couple at the time of the interview:

I just got a couple and I enjoy working with them. They have, to me, just a more openness about them. It takes a little bit to get information, you know, for them to trust you and get the information, but once they trust you, they tell everything. They talk to me – I shouldn’t be saying they – um, but, you know, we have a good relationship together where they feel a lot more comfortable, they know they are not being judged.

She elaborated on a variety of issues that came up during their work together:

It’s a female/female couple. One female is typical, very male dominant, the other one is very female dominant and it’s – the traditional male/female stages I’ve seen is where the male is usually [the] stronger breadwinner type and the female is more, you know, I’m out there working. The confidence of bringing in all the money - this particular relationship is the opposite. The female is more dominant in the working field than the person who is the male dominant in the relationship and the male person in the relationship basically is - and I’m trying to think how to say this properly - is basically, she’s very soft. She’s totally the opposite of what you would figure from the person who is the male dominant person in the role. She’s not controlling. She’s very understanding and her partner is real controlling. But she’s the softer side of the personalities between the two of them and it’s been very strange. They’ve come here, probably, I think they are on their

fifth visit right now - their next one coming up in the next couple days and they're trying to work out basically a sexual problem with them. The one client basically has no desire. She's been to doctors. She's had her thyroid tested, she's had her hormones done. There's just been no, a lack of desire. Once it's initiated, it goes fine with the two of them the only problem is, it's always the one that's initiating. She's getting frustrated because her partner's never initiating and it's basically come out that she doesn't really have the desire. I'm starting to see signs from her that a lot of it was due to some type of abuse she had in the past. She did have a regular heterosexual relationship back in her younger days when she was in high school. Something went wrong and after high school she discovered she was more of a lesbian than she was in a heterosexual relationship. And I think that's part of what's holding her back in thoroughly enjoying her partner and everything.

P3 went on to explain:

They were very quick to point out who was, who played what role in the relationship and the one was very obvious just even in the way she dressed and everything. She was more toward the male dominant where the one young lady that sought the treatment in the very beginning was the very soft female type. Her biggest problem she was having when she came in there was acceptance. She's a very beautiful girl to begin with and she has a lot of male people that have made passes or hit on her or made innuendos and then when she went to a company function she brought her partner and she introduced him and all the sudden she was shut down in the company. It really hurt her and that's when she started

coming here. And then she started talking about her lack of desire for relationships and initiating with her partner and after a few more sessions, that's when we brought both of them in together.

P4 is the VP of Operations at a private practice and works with adolescents with eating disorders and self harm issues as well as clients with chronic illness. At the time of the interview, she had worked with one LGB couple over the course of a 2 year span, starting while she was still in school:.

They're a male couple. Originally, I started seeing one of them. One was overseas, he was in the [military name] and he had been temporarily - it was this very weird scenario where the one couldn't reach the other and he was going through this . . . almost like a traumatic episode . . . and he called me and he was very tearful and very upset and very afraid that his partner had been killed. And contacted me and so I started seeing him and then they were able to reestablish contact and get home and everything. At first, everything seemed to be fine and there was this adjustment period because then they decided to get engaged and get married. And so I counseled them through that because that was a huge adjustment period - they went from two households to one household. So they came back into counseling - that time they came in as a couple instead of just one person dealing with trauma. They were very easy to counsel.

When asked to elaborate, P4 said:

They took suggestions very easily, very well. The communication style was very loving, they did not have very big fights, the fights were very small arguments,

very small disagreements. So, there was no big, huge, overarching problems. It was more like, um, I don't like the way you leave so much clutter on the counter – oh, I didn't realize you didn't like that, well, what should we do, well how about getting a little basket to put things in, oh, we can get a little basket to put that in. Okay, fixed. Problem solved.

P4 clapped her hands and smiled when recounting this part of her experience:

I mean it was just . . . it was really, just like, everything about counseling them at that point in time was that easy. And so, really, in six sessions, we were done.

P4 relayed this was just the beginning of their time in therapy, however:

Then I got a call that they needed to be back on the schedule because they were in a slump. Everything was horrible, we can't live together anymore. So, they came back in and after a little bit of time what appeared to be happening was [client name], who was the one who had been overseas. From talking about it, it appeared that he was actually having post-traumatic stress syndrome and his flashbacks were having - the story – that he was physically attacking his partner but not remembering it. So, he started coming in for personal counseling and then they would come in as a couple for other counseling. Once we got through the traumatic counseling, things again evened out for a bit.

P4 begins to count on her fingers and look to the ceiling:

Then they came back, and again they were going to split up because and this time . . . I don't even . . . and I'm trying to remember why now. It was like something so silly. But I had to sit them both down that time and I said look, I think what

you both need to understand . . . because now, they'd actually gone and gotten married. And they went down to Orlando, they signed the paperwork, they were both wearing rings. But what had occurred - a reoccurring theme - was anytime one of them got really mad and it was typically . . . actually the one who came to me first crying about his partner was dead - [he] was that mad, he would take off his ring and he would storm out. And I'm like if you're married, that's not what happens. If you're going to come to me and say I want to be married, then be married. And married is better for worse 'til death do you part - you're married. Suck it up.

P4 laughed and recalled that the treatment had to shift a bit at this point and said: And so we actually had to do marriage counseling - this is what it means to be married. He will make you mad and you will have to deal with it. But you cannot . . . I said, if you take off the ring, you need to mean it. Don't just take it off because you're mad, don't take it off to prove a point, don't take it off and throw it around the house. You need to actually be married. And so we went through a little bit of learning that we don't just use it as a weapon, you know, I'm gonna leave you is not something you say to prove a point. We did some more counseling on that and fairness. Because of the post-traumatic stress, a decision had been made about 6 months earlier - [client name] to leave the military and get a job - a civilian job. It did not pay as well as he had moved up and because of that, he wasn't paying as much of the bills as the other partner was and so he - I think he felt like it was being held over his head. Like I'm not pulling my fair

share, so I feel like lesser than. So we had to do some discussions about equality in a relationship, fairness, that fact that a model relationship, there's not going to be a 100% fairness and that's okay. Because around the house, there's probably not 100% fairness. You know, one person probably does more of the cooking, one person probably does more of the outside work. And if you look at a traditional relationship, that's fine, that's normal. It's okay. Um, so got through that. Then they decided to adopt a baby. Or not a baby, but a child because they wanted to make things harder (smiles) – it was a teenage girl. Which actually went a little bit more smoothly than I expected. And that seems to be okay. I don't . . . I actually did a 2 or 3 session touchup for that adjustment process. Oddly enough, that one has been fine.

P5, whose work is predominantly in substance abuse and is a Masters level certified addiction professional, had had two experiences with LGB couples:

The first experience [was] when I was still in my internship at [graduate school] - it was two men, married men, who I was working with at [children's facility]. We were doing outpatient therapy and they had just adopted three children. Three siblings who were just about to be spilt up and just lost in the foster care system. They adopted them, bought a new house and everything. So, we were there just to ensure – myself and a licensed therapist – were there to ensure that the transition was going smoothly and to just work on parenting skills, if they – you know, just to enhance their parenting skills - because they were first time parents.

P5 went on to explain his second experience:

I was working at a substance abuse facility at [name of facility] in Miami and it was two women. They were outpatients at the facility and they were in a relationship. And I remember working with them on a few occasions. One of them was my client, one of them wasn't, but I still brought both of them in on a few occasions because there was a lot of fighting, arguing, things like that, so . . .

With his eyes closed, he explained:

I remember I took them to a park and we were - I took all my clients to a park - and we were - there were issues - and they were bickering and I pulled them to the side and that's what I'm thinking about - that's what I'm visualizing. It was - we worked on issues of jealousy mainly. Honestly, that was like the main thing.

P6, is a self-professed ally of the LGBT community and worked predominately with LGBT adolescents and those in their 20s and early 30s. P6 has had one experience with a same sex couple thus far. As the couple is a mixed race, as well as multinational couple, P6 explained "I love intersecting identities like this so I love working with them."

She elaborated:

I have had the one gay couple and they are in their mid to late twenties. A very interesting situation - where the one guy is [distinguishing country demographic] and he really wanted to move to the states. He started on online relationship with the other guy who's African American from [state] and was in the foster care system and so his - the people who he calls mother and father are adoptive parents and they're white - the whole family's white. He had all sorts of abuse and I'd still say emotional abuse at this point. I don't remember if he had physical abuse

from the foster family that adopted him but he definitely had just a terrible childhood. So, you have this . . . guy who had what we would consider to be privileged in life and married into this relationship. They were very much in love and when you apply for – so this kind of goes into international relationships – when you apply for a visa because you’re getting married - when they approve it, you have to get married within a certain amount of time. So, the one client didn’t want – the black gentleman – did not want to get married until after he graduated and then this guy wanted to get married as soon as they had the ability to. Everything happened really fast for them. It wasn’t your traditional relationship – they dated on line. They decided – I can’t remember if he went to [his home country] once or not but [he] would come back and forth for maybe as much as 3 months I think he could be here - so they were spending time together in [state], I believe, is where they were living at the time? I don’t remember why they ended up living in [state]. But they were trying to figure out where to live and the one wants to start a new career and the other one wants to move to a big city. Right now they’re just having like “Does this make sense?” And I’m bringing in their Catholic values where it’s like “Are you okay with getting divorced - if that’s what you end up doing?” or “Is the thing more important for you to work on the relationship together or to be happier probably and get a divorce?”

P7 worked with male adolescents in an inpatient facility and also advertised as a private practice practitioner. She has had one experience with a same sex couple:

So, as far as LGB couples, I've had experience with one bisexual couple. The rest could have turned into couple work, like individuals who were bisexual, or gay, it could have turned to couple work but it didn't get that far or it hasn't gotten that far yet. The one bisexual couple – they were actually swingers. The male - the husband was in the [military sector] and so a lot of what the female would do is she would say, 'Well I know that his and I's understanding of cheating doesn't go past 'I can do stuff with girls.' So, while he was away, she would do stuff with girls and then when he was there, they would often swing but they would – he would have male partners and she would have girl partners sometimes.

It was clear that all participants tried very hard to keep their clients confidentiality but also wanted to share the intricacies of what took place in the therapy room. With what they did feel comfortable sharing, it is easy to see that the experiences between the couple and therapist were wide ranging and distinctive.

Theme 1: They're the Same, but They're Different

Theme #1 was exposed through the participants opening up further about their experiences with LGB couples. While some spoke very adamantly about how same sex couples were, in essence, very similar to any heterosexual couple they might encounter, others were more apt to add further consideration. For instance, while explaining her experiences with couples in general, P1 said:

I have found, there aren't super unique things about any particular couple. There are some kind of basic things and the research that kind of shows that too - it supports that, yes, certain relationships, certain age groups, do have certain phases

of life they bring with them, some consistencies, as far as what they are working with but underneath that, human behavior is pretty consistent and relationships are pretty consistent and when people have young children or they have been married this amount of time or so - there's some things that are kind of predictable.

P1 further expanded by noting that much like heterosexual couples, LGB couples “have similar challenges on communication, expectations, [and] decision making” and that such issues were “inherit in every relationship . . . whether they're married or they're not married” such as “commitment [and] fidelity.” P3 and P5 also felt this way. P3 said:

Actually, seeing the difference between [the LGB couple] and the couple that I have that is male/female, I'm not seeing much of a difference as far as their culture or anything or anybody's culture. They are basically the same on almost everything.

When asked about differences, P5 said: “Honestly, I don't think it's too much - I don't think it's really different than working with a heterosexual couple.” P5 said:

One thing and I know – I was thinking about it as we've been talking – they're not different. And I think that's something the world needs to know because apparently so many people are confused about gender identity and the fluidity of sexual orientation and things like that . . . and I'm like, you know, to me, it's just something that you get – it's what they believe, that's their truth. It doesn't matter what you think, it doesn't matter what science tells you, that's their truth and that's what you have to accept. They're not different, they're just like you and I - they just like different people. They like different attributes in different people.

And some men like other men and they fall in love with men just like the same way as I'm in love with my wife who's a woman. It's nothing different to me and I think that's what people need to come to an understanding – they're not different. That's the best way I can put it – we're literally, we're all the same.

P5 further explored the issues regarding the second, lesbian couple he worked with and described them as having “typical issues.” When asked to expand, P5 said:

Typical issues with other people. Oh, for instance, so and so was speaking to that person, that made me jealous, and they're hiding it from me. Why is she hiding it from me? She doesn't appreciate me. She comes and she buys food – she's buys McDonald's but she doesn't buy me cigarettes knowing that I was on my last pack. Those are what I see as typical issues. There were little things, very small things.

P5 reflected on his couples work:

[It's] just the style of communication. Yeah, that's what I would say - it's the style of communication. The manner in which they just communicate with each other and, sometimes, they just need an extra person to be here – me – just to hear both sides of the story and to just come up with some common ground as to where they're both trying to get at, what they're both trying to say. Or how best to say this, and how best to say that, and how you can go about this another way, being able to express their feelings without being judged, things like that.

P6 felt very similar and alluded to P5's idea on “typical stuff” saying, “I'm just teaching them typical communication stuff.” P6 said, “. . . it's reminding me of just my

relationships anyway where I'm teaching them how to talk to each other and how to be a couple." P2 also said, "Just because they identify as LGB, that doesn't mean that's their primary issue. That doesn't mean that's what they're coming in for. P2 explained, "They can be coming in just because there's a lack communication, or they're having issues with parenting that's separate from how they identify."

P3, who worked with a lesbian woman dealing with judgment at work for bringing her partner to a business function, said that many of the couple's "situations are not any more unique than a person who is heterosexual." She further explored the idea and noted, "I'm not seeing much of a difference as far as their culture or anything or anybody's culture. They are basically the same on almost everything." P3 reiterated her point by explaining what she believed was the most important thing to the couple: "They want somebody to listen to them, to help them through certain things. P3 put it in very simple terms as far as her experience: "They are no different than anybody else." P3 also noted, "A gay and lesbian couple is pretty much the same as a male/female couple. They have their lows, they have their anger, they have their likes and dislikes just like anyone else." She said that counselors, although having biases was 'human nature,' need to "Get over [their] own biases because a lot of counselors still have their own biases."

P4 found very little differences in her work with LGB couples compared to heterosexual couples. She explained her concern was elsewhere in regards to her work with the LGB couple:

No, I mean, honestly, what I had to go back and do more research on was the fact when we first started going back and doing the trauma work. I had to go back and

do more.”

P4 felt the similarities more than the differences between the couples she had worked with, such as jealousies and communication, much like P5’s experience. P4 said:

I mean there were so many similarities like jealousies, and why are you still talking to that guy, you know that guy doesn’t like me, so why are you friends with him knowing that he doesn’t like me and, you know, okay, it would have been the exact same conversation if they were heterosexual. You know? Why are you friends with that girl? You know she doesn’t like me, why are you still going out and having lunch with her? It’s the same conversation – it’s just these little itty, bitty, slight variances and there’s really nothing else to it. I want a new car. Well, I don’t know where we’re going to have the money for a new car (laughs). Well, I think we do have the money for a new car.”

P6 reiterated these points, yet added a new idea:

I think maybe gender roles are a little bit different, however, with my couple, in particular, it’s not like you’re the more feminine one, so you should be cleaning and cooking. It’s like, well, this person’s a better cook, so they’re cooking and then they get annoyed that the other partner isn’t really cooking because they’re like, well, I can’t cook and the other person’s like, well, it’d be nice if you could do it 1 day a week. When I’m cooking and we’re both working just as hard, but I’m having to come home and cook every night for us. Figuring out leisure time where it’s like we’re going to spend this time together but really they’re just - the one guy’s watching the game and the other guy’s on his phone.

P6 noted, “I don’t really find that it’s all that different. It’s just being aware of it, having it in the back of your head.” P6 was quick to add, “I think that’s what’s really important: is that a counselor doesn’t go in saying ‘Oh my gosh, what am I going to do with this same sex couple?’” P6 continued by saying:

It’s multicultural counseling, basically. Where you can be aware of what certain culture has as a normal thing – normal things and traditions or whatever – but also knowing that that might not apply to those people and asking them what applies to them. If it comes up, you can talk about it but I wouldn’t just bring it up out of nowhere. Because you don’t want people to feel like they’re being analyzed differently because they’re a same sex couple. The couple is - what I’m finding - more important. How they are together rather than the gay culture.

While participants made a point of reiterating that the LGB couples were very much like every other couple they had seen, whether same sex or otherwise, they did note some differences. Dating culture, new marriage laws, HIV diagnoses, and family support were some of the issues participants had encountered that their clients were bringing to session. For instance, P6, who is still working with the LGB couple struggling with a new marriage, felt that the issue of newly legalized marriage for same sex couples nationwide did hold a factor in the couple’s therapy:

I think that this wouldn’t even have been a thing [for my couple] necessarily until same sex marriage was legalized. You could always go to a number of different states to get married but I think when it became legal in the country, people had to start making decisions based on either health, or staying in the country, whether

they were ready to get married or not - someone being willing to say, “Well, let’s just get married, you know?” So, it’s where I am with them.

P4 had similar thoughts about marriage being new for many same sex couples and with her couple in particular:

The only thing is, I did have to remind this particular couple that marriage wasn’t – maybe it wasn’t done in a big old church with a pastor, but they were still very married and so you could not just say “I’m out.” You can’t just take the ring off and put it down and say I’m out. But, you know, and I say that, but then again, I think it happens now in a lot of heterosexual couples, too. Where the people get married and 2 or 3 months in, the wife says something to make the man mad and he takes off the ring and he’s like I’m out. So, I don’t know if that’s just homosexual couples. I think it happens on both sides now. I think it does happen more in a homosexual lifestyle because they’re not as used to it yet. Marriage is still a newer idea. Now, long term partnership is an old idea. Not that I’ve counseled, but I know personally, people that have been together for ten, twenty years and so that concept’s been around a long time. They didn’t necessarily get married and so this - the whole concept – the getting married and wearing a ring - is a little bit different, so, it’s a newer idea for them.

With that in mind, P4 felt that working with her same sex couples was much more successful than any work with her heterosexual couples. She explained:

Maybe this is just my experience, but what I’ve seen is that when I did have a heterosexual couple come to me, it was always because one person had decided

they wanted out and they were looking for somebody else to say it was okay to get out. They never really wanted help. Whereas this couple and, again, it's only one couple so maybe the next couple won't be like this. This couple wanted help – they wanted to stay together. They just needed help figuring out how to make that happen. You know, how do we communicate better, how can you help my partner, how can you help me – and everything I asked them to do, they did. You know, hey, read this book, they did it. Um, do this meditation together. They - every single night - they did. Every single suggestion, they did.

P5 did note that in his particular experience, he was very impressed with the parenting abilities of the LGB couple in comparison to heterosexual counterparts:

These were two extremely loving, hard working men who sent their kids off - you know these kids who they just adopted. They bought a house literally on the drop of a dime. You know I believe it was DCF [Department of Children and Family Services] and [children's service] - they came and said, "Listen we're going to give you the kids, now you need to get a house." And they bought a house that had a room for each one and a pool and everything. And they're sending them to private school. They care so much about these kids. Sometimes, my opinion? I think about certain people that I know who are heterosexual couples and they haven't done half the stuff that these guys did.

The unique needs of same sex couples did arise in talking about participants' experiences, though participants were hard pressed to define the couples as "different" overall. P2 recognized the intricacies of LGB couples having distinctive needs, however.

P2 noted that letting the couple “guide” the session and “not having a filter that just because they identify as LGB that that’s what they’re coming in for.” P2 clarified:

In some ways I can agree and then in some ways I can disagree [that they are the same] and here’s why. Like I said, they may come in with communication issues similar to other couples but, for them, they do have unique needs . . . I think a lot of times we want to say they’re just like any other couples, but if we lose that insight, that LGB people do have unique needs, we kind of miss being able to help them . . .

P2, who has had the most experience working with LGB couples out of all the participants noted that one can “not miss the opportunity to highlight” issues if they are presented. She noted “they might have unique needs, different from the heterosexual population” even if they were not “always be[ing] addressed but to always keep that in the back of your mind.” For instance, P2 pointed out that many of her LGB clients often ask her about her sexual orientation:

I think more of they’re trying to figure me out. They try and figure out if it’s okay, if it’s safe for them to talk about some things. Most of them have, like I said, feel very judged, so they want to make sure that me, as a person, that I’m not gonna do that – that they’re gonna come in and they’re not going to be judged. That I’m not going to put my own twist and spin on what they’re coming in with so they throw it out in very subtle ways. One said the other day, “I was looking for a therapist and she needed to look a certain way and I didn’t care if she was heterosexual or not.” Okay. Well, I’m heterosexual, how does that make you feel?

Let's talk about it. Would you feel more comfortable with that? And they're always looking like, "I'm gonna put this out there and I'm gonna see how you take it and oh my god, she didn't judge me and it's safe for me to talk about that more." And perhaps, it's their past experiences, I would gather its past experiences, but I do get that a lot. I do.

When asked how she handled such situations, P2 said:

I identify as heterosexual [but that] doesn't mean that I can't understand the things, the major things that're going on in your life. So, when you say - and I bring it up - so when you say that you don't feel validated, I hear you say - and I kind of repeat back and I kind of take the whole case as a whole and I break it down - and they're like, oh. But there's still some kind of resistance, you know? And then I say would you feel better with a therapist who identifies as being lesbian? I mean, it's not about me, it's about you and your journey. So if you feel more comfortable sitting with a therapist let's find you one, if that's going to help you, let's find you one. Let's find someone that you can identify with, that you're going to sit across from that you're going to feel comfortable with. That's not to say that's a stab to the heart. Like, oh my goodness. But it's also a way for me to kind of think that everyone may not want to come to me as a heterosexual woman. And what am I doing? I'm doing what's best for the client. And that's what's best for me.

As P2 works more and more in her specialization, she recognizes more concerns: Some people identify as being kinky. Well, they have different, unique needs. So,

let's say we have a couple and he has a daddy and a boy and how do we honor that? Most people say oh, no, when I'm seeing that – the culture is a little bit different. Is that sexual – again is that sexual identity or gender identity or just identity in general?

P6, who also works almost exclusively with the LGB community, likewise recognized that some issues were specific to the “overarching gay culture” with her clients. P6 felt that there were quite a few things she needed to know in order to help her work with the same sex couple she was seeing such as “being up to date with technology” like “Instagram or Pinterest and Reddit, and there's one more, I don't know.” She noted such needs were “very specific to the couple that I'm working with” and wanted to clarify that she was giving “more of a case study than an overview of all my clients because I haven't really had many” She said, “I'm finding [it's important to be] familiar with the local gay culture, gay cultural standards, and the dynamics of a same sex relationship as opposed to a heterosexual relationship - which really isn't as different as I think people think.” P6 did feel that gay culture may be “much more sexualized.” P6 said:

The dating is very difficult for people who are smart . . . or for people who are not terribly interested in sex . . . and that's not their main focus is to hook up . . . they want a loving relationship to someone they can come home to and cuddle with and that sort of stuff. I'm finding that just in my personal life friends, and other clients I have, too, they have a really hard time dating because they . . . like I have a PhD guy I'm working with and he's like “I don't want to date these

people.” And I’m like “Well, then don’t date those people.” But, they feel like there’s a different culture. So, I would say the overall culture is a lot more important – you just really have to be aware of it.

P6 said, “Just talk to them like a normal couple. Talk about who does what in the house, who’s comfortable with that and are you willing to have a discussion of who’s doing what and decide on different people’s jobs in the house . . .” P6 then began to talk about terminology and its importance:

Being aware of gay culture, especially with these guys, specifically gay male – young, gay, male culture – it helps me to understand what they’re talking about and not have to ask questions in the middle.

P6 became reflective, shifted in her seat, and continued:

Then also being aware of sexuality - I think it’s important. I just find it’s easier knowing the terms - like what a bear is. It’s just easier knowing what the different terms are so I don’t have to ask my clients. But that would happen in any culture.

P7 noted that all couples are different in their own way, despite sexual orientation. P7 said, “I mean, it really doesn’t matter if they’re coming in heterosexual, lesbian, gay, bisexual – it doesn’t matter because everyone has different perceptions in everything.” P7 further explained:

I would say treat them as if you’re seeing any kind of couple because every single person and every single couple is completely different. I think if you’re walking into it with that perspective, there’s going to be success and the confidence will

happen. I mean, if you have two people diagnosed with the same thing, they're still different.

P7 also noted terminology and clarifying definitions as P6 did. She said:

I really think just having an open mind [is important] because everybody's perception is different on what certain words mean. I think getting the couple to define what they think cheating is, or what they think certain, things - like what it is to be a man – having them define it in their perspective is really important and that's going to help you as a counselor.

P4 who counsels those with HIV diagnoses explained, "I do end up still seeing . . . homosexual couples because I treat people with HIV. Because it is a very hard – you cannot treat just one person." When asked to expand, P4 said:

If one person in the couple has AIDS, you have to treat both people in the couple, because it affects both. Even if only one is infected, you know, the diagnosis affects both of you. You know you are both going to have to change the way you live a little bit– you have to live healthier, you have to take care of yourself, you have to watch what you eat, you have to watch what you drink. It really does affect [each person] – [they ask] 'You actually get AIDS from this? Do you just get the virus?' There's a lot of psychoeducation and there's just a lot of support you both have to get because it's a very terrifying diagnosis. A lot of people will really freak out and not even want to tell their partner sometimes or right away. So you do have to kind of counsel – you end up doing couples counseling whether you meant to or not.

As demonstrated by the reflections of the participants, working with LGB couples is an intricate process. All participants believed that while LGB couples were ultimately the same as any other couple they may see, there were considerations to ponder, thus prompted the overall *Theme #1: They're the Same, But They're Different*. While LGB couples experienced everyday issues such as arguments about jealousy, household chores, and feeling wanted that are very common to most couples, there were unique needs that they had to pay attention to as well.

Theme 2: Just Treat Them Like a Couple

A second theme that began to emerge as participants talked about their experiences was to *just treat them like a couple*, regardless of sexual orientation. P1 explained:

I didn't make a point of saying 'So by the way since you know you're a gay couple ah, you know, I'm gonna treat you a little different. I want you to be more . . .' (P1 one fades off here and stops to think before speaking again). I talk to them the same because I want everyone to feel comfortable and if they're not or they didn't feel like I was helping them achieve their goals or they just didn't click with me, then I want them to find someone that they feel like - and then if they identified, I'll follow their lead if they come out and say hey"

P1 described counseling couples as much "like corralling cats." P1 saw the LGB couple she has worked with for 2 years as "just like any other relationship" saying:

Relationships are relationships and all relationships can have and most likely will have some conflict. That's just the nature of relationships. So for someone to seek

out to have or get some feedback or thoughts - for them to have some things to work through, I don't see it any differently than a parent/child or if it was a man and a woman, that type of thing.

P5 also noted how putting the fact that a couple is same sex is not a forefront thought for him and explained how it may be awkward for others who are not certain in their work with LGB individuals and couples. P5 said:

I think that's the number one thing and if therapists can go about – especially interns, because I know sometimes that can be, it could be a little bit nerve-racking saying “Oh, how do I deal with this situation because they're gay, you know? Do I talk to them different, do I use certain hand gestures . . . ? You know some people think should I wear something, should I sit a certain way, should I speak differently? No! Just be yourself. They are no different than anyone else.

P5, who noted his goals are the same for any couple, said, “So just being able to process . . . with them and help them come to an understanding and have some type of healthy communication between the two - that's what my goal was.” P5, who works in a faith based substance abuse facility, also said, “Honestly, I don't think it's too much - I don't think it's really different than working with a heterosexual couple. The only difference is the genders involved, in my opinion.”

P4 had very similar thoughts:

I mean, honestly, [I] just approach it with that mindset that they're going to have the same problems and the same concerns. I think that's the best way to go into it. Just assume that – right off the bat – that they're going to have the same

problems, the same concerns – they’re going to be worried about their weight, they’re going to be worried about whether their partner finds them attractive, are they cheating on me, you know, are we going to be happy in 10 years. I mean, it’s just consistency. It’s all the same problems - it’s just they happen to look more alike.

P6 had similar sentiments but recognized that every couple had their own unique needs and tuning into that was important:

They’re just a couple . . . ask them questions in a way that’s not curious. Don’t ask folks – and you wouldn’t do this with anybody – you wouldn’t be like – they [professors] teach you, don’t ask someone to tell you about their culture. You can ask specific questions where it’s like “Oh, does that apply to you?” or something like that but to say “What’s a bear?” or “Top or bottom? What? What does that mean?” That’s really basic knowledge that people need to have. It’s just easier knowing what the different terms are so I don’t have to ask my clients. But that would happen in any culture.

P6 also mentioned the importance of being open to talking about sexual issues: Be open to talk about sex because sometimes someone will bring up the top and bottom thing. For example, in the HIV group that I run, they’ll say something they consider to be inappropriate and they’ll be like “I’m sorry” and I’m like “I don’t care. I really – I’ve heard it all.” So, a lot of times when I do that “I’ve heard it all, like, really, don’t worry about it” – genuine - then they’re like “Okay” and they’ll talk about it. They’ll be more open to that sort of stuff.

P6 reiterated:

Just provide them with a safe, nonjudgmental place where they're just a couple coming in for counseling. Maybe you talk about gender roles and maybe you talk about the fact that one is overbearing on the other person because of their personalities.

P6 was quick to explain that even if one is not aware of terms, a CIT could work with an LGB couple:

It's important to be aware of the culture and the terms and what standards are in the community and the different places people go to hang out and what that means but also they're just a couple, so I don't think it would – if someone has an open mind and is open to working with a gay couple - I don't think it would stop them. I don't think ethically they would need to stop.

P6 further noted:

What I've found is go with your couples counseling skills and techniques and view them as a unit – a genuine unit - and work with them there. Then, if it expands out from there, figure out what you need to learn. But, start with the unit of the couple - would be my suggestion. I think that's it's really . . . they're still two people interacting and living with each other and having to figure out who's going to do the chores.

P7 was a CIT who did not know certain issues related to the bisexual couple she worked with, just like P6 anticipated. P7 said, "They were kind of teaching me. You know, a different perspective of what's okay as long as it's communicated between the

couple and there is an understanding and rules laid out.” P7 felt that being honest with them helped ease any possible discomfort and said:

I was transparent with them and I told them, you know, I don’t know that much about counseling those who chose to be swingers or chose to have other partners besides their actual married, life partner. I told them I didn’t have much experience with that and I think because I said that, we were okay. They were patient with me and I was patient with them. So, I felt good about that and confident to tell them – to say, I’m not sure about that but I can answer as many questions as I can and help you through the process and provide that empathy and the understanding as much as I can.

The participants encouraged the overall arching theme that, within their perceptions, the best route to working with a LGB couple was to simply treat them as a couple, thus sparking the *Theme #2: Just Treat Them like a Couple*. It was collectively perceived that anything other than that could create awkwardness and impose values and biases that otherwise could impede the work. The idea that being honest with clients and open to talking about anything they wanted to discuss was a consecutive assertion for all.

Theme 3: It’s All Good

Participants were quick to reiterate their comfort level and joy in working with LGB couples. P1, whose first experience with an LGB couple was in a private practice setting said, “I didn’t feel differently about working with them. I really don’t. I felt comfortable.” P1 went on to explain that she was “perfectly okay” and she “had no problem” working with LGB couples. She explained that working in couples and

marriage counseling was her “first true love, even though I’ve moved on to do other things.” When asked to explain further, P1 said:

I enjoy the analytical part of it but also helping individuals gain insight and understanding themselves as individuals and for them to kind of understand where they are emotionally and how who they are interplays in the giant mix of everybody around them - but, in particular, the individual that they’re a couple with. And so, for people to understand themselves, understand human behavior, to understand conflict, to kind of understand when we talk about an emotional dance and for people to start to understand that they can make different choices, they can see things differently, they can experience things and view themselves, change their beliefs - it’s really exciting. It really is. It’s great to know that you can have a small part in just giving some feedback and trying to work with people and help them to better themselves so to speak or to reach some goals that they have. For them to come and talk with you and say my life is more enriched and it’s affecting all of my relationships, not just my relationship with my partner.

P2, who has dedicated her career to working with not only LGB individuals and couples but also transgender, questioning, queer, intersex, asexual, pansexual, and demisexual, simply stated, “I feel passionate about it.” P3 described being “fascinated” by working with LGB couples and was excited about helping her community further. She noted she would love to focus more attention on the LGB as well as the transgender community, “I’d love to see it grow even more because I do see that need.” P4 noted that “I would much rather work with a same sex couple [than a heterosexual couple] and,

again, it just might be my experience.” P5 said, “I actually embrace it.” When asked to elaborate if he had any reservations in working with the male couple who had adopted three children, P5 said:

Honestly, no. Because guess what? Two straight people just got rid of those kids. Two straight people just got rid of three siblings who are about to be split up. I have no qualms with two men who love each other enough to bring in three kids who they don't know, who are not their blood, and give them a whole new life. I have no qualms about that. If anything, I have more issues with the heterosexual couple that threw them away.

P5 elaborated on his ideas of working the two separate couples he has encountered, ““I was just being me – who I am. Just accepting.”

P6 smiled as she talked about her work:

I absolutely loved every second of my internship because I'm already living my dream – I'm counseling LGBT folks, this is the best thing in the world. And now if I could get paid, that'd be even better (laughs).

P7 also reiterated the sentiments of the other participants. P7 said, “I really enjoy it. I really enjoy it. They were my first couple that I actually had and so I really, really liked it.”

All participants felt strongly about their work and helping their communities overall. This *Theme #3: It's All Good* was a resounding undertone to each participant's love for their work.

RQ2: Perceptions of Education

Themes 4-8 emerged in direct relation to the second foundational research question: *What are the perceptions of heterosexual-identified counselors-in-training regarding their education as it relates to their experiences in working with LGB-identified couples in a therapeutic setting?* The foundational question brought about an initial feeling of satisfaction in their education. However, upon further reflection, the responses begin to vary.

Initially responses were very positive. For instance, P4 said, “I had a really good experience.” P1 responded with a decisive “absolutely” when asked if she believed her education prepared her for her work and further noted “but if you’re dealing with marriage and family for competency I think . . . there’s not a lot of programs out there like [mine].” When asked if she was happy about her education that was specific to LGB couples, she stated, “I feel good about it. I’m happy. I’m pleased.” P7 felt the same way saying, “Yeah, yeah, I think so” when asked if she felt good about her education. P5 said, “It was pretty thorough. It was really thorough.” P5 expanded: “I know I had really good training at [school name]. I loved my training at [school name], which was again, a CACREP program.” When asked if it was enough, P5 said, “Yes, I think so. I think it was enough. We never stopped learning, I know I never do. But I think - I do think that was enough – it put me in the right place, it put me in the appropriate place.”

Those whose main focus in their career was the LGB and transgender community, which included P2, P3, and P6 felt positively, but had mixed feelings. When asked if she

felt her classes prepared her, P6 said, “I think mine in particular was very good.” P2 stated that any teaching on couples was “very limited” and said:

I liked the fact that it laid the foundation for me to just even tap into this world. I really felt that it was, even though I talk a lot about the negative aspects of it, positive. It really laid the groundwork for me. It allowed me to start thinking differently. It pushed me to push myself to go above and beyond and not just rely on my teacher, my professors, or my advisors. That I really needed to do the work for myself.

P3 had a similar perception and felt it was “the mindset and schools” in that they did not “prepare us enough to actually help that community.” She further explained “There weren’t hardly any classes in [school name] at that time that I went through that focused on transgender and gay and lesbian.” She noted, “When I went to [school name], even [school name] did not really have that much on the sexual end of classes.”

As initial thoughts faded into more reflection, participants began to talk about a multitude of areas related to their education and training such as thoughts on professors, networking, classes, and supervisors. They also expounded on perceptions regarding being a CIT in general and what things they found lacking in their education. Thus, the following themes begin to emerge:

Theme 4: Professors and Supervisors Make a Big Difference

All participants gave a shout out to professors that made a big difference in their schooling and also recognized the importance of the right supervisor to their learning experience overall. They acknowledged professors and supervisors who made a lasting,

positive impression as well as those they didn't remember quite as fondly. For instance, P3 said her "phenomenal" instructor from her graduate school made the most impact on her work with LGB couples and the community as a whole due to "her passion." P3 was highly influenced by this particular professor who was a male to female transgender that she "strive[d] to be like" and said it was a "turning point for me of getting out of my mindset." When asked if she wanted to share more about the professor, P3 smiled and said, "She was probably one of the biggest things because I went through a class with her and she noticed something in me that nobody else had noticed and I didn't even notice and she brought it to my attention." P3 described a role play in which this professor pulled her aside afterwards:

She was just so in tune to everybody in that class and I was like wow. And I finally got the nerve to ask her "How are you so in tune?" And she looked at me and said "Honey, I gotta be" and I said "What do you mean?" and she said (here, the participant leans forward and stressing her syllables out) "I got to be." That's all she would say. And it took me awhile to figure it out - and that was after I started working with some of these guys - was the reason she had to be or felt she had to be, it was because it was a harder road for her to get where she's at.

P5 also noted that his professor, who was a gay man, influenced him:

One of my professors was an openly gay man and he really drove this into us because this was something that hit home to him. Another one, yeah, another one works at a LGBT community center and he provides counseling services there, so

that was another course where he was really paying attention to the LGBT community. So, I feel like it's really prepared me for my education.

P6 also was influenced by two of her professors who were gay and said, "I had two of my – two of my tenured professors are – one's gay and one's lesbian – so I took human sexuality with the gay guy and we ended up talking a lot about [LGB issues]."

She spoke of her program, which was at a brick and mortar university:

My program really accentuated multicultural stuff in general, and every single class, there was an aspect of that. I think that my program, in general, really sets people up for working with a wide variety of cultures and gay culture is one of them.

Comfort, intuition, and compassion continued to be traits that most participants remembered in their professors. P1 said, "Some of the best professors and some of the best mentoring I've gotten is where individuals see that someone - a student or whatever - has a particular area of interest." She went on to explain that it was important for professors to "encourage[e] students to be comfortable and give them opportunities."

P7 said, "I enjoyed [my classes] because the teachers were very enthusiastic." In talking about her class that focused particularly on LGB issues, P7 said:

He [the professor] used a great mixture of humor and empathy throughout the whole week and he was very delicate. He brought that humor as just an edge to kind of like try and make people feel comfortable about that. So, he really was probably one of the best professors I've come in contact with.

While professors had an influence during school, supervisors certainly made a difference after school. All participants talked about their supervisors extensively.

P1 explained her “positive relationship” with her supervisor as one of “respect and a kind of collaborative type situation” and said:

She had a different background. She had different interests than I did and so it was nice because she specialized in some things that I didn't - which is why I'm always learning because there's individuals that have more experience and more expertise and so when you're around them and you talk to them, they can give you different perspectives and different feedback and I really value that.

P5 smiled, recalling his experiences thus far:

I have my clinical supervisor here and I also have my personal supervisor for my registered intern. I'm able to meet with her whenever I want and call her whenever I need to bounce ideas off of her. I do that almost every day here. Even though I know I'm competent, I like to still talk about things. I can do a lot of things on my own but whenever I have any type of question, I don't keep it to myself. I honestly don't and I go over to either one of my colleagues or typically I go to my clinical supervisor.

P5 further explained:

My supervisors have been very important in the sense that – I'll start from my practicum and internship. My supervisor is [doctor's name], he's a CBT diplomat. We were trained – we were able to choose who we wanted to be our internship and practicum supervisors and we knew what their theoretical orientations were

from the very beginning. There was a lot of solution focus centered, CBT, and I liked the structure of CBT, I think it works for me as a therapist. So I was able to train under him and he provided a lot of structure and a lot of constructive criticism to me. He was - he seemed mean, but again, it's because he has so much passion for what he does, it comes out like that. But I know he's preparing me.

He also laughed recounting how hard another supervisor was on him. "[Doctor's name] at [children's advocate center], she used to rip through my progress notes and group notes." Here, P5 became very animated and mimicked writing on paper:

No, what are you doing, yah, yah, yah - she was a Jamaican lady and she used to rip through them. No, this is how you gotta do this! She used to correct me all the time, but again, she was a very caring lady. When we were talking and everything she had so much love for me, I can tell. When it came to documentation it was no, this is the way it's got to be and this and no, you gotta fix it, you know? She was really on top of me.

P5 further explained:

I speak to my supervisor every single day. It's very important – these are people who have at least 5 years in the field. They have a lot of knowledge – I want what they have, so I'm always up their butts (laughs and throws his hands up above his head). Like, hey, honestly! That's how I do it!

P5 reiterated his point by stating that his professors' feedback and validation helped with his competency in the field. He remembered his "professors saying how we

never stop learning” and that “the field of counseling is relatively new and that in order for it to grow, we must grow individually to make it stronger.”

P4 had similar sentiments about how she felt about her supervisor. She said:

I feel like it helps. I feel like it helps to have somebody balance things off of . . . I feel like it’s helpful to get that second ear and be able to call and say I don’t know what this is.

P7 noted that supervisors as well as other co-workers and her family were important to her learning. She felt support was a big factor in her internship:

I cannot say support enough because the interns do need a lot of support and people that they can trust – coworkers that they can trust.

She has had two supervisors, one male and the other female, throughout her training and felt that each brought different elements to the table for her:

It’s really good to have the counselors that you work with as support – [it’s also] really good to have [other] clinicians that don’t work with you as support. My supervisors on this side for my side clients, I like to talk to him about what’s going on with the teenage boys. And with my supervisor that I see for the teenage boys, I like to talk to her about the other stuff because it’s just a different perspective. And coming home to my husband and a very loving little boy is amazing because you’re walking in and you know you don’t have to say anything about your job and just can kind of transition. But if I need to vent, I can. I’ve got my family and families – all of that stuff.

P7 noted that the ability for a supervisor to comfort was most important to her:

All of them [supervisors] are really good at different things. The male is very, he's very relaxed and very, like, chill. He's very free with his communication and so it's kind of good because he's transparent about his day because he's still at [counseling center] so he's able to kind of disclose some stuff to me and then that allows me to feel okay about disclosing my frustration level with certain things at work. That's really good. Then the female supervisors seem more abrupt with things – “Okay, this is happening and I see that this is happening with what you're describing and this is what needs to happen.” So, the male supervisor makes me kind of comfortable with certain things like myself.

P7 chose not to elaborate on her experience with her female supervisor but did describe her as “abrupt.” She said, “Sometimes I need an abrupt side and sometimes I need to come to terms – I like coming to it myself - I like figuring things out myself. But sometimes I need to hear – have a kick in the butt sometimes.” P2 and P6 both had supervisors who knew very little about LGB issues, but that did not stop them from their high praise about these individuals. P2 initially had a private practice supervisor that specialized in dissociative identity disorder, PTSD, and borderline personality disorder. P2 explained:

I first started with her and then I switched to the university setting. And even though my supervisors weren't really competent in the LGB setting, they were awesome supervisors. They were very supportive, they allowed me to kind of come into my own as a student, as an intern.

P6 said, “What I like about my supervisor is that he has seen it all (she paused here and leaned forward) except for the LGBT community (laughs). So, I’m teaching him a lot about that.” She noted that “He has awesome general knowledge.” Both P2 and P6 elaborated on their experiences. P2 said:

[My supervisors] challenged me a lot which I thought – at first I didn’t like it (laughs). They forced me to get to know the DSM very, very well - also to do my own work and I think I couldn’t have asked for better supervisors than them.

P2 went on to say “my supervisors were awesome. Awesome.” P2 also said:

They actually provided me with that push that I needed to say, hey, I need to do the work for myself to get more informed about this population . . . What they did was provide me the support. I think support was the biggest thing. I also felt like in their own unique way, they allowed me, they gave me, the okay to go ahead and be more independent.

When asked to elaborate on her feelings regarding her supervisor not having extensive experience with the LGB population, P2 noted she switched from the private practice setting to an inpatient setting in the middle of her internship:

I felt at times that the private practice setting . . . and it’s so ironic . . . it limited me a little bit because she really had to focus on her – her whole livelihood was based off of her private practice and then she worked with some pretty tough stuff – DID and PTSD and borderline personality disorder - so I felt like a lot of the supervision got lost because it was more things you would do in private practice – [it] is not similar to probably what I would do in the university setting. Dealing

with students, or dealing with the married woman with two kids and multiple stressors, so I think both of them gave me – it left me with something.

P2 elaborated on another positive experience with a mentor:

My practicum advisor was an active duty military member who was also PhD level, clinical supervisor, like the whole shebang, he had it. He was very big on ethical and competent interns or building therapists. So we spent a lot of time going over, not only, I mean, we needed to know the ACA, we needed to know where to point it out, where to get the information from, we needed to know if there was any changes. He also was really big on those gray areas between what was legal and what was ethical and how do you deal with that. I think I got a lot about that – about cultural biases and, like I said, about me being a black woman and having another black woman coming in and she goes “Well, you know what I mean.” Well, no, I don’t (laughs). Or let’s say if I was a client and I’m working with someone that’s Caucasian and I’m going in and that doesn’t mean that he or she can’t help me just because our skin color is different. So we spent a lot, a great deal, on that. Thank God I got him as a supervisor. We spent a great deal on that.

P6, although she has no desire to switch to another supervisor, did recognize that she needed more mentoring:

I also really feel like I need a supplemental LGBT oriented person. That person will probably cost me a lot of money, so I’ve been putting off getting this person

and still continuing with the self education on the stuff that I need. It's not ideal because I'm not making the money to be able to pay another supervisor.

While P6 struggled with this issue of supplementing her supervision, she and P2 were not the only ones who desired or actually did change to other supervisors. P1 noted the changes she went through to get a supervisor that she felt best about and how that relationship grew. She began in an inpatient setting with group supervision and then moved to a private practice to get more one on one mentoring:

I interviewed actually a number of people . . . for me, it was more driven by her personality and her approach and her philosophy than anything. Because I met with some other people . . . there's not a lot of people . . . so if you work in an agency, whoever's there that's a qualified supervisor, you pretty much, you do a group and then you rotate and do individual. And whoever's there and whoever does it, you don't get real say in who does it, so that experience can be a really positive one or maybe not. You just don't know. Or it could be driven more by the other people that you do supervision with. Some people do it differently. But the good news is as long as you're willing to pay (laughter) you can get, you can pay for, someone to do your supervision individually as long as it meets the requirements for Tallahassee and you have to be able to have access to them all the time. So that's what I sought out and the reason that I sought it out was because I wanted to pick who my supervisor was.

P3 also talked about her change in supervisors:

She is definitely able to help me with that [LGB] clientele because she already kind of works with some, so I have a good advantage there. When I first got into the internship, I was offered the supervision through the company I was working with. I wanted something a little bit more, so when I saw an out, I got lucky.

P4 also switched supervisors in mid-internship. P4 said, “It was a private practice, which I knew I probably would be doing. But, it wasn’t - I wasn’t getting all the education I needed there.” When asked what she needed, P4 explained:

I never got any substance abuse, I never got any court ordered stuff. There [weren’t] any kids. It was a very nice clientele, everyone was very nice (laughs).

This prompted P4 to move sites that had a more diverse clientele. P4 said:

I think if I had stayed at [private practice office] for the entire thing, I don’t feel like I would have been prepared for what I do up here. Since I went and had that time down there, I feel like I left very prepared. There are still some things I step outside my confidence level and I have no idea, but for the most part, I’ve left there prepared for most things that come up.

P5 also had a few experiences that had him reconsidering his choices regarding supervisors and his internship and began his encounter with, “Everything was going well until it didn’t. I started to notice certain things.” He further explained:

I called the ACA to discuss some things because I was like, hey, I have some real concerns – not only speaking of that with my supervisor - but I called the ACA Board of Ethics. They told me, “[P5], you need to get out of there.”

He further elaborated, “All the stuff really hit the fan one time when I found out a bunch of things and I said, “Ah, you know what? I have to go.” He then entertained the idea of private practice, but found his supervisor less than supportive. P5 said, “There [were] so many people using her office that there was no way for me to schedule something appropriate – no way. And I said ‘Hey, thank you, but I can’t do this.’”

He also noted her inconsistencies in maintaining the state laws regarding intern supervision depending on how it benefitted her monetarily. He ended up quitting to maintain his integrity and was out of work as an intern for 3 months. He finished speaking of this incidence by stating, “And I was searching, searching, searching, but no one wants to grab a registered intern because you don’t have enough experience or you don’t have this – it’s a nightmare.”

P7 also had a difficult time with a particular counselor who almost became her supervisor. She did not want to go into it further but did say “One counselor that didn’t have things resolved in her life really affected the whole workplace. Several people, including the supervisor, quit.” She went on to explain:

Well, she does not work with me anymore but her and I really struggled – a lot of people struggled with her and so it was Fantastic Friday when it was her last day. That type of clinician who does not have their stuff together – stuff resolved – really, really makes it a black and cloudy workplace.

P7 went on to explain:

No one needs that regardless if you’re a counselor or whatever place – someone of a higher level doesn’t need to be immature. So, I do think that some clinicians

that are about to be possible supervisors need to make sure that they will be effective.

However, she thanked her current supervisor for helping her through that time saying “my supervisor was amazing.” She believed that “because I had a supportive and encouraging supervisor, I was able to get through it and complete it and I was offered a job within the company, so it was good.”

The concluding *Theme #4: Professors and Supervisors Make a Big Difference*, stemmed from the second foundational question asking students to reflect on their education regarding their work with LGB couples. While this central question was the jumping point, many participants took the opportunity to talk extensively about their professors and supervisors, clearly indicating the effect they had on the participants. It is obvious from the collective perceptions from all participants that professors and supervisors had a very strong impact, whether it was positive or negative, on their education overall.

Theme 5: We Want More

As the participants recounted their educational experiences in regards to LGB couples, it became apparent that all of them wished for a few things they did not receive in both their schools and their post grad work. Some discussed the need for more classes focused on diversity, real world experience, and the LGB experience as a whole as well as more information in preparing for internship. One of the more common wishes was in having more opportunity for a diverse clientele when beginning to see clients.

P6 explained the need to “being exposed to different places.” She noted how it would be helpful if schools “allow[ed] different experiences in school and multiple clinical experiences.” P6, who is 34-years-old, further explained:

I am confident in my counseling abilities but it’s when I have someone who is older than me that is when my confidence starts to waiver. I think that’s because I didn’t have the experience in my internship of working with a wide range of folks.

P6 explained how her internships began in school:

I think the internship experience at school - having one site is maybe not the best idea. I know different schools do it differently and I like that idea. I was trying to break up my social justice hours or my mental health hours - we have it different at [school name]. I wanted to go to do 25 hours one place, 25 hours another, 25 another, 25 another - to get my 100 hours of mental health observation hours which count toward the total hours toward graduation for 3000 hours. I wanted to go to different places so I had different experiences but I was told that I needed to stay at one spot.

P6 also noted:

So while I love working with young people, I also wish that I had had more experience of a wider range of people because in private practice you never know what you are going to get. I’m having to do these things where I’m having to do self-education and reaching out for experiences that are outside of my comfort zone now because I couldn’t before. I had to get my hours at the site and if they

serve just children or just families or whatever, then you are limited in what you're learning there.

Most of P7's work had been with adolescents, though she was trying to expand out more. In talking about a fellow registered intern and herself, she said:

I just think because of the population we work with - all of them are diagnosed with either conduct disorder, oppositional defiant disorder, and, more than likely, a substance abuse disorder - that's pretty much the three types of diagnoses that we get. So, it's very limited. When I did outreach work - that was great, because we had a pretty wide variety and stuff going on.

P1 desired "a little bit more diversity even in practicum experiences and supervision experiences" and P4 also recognized that she was not seeing enough diversity in her practicum and internship:

There were no kids and I knew going in that I wanted to work with some adolescents and some children and it's an older population. So I asked the school if they could pop me somewhere else maybe to get a little bit more variance and so I went down to St Augustine and did [psychological service center name] in St Augustine because they do get some substance abuse - they get a lot of kids - they have a very large child and adolescent population. There's some court ordered. As a matter of fact, pretty much everything in [county name] that is court ordered goes there, so I was able to just get kind of a wild population - more than I probably wanted (laughs).

Many participants desired classes that focused on diversity. P3 said:

You know you take a marriage and family class in school but it's the traditional male/female. It's not the new female/female, male/male, it's all this one and I think the schools and the students themselves would benefit if they would have just one, at least just one, solid class relating to the different cultures of sexualities of individuals. But if I would have had that knowledge, I think it would have been one less step that I would have to try to get these people through to get information and stuff if I was already prepared for that.

P6 noted her frustration in requesting new classes year after year:

We kept asking the one professor to have a class, a workshop, something, on working with LGBT folks and what specific issues would come up. And for some reason, he couldn't get it together to do. I wish that programs would listen to what students are requesting.

P6 continued, expanding on her need to supplement elsewhere:

For 5 years, we had to fill out annually our personal self-reflection – what we did, what we learned in each class – ahh, it was just exhaustive and it was like what else do you want? And every year I would fill it out the same way and I would say “I've asked this every year: I want at least a workshop or an info session on starting private practice and we want an LGBT class.” And those things never came about.

P6 also said:

If I were to ask the professors directly, they would kind of blow me off or just flat out say no. That's what was frustrating. It didn't make sense to me. You know

what your customers are looking for and you're hearing this and you're not responding. So, I don't know why they didn't respond. I don't think there was going to be any stigma about offering an LGBT counseling workshop class whatsoever.

P2 also noted the need for classes with more diversity, saying, "I think it would help us a lot, once we become registered." She expanded:

I wish I would have gotten that opportunity to maybe, I think, first, have my voice heard so when a lot of us, many of us, and even those students who identified as being lesbian or gay, said, okay, well, what about this population, that administrators would have took that to the advisors who would have took that to the higher ups and said we need to kind of formulate a plan on how do we incorporate that in our Master's program. I wish I would have got more direction in school as far as working with diverse populations such as LGB. I wish that they prepared you more for the outside world. Because I think they focus on all these techniques therapeutically, but if you don't know how to apply them even during practicum . . . I really wasn't prepared once I became a registered intern.

P2 said:

The biggest thing for me, I'm really big on education. I'm really big on more research as far as having more research specialized in this area and if we could get that research for programs to kind of implement that. Even if it's like a specialty, even if it's a class. They talk about cultural diversity, but it's very general, it's not

specific. I mean talk to the students, talk to the past students about what they felt that they were missing, something similar to what you are doing now.

P2, who attended on online school, became more impassioned:

We need more culturally specific classes and more than just race. More than just specifically talking about race or where we specifically talk about the religions we know of so Christian, Baptist, Muslim. We really need programs that are going to talk more about cultural diversity depending on the location that you are in. We had a student that was out in the Cayman Islands that was taking a class – that’s totally different than what we have in Western culture. Or a person that’s out taking a class and they’re stationed in Japan where the culture in that setting is so different than what we experience in the Western world. So I think that would probably be helpful for us and, of course, supervision on the outside.

Another wish that participants mentioned was the desire to have more education and preparation for the actual therapeutic experience. For example, P2 talked about a desire for “more direction.”

I didn’t feel like I had that direction or had that person that I could go to and say, hey, this is what I have, how would you treat someone or how would you help them? And what resources? A big thing for me was finding resources for them. I felt like that was lacking once I finished my Master’s degree.

P6 parroted similar thoughts:

My education was great in that I got a great base knowledge of theories and issues that might come up. But when you actually start to get your internship and you’re

counseling people, it's like, okay, I have no idea what a treatment plan would look like for this person so let me spend two hours looking it up and figuring out interventions that I can use with someone who has bipolar. It'd be the same thing –okay, this person is gay and I don't really know much about that situation so let me like – because when you do research, I don't find that I'm getting new information. For example, if I'm reading journals to do a paper. I don't really feel like I'm learning the in depth, on the ground kind of stuff I want to learn.

P6 said that “the in depth knowledge that I've had to go and learn on my own has been massive.” She expounded:

The program is nice enough that you can really focus on areas that you care about. I could do research on counseling deaf people, I could do research on counseling LGBT people within the program, but it was always this level where I feel like I'm not getting enough information – practical information. I feel like I could teach this class now. So, for example, with my business. I have it listed that I could do consulting - to talk to businesses about best practices with LGB or just transgender stuff because that's the main thing right now. I feel like I have the basic education that I could give to anybody – I know it so well that I could recite it in my sleep but it's that really digging in and how do you work with this specific issue or what do I need to cover to get a hormone letter for a client, you know?

P1 also noted confusion in taking the class knowledge out into the field:

Students need to be able to actually - you can have, okay, you can have the knowledge as far as here's a theory, here's an understanding of a human behavior, but if you don't know how to ask a question or to notice something or to be able to take all this information and assimilate it and accommodate it and then know what to do with it and interpret it and decide - and that is a very complex set of skills that comes with actually sitting across from someone and having that experience - so, for me, I think if you're gonna have an online program, I think there has to be more face to face with patients, with clients, with individuals, to gain that knowledge about yourself and just to learn more about what your actually studying and seeing it in action. It's just a higher level of learning but it's necessary because the job requires that. But that's just my feedback because I think you gotta have that basic theory, you gotta have an understanding of all of those dynamics.

P5 focused his wish on the overall intern experience, explaining a need for "just what to expect in the next 2 years" expressing that how to be an intern was "not part of the curriculum." He said:

Teaching the students what to expect, or preparing them for what to expect in the next phase in their life - and I didn't get that at [school name]. I honestly didn't. I did not know how this was going to look. So I think there needs to be some type of course. Honestly, it doesn't have to be a full semester length course but maybe at least a half semester - something - or a series, teaching and educating these new counselors what it's going to look like and also how to act as a therapist. In

order to strengthen themselves –their professional development - so their clients can receive the best services possible.

He further explained:

They never talk about how it is to be an intern. They never talk about all the stress that you're going to have. They never teach you even how to apply to be a registered intern and that's somewhat of an intricate process. They never tell you the cost associated with being an intern, making sure you pay for your license and you renew it, and you have to take the tests – things like that, they don't teach you these things.

Others noted things in their own education and experience that they felt their fellow colleagues did not receive, such as consistency and documentation skills. P4 explained:

I will say that it seems like talking to other people in different schools, there doesn't seem to be a whole huge amount of consistency from school to school so I guess that would be the biggest thing for the school to develop some kind of consistency. The program I'm in – it was a CACREP program and I'm guessing, from what I'm hearing more and more, they're going to that particular style which should create some consistency but until everybody has like “this is what we're going to have to require in order for people to graduate” there needs to be more consistency. You really should have to have - to meet a certain criteria before they're freed on the world, I guess. And it is weird to me that we all come out and we are all basically LMHC at the end of it all.

She further explained:

So, I think there needs to be some kind of consistency so people are getting the same levels of education if they're going to be doing the same job with the same license. Because the public isn't going to know. They're just going to see a name and a LMHC and assume that this person down the road knows everything that I know and that's not the case.

P5 noted inconsistencies as well and said, "I know that [school name] trained me properly - especially when it comes to documentation. Especially so. I've noticed that the places where I've worked, the other therapists that haven't had the training that I have, lack in that regard."

While the common wishes such as more diverse practicum and internship experiences, more classes geared toward diversity, and more application of therapeutic skills were inclusive, mutual subjects, participants did have individual desires that are worth noting. P4, who specializes in helping those with chronic pain and illness, said:

The only thing I wish they had covered at my school, which they did not at all was the different ways that you can treat things. Like I have people that need help that can't take very many medications, so I had to learn acupuncture. Well, not learn it for myself but I had to learn more about it. Like I said, people may need an acupuncturist because maybe they're depressed or maybe they're having some suicidal thoughts and stuff but they can't take medication because they have a liver disorder. So I had to learn about that. I had to learn about the different effects of different scents, different oils on people, so I can do that. It would have

been helpful to have at least, even if it was just something that wasn't required.

But hey, you can take this, if you have an interest in it. To learn about - these are some of the herbs that you can use. I learned drugs. Although now all the drugs I learned are not what we use to treat it so I now had to learn – I got out and had to learn okay, like nobody uses Haldol.

P1, who works in a private practice setting and has a background in neurology research, discussed her desire to see more information regarding the DSM and psycho pharmacology. She said:

That's how I ended up in pharmacology - is because I realized I was working with . . . I spent a lot of time contracting for DCF working with this end of the population and I was like "Um . . . there's a lot of stuff I never learned in school." Pharmacology should be included in counseling. It is egregious to me that there is a DSM that actually has neuro in it; it has a lot of medical stuff in it and counselors are not prepared and do not understand the more severe and persistent mental illness. Then you throw in pharmacology, you need to know that because I mean a lot of people you work with either should be taking it [medication], have been taking it, are taking it, and you at least need to understand how all of that effects people.

P1, who believed "the actual course work and the actual practicum part should be a bigger part of the educational piece" said:

I think students do need to do counseling themselves to understand if they - because again we have to take an ethics course now and that's understanding your

own values and understanding your own stuff. I think if someone's not comfortable working with a particular subgroup or couple or whatever - their value system doesn't match up with it and they feel like they wouldn't be comfortable themselves or they wouldn't come across - I think giving students the opportunity of making sure that they kind of know themselves and for them to understand what they feel they're good at working with and if they are it's not just because this is who I am because I don't think that necessarily equates to someone who's going to be successful at helping people.

P4 summed up many of the mutual perceptions of the participants:

Books are great, but honestly, it is a lot of busy work and more importantly is definitely the time spent role playing and time spent doing practicums and internships, things like that. You do have to make connections the whole time, so they should build that in somehow from the very beginning because once you're out on your own, you have to have connections all over the place to make it work. Not just to get your practice going but to get information and to get advice.

The resolving *Theme #5: We Want More* also developed from the second foundational question asking students to reflect on their education regarding their work with LGB couples. Many participants had passionate ideas about improvements to their education. It is apparent from the variety of perceptions from all participants that they desired to learn as much as they could, and more so, to make the most of their experience.

Theme 6: Networking and Support Is a Big Deal

Theme #6: Networking and Support is a Big Deal, as well as the two remaining themes in this section, were concepts that were interspersed holistically throughout the participants' interviews. This and the remaining themes were alluded to in *Theme #4: Professors and Supervisors Make a Big Difference* and *Theme #5: We Want More* regarding the perceptions of education. Thus, since they were suggested so often in other areas, they became resounding themes all their own. For instance, P7, when talking about support said, "Without it, you will not be successful as a counselor." She felt that "the amount of resources offered to interns is really good" and that her ability to network was "pretty good" as well. She noted:

I'm a pretty outgoing person so I'm able to find people without really looking. I feel like if I look, it won't be as successful but when the pressure is off and I'm just being natural, it happens. It's good. I don't have any complaints because I've got people that know where I am as far as my internship and when I'll be ready.

In asking how she networks, P7 said, "Just hand your business card out, don't be shy about it, and you'll catch some fish with that." P6 used social media to network and find support as well as learn more about her community. She said, "There's so many resources right now to be able to find information on the general level. There's so much out there but you're going to need to do self-education." When asked about self education, P6 also said:

I think really being on the ground, you can become educated. Read local publications. I like so many things on facebook. Facebook is a wonderful

place that, maybe other people have different social media that they can become informed on, but facebook is a great place to be aware of what the issues are in the community that people are currently fighting for.

P2 voiced similar tactics and said “Google is my best friend” and P3 noted that she also researched online constantly by:

. . . going in and researching and finding things and weed[ing] out what is a real scholarly article versus, you know, the Internet garbage. It’s more open. It’s easier to find information that way. Plus going to [school name]’s website and looking at their library.

P4 echoed this notion and said connections and research was “Wildly important. You have to have them” and explained she did not know that coming out of her graduate program. She said, “You pick it up, you learn it quick.” When asked to clarify, P4 said, “You have to know what you are doing. You do – nobody really tells you that when you start. At all. That’s all I can tell you.” P5, just as other participants noted, found facebook as well as larger websites great ways to connect and learn. P5 said:

I was reaching out on facebook [to colleagues], “Hey listen we need to talk, you need to walk me through this, you need to tell me what’s going on.” I was looking at the website and the website is - it’s getting better – the Department of Health website and the NBCC website. You know just being – because I’m also a National Certified Counselor - so just navigating those on your own is pretty intimidating and it gets kind of confusing – as to what you need to do, what

documents you need, especially the certified addiction professional - that one is a doozy.

P5 noted that having others who had been there was important to his own success. “I figured out [how to be an intern] from my colleagues who graduated before me.” P5 discussed his desire to seek out CEUs [continuing education credits], even though the state of Florida does not require extra CEU for interns in the first 2 years. He said:

CEUs are important to me because there’s so many new things that are coming out – even the old things that I may not have known that’ll help me out. It’s important to continuously get the information and actually learn it, not just take it.

In regards to resources, P2 said, “I mean it’s not to say that it’s not out there, we’re just not getting that information. I felt like I had to go and find that information on my own.” P1 also expressed her desire to seek out research and others who knew more than she, “The more that you know, the more that you have available.” She further noted, “You do what you can until you know better and then something happens and you’re like oh my gosh, I didn’t even know that was out there.” P1 said, “I think encouraging students to understand research - and they can glean a lot from that too because that really helps - that’s helped me kind of have a better understanding outside of my own experiences.” P1 also stressed the importance of networking:

It’s talking to people about what do you - because I don’t specialize in everything, I don’t wanna work with everything because I don’t ethically feel comfortable nor do I have the competency to help everybody. I’m not here to help everybody.

And, so, sometimes people reach out to me and they’re like “Hey what are you . .

. or can you . . . or we have this going on” and you have to be really careful. You have to be really careful with forensic work and with children and I just think that that comes from interacting with people, too. I mean, you’ve gotta have really strong connections with your professors. You’ve gotta be able to have people out in the community, people that will help mentor you, peer mentors that will help peer mentor you, that kind of thing.

P3 explained how she reached out to a colleague for help:

I was frustrated at the point of - not [because of] the clients themselves - but my lack of understanding and getting information out without making them feel uncomfortable or offending them. I consulted with another counselor here in Jacksonville that graduated as a clinical sexologist herself and said, “Look this is what I’ve got, this is what’s going on, she doesn’t meet this criteria, the family doesn’t meet this, and I’m kind of stuck.” And thank goodness that person gave me a few things to work on and to go toward and it’s helped.

However, P3 noted networking based on the county she lived in was the hardest part for her. She said, “You have to seek them out and why, I don’t know. Yeah, I would definitely say, you have to seek them out, it’s not very well known.” She explained that “not having a network of individuals or professionals” was difficult in order to “talk about some of the different items and things to be able to help somebody.” She said, “Even to help us through some of our own biases that may come up during session for somebody - it’s happened. Mentors, it’s network, that really lacks here, it’s the awareness.”

P3, who furthered her own training in becoming a certified sex therapist in another county, discussed her frustration overall in working with the LGB community in regards to resources. She said:

When we first come out from graduation into the field and everything there's not many people that we can actually call on to say "What do I do, how do I handle this, what questions should I ask, how do I get this information out?" It's very, very horrible for most of us coming into the field. And like I said, when I was in school I didn't really have anything.

But P3 persevered and resourcing, with some leg work, has worked out well for her, especially in taking her state exam. P3 discussed her use of a very popular website among counselors-in-training by the trainer and author, Dr. Linton Hutchinson. P3 said:

When I went for the actual test, taking the test, I got lucky and found this instructor that was on there because I have test anxiety to begin with. And Dr. Linton's website - he had this one girl that was in there and she would tutor - and I went on there and contacted her and I said hey, I have test anxiety and I'm really scared of this test. Help me out. She worked with me and I think she's the only reason I really passed that exam.

Theme #6 Networking and Support is a Big Deal is evidenced by all the participants' interviews. While this was not a foundational question, such a theme certainly raised to the surface of being incredibly important to a CIT's work with not only LGB couples, but to his or her career overall. All were adamant about their need to continue to learn, connect with others, and find support.

Theme 7: Being an Intern Is Hard, but It's Worth It

Theme 7: Being an Intern Is Hard but It's Worth It was an undercurrent throughout each participants' recollection of their experiences. Some took a lighter approach and used humor while others were very heartfelt. Still others simply understood it was part of the process and touched on it lightly.

P1, who was the very first participant interviewed, made a very definite statement that resounded throughout every interview thereafter. She said, "... most people don't care about what registered interns know." She even confessed that she herself hadn't "spent a lot of time talking to registered interns about their education." P4 said, "It is very different out here" while P5 said, "... as an intern we are the bottom of the bottom." He further noted, "I try to keep a positive attitude because, if not, I would just burn out and give up." P6 called her time as a CIT "a pretty important time." P7 said she was confident and felt good "most days." She reflected on her work which centered mostly on male adolescents with conduct disorder and said, "I mean, working in a residential with teenage boys that don't want to be there, it gets very trying and there's days where you've been cursed out so much that you feel like you're not doing a good job."

Each CIT had some touching revelations regarding their internship. For instance, P2, who is furthering her education by working on her doctorate, said, "In essence, my experience has been, I would say, a positive, uphill battle." She expounded:

I think I've learned so much from the community as a whole and I've learned what they need, what they may not need, and what areas are lacking and how I need to address certain issues and how I am doing therapy with them and just

making sure that I'm always self-aware about even my own biases that may suddenly come across to them. I think it's been positive because I've learned from the community because I don't identify as [LGB]. You know, I can have all this education but I don't identify as that so I think I've learned that I am learning from them. That while I'm working on my PhD, they have a PhD in their own life

P2 went on to say, "I'm just there for the journey. I think I'm really just there for the journey and I have so much to learn, so much to learn." P1, like P2, discussed her "journey," which involved a 20-year span and retaking her entire Master's program to meet new requirements, and said, "Well it just is what it is. It is what it is." She felt her long journey prepared her much more in the long run. She said, "I'm to the point now, would I have made the decisions after I got out of school right away to do what I did the second go round? No. I wouldn't have had the confidence, nor should I."

P3 had taken extensive training and certified in a variety of areas and was also on the board of a counseling association. However, while waiting for her license, she P3 feared "offending [her clients] and hurting them more." She believes her "insecurity" got in her way when counseling LGB couples and other individuals and said, "More to say that I haven't really gotten this to be very comfortable in it because it goes with the training part. The lack of training."

P4, a mother of four, discussed the time she dedicated to the process and said, "I wish that we didn't have to check in and get signed off every 15 hours, I feel like that's overkill because I mean most people see in a week, well over 20 hours, so 15 is kind of ridiculous." P5 took a more humorous approach to his internship time and said:

The best way I can explain right now is being a registered intern in this field is like being ages 18-20. You're too old to go to the high school parties because you don't want to look like a loser and you're too young to hang out with your friends in the real bar because you're not 21.

P5 noted that before his current job, he "felt stuck" as if he "was in limbo." In explaining his journey to his now comfortable intern site, P5 said:

I've moved around quite a lot in the past 2 years. I've had a few counseling jobs. But, I honestly, I prayed about wanting to find another spot because I was living in Broward County traveling to Dade – it was a two hour trip each way in traffic – it was ridiculous - prayed about it with my wife. And on a Sunday, they called me and said "Hey [P5] can you come in? We want an interview." And this is a Christian based recovery center, so, it just happened. That's how I found my way here and my life has really changed, honestly.

His humor, however, masked a difficult journey. P5, who is the main wage earner for his household and is married and has four girls, explained his frustration with earning a living, stating "Interns are pimped. We are pimped." He explained further:

I know that our skills are not as extremely fine-tuned as those as more experienced and seasoned therapists. However, we do the same amount of work, sometimes we take on even more clients and we still have to meet those expectations of our employers and they pay registered interns trash.

P5 further said, "I was barely doing any type of effective therapy and counselors were coming and going, honestly. So, it's been a journey for me."

P6, who also struggled with the financial aspect of internship, said finding clients and deciding to go into business for herself had been one of the difficulties she had encountered:

I have a weird sense of confidence in that I believed that I would actually get clients faster than I did. Because I knew I had my niche market and everything kind of fell into place and I was like “Oh, this is working.” I wasn’t getting calls like I thought I would. I was actually reasonably confident because I knew that I wanted to work for myself. I actually applied for a job at my agency where I interned and didn’t get it.

P6, like P5, used humor to lighten the mood. She said, “You can’t really dig into your population maybe the way that you would want to because you have to sleep sometime. Maybe a little? Eating sometimes?”

While most of the participants alluded to the difficulties, they also made sure to clarify that the road had been worth it. P5, who admitted that at times his “spirits were pretty low,” hoped to focus a lot of his attention on helping other interns for whom he had “a soft spot in my heart.” He said, “Ultimately my goal and, I kid you not, is to create a space for interns so that they don’t have to go through the hell that I’ve been through.” He also said, “I’ve been through the majority of it, so I know what to do and I know how to do it effectively and stress free now.” He laughed heartily and said, “I’ve gone through the stress so that no one has to.” P5 further noted:

. . . it’s important that we gain as much as we can, as much knowledge as we can to be the most competent counselor you can be for the well-being of the client.

So, although it's a pain in the neck, it's so important to gain as much as you can from this period.

Regardless of the struggles P5 has had, when asked if it was worth it, he said:

Yeah, of course, it really has. Because I know this is what I'm meant to do. It has been worth it – the struggles, they weren't easy. If I had to go through it again, I would knowing where I'm at now and what I want to do, I would go through it again. It wouldn't be easy, but yeah. Sounds kind of crazy (laughs). I'm able to come to work and not dread coming to work. I mean, I get to go to work. It's not that I have to go to work. That's the difference.

P6 also echoed P5's passion and said, "I have specialized in LGBT, my whole counseling career – that's why I do this." P7 summed it up well for all the participants by saying "As long as I've got the support, I'm good."

Theme 8: Classes Are Okay, But Hands-on Experience and Role Playing Is Even Better

It was inevitable that by asking a central question about their education regarding LGB couples, participants would talk about a variety of classes and experiences they had not only in their internship, but during school, their practicum, and their various styles of residencies. *Theme 8: Classes Are Okay but Hands-On Experience and Role Playing is Even Better*, is a cumbersome and wordy theme, but for good reason. The topic of classes was important to most participants and was a natural beginning of conversation for most in exploring the research question posed. However, what really sparked their interest and made their training all the more real was when they put those classes into practice. Most

participants discussed their excitement in doing role plays and the outside research that helped them to begin to practice their craft as counselors.

To begin, all participants remembered taking at least one or two courses that touched on LGB issues. P1 noted she took a “human sexuality and sexual ethics” class and said “You get [competency] from school, but also from, in my opinion, a longer and more diverse practicum experience” and “just working with people - that’s the way I see it.” P1 received her education many years ago and had since returned for supplemental education to receive her license after taking extensive time off to have a family. She described her program as “one of the best” as it was “very strong” and “very long and in depth.”

My Masters, the first time, was specifically in marriage and family and sexuality and sexual ethics. I took extensive hours, plus the practicum that I did, and the group work I did was actually focused on sexual addiction and sexual trauma. So, I spent an extensive amount of time studying sexuality, human sexuality, and all aspects of human sexuality.

P1 believed her hands-on work made the most difference for her in her training:

The first program, I actually sat across from people all the time and I was videotaped and then not only did I have the video tape but then I had like a whole group of people that would sit around and give me feedback (laughs) on what they thought about - how I did - and it was professors and it was peers . . . and it was doctoral students and you were constantly getting feedback.

P1 reiterated that her initial program was very hands-on as opposed to her second program, which was predominately online:

[The second program] was a very different experience and I felt very sorry for everybody that I was in classes with - I just don't see how in the world how anybody - even though they had to go and do practicums [along with online] - there was just a completely different experience than what [my first experience] was. Mine was all very hands on, it was very didactic, lots of peer and colleague review, it was a very, very different experience.

P2, who received her certification as a sex therapist while waiting for licensure, remembered taking one human sexuality and one cultural class:

I remember these big, like, not cat fights, between the students, and their morals got into it and their beliefs. Even though the syllabus says, okay, we're not gonna put our beliefs in it, like we're in a graduate program, a lot of that got lost. I also felt as though it was very general. It was about human sexuality, it was about biological processes, but it really . . . again, if I look back on it, it really didn't prepare me for what I know when I'm working with LGB population now or anything dealing with sex therapy now. I mean, I didn't even know the difference between gender identity and sexual identity which totally is two different things. And in human sexuality class, you would think we'd at least get into that.

When asked which class helped her most in working with LGB couples, she replied, "Wow. None." When asked to expound, P2 said, "They didn't have a specialization in LGB or diversity. We didn't really even talk about diversity as far as

research was concerned. You know, people of color, LGBT, they didn't have a lot. P2 recognized the complications in treating someone after leaving school:

I think if you're going into it – [if] you want an education, want a Masters degree in mental health, it would be enough. But I think if you think of it as I want to clinically be able to treat people coming into my office? No.

P3 remembered a multicultural class and said, "it didn't focus on any particular culture or individual" but rather "focused on everything as a whole" and "it was [about] learning a lot of the languages." P3 also remembered some student biases that came up in her classes:

. . . the biases that a lot of us say that we don't have but do have . . . we can't let our own biases interfere the most. We did have a conversation at one of the intern practicums and there was a lot of biases with the gay/lesbian community and therapists.

P4 remembers taking both a cultural diversity class and "one that was specifically on working with the lesbian and gay community." She also recounted a few other classes that stood out for her such as human development and forensic courses:

Those were fun, but that was more just because you're putting together the puzzles of the brain and everything. I think the assessment courses are very important because when you get out in the real world and you're doing so much of that. But I will say the one I took was outdated and then when I got out, all the assessments I use now are the ones I studied [on my own]- I ended up having to learn new ones and I learned those in my internships.

P4 felt her two classes prepared her for her work now:

It did. I mean, I think, if I remember right . . . there were a few people in my class that I butted heads with in my cultural diversity one but the gay and lesbian one was fine. That one was fairly easy. I felt, because, I think, and maybe it is just where we are in our, my, personal involvement but I feel like now this is not a big deal. Like so many people are like, it's just so common now that it's like, okay you're gay and you just kind of move on and it's not something that is as a big of a difference as maybe it once was.

However, P4 said, "I feel my education was good. I felt like I learned a thousand times more after I started my internships than I learned during my schooling." When talking about her practicum and internship, P4 called it "the real stuff." She further explained how her online college would meet yearly in person for extensive face to face work, a practice that P3 and P1 also described. P4 said:

Sometimes, they called it the immersion or the residency - and you would go for 5 days and do basically 600 hours of face to face. I mean they really tried to kill you. But it was with counseling teachers, doctors, and then the other people in your cohort. And you did role plays, and you did - like you practiced all the stuff that you learned. In those little 5 days, I would learn more than I did in the year leading up to that 5 days. How 'bout let's practice a group counseling session, let's practice just doing an intake interview, let's practice doing a counseling session where someone completely dropped a bomb on you? Let's practice not

looking shocked when someone just told you that they raped their 5-year-old sister. The stuff that you learn - doing it – you cannot learn it from a book.

P4 expanded on her thought:

I mean the book studying teaches you – the books don't teach you much, honestly. I mean it taught me some history and it taught me how, like on paper, some of the diagnoses, and, on paper, some of the testing, assessments . . . psychopharmacological stuff . . . but it didn't teach me how to talk to people. It didn't teach me how to really truly assess people during a conversation, how to read people. Really, honestly , book stuff – it was busy work that you do to pass the time to get to the level that you needed to get to to do the work.

P6 pointed out that multiculturalism was “sprinkled throughout every class” and was “very thankful” for the extra electives that were offered:

[The curriculum is] very lock/step where you take these classes and it's these classes this semester and these this semester and if you want to do a lot more work on top of that and pay more money, than you can do the electives. I learned so much in the electives.

P7, who attended a Christian university, remembered a human sexuality course but recognized that her college hardly focused on topics such as LGB. P7 said, “I learned enough but I think it's because I chose to do a slide show presentation on homosexuality as one of my final things because I don't think it was touched on enough.” P7 said the lesser emphasis on LGB “was to be expected” and further explained:

When you go into a Christian University, you know that certain topics are considered kind of taboo. I think that topic is a little shaky to bring up. The professor was amazing and he did address it and say like “I know this is a Christian university and we are going to address it.” But I don’t think a lot of questions as future clinicians were brought up just because of the discomfort of knowing the people in the class were probably really religious and biblical based. P7, just as the other participants, found hands on work to be very helpful:

The discussion parts were pretty basic but when we were able to break down into those groups of five and really get the training and the actual role plays and stuff like that and kind of be a client or a counselor, that was awesome because we were able to put those techniques into use that we were learning. So, I liked that. The professor was always walking around so you were able to ask the questions that you wanted to without a lot of pressure.

P5 recalled his specific classes related to LGB were a multicultural class and a human sexuality class but noted that he could not remember if LGB was actually talked about in human sexuality. P5 did remember it being part of his multicultural course:

It was really cool how my professor did it. I honestly forgot the names – I don’t have those books with me – but there were multiple little books and it broke it down to, I guess, some of the popular cultures. So, the popular cultures were like Latino, African American, Muslim, they had LGBT, so we touched on a little bit of all of those. We were required to read the books in the classroom but in the classes we touched on each and every one of those. And I think that class really

opened us up. A lot of people were interested. A lot of people were interested in serving the LGBT community. So, we spoke about it a lot.

P5 said what helped him the most was not “necessarily coursework but I really did enjoy my practicum and internship where I was able to see clients.” P5 said his classes prepared him “to be a competent counselor.” His most memorable classes were the group counseling and the “counseling theories course” as his professor had students “read all the theoretical orientations and then chose one that we really felt a connection with – something that we can use to help clients.” He also recounted role plays in his brick and mortar school:

We were able to role play in class and make videos with our classmates on how best to use it where. Our classmates and the professor would critique it and give us criticism and help make adjustments . . . Because how we have it at [school name] is we have a cohort of like six to eight people and we have our own counseling center there and there’s like – so we’re in a room and there’s two sessions going on in each room and we’re viewing sessions on the tv. So everyone knows they’re recorded. But we’re able to – it was really cool in the sense that one client technically had you know eight therapists helping him. That helped me learn a lot because there were so many different issues that you see with the clients – you know we had families, we had couples, individuals, some individuals dealing with their sexuality, things like that so that really helped me - shaped me into who I am today because I was able to see so many different examples. It was good.

He also sought outside research on his own, per his instructors, as P7 did. P5, a self-identified Latino male, explained:

What thing that I was interested in was – it’s funny that we’re coming here and we’re talking about this – one of my topics in my multicultural class - my professor asked us to research a topic dealing with a cultural issue that we had no information about, okay? And one thing that I was always interested in, was intrigued about, was the courting process that gay people have.

He described his research process further:

From my experiences, especially from my observations, I would say - in college - I’ve noticed that the white men - my white, gay friends, okay? They were more about hooking up, having sex. Whereas the men of color still had somewhat of the same values as females of color. As we have to date, you have to take me out, you have to show me you’re a nice guy, things like that. So, I wanted to see if that was true, if my hypothesis was true, right?

P5 found a group of men who identified as gay to help sort it out:

There was one particular group and it was a men’s group. It was an open group and I called up and said “Hey, listen I’m at [school name], I’m doing a project at school, can I come talk to you guys?” They said sure. So, when I got there, it was mostly white men, there were some gay men, and I told them the same thing I told you. It was pretty much true and . . . they agreed. We had a good time and we were laughing about it but they pretty much agreed and they said – the white guys would say, “Hey if you look good, I look good - we’re gonna hook up, we’re

gonna do it!” And then you know the men of color - I remember there was a black man sitting in front of me and a Latino man sitting right next to me and the Latino man he’s like, “Oh no, before he gets any of this booty he’s going to need to do this and take me out” and so you know that proved what I was thinking.

P6 was happy she was in a program that was “very ethical” that encouraged her to “bring up your education level” when wanting to know more about a certain population:

We do some of our hours - we have to do advocacy work - so we have to do 100 hours within social justice and advocacy. A lot of us worked for Equality Florida volunteering. We became aware of what the things are in culture that are affecting relationships.

P6 also discussed attended couples training through the Gottman Institute and how helpful that was to her work with couples: “I really loved it. I think there’s a lot I could take away from it.” She was able to ask Dr. Julie Gottman a question regarding the LGB couple she was working with:

I said, “What do you do when you are counseling a couple and you’re like clearly this is not healthy or – barring affairs and abuse – clearly people are not happy here and they would probably be happier somewhere else?” and she said you just do the process with them. You just counsel them as a couple and that’s their choice to make. And I’m like, I totally agree that that’s their choice to make and I’m really glad to have your input on – just keep counseling the couple. Do couples counseling. I’m like “Okay, thank you.” So that was helpful.

All participants felt strongly about their education in helping to bring their best practices to their communities. While they had a variety of different experiences in likes and dislikes regarding specific classes, it was apparent that role plays and any other type of hands-on experience certainly stood out as vital to their education. Thus the *Theme #8: Classes are Okay, But Hands-On Experience and Role Playing is Even Better* was a conclusive finish to each participant's perceptions of their education.

RQ3: Perceptions of Self-Efficacy

Themes 9-10 emerged in direct relation to the third foundational research question: *What are the perceptions of heterosexual-identified counselors-in-training regarding their self-efficacy as it relates to their experiences in working with LGB-identified couples in a therapeutic setting?* These themes were the easiest to flush out as each participant has a very distinct impression and perception regarding their self-efficacy and where it began as well as where it was at the time of the interview.

Theme 9: Exposure Helps

While exploring the role of self-efficacy and confidence levels, many participants made a point of recognizing their own comfort level was made more so by others in their life who identified as other than heterosexual. Still others noted that the way they were raised made for a more embracing therapy practice. For instance, P1 attributed her comfort to "friendships with couples" who were same sex, which included both gay and lesbian couples. P2 expressed her comfort was attributed to enrolling in a sex therapy program to be certified as a sex therapist after graduating. She said:

Within that program, we dealt a lot with gender identity, we dealt a lot with the LGB community . . . and I was already saying this was a community I want to work with especially people of color within that community. Once I enrolled in that program, it opened my eyes to a whole different type of world that I just couldn't imagine or that I didn't have in my master's program.

P3 said her comfort was attributed to her mother:

I've always been raised, it doesn't matter what a person is as far as color or sexual orientation or anything else, we all bleed the same color. And being open to a person, it doesn't matter if they're heterosexual, they're gay, or if they're black, white, or whatever, we're all human beings and we shouldn't be judged on our color or our sexual preferences. It's kind of like to each its own, that's the way I was always raised. So I could care less, if I see someone who is a male or a female or gay or a lesbian or transgender.

P4 noted that having close friends who were gay helped her be open to being comfortable, but also a classmate helped. She said:

Even when I was going to school - because we had cohort models that we just kind of end up being with one group most of your education - our group was pretty small, actually - and one of the guys that was in my group was gay and was partnered and had been partnered for I think like 30 years? I mean, a really long time. So, I had the benefit of learning alongside him and working with him quite a bit and spending time discussing some of these things, you know? And like some of the things he was complaining and talking about are very much like the same

things that I might be complaining about . . . I mean, you know, his husband forgetting to bring home milk, too.

She further expanded about her classmate and his partner, “To see that kind of support, I’m sure that changed my outlook a little bit.” P5 discussed his friends and family as well and said, “I went to an all boys’ school. I had gay friends, have gay family members, so it’s never been different. I honestly have never seen them as different. Just the sexual orientation. That’s it.” P5 further expanded on this idea by saying:

I would say that prepared me better because, as we know, as counselors, our life experiences shape us to the people who we are today. So, I guess, I would say, that me being around this particular group of people and not just homosexuals, but any particular group of people, helps me become a lot closer to them because I get to know them and their own specific cultural. So, I guess, yes, it has helped me because I know that homosexual people they have – their culture is a little bit different.

P6 was also surrounded by a variety of diversity growing up:

I went to Cape Cod every other summer when I was a kid. We’d go to Provincetown, which is like one of the gayest cities in the world –I’m not kidding (laughs) – and I have seen butch lesbians holding hands when I was very young and gay men just wearing underwear and drag queens and I was just kind of like, “Oh, okay.” I feel when you’re raised in a way where it’s just like “Oh, that’s just how these people enjoy their life, whatever.”

P6, who became a wedding officiate for the sole purpose of marrying same sex couples and also attended many meetings related to rights for the LGB and transgender community, had many friends who inspired her ally work:

For example, my friends – they weren't legally married, but . . . [his] partner, very long term partner . . . killed himself. He was the one holding his partner when he was dying and he had no rights. The family came. They never acknowledged that their son was gay – the dead man - they came and they took all of this stuff that they – the two of them owned together - power tools and totally random stuff and my friend was in so much shock. He was just like, whatever, this is wrong and I'll worry about it later. He had just dealt with the death of his partner and he had no rights to any of it.

P6, who worked predominantly with LGB individuals, including young adolescents, discovered her passion for ally work when living in California during Proposition 8 when a friend of hers informed her he could now get married. She said, “It just never crossed my brain that this would even be a thing because I didn't know anything about the legal fights.” She explained that her interest was further peaked when:

. . . they put it on the ballot for the majority (snorts and rolls eyes) for people to vote on a minority's rights and I was like “Are you kidding me? This is how law works? Let's vote on a minority rights? Ah, really?” So, I started to learn at that point.

P7 said she has “no strict viewpoint” on “how people should be or what people should think.” She described herself as “pretty open” and having “a pretty open minded

family.” P7 first began thinking about acceptance when there was a question in her family that her older brother might be gay. She remembered her parents being accepting of the possibility and being taught that “No matter what, we’re still supposed to accept people and love them and its unconditional, so that did help.”

Theme 10: I Got This, Sort of

When asked about her self-efficacy and confidence in working with LGB couples and counseling in general, P1 set the tone for what most participants confirmed with their own experiences. She said, “I think there’s challenges in making us uncomfortable. I think it’s good.” This quote is the foundation of what many participants echoed with their own experiences in growing their confidence, thus created the final *Theme #10: I Got This, Sort Of* regarding participants’ overall experiences.

P1 said, “I think it takes time and experience to get to that place and there’s a lot of different paths to get there. For starters, P1 believed “you have to have a really good grasp of what your competency is and what it isn’t.” P1 went on to note how she has changed:

I would say it’s been a process. And I feel like I’m obviously more skilled now than I was even when I finished school but it definitely helped me get comfortable and feel pretty . . . pretty confident in my skills. But I’ve changed, I’ve grown, just like anyone else.

P1 said, as in the theme above, that role plays helped in raising her confidence. P1 said, “That does come with time. I felt, I think, I got to a comfort level sooner than some of my colleagues and peers just because I actually had to do [role playing].” She

explained further, laughing, “But no, did I just walk into graduate school and go I know exactly!” P1 also said, “I have always felt comfortable doing [counseling]. I wouldn’t say that I’m the end all because I don’t feel I can help everyone.” She believed her past education had a lot to do with her current abilities. P1 said:

I also got my bachelors in counseling too so I always - this has kind of been a path for me - so I would say that all of these things have contributed to making me more comfortable. But I would say, by the time I finished my graduate program, which took 4 years, I did learn a lot and I got a lot of feedback and a lot of it really helped me to recognize that I have changed.

P2, when asked about her confidence specific to LGB couples when she left school to begin her internship, she said, “I felt passionate about it. But I don’t feel like I was competent.” When asked about her current confidence level with over 2000 hours completed and most of her work being predominantly in the LGB community, P2 said:

I feel like I’m competent even though I’m a registered intern. I have about 6 months left. I feel the work that I . . . not pushed, but I think this journey for me - it allowed me to say, okay, I need to start thinking more clinically. That even though these programs are structured to teach you, it’s up to you to go out there and find that information. So, I felt that by doing that I became more confident whether it was reading books or doing additional training. I feel that I’m competent to work with LGB couples. I feel like I still have some ways to go and I love the fact that I’m still getting supervised because it allows me to learn some things that only time will help me to learn. And I will never stop learning. I feel

that even though I'm competent, and I'm a little more confident now, that I still have some ways to go.

P3, when asked about her beginning stages of internship, said:

When I first basically got into it, I was scared to get – I was scared I was going to mess somebody up worse than what they felt that they were. So I didn't have the confidence level. Working with individuals more and more, now that I'm working with them through my internship and everything, has brought on the confidence level.

P3 has since done extensive training during her internship that includes EMDR certification, clinical trauma certification, and anger management training certification. She is also a board certified sex therapist and has two Masters degrees, but is still plagued by insecurity. She knows this will improve in time, saying, "It's kind of working with individuals and it's just basically getting in there." She believes she still does not have total confidence "in really working with these guys the way that I feel that I should have and I think that goes back to even in school." P3 did say, "Without a shadow of a doubt, I have more confidence now than what I did 2 years ago and that's because I got in there and started actually working. If I didn't, I wouldn't have the confidence level." When asked if her confidence had changed since leaving school, P4 said, "Oh, definitely." P4, who has completed 640 hours post grad work, said:

I think when I left school, I kind of felt like I was basically faking my way through it and somehow it was all working. And it was, like, I had this constant thought that sooner or later somebody was going to figure out that I had no idea

what I was doing. I didn't know when it was going to happen, but somebody . . . every time someone left and they're like, I feel so much better, it was like I wonder how long it's going to last? That sooner or later, they're going to figure out that all we're doing is talking and they could do it with a girlfriend. But now I actually think that I feel a lot of times that I know what I'm doing. And when they leave, I feel like I've done something that has an honest to God therapeutic value and they couldn't have done it with a girlfriend and they did actually gain something by being here. And it's something I can replicate over and over and over and so you feel like you're not just faking it.

P5, who has clocked the most postgraduate hours of all participants for a total of over 4000 hours, said, when he first began:

I knew I had the knowledge right? The book knowledge. But just being able to apply it? That was kind of scary. Because, in my opinion, I really just want to help people. I want to help people. I want to make them better. Teach them how to be their own therapist so that they don't need me anymore. And I was nervous at first, because I think when people go into - I'll speak for myself - when I'm going into a new thing - I'm thinking to myself, I want to be competent, I hope I help them, I hope I'm doing right by them. And it's nerve racking at first as a therapist when you're talking about some serious issues. Then, especially, when you start to hear about sexual abuse and things of that nature, it's really overwhelming at first. I would like to say I'm an emotional man and I'm able to

empathize with people so it was overwhelming at first. But, over time, I was able to deal with it.

As he has surpassed his needed postgraduate hours, P5 is now simply waiting for his 2-year mark to apply for his license, as is required by Florida law. P5 said:

In my training, again, that helped me out a lot and my professors would say you know we're here to take these things from the client – at the very least – we're here to take the anxiety, take some of the depression, some of the problems, because we can deal with it. And they can't necessarily deal with it at the moment and that's why they're coming to see us. So, I guess that was always in the back of my mind and just trying and at least release those feelings of anxiety or depression - whatever it may be - and just have them put it on the table and let's talk about it here and leave it here and have them go in peace. So, over time, I've really gotten comfortable with it. So, I guess, that was my main concern at how effective I was going to be.

P5 said, “This is my existential reason for being here – I know that. And because of my training and I'm serious about it and I know that I'm competent in order to do the job.” P6 while also happy to be doing what she felt she was meant to do admitted to being a bit dismayed as her private practice was off “to a slow start which I wasn't expecting” and felt she had “a 10-year journey” between her schooling and completing her postgraduate hours. She said:

I was very confident. Because what I learned in my internship was that I'm good at this. I can sit across from someone who is very different from me and give

them a place that's safe and understanding and not judgmental and that's what matters. The more that I am myself - which is what I found out during my internship – the more that I was myself, the better counselor I was, the better results my clients were having.

P7 did note she had to change things up in order to remain confident. She said: Oh, I've definitely changed and matured because I think I overused humor before. Humor is one of my best assets as a counselor but I've really toned it down. I do have a transition between the teenage boys that I see and the couples that I see to make.

Her humor came through loud and clear in discussing her confidence. P7 said, "I was 100% confident that I was going to be able to be a successful counselor." She believed she could because "I was allowed to do it (laughs). I felt like as far as my personal experience and just having the actual certificate – the diploma – (Here she takes a superwoman pose and deepens her voice) - with those two things combined, I was able to conquer the world."

Theme #10: I Got This, Sort Of is a humorous title in honor of the participants' ability to smile and joke through what most labeled a very difficult journey. Granted, not all labeled the journey as difficult, but they all certainly alluded to it being a quite long and demanding one. While most reported being a bit shaky on their feet in the beginning of their journey into internship, many also noted that their confidence was growing. They all shared that they were finding their way and feeling confident in their ability to work not only with LGB clients, but others who may seek their help.

Evidence of Trustworthiness

Trustworthiness in qualitative research is whereby confidence is secured in a study's results. Trustworthiness lies in the fact that the research is ethically sound and that there is a level of understanding and objectivity within the evidence (Creswell, 2009). Hoffman (2010) indicated that to ensure trustworthiness a researcher must exhaust and demonstrate thorough understanding of the underlying context that guides the research. Trustworthiness involves not only a level of transparency in reflexive journaling, and recognizing biases and discussing them, but also in the study's transferability, dependability and confirmability.

Transferability

Transferability is the ability to apply the findings of a study to contexts similar to the study's context (Henwood & Pidgeon, 1992). To maintain transferability, I attempted to give a full report on participants' perceptions, which necessitated rich and detailed descriptions. Nastasi (n.d.) reminds a researcher to ask him or herself if the conditions will be similar enough to make the finding applicable. Since the research was focused on one particular, focused group – counselors-in-training with specific criteria – and their words alone, with member checks confirmed, were used as evidence of emerging themes, there is a solid confidence that transferability was obtained. The focus on CITs' perceptions through their collective words helped fulfill transferability to other counselors-in-training and their experiences with LGB couples. The intent was to inform the research, so the rich accounts of CITs' experiences and perceptions is significant with the ability for transferability to a wider context.

Dependability

Dependability accounts for such factors that may instigate instability or change within the natural context (Natasi, n.d.). As researcher, I took full responsibility for describing any changes as well as the consistencies that occurred within the context of the data, such as the flushing of themes to more manageable pieces, and how these changes affected the way I approached the study (Trochim, 2006). I documented the natural occurrence of the phenomenon studied through the use of meta-coding, memoing, and audit trails. The audit trail consisted of all raw data, as well as the progression by which the data were analyzed, including all process notes based on my own reflections before, during, and after data collection (Rudestam & Newton, 2007). This was to ensure that all steps remained transparent and that the conclusions drawn were displayed as a natural deduction (Rudestam & Newton, 2007). This audit trail, along with recording both the data's stability and possibilities for change, secured dependability (Natasi, n.d.). Multiple breaks from the data, rereading of the transcripts, and recoding through second cycle coding helped adhere to dependability standards. Building up documentation, which included everything from initial interpretations, to hunches about the data, to observations about the context of the data, all helped to ensure dependability of the research overall (Henwood & Pidgeon, 1994).

Confirmability

Confirmability is the ability to authenticate the internal coherence of the data, along with the findings and interpretations (Natasi, n.d.). Credibility in phenomenological research is shown by how well supported the initial idea and

subsequent data analysis is (Creswell, 2009). I continually questioned my conclusions and was careful to respect the inductive and deductive reasoning within the descriptions themselves (Polkinghorne, 1989). This included being honest with my participants about my position to ensure that it did not interfere with their recounting of subjective experiences. A level of trust was established with the participants based on the context that we shared. The mere fact that I was also educated with a degree in mental health counseling and had experienced the challenges of internship was a factor that was addressed and brought camaraderie and comfort to the interview session and the data collection process. The fact that I also worked with LGB couples established rapport and solidarity with the counselors-in-training as well. This shared culture helped supply a level of security for the participant, as well as a level of credibility to the research itself. Combined with the help of such notions as *epoche*, the exercise of reflexive journaling, and being clear in my own biases, bracketing interference did occur (Creswell, 2013). Credibility was also maintained through the assurance that data collection conveyed the correct meaning intended by the participant. This was ensured through the use of Word document transcriptions of the interviews that were approved by the participants themselves.

Researcher Role

Acting as the interviewer, I took an active role as a “researcher as instrument” due to the adjacent similarities with the participants (Mikene et al., 2013; Miles, Huberman, & Saldana, 2014, p. 42). The mere fact that I am also educated with a degree in mental health counseling and have experienced the challenges of internship and working with

LGB couples played a critical role in building rapport and camaraderie and helped form a subject-phenomenon relationship (Englander, 2012; Mikene et al., 2013). My role as a researcher was to build trust with each participant and to ask open ended questions with the intent of understanding the experience of the interviewee. Judgment and interpretation were put aside and encouragement to explain experiences and perceptions were part of the interview. The role of a shared culture was intended to supply a level of comfort for the participant and avoid superficiality (Englander, 2012). Due to the nature of the qualitative study and the shared culture, it was expected that there would be some immersion of the researcher and this did intensify and/or confirm biases already in place (Watkins, 2012). I clarified my own perceptions, experiences, and biases to the participants involved during the interview as topics arose and it felt natural to do so. I also self reflected and wrote in a paper journal after the interviews as well as made notes throughout the coding process and other segments of the data collection to recognize the “researcher as instrument” role. There was a continuous challenging of views throughout the process with this use of researcher reflexivity (Morrow, 2005; Singh & Shelton, 2011). By recognizing and discussing my role as researcher, trustworthiness is thus maintained to the readers of the research analysis (Watkins, 2012).

Summary

This study investigated the experiences of heterosexual-identified CITs experiences in working with LGB couples. This study also explored the perceptions regarding the educational training and self-efficacy of heterosexual-identified counselors-in-training who work with LGB couples. I met all participants in a face to face interview

setting whereby the interview was audio recorded to facilitate the collection of information and later transcribed for analysis. A copy of the transcript was member checked by all participants.

Trustworthiness was established through the use of reflexive journaling and memoing, as well as multiple node transfigurations within the software NVivo. As noted in Table 3 and 4 above, the original analysis of the data resulted in 568 initial nodes that were then narrowed down to 62 nodes in second cycle coding. Those nodes were again revamped and ten overarching themes resulted.

The first three themes derived from the first research question that directly related to the participants' experiences working with LGB couples. While the experiences varied in both amount of couples seen and the issues presented, all participants found the work satisfying. Most found the work with LGB couples to be very similar to the work they would do with any couple, regardless of sexual orientation. Those with more experience noted a need to be aware of the issues that are unique to LGB couples, but to make sure that that was not an overriding theme, unless it needed to be for the sake of the clients themselves. More experienced participants recognized that LGB couples had unique needs, but it did not necessarily need to be the focus of the therapy work. However, based on the issue at hand, it certainly could be.

All participants spent most of their interview time focusing on the issues related to their education, which was the cornerstone of the second research question. Hence, most themes were derived from this foundational inquiry. A multitude of subjects were discussed and all participants were quick to support their educational program, yet

recognized that there were things they would have liked to have been taught but were not. They all acknowledged particular mentors who made the program work and transition from student to CIT much easier.

The last two themes were sprinkled throughout the entire interview but its focus became much more succinct when the third foundational question was asked. Depending on the area of their expertise and the niche they were working toward filling, all participants felt confident in their ability to keep pursuing their dream, learn about their clients, and never give up. This was an area that gave the widest variety of responses and appeared to be directly related to the participants' willingness to seek support, gain knowledge from outside resources, and continue to pursue avenues to aid in their progression.

A breakdown of the themes derived in a direct relation to the research questions as seen in Table 5.

Table 5

Themes in Relation to Research Questions

Research question	Themes
RQ1: What are the experiences of heterosexual-identified counselors-in-training in working with LGB-identified couples in a therapeutic setting?	<p>Theme 1: They're the same, but they're different</p> <p>Theme 2: Just treat them like a couple</p> <p>Theme 3: It's all good</p>
RQ2: What are the perceptions of heterosexual-identified counselors-in-training regarding their education as it relates to their experiences in working with LGB-identified couples in a therapeutic setting?	<p>Theme 4: Professors and supervisors make a big difference</p> <p>Theme 5: We want more</p> <p>Theme 6: Networking and support is a big deal</p> <p>Theme 7: Being an intern is hard but it's worth it</p> <p>Theme 8: Classes are okay, but hands-on experience and role playing is even better</p>
RQ3: What are the perceptions of heterosexual-identified counselors-in-training regarding their self-efficacy as it relates to their experiences in working with LGB-identified couples in a therapeutic setting?	<p>Theme 9: Exposure helps</p> <p>Theme 10: I got this, sort of</p>

In conclusion, Chapter 4 showed the results from the data collected during the study. A review of the sampling method, sampling size, study setting, and interview procedures were discussed. The participants and demographics were presented and the data collected was analyzed by reviewing and considering the emerging themes and the process whereby this was fulfilled. A confirmation of the process whereby credibility, transferability, dependability, and confirmability were upheld was also included. In Chapter 5, the results are further explored through discussions, recommendations, and a conclusion. This includes an interpretation of the findings with a look back on the theoretical and conceptual frameworks that laid the foundation for the research questions. Limitations and recommendations are also included, as well as implications for social change.

Chapter 5: Discussion, Recommendations, and Conclusions

Introduction

The aim of this transcendental, phenomenological study was to understand the experiences of heterosexual-identified counselors-in-training in working with LGB couples. More specifically, this study aimed to understand perceptions regarding the educational training and self-efficacy of heterosexual-identified counselors-in-training who work with LGB couples. This study was conducted to contribute to the lacking empirical data regarding counselors-in-training as well as LGB couples by exploring the experiences that counselors-in-training are currently facing in working with diverse clientele, particularly LGB couples. With an appreciation of the perceptions of counselors-in-training regarding their experiences within this context, the mental health counseling field and educators alike can be made more aware to help inform mental health practices for LGB clientele. This may lead to more positive outcomes not only for LGB individuals and couples, but also for both novice and experienced counselors. Furthermore, understanding this phenomenon may also help improve curriculum development and educational protocols in counseling programs.

This study included seven participants who self-identified as heterosexual and graduated from a CACREP-accredited college with a master's degree in mental health counseling. They were all registered with the State of Florida as registered mental health counseling interns and had one or more experiences working with LGB couples. The seven participants represented five separate counties as well as five distinct cities in Florida. The seven participants attended a wide variety of CACREP colleges, including

an online university, a brick-and-mortar college, a university that combined online with brick-and-mortar curricula, a Christian university, and a seminary. Each participant attended a different college and/or university; therefore, a total of seven CACREP-accredited colleges are represented in the data.

Data collection occurred through the use of digital audio taping during face-to-face interviews with all participants. The audio recordings were later transcribed into Word documents and member checked by the participants. They were then loaded into NVivo software and coded. First and second cycle coding as well as multiple explorations of hard copy transcriptions led to 10 principal themes: Theme 1: They're the same, but they're different; Theme 2: Just treat them like a couple; Theme 3: It's all good; Theme 4: Professors and supervisors make a big difference; Theme 5: We want more; Theme 6: Networking and support is a big deal; Theme 7: Being an intern is hard, but it's worth it; Theme 8: Classes are okay, but hands-on experience and role playing is even better; Theme 9: Exposure helps; and Theme 10: I got this, sort of.

The objective of Chapter 5 is to explore the results through discussion, recommendations, and a conclusion. It includes an interpretation of the findings with a look back on the theoretical and conceptual frameworks that laid the foundation for the research questions. Limitations and recommendations are also included, as well as implications for social change.

Interpretation of the Findings

The results of this phenomenological study help to bridge the gap between significant inconsistencies in what is understood about counselors-in-training as well as confirmed existing literature. For instance, the current study brings to light confusion regarding the impact of internships, cultural awareness, and postgraduate work on counselor competency (Bidell, 2012; Grove, 2009; Knoble & Linville, 2012; Perosa & Perosa, 2010). It also brings transparency regarding current training for counselors as a whole, which has been noted in past literature to be insufficient (Graham et al., 2012). This study also adds to what has been deemed a lack of scholarship that may be affecting the teaching and practice of those in the field (Bordoloi et al., 2013). Furthermore, this study acknowledges therapeutic issues and assists in discovering what is happening in session to work toward a positive experience for all (Stracuzzi, Mohr, & Fuertes, 2011).

The results of the study help to define and confirm what some scholars have believed to hold true within the therapy room as well as what counselors-in-training are experiencing in graduate programs and internships. The participants were asked three foundational questions, which opened the lines of communication for them to discuss whatever they felt was important to the conversation.

The first question posed was the following: What are the experiences of heterosexual-identified counselors-in-training in working with LGB-identified couples in a therapeutic setting? The answers given related to a multitude of issues and concerns that were occurring for counselors-in-training as well as LGB couples. First, counselors-in-training recognized the multiple issues that were significant to LGB couples, yet also

noted that many concerns were general in nature. Participants recognized jealousy, division of chores, social media issues, lack of communication skills, desire for closeness, different desires and wants, and inadequacies such as low self-esteem as common issues in their work with LGB couples. They confirmed that these were also themes found in work they had done with heterosexual couples.

Counselors-in-training noted a variety of issues specific to LGB couples, however. P2 worked with the intricacies of multiple identities, such as her client being lesbian and asexual, which caused dissention between partners. P2 also noted the numerous questions she received about her own sexual orientation and her ability to help same-sex couples and LGB individuals. P3 worked with a couple who were ostracized at work for attending a company function as a couple as well as coming-out issues. P3 and P6 reflected on gender roles. P6 worked with a gay couple who had recently adopted three children. P4 and P6 worked on conflicts that newly married LGB couples were facing. P7 worked with the intricacies of bisexuality in partners with an open marriage.

Such variety in issues within the therapeutic setting upholds past research indicating that there can be significant differences between working with LGB couples and working with heterosexual couples (Farr et al., 2010; Graham & Barnow, 2013), or no difference at all (Blumer & Murphy, 2011). Such context upholds the theoretical foundations that drove both the literature review in Chapter 2 and the foundational questions of the current study. These include identity development theory and family-of-choice frameworks.

For instance, many LGB individuals lead a double life to protect both themselves and their families from persecution, ridicule, and harm (Pachankis & Goldfried, 2013). P3 experienced this very issue with a LGB couple in which one partner exposed her relationship at a work function and was later ostracized. Appreciating the progression of the family unit in regard to support is an important therapeutic tool and is recognized in family-of-choice frameworks (LaSala, 2013). Participants, though not labeling them as such, all recounted experiences with this foundational ideal in working with the LGB couples they encountered: P1 worked on communication issues with couples; P2 worked with a couple struggling with sexual intimacy issues; P3 worked with a woman in a same-sex relationship who outed herself during a work function to negative repercussions; P5 worked with a couple struggling with jealousy issues; P6 worked with a couple who was newly married after the national law was passed; and P7 worked with a couple to explore rules of sexual intimacy in an open marriage. Family-of-choice frameworks involve an understanding of the process of coming out in relation to self-esteem, confidence, and overall attitude about and for the couple in general (Pachankis & Goldfried, 2013).

Second, the counselors-in-training all described using their own therapeutic tools to work with LGB couples as they would any other couple, with caveats. This supports research indicating that counselors are inclined to believe that working from an all-encompassing platform is enough for successful treatment (Pachankis & Goldfried, 2013). The caveats were expressed more by those counselors-in-training who had seen more than one LGB couple during their internship and/or who had extensive outside

training and certifications in LGB issues. Specifically, P2, P3, and P6 were focusing more of their work and attention on this specific population. Their extended experience upholds the research of Knoble and Linville (2012) and Chanzin and Klugman (2014) indicating the need for counselors to be more aware of biases and issues pertaining specifically to LGB clientele. All of the participants recognized the likelihood of overcompensating and forcing LGB issues to the forefront when they did not need to be, something also recognized within the literature as damaging to the therapeutic process (Grove & Blasby, 2009; Skinner & Goldfriend, 2009).

Third, while most participants felt good about their work with LGB couples, this feeling was based principally on what they believed to be true versus any evidence-based practices specific to the LGB community. This raises the concern of how well therapy is actually working for LGB clientele. All counselors-in-training indicated that they had a good relationship with the LGB couples they worked with, which is important to overall therapy work (Kaplan et al., 2104). Many also recognized that multiculturalism and knowledge of diversity were important to their ability to work with any client, regardless of sexual orientation (Kaplan & Gladding, 2011). However, there was an overarching theme for many participants that when things became more involved, they could have used more direction. For instance, P2 said, "I wish I would have got more direction in school as far as working with diverse populations such as LGB." P4 talked about being at a "complete loss," and P3 feared "offending [her clients] and hurting them more." P7 noted that she did not "have much experience with that" when helping an LGB couple and that "they were patient with me." Such honesty from the participants upholds the

research that calls for evidence-based practices to ensure that counselors have the proper tools to work with their LGB clients (Johnson, 2012; Klugman, 2014). It also supports research indicating that current therapeutic models may not be enough (Casquarelli & Fallon, 2011).

The second question posed was the following: What are the perceptions of heterosexual-identified counselors-in-training regarding their education as it relates to their experiences in working with LGB-identified couples in a therapeutic setting? This question supported a variety of themes that focused on the desire for and the importance of supportive professors and supervisors as well as classes and experiences that helped to secure the participants' role as productive counselors. Practice challenges recognized in the literature review in Chapter 2 include such issues as education and training, sexual orientation of the therapist, and religion, which were all topics that were touched upon in the current study.

A theme that was predominant was the influence that mentors, professors, and supervisors had on the participants during both their school and their internship time. They had all attended CACREP-accredited colleges. This did not secure the same experience or classes for them, however. In discussing classes that were offered as well as required, participants described a multitude of different experiences. Rutter et al. (2010) recognized the variety of gaps in education and supervision experience, and this study upholds those findings. All participants remembered one to two classes that addressed LGB clients specifically, but very few remembered anything related to LGB couples. Participants' overall perceptions regarding their education in LGB concerns

during school appeared to indicate that these concerns were discussed ineffectively, touched upon briefly, or addressed adequately. For instance, P7, who attended a religious college, said that LGB teachings were “considered kind of taboo” and were only covered in an intensive she took for 1 week. P6 noted that multiculturalism was “sprinkled throughout every class.” P3 noted that her classes “didn’t focus on any particular culture or individual,” while P2 indicated that her school “didn’t really even talk about diversity as far as research was concerned” or delve into “people of color, LGBT, [and] they didn’t have a lot.” P5 noted that a “lot of people were interested in serving the LGBT community. So, we spoke about it a lot.” While it might be assumed that CACREP-accredited schools have the same standards, as alluded to in Even and Robinson’s (2013) research, this study clearly indicated that those standards are not applied in the same streamlined manner. The results of this study uphold research indicating that unyielding specifications for sexual minority education have not been applied to CACREP schools (Troutman & Packard-Williams, 2013).

This also applied to the experiences that participants had with teachers and supervisors. There remain questions about the preparation of authority figures such as educators and supervisors in teaching about LGB issues (Graham et al., 2013; Green et al., 2010), and this was a topic that did appear in the current study’s results. While some participants spoke of very positive interactions with teachers and supervisors, others were less than enthusiastic about their experiences. One finding that was quite obvious in the perceptions of the participants was that those who were taught by professors who defined themselves as gay, lesbian, or transgender defined their education as fulfilling. For

instance, P3 noted that it was a “turning point for me of getting out of my mindset” in having a transgender professor work with her on her role play during residencies. P6, who had one gay teacher and another who was an ally for the LGB community, noted that said teachers “really paid attention to the LGBT community” and helped to prepare him. P6 had two tenured professors, one who identified as gay and another who identified as lesbian; therefore, her class ended up talking about LGB issues “a lot.”

Supervisors varied in education, attitude, and expertise. Many participants found themselves seeking other supervisors based on inadequacies or a change in the population they wanted to serve. Supervision must have a multicultural component in order to inform an effective and ethical practice (Ancis & Marshall, 2010). Although some participants alluded to this not being the case all the time, they were able to make changes to find supervisors who could supply more direction or supplement their education. Research verifies that field experience can compensate for any earlier deficiencies and that perseverance can be strengthened by challenging professional situations (Iarussin et al., 2013; Lent et al., 2006; Tang et al., 2004). All of the participants certainly alluded to this ideal in sharing their experiences involving mentors.

In discussing their educational experiences, all participants made mention of a desire to have more in both their schooling and the internship experience. While most noted that they were happy with their education overall, they all had thoughts on how to make education better. For instance, P1, P4, P6, and P7 wanted a more diverse internship experience with an opportunity to work with a variety of clients. P1, P2, P3, and P6 wanted more classes that focused on diversity in the classroom. P6 and P2 desired that

their voice be heard by their academic institutes when asking for LGB-specific classes. P1, P4, and P6 asked for more application in taking classroom education out into the real world. P5 and P6 wanted more information on what being an intern entailed while still in the school atmosphere. It was apparent that most participants recognized the gaps in their education and took the opportunity to voice their needs (Rutter et al., 2010).

While most students recognized a lack in their education, they also recognized that they had to make up for it. Academic motivation involves such factors as how students feel about learning, such as recognition of the value of learning and mastering goals. Awareness of such aspects of learning is directly related to perceived abilities and success (Huang, 2011). All participants recognized the role of networking and support as a foundational piece of their success. This is in direct relation to the role self-efficacy plays in determining success, which was a cornerstone of the conceptual framework of the current study. Self-efficacy is defined as a belief system by which humans function in regard to cognition, motivation, affect, and problem solving (Bandura & Locke, 2003). How one thinks can work in both a positive and a negative direction and affect emotional well-being (Bandura & Locke, 2003). All participants took it upon themselves to do extra training, reach out to friends and family, find supportive mentors, and continue forth with the pursuit of licensure. P7 summed up a viewpoint that all participants suggested: "As long as I've got the support, I'm good." P1 also synthesized the sentiments of all participants by saying, "The more that you know, the more that you have available."

Interestingly, all participants recognized the long journey that they were on to proceed from education to internship to licensure. This was reflective of the second

cornerstone of the study: self-determination theory. Self-determination theory helps explain human motivation in regard to the use of an individual's own resources in relation to development and behavior (Deci & Ryan, 2008). Both intrinsic motivation and extrinsic motivation are part of this development (Deci & Ryan, 1980). A sense of autonomy and an intrinsic locus of control are highly correlated to the success of self-regulation and creating change (Legault & Inzlicht, 2013).

Each participant had very definite ideas about being an intern and the P1, who was the very first participant interviewed, made a very sure statement that resounded throughout every interview thereafter. P1 said, “. . . most people don't care about what registered interns know.” P4 said, “It is very different out here” while P5 said, “. . . as an intern we are the bottom of the bottom.” He further noted, “I try to keep a positive attitude because, if not, I would just burn out and give up.” P6 called her time as a CIT “a pretty important time.” P2 called her journey, “a long, uphill battle.” This study confirmed numerous other studies that have linked the importance of social cognitions and determination with overall perceived success (Ouweneel, Schaufeli, & Le Blanc, 2013; Salanova, Llorens, & Schaufeli, 2011).

Finally, students recognized the importance of hands-on experience and were all pleased that this was a part of their experience. While they all begin their discussion on perceptions of their education with classwork during their college experience, all felt that role playing, one-on-one practice, and being out in the field where they received instant feedback contributed greatly to their confidence and excitement. They felt it contributed to their development, which is supportive of the research in that expertise relies on

original feedback from sources such as supervisors, mentors, and peers (Metzmacher, 2012). Development can be enhanced by finding outside activities and field work that is diverse and challenging and creates levels of cognitive dissonance, forcing a student to rethink earlier ideas (Lambie et al., 2010).

Participants did discuss this element as part of their experience and how it made a difference to their work with LGB couples and clients overall. P1 said her competency came from “just working with people” and P4 said, “more importantly is definitely the time spent role playing and time spent doing practicums and internships.” P5 noted that role playing and getting in the field “was good” and that “I was able to see so many different examples.” P2, P3, and P6 noted that their extra certifications in LGB issues such as sex therapy and gender variant classes outside of school prepared them for their work with LGB couples.

The third and final question was: What are the perceptions of heterosexual-identified counselors-in-training regarding their self-efficacy as it relates to their experiences in working with LGB-identified couples in a therapeutic setting? This question helped to secure many of the ideals strewn throughout the interviews. They were by far the easiest to grasp, as many participants understood the nuances of what contributed to their confidence levels and were eager to discuss them.

Participants were open to talk about their influences in working with LGB couples and a pattern of growth in their own advocacy from an earlier time emerged. Pachankis & Goldfried (2013) reported that most often it is a counselor’s own personal experiences with LGB persons that increases competency and this study confirmed that notion.

Furthermore, those with experiences related to those who identify as LGB tend to have much higher motivation in being supportive than someone who does not (Lynch et al., 2013; Russell, 2011). Grove (2009) noted that students who had personal experiences such as friendships with LGB persons and a political awareness of LGB issues helped elevate their positive attitude in working with LGB clients versus their experiences related to school. This study confirmed these conclusions of the research fully. All participants had either family members or friends who were gay, had been exposed to sexual orientation diversity from a young age, or had a personal experience that prompted them to support those who identified differently from themselves. P1 had a few friendships with same sex couples and received many referrals from them for clients. P2, a self-identified black woman, had a deep passion for supporting women of color that were LGB. P3 was inspired by a professor who was transgender that prompted her to want to work with the LGB and transgender community in her area. P4 had gay friends and also became very close to a fellow classmate who had been in a same sex relationship for over 30 years. P5 went to an all boys' school growing up where he had gay friends and also had gay family members. P6 grew up in a gay friendly area and became politically involved when Prop 8 passed in her home state of California. P7 had a questioning brother growing up. As the Chapter 2 literature review noted, there is conflicting research regarding the role that life experience has on a counselor's abilities. However, this study upholds the principle that having life experience creates a passion and supportive nature for counselors-in-training who work with LGB couples.

Along with this personal life experience theme, the third foundational question uncovered the level of confidence the participants had in working with LGB couples. This revisits the notion of self-determination theory and self-efficacy theories found in the participants' perceptions of their education discussed above. This also suggests elements of self-determination theory discussed in Chapter 2 as another theoretical foundational framework. As one develops his or her ego through social cognitive development, there is more self-awareness, the ability to think in complexities, and self-regulation (Manners, Durkin, & Nesdale, 2004). This was evident in all the participants' perceptions regarding their efficacy levels.

It is interesting to note that those with the most experience and expertise with LGB couples had the least self-efficacy in working with them, leading me to conclude that the more one knows, the more one realizes he or she doesn't know. A counselor is required to understand his or her client as a social, political, economic, and cultural being whereby both self-empowerment and advocacy can occur for the client and the counselor alike (ACA, 2003). Thus, those with only one or two experiences, who did not specialize in LGB issues, may not have been aware of the variety of issues specific to the population, thereby inflating their confidence in working with LGB couples. In working with the LGB population, counselors must be aware and knowledgeable in advocacy issues, current programs, and research as well as address their own feelings and attitudes about homosexuality (Buzzella et al., 2012; Panchankis & Goldfried, 2013; Ray et al., 2011). Those counselors-in-training who were more aware in these areas and were expressive in their concerns, such as P2, P3, and P6 all had taken extensive, outside

training specific to the LGB population. P1, P4, P5, and P7, although supportive of the LGB community as a whole and with the LGB clients they encountered, all had niches in other areas of expertise such as eating disorders, substance abuse, medical conditions, and conduct disorders in adolescents. The concerns raised during the results of this study are reflective of the conflicting research regarding students' perceptions in regards to ability and knowledge (Carlson et al., 2013; Green et al., 2010; Rock et al., 2010).

Notwithstanding, it is evident that participants recognized the growth of their confidence from the beginning of their internship to the time of the interview. P1 noted, "I feel like I'm obviously more skilled now." P2 said, "I'm a little more confident now" but also recognized "I still have some ways to go." P3 reported he was "scared at first" but now felt fairly confident. Such themes were apparent in all the participants' experiences.

All participants were also aware that they would never stop growing. Counselors-in-training go through extensive stages of development in understanding their own abilities and competencies that include changes in stress levels, ambivalence, and thoughts of completion of their education (Folkes-Singer et al., 2010). P2 gave an overarching understanding that I believe spoke for the entirety of the participants: "I will never stop learning."

Limitations

As with many qualitative investigations, there can be difficulty in generalizing findings to a wider population (Creswell, 2009). Counselors-in-training that were not in Florida were obviously excluded. The sample size was based off a convenient, purposive

sample and participants were found through the use of the Internet on advertising sites that the participants had chosen to use. This obviously excluded counselors-in-training who did not advertise on Internet websites. It is also important to note that while over 293 potential participants were contacted, only 35 of those were male. Only six male participants contacted me and ultimately only one was used for the study. There are predominantly more females in the mental health field as a whole (Willyard, 2016). However, there is a male presence that needs to be heard. Therefore, due to the predominantly female participant pool and that it focused on Florida only, this study cannot possibly reflect all CITs' experiences.

Validity is also a concern, as all information from participants was based on self-report and past recollection (Creswell, 2009). It is impossible to know with certainty that what the participants remembered or relayed was accurate. The data relied on participants' ability to remember events and, thus, there was a level of assumption of fact within the information gathered.

It was expected that there would be some immersion of the researcher that would intensify and/or confirm biases already in place. Such limitations were clarified to the participants involved and were bracketed through the use of reflective journaling before, during, and after the interviews and with memoing within NVivo during data analysis (Creswell, 2009). Transparency of bias and rival conclusion comparisons were also included to maintain quality (Miles et al., 2014).

As my role as researcher as well as my own position as a licensed mental health counselor was a transparency disclosed before the interview through email and postal

correspondence, as well as discussed at the face to face interviews, it is assumed that there was inadvertently some influence in what participants chose to share or not share. Trustworthiness was maintained by discussing my role as researcher and addressing perceptions, experience, and biases within the introduction and analysis of the final results. A continuous challenging of views throughout the process with the use of researcher reflexivity was utilized (Morrow, 2005; Singh & Shelton, 2011). As biases were addressed in this manner, ethical limitations were minimal.

Recommendations

The research regarding the LGB community is continuing to rise, however the lack of qualitative studies that explore the common themes that are specific to LGB couples and the therapists that work with them are scarcely available. Hartwell et al., (2011) recommended that researchers need to broaden the scope through new areas of investigation. Social change requires those in human services to be agents of change and one way to do that is to make sure that mental health counselors-in-training are self-empowered and comfortable working with LGB individuals and couples and can fully support them with no bias (ACA, 2003). Therefore, my recommendations are multifaceted and reinforce those of researchers before me. Consequently, the results of this study, while upholding past research in many areas, also reflects a need for further development in the consistency in CACREP accredited programs and a complete, operational, evidence-based practice for working with LGB couples.

It has been noted that CACREP standards have no specifications or requirements for working with sexual minorities (Troutman & Packard-Williams, 2013). Consequently,

CACREP has been called into question regarding their lack of clarity in training protocols for working with LGB and transgender individuals (Troutman & Packer-Williams, 2014). The newly revised 2016 CACREP standards in regard to LGB issues include only a nomenclature that cultural factors relevant to clinical mental health counseling be included (CACREP.org, 2016). This study further clarified the need for consistency and more definitive requirements regarding culture, diversity, and LGB issues in a CIT's education. Participants of this study represented 7 separate CACREP schools and all had very different experiences in internships, classes offered, learned outcomes, and education. For instance, while some attended very liberal schools, some attended more religious minded schools. This alone created a very different experience for participants. For example, one religious school focused very little time on the LGB community, yet a more liberal school had LGB diversity teachings sprinkled throughout most of the courses. Amongst participants, some had the opportunity to take a wide variety of electives while others did not, thus widening the gap in education between participants. Others had the opportunity to learn by teachers who were LGB themselves, thus were more apt to learn from those who lived the experience. Those who were taught in this way all recognized the value of that teacher and how it made a difference. With such variety, it is important to recognize there are inconsistencies in CACREP standards when put into action, however unintentional, and that not all counselors-in-training are receiving the same education. Therefore, the first and foremost recommendation is to continue to work toward continuity and consistency in ensuring all counselors-in-training have the same opportunities in their education to learn and grow as much as they can.

The second recommendation is derived from a variety of themes exposed during the study. The ACA does not address educational protocols in relation to standardization, requesting simply a “graduate degreed professional” (Kaplan, Tarvydas, & Gladding, 2014, p. 368). The delegates of the 20/20: A Vision for the Future of Counseling, a group of presidential professionals of many of the major counseling associations, have addressed the need for more focus on counselors-in-training and their respective educational programs, however changes have yet to be seen (Kaplan & Gladding, 2011; Kaplan et al., 2014).

This study clarified the variety of classes, experiences, and offerings that were experienced by the participants interviewed. Perceptions of classes and experiences were both exciting and concerning. Consistency in how multiculturalism and people of minority are presented for counselors-in-training appeared to continue to lack in the school setting. While some participants perceived to have a variety of classes to choose from, others felt that there were not enough. The variety of perceptions and experiences and the overarching themes of *Theme #5: We Want More* and *Theme #8: Classes are Okay, But Hands-On Experience and Role Playing is Even Better* is a direct request from counselors-in-training who have been given a voice that they desire more classes in diversity and more opportunities for hands-on, field experience.

Furthermore, with such a wide array of challenges unique to LGB individuals and couples evidenced by just seven participants in this study, it is crucial that those working with this population use empirical and evidence based practices and techniques specific to LGB individuals and couples that will help navigate the various roadblocks and

political changes experienced, as well as the everyday issues all couples face (Blumer & Murphy, 2011; Buzzella et al., 2012; Panchankis & Goldfried, 2013). While it is a relief to know that the participants were fully supportive of the LGB community based on life experiences, and were willing to explore outside options to gain knowledge, it is imperative that we supply them with the tools needed to instill confidence and best practices in working with LGB couples and other minorities. Participants requested such tools as classes or workshops that focused on LGB needs, mentors that were knowledgeable in LGB issues, and community resources that helped them help their clients. While there is still debate about the most productive evidence based practices, the third recommendation is to continue to ask counselors-in-training to speak about their experiences in working with not only LGB couples, but other sexual and cultural minorities to understand fully what is needed.

Thus, my fourth and final recommendation is to expand the sampling protocol for research questions such as posed within this study to more inclusive criteria. For instance, in reaching out for potential participants, six counselors-in-training spent ample time speaking with me regarding their desire to be involved as they had a passion for the topic but did not identify as heterosexual. All six asked to be put on a list for potential candidates for a follow up study. Also, as noted earlier, out of the potential 293 participants I reached out to, only 35 were male. Thus, with only one male ultimately being interviewed in this current study, it is highly recommended that further studies include more male perspectives in order to gain more knowledge. Finally, since the participants included were from the state of Florida only for the current study, it would be

a worthy endeavor to expand the participation pool to other states and countries. In excluding such participants, I believe we are missing out on valuable information that will further inform the needs of counselors-in-training and the LGB clients they serve.

Implications for Social Change

The purpose of this study was to not only enrich the field by investigating the experiences of heterosexual-identified CITs in working with LGB couples, but to understand perceptions regarding the educational training and self-efficacy of heterosexual-identified counselors-in-training who work with LGB couples. Before this study, this was an area that was largely ignored. Thus, by having a better understanding of CITs' experiences, as well as a window into the perceptions of their education and their self-efficacy regarding that training and how it translates into their work with LGB couples, the field can better realize how to enhance CITs' education for the purpose of working with LGB couples. This may lead not only to more positive outcomes for LGB individuals and couples but for both novice and experienced counselors as well.

In identifying the themes apparent within this study, the mental health field can work toward improving both the educational programs for counselors-in-training and ensure a supportive, helpful environment for those LGB clients who are seeking mental health services. The research from the literature review in Chapter 2 suggested that there is some uncertainty on whether training programs are enabling counselors-in-training to not only feel self-reliant and comfortable working with the LGB community, but to have LGB clients feel safe, confident, and comfortable as well (Bidell, 2012; Graham et al., 2012; Grove, 2009; Knoble & Linville, 2012; Perosa & Perosa, 2010). This study helped

to inform this question and gave definite ideas for improving the quality of that training. The literature review alluded to the fact that programs must be made and evaluated that are all encompassing to LGB clients; not only will this help with issues specific to LGB clients and couples, but with counselors who work with this population (Bobby, 2013; Bradford, 2012; Casquarelli & Fallon, 2011; Kaplan & Gladding, 2011). This study also supported that notion and offered a new perspective from counselors-in-training who have now been given a voice.

Implications for social change include understanding and possibly improving or changing the way counselors-in-training are prepared for working with LGB clients and couples. Social political advocacy requires those in human services to be change agents. One way to do this is to make sure counselors, both novices and experienced professionals, are self-empowered and comfortable working with LGB individuals and couples (ACA, 2003). By making the training and education that counselors-in-training receive a receptive environment that addresses their needs, they, in turn, can be part of an accessible environment and be a vehicle for social change for those they seek to help. As a result, the field can continue to work toward a community that embraces diversity, supporting not only LGB clients, but counselors-in-training.

Conclusion

The purpose of this study was to understand the experiences of heterosexual-identified CITs in working with LGB couples. More specifically, this study aimed to understand perceptions regarding the educational training and self-efficacy of heterosexual-identified counselors-in-training who work with LGB couples.

Understanding how CITs' perceptions of their education as well as their self-efficacy regarding that training translates into their work with LGB couples is an area that, up until now, had yet to be explored.

Throughout this study, I was constantly humbled by the participants who took time out of their incredibly busy work and personal lives to speak with me. They opened their offices to me and some even gave me tours of their space, with a pride that was transparent and raw. They not only opened their offices to me, but their hearts, and with this, they were willing to show a vulnerability to the world at large. As a researcher and interviewer, as well as a mental health counselor, I was forever in awe of their ability to be candid and open about their experiences. I could not help but reach back into my own memories of being an intern and nod inwardly at the numerous concerns and experiences that the participants brought forth. In reflexive journaling my experience, I wrote often about the overall feeling that these interns needed to talk, needed to let others know that they were there. I feel that there was so much more they could have shared and I could not help but feel a bit confined by the structure and focus of the study. I do believe that studies of this kind are sorely needed and this wildly untapped population has much more to say.

Thus, I can only wonder what else the mental health community is missing in regards to counselors-in-training and LGB couples. With just seven participants, I was able to uncover a variety of concerns and issues that have been alluded to in the field and even, at times, argued and discussed, yet continue to remain unresolved. For instance, it is apparent that although all participants went to CACREP colleges, they all had vastly

different experiences, not only with teachers, but in the school curriculum itself. Some differences are to be expected, but it appears in talking with these participants, the wide range of experiences is indicative of a lack of overall continuity and clarity in the curriculum as a whole. It is also apparent that what these participants crave is support and a deeper, in-depth knowledge of a variety of issues including, but not limited to, understanding what it means to be a CIT out in the field, how to maintain internships, how to find supervisors and experiences that give variety and diversity, and how to do the practical work that comes from sitting face to face with clients. These participants are asking for more and it is time for the field to stop talking about doing something and take action.

Counselors-in-training are put out in the world after their educational programs are complete and it is widely up to them to do whatever it takes to gain the experience and expertise needed to fulfill the needs for licensure. Some are fortunate enough to have some direction in this and others are not. Again, there was a wide variety of experiences in what these seven participants have been through in gaining access to knowledgeable, support supervisors and other mentors that could guide them through the journey before them. There were no indications from this study that each student walked out of his or her CACREP school and had exactly what he or she needed to be successful. What is indicated is it takes a very independent, resourceful, and determined individual to succeed as a CIT once his or her program is complete.

What also is apparent from this study is that the more experience a CIT had with LGB couples, the more concerns and self-efficacy issues came forth. With more

experience, came a deeper need to explore, to understand, and to delve in deeper to the unique needs and challenges that LGB couples can and may experience within a therapeutic setting. While the overall arching theme was to treat any couple, regardless of sexual orientation, in basically the same manner, there were also very definite issues that could (and did) arise for some of the participants that would never arise in a session with a heterosexual couple. Therefore, there is a need for expanding awareness and having an open dialogue about those needs. How to address these needs with evidence-based practices that are easy to identify and practice, as well as share with both counselors-in-training and seasoned counselors is important. This study recognized that such a continuity and permanent focus on both LGB couples' and individuals' concerns are sorely lacking in CITs' curriculum and overall training experience.

A variety of recommendations for further studies as well as pertinent social change in the mental health field resulted from this study. One recommendation includes an unrelenting effort toward continuity and consistency in ensuring all counselors-in-training have the same opportunities in their education to learn and grow as much as they can, specifically when it comes to CACREP standards. A second recommendation is the consideration of more classes that range in learning about diversity and minority groups with more and multiple opportunities for hands-on, field experience in and out of school. A third recommendation is to continue to ask counselors-in-training to speak about their experiences in working with not only LGB couples, but other sexual and cultural minorities to understand fully what is needed. This requires expanding the criteria of

participants to include diverse sexual orientated individuals, males, and other demographical areas.

With the participants so openly willing to share their experiences and perceptions, the field can now add this information to the research already in place to both improve the educational and internship experiences for counselors-in-training and enhance the therapeutic interventions for LGB couples. The participants were candid in their responses and a variety of emotions and feelings were brought to the table. These feelings included frustration, happiness, confirmation, relief, trepidation, and humor. I was honored that they shared their experiences with me, along with their excitement and passion for the field in which they chose to work. It is clear that they desire to do right by their clients. It is only fitting that the mental health field work to do right by them as well as the clients they wish to help.

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Appendix A: Consent Form

You are being asked to be a participant in a research study. Before your consent as a voluntary participant, please read through the following consent form. Please ask as many questions as necessary to be sure of the process and your rights before signing.

Researcher:

The name of the student researcher is Melissa Lee-Tammeus, MS, LMHC. The student researcher is a graduate student of Walden University and is a licensed mental health counselor and part time adjunct faculty member. She can be reached by phone 904-777-8687 or email at possibleselfcounseling@gmail.com.

The faculty member that is advising her throughout this process is Andrew Garland-Forshee, Ph.D. and he can be reached by email at andrew.garland-forshee@waldenu.edu

Purpose of the Research:

The purpose of this study is to understand the experiences of heterosexual-identified counselors-in-training (CIT) in working with LGB couples. More specifically, this study aims to understand perceptions regarding the educational training and self-efficacy of heterosexual-identified CITs who work with LGB couples. Understanding how CITs' perceptions of their education as well as their self-efficacy regarding that training translates into their work with LGB couples is an area that has yet to be fully explored. In doing so, the field can better understand how to enhance CITs' education for the purpose of working with LGB couples.

Sample interview questions that will be asked if you agree to participate include, but are not limited to:

- 1) What are your experiences in working with LGB-identified couples in a therapeutic setting?
- 2) What are your perceptions of your education as it relates to your experiences in working with LGB-identified couples in a therapeutic setting?
- 3) What are your perceptions of your self-efficacy as it relates to your experiences in working with LGB-identified couples in a therapeutic setting?

You have been asked to volunteer in this study as you meet the criteria for a purposive sample. It is understood that you are a heterosexual-identified CIT that has graduated from a Master's program with a degree in Mental Health Counseling from CACREP accredited college. You are registered with the state of Florida and are currently in postgraduate work as an intern and working toward independent licensure.

In your work, you have had at least one experience with a LGB couple.

Duration of Participation in the Research and Number of Participants:

If you agree to participate, there will be a face-to-face interview of approximately 60 minutes to take place in a mutually agreed upon location of your choosing. A follow up interview may be requested if need be for any clarification of information and can be completed through email. A follow up that does involve a face-to-face interaction can be arranged if you wish to have any questions or concerns addressed regarding the study. A total of 7-10 participants will be involved in the study.

Procedures to be followed during the Study:

If you choose to participate in this study, you and the researcher will meet at an agreed upon location of your choosing. This can be at a local library, the researcher's office, or anywhere of your choosing that is conducive to a private, quiet interview setting in which your comfort level is of upmost concern. Upon arrival, you will be asked to fill out a demographic sheet with general information such as your age, gender, and length of postgraduate work. Then, an interview that is guided by a few baseline questions will follow. The questions are only a baseline and are intended to lead to a conversational style interview with the opportunity for you to discuss anything that you would like to regarding your experiences. You may decline to answer any of the interview questions if you so wish. Further, you may decide to withdraw from the interview or the study as a whole at any time by advising the researcher of your decision to withdraw. With your permission, the interview will be tape-recorded to facilitate collection of information, and later transcribed for analysis. The audio equipment will be visible at all times and will be used only with your consent. Shortly after the interview has been completed, I will send you a copy of the transcript to give you an opportunity to confirm the accuracy of our conversation and to add or clarify any points that you wish.

Risks

There are minimal risks as a participant. There is little likelihood of any physical risk as a result of participation in this research project, as participants are not asked to perform any tasks as a part of interview that could result in physical harm. As part of the interview process, participants will be asked to drive to a location and meet the researcher, but this poses low physical risk. You will be asked to provide information about your experiences related to your work with clients as well as your training and self-efficacy. You will be asked to share demographic data. Such information has a small likelihood of low psychological risk. You are able to refuse to respond to any question that may result in psychological risk.

Benefits

There may not be any immediate benefits to you from this study, but the researcher hopes to learn more from the study that may help other counselors-in-training in the future, as well as the clients they serve, and the field as a whole.

Alternatives to this Research

If you choose to participate in this research, there are no other alternative procedures other than what is described here. However, you may choose not to participate at all, or to withdraw your participation at any time without any consequences and your data will be destroyed. There is no compensation for participating in this research study.

Confidentiality

You have a right to privacy and all information that identifies you will remain confidential. Your interviews will be coded and numbered and only the primary researcher will have record of your name. No identifying information will be used in any anticipated materials. The results of this study will be included in the researcher's doctoral dissertation and may be subject to journal publications and further research investigations; however your identity will remain anonymous.

Questions about the Research

If you have any questions, you can contact the researcher, Melissa Lee-Tammeus, MS, LMHC. The researcher's advising faculty member is Andrew Garland-Forshee, Ph.D.. Questions related to your rights as a participant can be answered by a Walden University representative.

Participation Rights and Research Withdrawal

Your participation in this research is completely voluntary. You have the right to refuse any procedural activity and can withdraw at any time with no consequences. You have the right to obtain a copy of the transcript to give you an opportunity to confirm the accuracy of our interview and to add or clarify any points that you wish. All information you provide is considered completely confidential. You also have the right to obtain the results of the study through a 1-2 page summary and have access to the dissertation upon its completion. If you have any further questions, the researcher will answer them and supply any other information requested.

Signature and Acknowledgement

My signature below indicates that I have read the above information and I have been given the opportunity to ask and have answered any questions to help me make an informed decision about participation. I acknowledge having a copy of this consent form and understand that my identity will remain anonymous. I agree to be a participant in this study until I decide otherwise.

Signature of Participant

Date

Signature of Researcher

Date

Appendix B: Information Letter: Invitation to be Interviewed

Hello!

This email is an invitation to consider participating in a study I am conducting as part of my Doctoral degree in the Department of Human Services at Walden University under the supervision of Andrew Garland-Forshee, Ph.D. Information about this project and what your involvement would entail if you decide to take part is below.

Minority couples such as LGB couples seek services more often than heterosexual couples and the literature regarding experiences and evidence based practices about said couples and the counselors who work with them are just now informing the field. However, there is little knowledge regarding counselors-in-training (CIT) and their experiences with LGB couples. The need for increased knowledge of CITs' experiences in working with LGB couples in relation to their perceptions of their training and self-efficacy levels may give some insight into what is working versus what is not. Therefore, the purpose of my study aims to go the source – the counselors-in-training. By doing so, counselors-in-training will have the opportunity to share their experiences in working with LGB couples and convey their perceptions of their training and levels of self-efficacy. This, in turn, can inform the field in hopes of recognizing the needs of both the counselors-in-training and the clients they serve.

I would like to include you in my study, as you advertise as a registered mental health counselor in the State of Florida. I believe that because you are a CIT, you are best suited to speak to the various issues mentioned above. There are specific requirements to be a part of this study. They include:

- 1) Self identification as a heterosexual
- 2) Completed Master's degree in mental health counseling from a CACREP accredited college
- 3) Registration with the state of Florida as a registered mental health counseling intern (RMHCI)
- 4) One or more experiences working with a LGB couple

Participation in this study is voluntary. It will involve a face-to-face interview of approximately 60 minutes in length to take place in a mutually agreed upon location of your choosing. Interview questions are as followed:

What have been your experiences working with LGB-identified couples in a therapeutic setting?

What are your perceptions of your education as it relates to your experiences working with LGB-identified couples in a therapeutic setting?

What are your perceptions of your self-efficacy as it relates to your experiences working with LGB-identified couples in a therapeutic setting?

These questions are a baseline that are intended to lead to a conversational style interview with the opportunity for you to discuss anything that you would like to regarding your experiences. You may decline to answer any of the interview questions if you so wish. Further, you may decide to withdraw from this study at any time by advising me of the decision to withdraw. With your permission, the interview will be tape-recorded to facilitate collection of information, and later transcribed for analysis. Shortly after the interview has been completed, I will send you a copy of the transcript to give you an opportunity to confirm the accuracy of our conversation and to add or clarify any points that you wish. All information you provide is considered completely confidential. Your name will not appear in my dissertation or any other report resulting from this study, however, with your permission anonymous quotations may be used. Data collected during this study will be retained for 5 years and be in my personal, locked office. Anticipated risks are minimal to you as a participant in this study.

I would like to assure you that this study has been reviewed and received clearance through the Internal Review Board (IRB) at Walden University. If you have any questions regarding this study, or would like additional information to assist you in reaching a decision about participation, please contact me by email at possibleselfcounseling@gmail.com or by phone at 904-777-8687. You can also contact my supervisor, Andrew Garland-Forshee, Ph.D. at Andrew.garland-forshee@waldenu.edu

There may not be any immediate benefits to you from this study, but I hope to learn more from the study that may help other counselors-in-training in the future, as well as the clients they serve, and the field as a whole.

I very much look forward to hearing from you and thank you in advance for your consideration in this project. If you do decide to continue forth as a potential participant, please reply to this email. Further information will be forthcoming, such as an informed consent form and logistics. Also, if you know of anyone else who meets the above criteria, and may be interested in participating in this study, please feel free to share this information or contact me directly with their contact information.

Sincerely,

Melissa Lee-Tammeus, MS, LMHC

Ph.D. candidate, Human Services, Walden University

Appendix C: Demographic Data Sheet

Please do not write your name on this form. It will be stored separately from any other information that you complete during this study and will not be linked with your responses in any way. The information will allow the researcher to provide an accurate description of the sample.

Date of Interview: _____

1. What month and year did you graduate? _____
2. How long have you been registered as a RMHCI? _____
3. How many hours do you have completed in your postgraduate work? _____
4. In what setting(s) are you completing your postgraduate work?
 - private practice with one counselor
 - private office with multiple counselors
 - outpatient facility
 - in patient facility
 - other _____
5. What is your age? _____
6. What is your sex? Male Female