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Lesbian, Gay, and Bisexual Supervisees' Experiences of LGB- Affirmative and Nonaffirmative Supervision

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Lesbian, gay, and bisexual (LGB) supervisees were interviewed regarding their experiences of LGB affirmative and nonaffirmative supervision. Supervisees were asked to describe one of each type of event (i.e., affirmative, nonaffirmative) from their past supervision. In LGB-affirmative supervision, all supervisees felt supported in their LGB-affirmative work with

clients. Supervisees perceived that the affirming events also positively affected the supervision relationship, client outcomes, and themselves as supervisees. In LGB nonaffirming supervision, supervisees perceived supervisors to be biased or oppressive toward supervisees' clients or themselves on the basis of LGB concerns or identity. From supervisees' perspectives, the nonaffirming events negatively affected the supervision relationship, client outcomes, and supervisees. Implications for research and supervision are discussed.

The influence of cultural and gender differences on supervision has been of interest to researchers and practitioners for some time (Bernard & Goodyear, 2004). For example, theorists have addressed and researchers continue to study the effect of ethnicity/race (e.g., Burkard et al., 2006; Constantine, 1997) and gender (e.g., Rigazio-DiGilio, Anderson, & Kunkler, 1995; Stevens-Smith, 1995) on clinical supervision. Relatively absent from this discussion of cultural influences in supervision, however, is a focus on lesbian, gay, and bisexual (LGB) concerns (Bernard & Goodyear, 2004). In the present study, then, we sought to understand how LGB-affirming and nonaffirming supervisory approaches toward supervisees and supervisees' clients affect clinical supervision, specifically focusing on supervisees who identified as LGB.

LGB concerns may well arise during clinical supervision because lesbian women and gay men report relatively high utilization rates for counseling and psychotherapy services (Bradford, Ryan, & Rothblum, 1994; Liddle, 1997). Additionally, therapists reported frequent contact in therapy with LGB clients. For example, Graham, Rawlings, Halpern, and Hermes (1984) indicated that 86% of the therapists in their study reported providing psychological services to gay or lesbian clients during the course of their career. Relatedly, Garnets, Hancock, Cochran, Goodchilds, and Peplau (1991) found that a sample of therapists reported that 13% of their current clients identified as either gay or lesbian. In a more recent study by Murphy, Rawlings, and Howe (2002), psychologists reported that 7% of their current clients identified as LGB. Although these findings focus on client utilization and practitioners' contact with LGB clients, the data do suggest that trainees will also likely work with LGB clients, thus requiring that supervisors be knowledgeable about and able to provide adequate supervision regarding LGB concerns.

Trainees can also expect that their LGB clients may present with concerns specific to this population. Concerns about self-identification as LGB or *coming out* (i.e., disclosing one's sexual orientation) to family and friends are commonly presented by LGB clients in therapy (Beckstead & Israel, 2007; Murphy et al., 2002). LGB clients may also struggle with their own internalized feelings of heterosexism (Dworkin, 2000) or anti-LGB violence and victimization (Herek, Gillis, Cogan, & Glunt, 1997). Additionally, same-sex couples and families face the heightened challenge of working through interpersonal difficulties common to any relationship while contending with an oppressive society (Fassinger & Arseneau, 2007). Although not an exhaustive list, these various concerns specific to LGB clients highlight the need for appropriate training and affirming supervision.

Despite the need for training, trainees in counseling psychology specifically, as well as in mental health practice generally, do not feel well prepared by their graduate programs to address LGB concerns in their therapeutic practice (Allison, Crawford, Echemendia, Robinson, & Knepp, 1994; Buhrke, 1989; Graham et al., 1984; Murphy et al., 2002; Phillips & Fisher, 1998). For example, nearly one third of Buhrke's (1989) sample of female counseling psychology doctoral students reported that they received no training on LGB topics in any graduate course, paralleling recent findings by Murphy et al. (2002). Furthermore, only 10% of psychologists reported that a class was offered on LGB topics during their graduate training, and only half of these participants reported taking such a class (Murphy et al., 2002). In addition to the low number of LGB classes offered, students also reported that LGB topics were incorporated into few graduate courses (Buhrke, 1989; Phillips & Fisher, 1998; Murphy et al., 2002), and most participants indicated that LGB topics were covered in fewer than 25% of their courses. Students from professional psychology programs (i.e., counseling, clinical) also indicated a high incidence of heterosexual bias in textbooks, other written course materials, and statements made by instructors (Pilkington & Cantor, 1996). Although the research in this area is sparse, these collective findings suggest that LGB topics are poorly represented in professional psychology curricula and that trainees are often exposed to biased information about LGB issues during didactic training.

Beyond the classroom, supervision is another potential avenue through which students may receive training about LGB concerns. In fact, a survey of psychologists suggests that supervision is a predominant way that practitioners received such training as students (Murphy et al., 2002), although only half the participants in the present study reported receiving supervision regarding LGB concerns. Furthermore, only 25% of participants reported that their supervisors were knowledgeable about LGB topics in client treatment. Additionally, Gatmon et al. (2001) found that only 12.5% of supervisees reported discussing sexual orientation issues during supervision, and more than half of these discussions were initiated by supervisees. It is interesting that supervisees reported higher levels of satisfaction with supervision and perceived their supervisors to be more competent when similarities and differences regarding sexual orientation were discussed, in comparison to when these issues were not discussed. In addition, some supervisees reported that the supervision they received on working with LGB clients was less helpful than that received for their work with heterosexual clients (Buhrke, 1989). Perhaps more alarmingly, Pilkington and Cantor's (1996) research found that some trainees were directly exposed to heterosexual bias during supervision. In fact, 50% of their participants indicated that supervisors had pathologized gays or lesbians, made derogatory comments about LGB clients, inappropriately stressed a client's sexual orientation, or discussed "curing" homosexuality. These collective results, then, suggest that supervision regarding LGB concerns is at best inconsistent, may not be particularly well informed, and quite possibly is unhelpful or even intentionally harmful toward those who identify as LGB.

Given these rather discouraging findings on LGB issues in the training and supervision of clinicians, some theorists have become interested in conceptualizing LGB-affirming and nonaffirming supervision experiences for LGB-identified trainees (Davies, 1996; Halpert, Reinhardt, & Toohey, 2007; Pett, 2000). Because no clear definitions of LGB-affirming and nonaffirming supervision presently exist (Pett, 2000), we borrowed from Tozer and McClanahan (1999), who defined LGB-affirmative counseling as an approach that,

celebrates and advocates the validity of lesbian, gay, and bisexual persons and their relationships. Such a therapist goes

beyond a neutral or null environment to counteract the life-long messages of heterosexism that lesbian, gay, and bisexual individuals have experienced and often internalized. (p. 736)

To connect this definition to supervision, then, we substituted the word *therapist* with *supervisor* and believe this definition is applicable to supervisees. In addition to this definition, Pett (2000) offered five general tenets important to LGB-affirmative supervision: (a) supervisors' acceptance of LGB identification and the belief that heterosexism is pathological; (b) supervisors' awareness of their own attitudes, beliefs, and feelings regarding LGB identification; (c) supervisors' respect for LGB supervisees; (d) supervisors' knowledge about heterosexism, coming out, and related aspects of LGB people's lives; and (e) supervisors' use of supervision to educate trainees about LGB issues and challenge supervisees' negative stereotypes. The combination of Tozer and McClanahan's definition and Pett's general characteristics of LGB-affirmative supervision provides the conceptual foundation used for this investigation. Given that no parallel definition presently exists in the literature for LGB nonaffirming therapy or supervision, we offer the following: LGB nonaffirming supervision may be neutral (e.g., supervisor does not respond to or incorporate LGB concerns during supervision or presentation of client cases) and/or it may involve intentional or unintentional bias (i.e., heterosexism) that pathologizes or invalidates supervisees' and/or their clients' identification as LGB.

Research, however, has largely ignored trainees who identify as LGB as well as their experiences in professional psychology training programs. In the one available study in which the sample was primarily composed of LGB trainees (97%), participants reported a range of heterosexual bias and discrimination not only in the classroom but also in supervised practica in professional psychology programs (Pilkington & Cantor, 1996). Similar to their classroom experiences, participants reported that bias expressed by practicum supervisors included pathologizing; stereotyping; ridiculing; and speaking of "curing" lesbians, gays, or homosexuality. Such findings highlight the bias to which LGB trainees may be exposed in training programs; however, we know little about the effect of such experiences on trainees or their work with clients.

In the present study, then, we examined LGB-identified supervisees' experiences of LGB-affirming and nonaffirming supervision events and the effect of such events on the supervisee, the supervision relationship, and their work with clients. This information may be useful to supervisors who seek to provide LGB-affirmative supervision, and to those involved in training who seek to increase the sensitivity of future supervisors with regard to LGB supervisees. To examine LGB supervisees' LGB-affirming and nonaffirming supervision experiences, we used consensual qualitative research (CQR; Hill et al., 2005; Hill, Thompson, & Williams, 1997) because this methodology provides an opportunity for the researcher to understand participants' inner experiences and to obtain a deep description of the phenomenon of interest. CQR has been used in numerous psychotherapy studies (see Hill et al., 2005) and has recently been used to illuminate the interpersonal processes of supervision as well (e.g., Burkard et al., 2006; Knox, Burkard, Bentzler, Schaack, & Hess, 2006).

Method

Participants

Supervisees. Participants were 17 doctoral students in professional psychology programs (6 clinical psychology, 1 counselor education, 10 counseling psychology) who were geographically dispersed across the United States. Participants ranged in age from 24 to 49 years ($M = 34.41$, $SD = 7.68$). With regard to gender and sexual orientation, 6 participants identified as lesbian, 8 as gay men, 2 as bisexual men, and 1 as a bisexual woman. Sixteen participants identified as European American and 1 identified as Native American. Fourteen participants were currently completing practicum experiences, 2 were on their predoctoral internship, and 1 was a postdoctorate working on her licensing hours. During practicum and internship experiences, participants indicated that they had had from 3 to 14 ($Mdn = 6.00$) supervisors across their various practica, internship, and postdoctoral training experiences and that from 0 to 3 ($Mdn = 1.00$) of these supervisors were out as LGB.

Interviewers and auditors. The primary research team consisted of a 47-year-old European American heterosexual man, a 44-year-old European American heterosexual woman, and a 55-year-old European American lesbian. All team members served as interviewers and judges for the data analysis. In addition to the three primary team members, a 42-year-old European American lesbian served as the auditor for all phases of the project. All of the team members and the auditor were experienced CQR researchers and interviewers.

Interviewer and auditor biases. Because biases of the research team may influence the interviews or analysis of the data, the researchers documented and discussed their biases and expectations regarding several aspects of the study (i.e., approach to LGB issues in supervision, beliefs about being out as LGB or ally in supervision, perceptions of the effects of LGB-affirming and nonaffirming supervision experiences on trainees who identify as LGB). All of the authors indicated the importance of addressing LGB topics during supervision, with each of the team members acknowledging the importance of creating a safe and supportive supervision environment in which such discussions could occur. Three team members discussed the importance of actively addressing LGB identity issues during the opening sessions of supervision, whereas another member typically addressed identity issues as he or she arose in supervision. Team members also discussed the effects of LGB-affirming and nonaffirming supervision. With regard to affirming supervision, each team member felt that such an approach enhanced the quality of supervision, the positive development of the supervision relationship, and was likely to affect client outcomes positively. In contrast to the affirming perspective, all team members felt nonaffirming LGB supervision experiences were detrimental to supervision by eroding trust and communication in the supervisory relationship. One team member felt that such an experience would negatively affect supervisees' growth and development, whereas another member felt the experiences would be personally hurtful. Finally, one member also raised the possibility that nonaffirming experiences may cause supervisees to become active politically and to seek out others who have had similar experiences.

Measures

Demographic form. Participants completed a demographic form with open-ended questions that asked for the following information: age, gender, race/ethnicity, degree program (i.e., Ed.D., Ph.D., Psy.D.), level of training, area of specialization (i.e., clinical, counselor education, counseling psychology), total number of supervisors during graduate training, and total number of supervisors who self-identified as LGB.

Interview protocol. A semistructured interview protocol was designed to elicit both an LGB-affirming and nonaffirming event from each participant. In developing the protocol, each primary team member conducted a pilot interview to assess the content and clarity of the questions and to provide the interviewer with an opportunity to become comfortable with the protocol. Questions were modified on the basis of the feedback obtained from these pilot interviews. The final protocol began with warm-up questions about participants' LGB-related training experiences, focused next on a single LGB-affirming supervision event and a single LGB nonaffirming supervision event, and concluded with closing questions. (For the complete final protocol, please see Appendix A, which is available as an online supplement to this article.. We elected to explore LGB-affirming supervision events first in the interview in the hope that this discussion would foster rapport with participants. In two cases, however, participants reported no LGB-affirming supervision events, and, as a result, the interviewers proceeded to the discussion of the LGB nonaffirming events. Although the final protocol contained a standard set of questions, interviewers also used additional probes to clarify information or encourage participants to expand their answers. A follow-up interview was scheduled for about 2 weeks after the initial interview and before data analysis was begun. During the second interview, the researcher sought to further investigate the phenomenon of interest, clarify information gathered from the first interview, and explore additional supervisee reactions that may have arisen about the events or as a consequence of the initial interview.

Procedures for Data Collection

Recruitment of supervisees (i.e., therapists-in-training).

The host of the Society of Counseling Psychology (i.e., Division 17) and the Association of Psychology Postdoctoral and Internship Center Listservs (i.e., intern and postdoctorate Listservs) provided the researchers permission to post an invitation for participation in this study. The Listserv announcement included a written description of the study, criteria for participation, and researcher contact information. The criteria for participation were that the counselor education, counseling psychology, or clinical psychology doctoral supervisee must identify as LGB and have had three or more semesters of counseling/clinical practicum (predoctoral interns and prelicensed professionals were also eligible to participate). Nineteen supervisees expressed interest in learning more about the study, and 17 of these participants returned the completed demographic form and informed consent letters. After each participant's materials were received, the participant was contacted by a team member to arrange for the first phone interview.

Interviews. Participants were randomly assigned to one of three interviewers, with each of the interviewers completing either five or six interviews. Interviewers completed both the initial and follow-up interviews with each of their participants. The first interviews lasted 45–60 min, and the follow-up interviews lasted 10–20 min.

Transcription. All interviews were transcribed verbatim for each participant, although minimal encouragers and other nonlanguage utterances were excluded from the final transcription. The primary team reviewed the transcription and deleted any personally identifying information of the participant. To protect confidentiality, each transcript was assigned a code number.

Procedures for Data Analysis

CQR methodology (see Hill et al., 2005, 1997) was used to analyze the data. These procedures included identifying domains for the data, coding data into the domains, developing core ideas or abstracts from the data in the domains for each individual case, and

then creating a cross-analysis that included all of the data from each case for each domain. During the cross-analysis phase, the goal was to identify categories or themes that emerged across cases. All decisions regarding the data analysis were determined by a consensus of research team members and were then reviewed by the auditor who was external to the team. Finally, the stability of the categories and frequencies in the cross-analysis were examined. In this final phase of the analysis, two cases (randomly selected from the original 17 cases) that had been withheld from the initial cross-analysis were inserted into the cross-analysis to determine whether their addition substantially changed the categories or frequencies in the initial cross-analysis. For this study, we determined that the domains and categories were stable because none of the category titles changed after the cases were inserted, and there were only four minor changes in frequencies of categories. We thus adhered to the original procedures outlined by Hill et al. (1997).

Results

We first present findings from participants' LGB-related training experiences during graduate school in both didactic (i.e., graduate classes) and practicum/supervision training (see Table 1). These findings provide context within which participants' later specific experiences of LGB-affirming and nonaffirming supervision events may be understood. Findings related to specific LGB-affirming and nonaffirming events in supervision are presented next (see Table 2). We used the frequency criteria developed by Hill et al. (2005) and labeled a category as *general* if it applied to all or all but one case, *typical* if it applied to at least half of the cases, and *variant* if it applied to at least two but fewer than half of the cases. Core ideas that emerged in only one case were placed into an "other" category for that domain and are not presented here. In presenting the results from the LGB-affirmative and nonaffirmative events, we present first the findings from the LGB-affirming event and second the findings from the LGB nonaffirming event. In the final section of the results, we provide an illustrative example of our participants' experiences in LGB-affirming and nonaffirming supervision.

Training in LGB Topics During Graduate School

Here we present only global findings and direct readers to Table 1 for further details. It is noteworthy that LGB topics were not a focus of supervisees' didactic training experiences. Intriguingly, however, supervisees reported both that LGB topics were typically addressed in practicum and supervision experiences and also that they were typically not addressed. Such contradictory findings were possible because of supervisees' multiple practicum and supervision experiences.

Specific LGB-Affirming and Nonaffirming Supervision Events

It is important to note prior to the discussion of the following supervision events whether our supervisees were out (i.e., had disclosed their sexual orientation) during supervision with regard to their LGB identity. In the LGB-affirming supervision events, all 15 supervisees who reported such an event were out during supervision, and 11 of 12 supervisees who discussed an LGB nonaffirming event were out. Additionally, all supervisees reported having at least one LGB-affirming or one nonaffirming supervision event, but not all supervisees reported experiencing both events (10 supervisees experienced both events, 5 supervisees experienced only the LGB-affirming event, and 2 supervisees experienced only the LGB nonaffirming events [$N = 17$]). When discussing their events, no supervisee discussed an LGB-affirming or nonaffirming supervision event that occurred with the same supervisor, so all events reported occurred with different supervisors.

LGB-Affirming Event

Quality of supervision relationship prior to event. In the LGB-affirming event, supervisees typically stated that they had a good relationship with their supervisor; a relationship that was open, supportive, and in which the supervisee felt that the supervisor trusted the supervisee. For example, one supervisee reported that his supervisor was connected with the LGB community and that she [supervisor] "wanted to make sure there was nothing in the

[counseling] center environment that would cause me to feel uncomfortable as a gay man." Supervisees variably indicated their relationship with supervisors was too new to assess the quality of the relationship. One supervisee stated, "I had only met with my supervisor for one month when the event (i.e., LGB affirming) occurred." Additionally, supervisees variably reported having a poor relationship with their supervisors, with one supervisee stating, "I was uncomfortable because he [supervisor] has a huge ego, which left me feeling scared and feeling unsafe and uncomfortable."

Context. As context for the LGB-affirming event, supervisees typically indicated that they had concerns regarding a clinical case. To illustrate, one supervisee reported that she was working with a client who was suicidal, depressed, and abusing substances because the client was "scared to death that his parents would find out that he was gay." Variably, supervisees described having an interpersonal conflict with a coworker in which the staff member expressed anti-LGB bias. As an example, a supervisee stated that the counseling center "secretary treated me differently than other practicum students and staff because her ultra-conservative religious values would not allow her to be affirming." In a final variant category, supervisees reported feeling concerned about how an issue was addressed by the supervisor during supervision or the supervision relationship. Here, for example, one supervisor inquired about the supervisee's family during the opening stages of group supervision, and the supervisee felt forced by the supervisor to come out as gay to his cohort of interns and the supervisor.

The event. One general category emerged for the LGB-affirming event: Supervisees reported that their supervisors supported supervisees' LGB-affirmative work with clients. Here, one supervisee indicated that his supervisor helped explore the supervisee's feeling of wanting to comfort a male client, helping the supervisee to differentiate between feelings of sexual attraction and sympathy for the client. This supervisor also helped the supervisee analyze videotapes of client sessions in which they determined together that the supervisee was acting in a sympathetic way toward the client, rather than out of sexual attraction. Supervisees variably indicated that supervisors affirmed or supported the supervisees' LGB identity.

To illustrate, one supervisee stated, "my supervisor asked if clients ever asked if I was gay, and she encouraged me to talk about how I handled these situations and how my identity as a gay male may affect my therapeutic work." In a final variant category, supervisees reported that their supervisors did not pathologize or oversimplify LGB concerns. Here, a supervisee reported that her supervisor understood the complexity of disclosing one's sexual orientation to a client, and the supervisor helped the supervisee explore her countertransference to the client as well as relevant clinical concerns.

Effect of event on supervisee. Generally, supervisees indicated that the LGB-affirming event had positive effects on supervisees. Four subcategories were identified that elaborated this positive effect. First, supervisees typically stated that they felt supported by their supervisors, specifically feeling affirmed, validated, and respected. One supervisee, for example, stated, "I felt accepted and a sense of relief that I could share information about my partner." In a second subcategory, supervisees typically reported that they gained a new perspective on clinical issues or on conflict in supervision. As an example, one supervisee indicated that his client questioned whether he was gay, which left the supervisee feeling panicked and concerned that being out may be dangerous. His supervisor helped the supervisee to process his feelings and come to the realization that "being out is not always dangerous, that some clients are just curious, and that I [supervisee] did not have to be defensive in therapy about such a question." Third, supervisees variably stated that the LGB-affirming event increased their confidence and sense of empowerment. To illustrate this idea, one supervisee reported that his supervisor "affirmed the bias that I was experiencing from the center secretary, and she [supervisor] helped me to express my concern and confront the problem, which left me feeling more confident while at the site." In a final variant subcategory, supervisees sought to emulate their supervisors' supervision style. In an example, one supervisee reported that "my supervisor created a model for how to process strong supervisee reactions and emotions toward clients during supervision."

Effect of event on supervision relationship. The LGB-affirming event generally had a positive effect on the supervision

relationship, as well, and three subcategories emerged. More specifically, the affirming event typically enhanced and strengthened the relationship. Here, for example, a supervisee indicated that "our relationship simply deepened as a result of his [supervisor] compassionate ear, understanding, and willingness not to minimize the anti-gay bias I was experiencing." In a second variant subcategory, supervisees reported that they increased their self-disclosure in supervision. One supervisee, for example, indicated feeling more comfortable sharing information about her reactions to clients during therapy as well as personal information. In the final subcategory, supervisees indicated variably that they would seek this supervisor for consultation in the future. Here, one supervisee stated, "our relationship grew stronger, we explored issues more deeply, and I continue to seek him [supervisor] for advice even though our supervision relationship ended some time ago."

Effect of event on supervisee's clinical work. Generally, the LGB-affirming event also had a positive effect on supervisees' clinical work, with two subcategories emerging. First, supervisees typically reported an increase in their confidence when working with LGB-identified clients. For example, one supervisee stated that she felt "enabled to try new clinical techniques that improved treatment and that I would not have tried prior to my supervisor's affirmation of my identity." In a second typical subcategory, supervisees reported increased sensitivity to important clinical issues. As an illustration, one supervisee stated that she saw the value of addressing, rather than avoiding, issues that felt conflicted in therapy. In a final variant category, supervisees reported being uncertain of the effect of the LGB-affirming event on their clinical work. One supervisee, for example, said that he was uncertain of the effect on his client work because "I really have not had anything challenging happen after the event."

LGB Nonaffirming Event

Quality of supervision relationship prior to event. In contrast to the LGB-affirming event, supervisees in the LGB nonaffirming event typically indicated having a poor relationship with their supervisor prior to the event. As an example, one supervisee

stated that “we really did not have a strong relationship” and “he [supervisor] seemed unaware of LGB issues.” This supervisee also noted that supervision was unproductive, and the supervisor often seemed unprepared. In the first of two variant categories, supervisees indicated having a good relationship with their supervisor prior to the LGB nonaffirming event. For example, a supervisee indicated that she had a “great relationship, and we mutually respected each other.” In the second variant category, supervisees reported the quality of their supervision relationship was undetermined because the relationship was relatively new. In this situation, a supervisee indicated he and his supervisor were only in their first few supervision sessions when the LGB nonaffirming event occurred, and, as such, the relationship was not well established.

Context. Similar to the LGB-affirming event, supervisees in the nonaffirming event typically reported they had concerns regarding a clinical case. For example, a supervisee reported that he was working with a client who was struggling with coming-out issues within a family with conservative religious views that would not be affirming of their son’s gay identity. Supervisees variably reported they had an interpersonal conflict with a staff member at their training site that involved anti-LGB bias. Here, for example, a supervisee indicated that “my professional behavior was called into question by center staff because I kissed my partner goodbye before entering the practicum site.” In a final variant category, supervisees expressed concern regarding the competence of their supervisor. One supervisee reported that her supervisor appeared to be more interested in research than clinical practice and stated that her relationship with the supervisor represented “the poorest supervision relationship I have had with poor general supervisory competence and limited knowledge of LGBT issues.”

The event. In contrast to the supportive experience of the LGB-affirming event, supervisees describing LGB nonaffirming events typically reported that their supervisors were biased or oppressive toward the supervisee or her or his client on the basis of LGB concerns. As an example, one supervisee indicated to her supervisor that she usually inquired about client’s sexual orientation during intakes, and the supervisor asked the supervisee why she would seek

this information. The supervisee felt that her supervisor “brought the hammer down” when he made it clear to the supervisee that it was inappropriate to seek to identify a client’s sexual orientation during an intake. The supervisee stated that the supervisor made her feel like she was making everything about sexual orientation because the supervisor stated that, “99% of clinical work doesn’t have anything to do with sexuality.” Supervisees also variably reported that their supervisor was unresponsive to the supervisee regarding LGB issues during supervision. Here, one supervisee stated that his supervisor “seemed uncomfortable with my discussion of how my sexual orientation appeared to relate to a case, and he [supervisor] often did not question me about my feelings in those situations.” Finally, supervisees variably indicated that their supervisors either demonstrated a lack of knowledge about or had minimal experience working with lesbian, gay, bisexual, transgender (LGBT) concerns. As an example, a supervisee reported that her supervisor did not appear to understand LGBT identity development when discussing a client case.

Reasons for not discussing event with supervisor.

Supervisees indicated they typically chose not to discuss such LGB nonaffirming events with supervisors because they were afraid of their supervisor’s reactions. One typical subcategory emerged, with supervisees reporting feeling afraid because they believed their supervisor would negatively evaluate them. As an example, one supervisee indicated that he did not feel safe discussing the event because his supervisor was in a position of power, the supervisee did not feel the discussion would be welcomed by his supervisor, and the supervisee felt that his supervisor would provide a negative written evaluation of the supervisee. One variant subcategory also emerged, with supervisees believing that their supervisors would dismiss or not understand their perspective. One supervisee believed that her supervisor would not be respectful of her female client’s identity struggle and the meaning of the client’s first lesbian relationship. One final variant category was found, with supervisees citing their inexperience with the process of supervision. Here, for example, a supervisee stated, “I was a novice at responding to and negotiating supervisor negative feedback.”

What supervisor could have done to facilitate discussion of event. We also asked supervisees in the LGB nonaffirming event what their supervisors could have done to facilitate a discussion of the event. Here, supervisees typically reported that their supervisors could have openly explored the event with the supervisee during supervision. One supervisee, for instance, stated, "I would have liked my supervisor to discuss the situation with me and get a sense of what the situation was really about, rather than assuming that I was wrong." In another typical category, supervisees indicated that their supervisors could have acknowledged their error and the emotional effect of the event on supervisees. For example, one supervisee reported that she would have experienced the LGB nonaffirming event differently had the supervisor "acknowledged her mistake and indicated that her comment [oppressive remark about LGB issues] was kind of offensive." Additionally, this supervisee stated that it would have been helpful if the supervisor had acknowledged the tension she had created with her offensive comment and inquired about the effect of the comment on the supervisee.

Effect of event on supervisee. The effect of the LGB nonaffirming supervision event on the supervisee was negative for all participants, with four subcategories emerging. In the first subcategory, supervisees generally reported experiencing negative emotions such as anger, fear, and distress as a result of the nonaffirming event. For instance, 1 supervisee noted feeling awkward, irritated, and nervous as a result of the event. In the second subcategory, supervisees typically reported that they became less trustful and withdrew during supervision. Here, 1 supervisee stated, "I realized that my concerns about my client's identity struggles were not going to go anywhere with this supervisor, so I stopped sharing anything that I thought the supervisor would not find useful or relevant." In the third subcategory, supervisees variably indicated that they were concerned about letters of recommendation. As an illustration of this subcategory, 1 supervisee indicated, "I am normally outspoken about such events [supervisor anti-LGB statements], but I knew that I would need letters of recommendation for a job, so I remained silent." In a final variant subcategory, supervisees questioned entering the field because they were unsure of the profession's acceptance and knowledge of LGB issues. Here, a

supervisee stated, "I thought psychology was more tolerant of sexual orientation issues, but now [after LGB nonaffirming supervision event] I am more cynical of the field and the profession's preparedness to address LGB concerns."

Effect of event on supervision relationship. In addition to the negative effects of the LGB nonaffirming event on supervisees, supervisees generally reported that such events had a negative effect on their supervision relationship, with five subcategories emerging. In the first subcategory, supervisees generally reported that their supervisory relationship was disrupted and unsafe. One supervisee, for example, reported that she saw her supervisor as "homophobic, short-sighted, and not interested in exploring anything that is outside his comfort zone"; as a result, the supervisee felt "uncertain and unsafe in supervision." In a second typical subcategory, supervisees indicated that they distrusted their supervisors' clinical recommendations regarding LGB issues. To illustrate, a supervisee reported that she felt "cheated out of training" and "questioned everything that came out of my supervisor's mouth about LGB issues." In the third typical subcategory, supervisees noted that they did not address important clinical or supervision issues with their supervisor. As an example, 1 supervisee stated, "I disclose much less in supervision about client concerns or supervision issues, and I do not look to explore anything meaningful related to process in supervision." Supervisees also variably lowered their expectations about what they would receive from supervision. Here, for example, 1 supervisee stated, "I really do not expect to gain anything from supervision each week." In a final variant subcategory, supervisees reported looking forward to their supervision relationship ending. To illustrate, a supervisee stated, "I have given up on this supervisor and supervision, and I believe that it will be a relief when it all ends."

Effect of event on supervisee's clinical work. Finally, supervisees typically reported negative effects on their clinical work in the LGB nonaffirming event and felt as though clinical service had been compromised. As an example, 1 supervisee stated, "I was not as available to my clients because I had to monitor myself for what I thought my supervisor believed would be appropriate." Variantly, supervisees reported positive effects of the LGB nonaffirming event on

their client work, specifically feeling that the event increased their sensitivity to important clinical issues. As an example, 1 supervisee indicated that despite his negative LGB supervision experience, the event with his client caused him to "own my mistakes in therapy and to make sure that I process these mistakes with my clients." In a final variant category, supervisees reported the event had little effect on their client work. Here, 1 supervisee acknowledged that her supervisor's responses and suggestions were "so unhelpful that I ignored them and sought out other sources of support for my work."

Illustrative Examples of the LGB-Affirmative and Nonaffirmative Supervision Events

Below are examples of LGB-affirmative and nonaffirmative supervision events that were reported by our participants. Different participants were selected to represent each of these events, and the illustrations have been altered to protect participant confidentiality and anonymity. One additional example of each type of event also appears in Appendix B (which is an online supplement to this article).

LGB-affirmative supervision event. The male supervisee, who identified as gay and was out in supervision, was being supervised by a heterosexual woman who had over 10 years experience providing clinical supervision. The supervisee felt that he and his supervisor had a good relationship prior to the event. In this situation, they were discussing a case in which a client directly asked the supervisee about his sexual orientation. The supervisee raised this issue with his supervisor because the supervisee was uncertain how to respond to the question and was anxious about why the client may want to know this information. In particular, the supervisee was concerned that the client questioned his sexual orientation because of the client's prejudice toward LGB people. The supervisor, who was in her late 40s, helped the supervisee explore the potential meaning of the client's question. The supervisor also normalized the client's question and challenged the supervisee to consider that perhaps the question arose from curiosity rather than from prejudice. The supervisee felt this discussion helped take away the panic of discussing sexual orientation issues with clients, thus allowing him to see that differences between the supervisee and clients were not necessarily a "make-or-break

issue" in their relationship, "nor a dangerous topic." As a result of this event, the supervisee disclosed more and felt an increased sense of safety in supervision, noted that their relationship became closer, and reported that the supervision became more interpersonally focused. With regard to the supervisee's clinical work, the supervisee felt this affirmative experience helped him feel more confident about responding to his client's question about the supervisee's sexual orientation as well as other clinical concerns.

LGB nonaffirmative supervision event. In this situation, the supervisee, a gay man who was out in supervision, was working with a heterosexual male supervisor who had 15 years experience providing clinical supervision. Prior to this event, the supervisee felt his relationship with his supervisor was good, in part because he was "in awe of the supervisor, and I did not know any better." In the event, the supervisee was discussing a male client who was married to a heterosexual woman but who was also having sex with men. In response to the supervisee's presentation of this case, the supervisor expressed to the supervisee that it was important that the client identify as gay. Here, the supervisor reasoned that the client should identify as gay because he was having sex with other men. The supervisor told the supervisee to stop "sugar coating" the concern about the client's sexual orientation because the supervisee was just "going along with the client." In this case, the supervisee felt the event was LGB nonaffirming because the supervisor was essentially demanding that the supervisee confront the client about his sexual behavior with other men and his inauthentic presentation as a heterosexual man. The supervisee attempted to present an alternative perspective to the supervisor, suggesting that the client may "not be gay, but may just be a man who enjoys having sex with other men." The supervisor directly told the supervisee that he did not agree with this conceptualization of the client, and the supervisor required the supervisee to confront the client about his identity. Although the supervisee disagreed with his supervisor's perspective, the supervisee ultimately stopped pressing the issue and took the supervisor's advice, directly addressing the concern with his client. Unfortunately, after the confrontation, the client did not return for counseling. The supervisee was frustrated with the supervisor's demands to confront the client about his sexual orientation and felt that the supervisor was wrong in

demanding that the supervisee confront the client about his identity. The supervisee lost respect for the supervisor, “dreaded going to supervision,” and changed his approach to supervision “by keeping my place.” In short, the supervisee withdrew from supervision and shared little of his conceptualizations of clients. This event continued to bother the supervisee because “I did not know enough at the time, and it [supervision] was counterproductive to working with an LGB client.”

Discussion

The results of this investigation of LGB-identified supervisees' experiences of LGB-affirming and nonaffirming supervision suggest some common interaction patterns and resulting effects. In discussing our findings, we focus first on participants' overall graduate training experiences with regard to LGB topics, which provide context for the specific LGB-affirming and nonaffirming events presented later. For the specific events, we first present information on participants' LGB-affirming supervision experiences and then on their LGB nonaffirming supervision experiences.

LGB Training

The training our participants received regarding LGB topics was inconsistent and often absent, findings that correspond with prior investigations (Buhrke, 1989; Murphy et al., 2002; Phillips & Fisher, 1998). From participants' perspectives, LGB concerns were frequently not addressed in didactic training; when they were addressed, they were considered secondary to ethnic and racial concerns. Furthermore, the students themselves often had to introduce the topic in class. These findings suggest that discussions of sexual orientation were not well integrated into multicultural counseling classes or the program generally. Such training experiences are inadequate preparation for working with LGB concerns in therapy and appear to have positioned our participants to learn about these issues on their own.

Beyond the didactic realm, our participants reported mixed experiences regarding the integration of LGB topics into practicum and supervision. Such topics were addressed in only some participants' practicum/supervision settings (and often only when participants were

working with an LGB-identified client), indicating that, similar to participants' didactic training, LGB concerns were not systematically integrated into practicum and supervision. Such findings are consistent with other investigations (Gatmon et al., 2001; Murphy et al., 2002) and present a worrisome picture about trainees' likely preparedness to work with clients who identify as LGB or who are exploring or questioning their sexual orientation. Furthermore, the implied secondary status of LGB subjects in didactic and practicum/supervision could have untoward effects for our participants' perceptions of their graduate programs. It is conceivable, for example, that our participants felt frustrated or angry with training programs that failed to address LGB subjects, perhaps causing them to question the credibility of their training.

LGB Supervision Events

First, we note the reported frequency of LGB-affirming and nonaffirming supervision events: Of the 17 participants, 2 reported never experiencing affirming supervision, and 12 of 17 participants reported having at least one nonaffirming supervision experience during the course of their graduate training. Interestingly, Pilkington and Cantor (1996) found that 50% of their survey participants (97% of the sample identified as LGB) reported LGB-biased supervision experiences, whereas our results suggest a higher incidence of LGB nonaffirming supervision. It is important to note that the discrepancy between the two investigations may be due to differences in methodology: We prompted supervisees to discuss their LGB nonaffirming events, whereas Pilkington and Cantor prompted supervisees to describe the nature of their supervision experiences (without specifically prompting for nonaffirming experiences). Nevertheless, these findings present a troubling picture of supervision experiences for LGB-identified supervisees, one in which the vast majority of these supervisees experience negativity toward LGB concerns during supervision.

LGB-affirming supervision. Most participants described their relationship with their supervisor as supportive prior to the affirming event. Such circumstances may have created facilitative conditions in which supervisees and supervisors were able to discuss later LGB-

related concerns openly. The literature similarly documents the importance of a strong supervisory alliance (Efstation, Patton, & Kardash, 1990), particularly with regard to withstanding sensitive discussions in supervision (Holloway, 1987; Mueller & Kell, 1972). As several authors have suggested (e.g., Falender & Shafranske, 2004; Worthen & McNeill, 1996), perhaps the need for a supportive relationship in supervision is an ever-present concern. Given that our participants rarely had opportunities to address LGB concerns in their training experiences, it is reasonable to believe that such discussions may have evoked anxiety, hesitancy, or caution in our participants as such topics were broached, particularly with supervisors with whom they were unfamiliar. Under such circumstances, a strong supervisory alliance may be necessary to facilitate such discussions. Such a finding would certainly be consistent with Worthen and McNeill's (1996) findings on *good supervision*, which suggests that supervisors are empathic, nonjudgmental, and validating in the presence of supervisee anxiety. Additionally, Halpert et al. (2007) recently indicated that safety, respect, and empowerment were also important to establishing an LGB-affirmative supervision relationship.

LGB-affirmative supervision experiences usually focused on supervisees' clinical cases, with supervisors helping supervisees to examine how sexual orientation influenced the assessment, conceptualization, and treatment of clients who identified as LGB. All participants felt supported in their efforts to provide LGB-affirmative therapy to their clients. For supervisees, perhaps the focus on clients rather than on themselves or on the supervision relationship was initially a safe way to present LGB concerns as a topic of supervision and served as a method for determining whether such topics were valued by the supervisor and as a way of assessing her or his trustworthiness. This assessment process may have important implications for the nature of supervisees' disclosures, their openness to supervision, and for the development of a strong alliance. For our participants, then, having supervisors take an LGB-affirmative approach toward clients appeared to be the single most important method for supervisors to provide LGB-affirmative supervision.

Unsurprisingly, participant responses to the LGB-affirmative event were overwhelmingly positive. Although this finding is not unexpected, it is important to recall that our participants did not

consistently receive such affirmation during didactic or supervision experiences during their graduate programs. As such, receiving support for their LGB-affirmative approach to clients may have been a great source of relief; in fact, our participants indicated feeling affirmed, validated, and respected. Given the possible bias and hostility our participants may experience in their broader lives (Herek et al., 1997), perhaps the professional validation of their LGB-affirming work during supervision was both personally and professionally rewarding. Such affirming supervisory responses may bolster the supervision relationship and serve as an important foundation for supervisee and supervisor when inevitable disagreements, difficulties, or conflicts arise. Thus, it is not surprising that all participants perceived the LGB-affirming experience as one that enhanced and strengthened the supervision relationship. The affirming experience may have helped the participant see the supervisor as accessible, competent, and as a role model. LGB-affirming supervision thus seemed to help supervisees develop a trusting relationship with their supervisor, one in which supervisees were more likely to fully engage in the process of supervision and perhaps be more open with regard to their reactions to clients and their approach to therapy. Furthermore, although we did not directly examine supervisee development in the present study, it is not hard to imagine that such circumstances could also have positive effects on supervisee self-efficacy and professional development. It is interesting that the event also had salutary effects on participants' clinical activities, for they developed new perspectives on both clinical and supervision work. Although we do not know whether LGB-affirmative supervision actually led to positive outcomes for clients, it is certainly possible that our participants' feeling stronger about their clinical work and supported for their approach may have led to more positive client outcomes.

LGB nonaffirming supervision. In contrast to the LGB-affirming event, participants who discussed LGB nonaffirming events reported having a poor supervision relationship prior to the actual event. They may, then, have questioned the very safety of supervision and were cautious with their supervisors, circumstances that, at best, may contribute to unproductive and, at worst, to counterproductive supervision. The absence of a strong supervisory relationship may lead to supervisee tentativeness, which may leave concerns about

supervision and/or clinical work unaddressed. Such circumstances may also heighten supervisees' need for self-protection during supervision (Nelson & Friedlander, 2001; Worthen & McNeill, 1996), perhaps causing supervisees to disclose less or to withdraw from the process of supervision (Gray, Ladany, Walker, & Ancis, 2001; Hess et al., in press; Ladany, Hill, Corbett, & Nutt, 1996).

In the LGB nonaffirmative supervision events, participants indicated that their supervisors took a biased or oppressive approach with themselves or their clients on the basis of their or their clients' LGB identity. Supervisees did not agree with their supervisors' nonaffirming approach, and consequently these events became a source of supervisee and supervisor conflict. Such use of power by these supervisors conveys a hostile supervision approach and a heterosexual bias toward our participants who are out as LGB and/or who sought to provide LGB-affirmative therapy. The nature of these biased and oppressive experiences parallels prior research on LGB concerns in supervision (Pilkington & Cantor, 1996) and is similar to the counterproductive supervision events found by Gray et al. (2001). More disturbingly, we note that such supervisor behaviors in the present study often occurred even with the knowledge that the supervisee was out as LGB. Given the tenor of these experiences, it is not surprising that participants did not discuss the event or their reactions to the event with their supervisors, out of fear of their supervisors' reaction. Participants were keenly aware of the power their supervisors held and directly sought to avoid creating further disturbance in a supervision relationship that was already identified as poor. Similarly, other researchers have also found that supervisees chose not to disclose to supervisors when a poor supervision relationship already existed, and also in an effort to manage potentially difficult reactions from supervisors (Hess et al., in press; Ladany et al., 1996). Nevertheless, our participants wished that their supervisors had broached a discussion of the event with them, particularly acknowledging their error and validating its emotional effect on the participant. Without such a discussion, the event was not easily dismissed and likely festered, leading to negative effects for the supervision. Here again, these results parallel other findings on counterproductive events (Gray et al., 2001) and conflict (Nelson & Friedlander, 2001) in supervision, as well as conflicts that occur in cross-cultural supervision (Burkard et al., 2006).

As one might imagine, these supervisees experienced a range of negative emotions after the event, including distress, anger, and fear. Some participants expressed shock and felt disillusioned by their supervisors' biases, ignorance, oppressive behavior, and outward hostility; others questioned the quality of letters of reference they may receive, and others became determined to identify an internship setting that would be supportive of LGB concerns. Additionally, these participants became distrustful of and psychologically withdrew from supervision, invoking what may have appeared to be the most effective coping strategy available in light of the power differential between supervisee and supervisor. These findings are not uncommon among supervisees in conflict with supervisors (Nelson & Friedlander, 2001), or for supervisees from other oppressed groups (Burkard et al., 2006).

Such reactions are of significant concern, however, for supervisees' withdrawal from supervision may imperil their clients' welfare. Our participants did, in fact, believe that their LGB nonaffirming supervision experience compromised their services to clients, an alarming potential link between the oppressive actions of the supervisor and negative consequences for clients. Furthermore, it is reasonable to expect that such negative effects may have undermined supervisees' growth and development as therapists and professionals. Such a connection raises an important ethical question: Is LGB nonaffirming supervision unethical if it results in diminished client care and impedes supervisee development?

In summary, LGB-affirmative supervision had overwhelmingly positive effects for the both the supervisee and supervision. Such experiences also boded well for supervisees' development as therapists and for the welfare of their clients. In contrast, LGB nonaffirmative supervision led to emotionally distressed supervisees who sought to protect themselves during supervision by withdrawing. In addition to harming the supervisee and supervision relationship, supervisees also believed these events negatively affected client care. Such events may also have diminished supervisees' trust in professional psychology.

Limitations

Although the use of telephone interviews is consistent with CQR guidelines (Hill et al., 2005, 1997), it remains difficult to discern participant reactions to interview questions or the interviewer over the phone. To mitigate the effect of these concerns, the interview team used warm-up questions in the protocol to help establish rapport, interviewers often reflected information back to the participant to ensure clarity of understanding and rapport development, and asked the participant about the effect of the interview (see Appendix A, available as an online supplement to this article). It is also important to note that supervisors may have recounted these supervision events quite differently. As such, we have no independent verification of supervisees' reported experiences. Third, some participants may not have considered neutral events or events in which supervisors were unresponsive to LGB concerns as LGB nonaffirming, which could lead to underreporting of such events. Finally, we did not address the identity development of our participants, which may have influenced the results in unforeseen ways. For example, those individuals who have recently come out to themselves, in comparison to those individuals who have been out to themselves and others for a significant part of their lives, may perceive, experience, and cope with LGB-affirming and nonaffirming supervision events in different ways.

Implications for Future Research

The results of the present study have several implications for future research. Participants indicated that LGB-affirmative supervision had positive effects for clients, whereas LGB nonaffirming supervision had detrimental effects. What remains to be explored is whether such supervision approaches result in supervisees' increased or decreased competence with regard to their work in therapy and in specifically addressing LGB issues in therapy. Qualitative and quantitative investigations could help illuminate such questions. Furthermore, the LGB nonaffirming supervision events suggest highly conflicted impasses that often remained unresolved. Research could further examine those nonaffirming experiences, particularly exploring factors that could lead to resolution of such conflicts, to illuminate important principles or guidelines in addressing these situations. Additionally, it

may be helpful to survey supervisees to determine prevalence rates for LGB-affirmative and nonaffirmative supervision experiences. In addition to these research possibilities, supervisee and supervisor perspectives could be examined in further detail. For example, supervisors may offer alternative perspectives of LGB-affirming and nonaffirming supervision events. Exploring supervisor experiences of such events may thus provide a more complete picture. The participants in our study were also predominately out during supervision, leading us to wonder whether the experiences of those supervisees who are not out may be quite different, particularly for the nonaffirming experiences. Finally, our sample was reflective of little cultural diversity, leading us to wonder how such supervision events are experienced by those with more diverse cultural identities.

Implications for Supervision Practice and Training

For our participants, LGB-affirming supervision facilitated the development of a positive supervision relationship, whereas LGB nonaffirming supervision appears to have resulted in an impasse during supervision. Interestingly, supervisees did not seek to address or try to resolve such impasses; rather, they either feared the repercussions of attempting such a discussion or believed supervisors were incapable of addressing such concerns and thus withdrew from the supervision process and relationship. Such a choice by the supervisee was self-protective and was likely related to a perceived power differential between the supervisee and supervisor. Alarming, these unresolved supervision events appeared to negatively affect client work. These findings indicate, then, that supervisors cannot be passive regarding LGB concerns in supervision, particularly if they believe they may have taken a nonaffirming approach. In such situations, supervisors should self-reflect and consider comments or exchanges that may have been nonaffirming to the supervisee, seek consultation from colleagues regarding their supervision, and explore with the supervisee any potential damage to the supervision relationship. As our participants indicated, perhaps supervisors should own their errors and use that disclosure as a basis for discussing the conflict and possible resolution. These interventions do presuppose that the supervisor is aware of and willing to acknowledge that an impasse has occurred in the relationship. Perhaps the fact that such

impasses go unnoticed by some supervisors suggests that they need training to help them recognize bias in their supervision interventions as well as recognize when supervisees are reacting negatively to their interventions. Furthermore, supervisor training should examine how to address supervisees' negative reactions and supervisory conflicts. Additionally, it may be instructive for supervisors in training to be introduced to literature on LGB issues and therapy to support more knowledgeable and unbiased interactions between supervisors and supervisees who identify as LGB. For example, it would be instructive for supervisors in training to review and discuss in a supervision seminar Halpert et al.'s (2007) integrative affirmative supervision model and the suggested supervision tasks related to LGB-affirmative supervision.

Although the above educational strategies may be important, it is also evident that supervisors' negative attitudes (i.e., heterosexist, anti-gay/LGB) toward clients or supervisees who identify as LGB is of primary concern, a result that parallels concerns found in cross-cultural supervision (Burkard et al., 2006). Unfortunately, graduate training programs do not appear to provide adequate training with regard to LGB topics (Buhrke, 1989; Murphy et al., 2002; Phillips & Fisher, 1998); instead, negative and biased attitudes toward LGB people are often reinforced in course materials (Pilkington & Cantor, 1996). How, then, can the training context for LGB-identified supervisees be changed to a more affirming environment? First, training programs may need to take a more proactive stance in addressing such concerns within their departments. For example, remediation policies and procedures could be established to address acts of bias by faculty or supervisors within departments or programs. Second, programs and professional organizations could support more training and continuing education efforts with regard to LGB concerns, as well as their intersection with other diversity concerns (Parham & Whitten, 2003). Finally, perhaps the answer resides in broader social advocacy within our communities and our professional organizations. As such, LGB-affirming practices, both therapeutic and supervisory, could be embraced as a focus of social justice within our profession.

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Appendix

Table 1. Domains, Categories, and Frequencies for Training in LGB Topics During Graduate Didactic and Practicum/Supervision Experiences (N = 17)

Domain and category	Frequency	Illustrative example
Graduate didactic training		
Were LGB topics integrated in didactic training?		
No	Typical	"It was a null environment."
Yes	Variant	"I have sensed no negative feelings from the faculty, and they are very affirming of openly gay faculty."
How were LGB topics addressed in didactic training?		
Were considered secondary to ethnic/racial/multicultural topics	Typical	"Sexual orientation is a little c, and this course is about racial diversity and that's a big C"
SE (and/or classmates) stimulated discussions on LGB topics	Typical	"I felt responsible for asking LGB-related questions during class to raise awareness of these issues."
Faculty addressed LBG topics in a biased way (i.e., anti-LGB)	Variant	"One of my faculty members talked about helping a lesbian client repress her attraction to other woman, and in the end, it's a behavior that can be changed."
Addressed by guest speakers	Variant	"Faculty arranged for representatives from the LGB community to come and speak to our class."
SE had class on LGB topics and counseling	Variant	"We had an elective class on LGBT clients and working with sexual orientation in therapy."
Practicum/supervision training		
Were LGB topics integrated in practicum/supervision training?		
Yes	Typical	"Many of my supervisors were quite knowledgeable about LGB issues, and they were interested in exploring what these issues may mean for me and my clients."
No	Typical	"It was clear that they (i.e., supervisors) were not comfortable addressing such issues (i.e., LGB)."
How were LGB topics addressed in practicum/supervision training?		
Addressed only when SE working with clients who were out as LGB	Typical	"LGB issues would be addressed on the fly when it would come up with clients."
SR supported discussion of LGB topics during supervision	Typical	"My supervisor initiated discussions about LGB issues and supported my interest in working with LGB clients."
Addressed because SE out during supervision	Variant	"Sexual orientation issues come out frequently in supervision because I work from a position of self-awareness."
SR addressed LGB topics in a biased (i.e., anti-LGB)	Variant	"When I have an LGB client present in therapy, I have had supervisors assume the client has coming-out issues, whereas some other supervisors consider the client in a very stereotypic manner."

Note. LGB = lesbian, gay, bisexual; SE = supervisee (i.e., participant); LGBT = lesbian, gay, bisexual, transgender; SR = supervisor. Frequencies: Typical = 9-15 cases; Variant = 2-8 cases.

Table 2. Domains, Categories and Frequencies of LGB-Affirming and Nonaffirming Supervision Events (N = 17)

Domain	Category	Frequency: Affirming (n = 15)	Frequency: Nonaffirming (n = 12)
Quality of supervision	Good (e.g., supportive, open, trusting)	Typical	Variant
Relationship prior to event	Undetermined because new relationship	Variant	Variant
Context for event	Poor	Variant	Typical
	SE had concerns regarding clinical case SE had interpersonal conflict with staff member at site that involved anti-LGB bias	Typical Variant	Typical Variant
Event	Supervision issue or supervision relationship concern	Variant	—
	SE had concern about the competence of SR	—	Variant
	SR supported SE's LGB-affirmative work with Cs	General	—
	SR affirmed/supported SE's LGB identity	Variant	—
	SR did not pathologize/oversimplify LGB issues	Variant	—
	SR's response was biased or oppressive towards SE or SE's C on the basis of LGB issues	—	Typical
	SR was unresponsive to SE about LGB issues	—	Variant
Reasons for not discussing event with SR	SR demonstrated lack of knowledge or minimal experience working with LGB issues in therapy or supervision	—	Variant
	SE afraid of SR's reactions	*	Typical
	SE believed SR would negatively evaluate SE	*	Typical
	SE believed SR would dismiss or not understand SE's perspective	*	Variant
What SR could have done to facilitate discussion of event	SE inexperienced with the process of supervision	*	Variant
	Explore event with SE during supervision and be open-minded	*	Typical
Effect of Event on SE	Acknowledge SR's mistake and emotional effect of event on SE	*	Typical
	Positive	General	—
	Felt supported (e.g., affirmed, validated, respected)	Typical	—
	Gained new perspective on clinical issues or conflict in supervision	Typical	—
	Increased confidence and sense of empowerment	Variant	—
	Sought to emulate SR's supervision style	Variant	—
	Negative	—	General
	Experienced negative emotions (e.g., angry, afraid, distressed)	—	General
	Became less trustful and withdrew during supervision	—	Typical
	Concerned about letters of recommendation	—	Variant
	Questioned entering the field because unsure of field's acceptance/knowledge of LGB issues	—	Variant
	Other effects	—	Typical
	Ignored SR's clinical recommendations and sought consultation from others	—	Variant
Became more proactive in speaking out about LGB issues with future SRs and others	—	Variant	
Effect of Event on supervision relationship	Looked for internship sites supportive of LGB issues	—	Variant
	Positive	General	—
	Enhanced/strengthened relationship	Typical	—
	Increased SE's self-disclosure in supervision	Variant	—
	SE would seek SR for consultation in the future	Variant	—

Table 2 (continued)

Domain	Category	Frequency: Affirming (n = 15)	Frequency: Nonaffirming (n = 12)
Effect of Event on supervision relationship (continued)	Negative	—	General
	Relationship disrupted and became unsafe	—	General
	SE distrusted SR's clinical recommendations regarding LGB issues	—	Typical
	SE did not address important clinical or supervision issues	—	Typical
	SE lowered expectations about what would be received from supervision	—	Variant
Effect of event on SE's clinical work	SE looked forward to supervision relationship ending	—	Variant
	Positive	General	Variant
	Increased SE's confidence when working with LGB clients	Typical	—
	Increased SE's sensitivity to important clinical concerns	Typical	Variant
	Negative (e.g., clinical service to clients compromised)	—	Typical
	Uncertain of effect	Variant	—
	Little effect	—	Variant

Note. LGB = lesbian, gay, bisexual; SE = supervisee (i.e., participant); SR = supervisor; C = client. Dashes indicate that a category did not emerge in this event. Asterisks indicate that these questions were not asked for the affirming event. Frequencies for LGB-affirming event: General = 14-15 cases; Typical = 8-13 cases; Variant = 2-7 cases. Frequencies for LGB nonaffirming event: General = 11-12 cases; Typical = 7-10 cases; Variant = 2-6 cases.