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The Lived Experiences of Lesbian and Gay Clients Who Terminated Counseling Prematurely

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MS, Northeastern State University, 2012

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Proposal Submitted in Partial Fulfillment

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Abstract

Due to a lack of understanding of lesbian and gay lived experiences in counseling, the counseling field is also lacking understanding of the lesbian and gay experiences in counseling that lead to premature termination. Without the knowledge of personal understanding of these experiences, it is difficult to also understand how to retain lesbian and gay clients, provide appropriate counselor training, and even explore cultural humility. The term cultural humility represents the implicit and explicit impact that culture has on the counselor and challenges assumptions made by the practitioner as well as assumptions about client culture. Utilizing relational cultural theory (RCT) and the hermeneutic phenomenology of Van Manen, this research study explored the lived experiences of gay and lesbian adults who had terminated counseling prematurely. Hand coding was used to explore the narratives of 6 participants that generated 4 major themes and 11 subordinate themes. Themes included therapeutic alliance, interpersonal interference, ethical boundaries, cultural humility/cultural misunderstanding, and cultural invalidation. The results of this study gave a voice to the participants' challenges in counseling and offered awareness into what helped retain the participants and what might have caused early termination. A better understanding of these experiences may inform counselors and counselors in training about the lesbian and gay adult population in counseling, how to retain them, and understanding ongoing cultural dissonance in counseling.

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Dedication

I dedicate my dissertation to my family, especially my wife Robin, for her unwavering support and my children Kamdyn and Kyah for their continued reminders of joy, bravery, and courage. Thank you for showing me the depths of love and motivation for something greater than myself. Together we offer the worlds people a safe space to be loved unconditionally and accepted without question. Thank you for your support and your encouragement throughout this long but fruitful journey.

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Chapter 1: Introduction to the Study

Researchers have suggested that the sexual minority population seeks counseling more often than those who identify as having a majority sexual orientation (Bieschke, Paul, & Blasko, 2007). The sexual minority population is at greater risk for having unsatisfactory mental health treatment, a higher risk of stressors, a higher risk of comorbidity, and a higher risk of marginalization in the health field (Mereish & Poteat, 2015). The individual identities of the subgroups of sexual orientation minorities remain difficult to understand because of their continuous documentation as a lumped categorical identification that include lesbian, gay, bisexual, and transgendered people (Fassinger & Arseneau, 2007).

From an education perspective, heteronormative techniques and approaches are still the basis for counselor education even in Counsel for Accreditation of Counseling and Related Educational Programs (CACREP) (Troutman & Packer-Williams, 2014; Whitman & Bidell, 2014). Though diversity inclusion and multicultural understanding in counselor education programs are on the rise, there is a lack of preparation available to counselors in training about understanding how to accommodate or retain sexual minority clients (Troutman & Packer-Williams, 2014; Whitman & Bidell, 2014). Moradi, Mohr, Worthington, and Fassinger, (2009) explained that there is a lack of research studies in the literature that pertain to the sexual minority spectrum because of inconsistent terminology and differences of experiences within subgroups.

For this study, I focused on the lesbian and gay adult lived experiences who have terminated counseling prematurely. I focused on social change that may improve

counselor competence and counselor education around lesbian and gay adult experiences in counseling to help increase positive treatment adherence and retention. Competence training may enhance the helping fields in general to ensure that the best potential counseling techniques are being acquired and the ethical code to do no harm (American Counseling Association [ACA], 2014) is being met.

Background of the Study

With the noted increase in diversity and a higher need for inclusive understanding on the rise, understanding the individual subgroups of sexual orientation is also needed in the literature (Moradi et al., 2009). There is an obligation for counselors to remain competent and up-to-date on the most modern research studies to best accommodate their clients (ACA, 2014). The lesbian and gay population has experienced extensive marginalization in the counseling community by support staff and counselors (Bieschke et al., 2007). Counselors tend to continue to externalize internal bias and heteronormative practices when working with sexual minorities, leaving the client to interpret microaggressions presented by the counselor (Huey et al., 2014; Shelton & Delesbian and gayado-Romero, 2013). Discrimination and prejudice are experienced by sexual minority clients because of avoidance, minimization, and assumptions projected by the counselor in session (Shelton & Delesbian and gayado-Romero, 2013).

Freely identifying oneself in counseling as lesbian and gay may come at therapeutic costs, ruptures, and termination when counseling is not fully informed. College level students who identify as a sexual minority are less likely to seek counseling or return to counseling once they have attended a session (Sanlo, 2004). Identification of

sexual minority students is inherently reserved for statistical value on campus and is viewed as nonexistent in other realms of collegiate inclusion (Sanlo, 2004). Troutman and Packer-Williams (2014) explained that in CACREP accredited programs, there is a lack of understanding about what a sexual minority person experiences in counseling because of the vague descriptions surrounding the sexual minority population. CACREP accredited programs tend to use the umbrella term "multicultural" to describe the lesbian and gay population and therefore decreases the specific understanding of what it is like to be a lesbian and gay person in counseling and what competencies need to be learned to treat someone who identifies as lesbian and gay (Troutman & Packer Williams, 2014). Continued marginalization of the sexual minority client and a lack of understanding for lesbian and gay adults in counseling are issues that need to be addressed and understood on a deeper level (Sanlo, 2004; Troutman & Packer-Williams, 2014).

Just as there is a lack of understanding for the treatment of sexual minority subgroups (Moradi et al., 2009), research also suggests that there is a lack of understanding about how to retain clients who identify as lesbian and gay adults (Moe & Sparkman, 2015). Premature termination for the general population has been a steady issue in the field of counseling and the counseling field has recently seen a decrease in research activity in this specific area (Westmacott, & Hunsley, 2016). Hunsley et al. (1999) suggested that out of 87 general client and counselor reports of premature termination, the counselor reasons that were reported did not match those of the client reasons that were reported for early termination. The counselor working alliance with the client, age of the client, and past treatment in counseling were all indicators of risk for

premature termination within the general population that was studied (Anderson, 2015; Ömer & Ahmet, 2015; Westmacott & Hunsley, 2017). Trends suggested that the counselor often blames the client for leaving counseling prematurely and the clients tend to report difficulty with the counseling relationship (Hunsley et al., 1999; Westmacott & Hunsley, 2017). Premature termination is a difficult topic to understand because of the variety of definitions associated with termination that exist in the literature (Swift & Greenberg, 2012).

The continued need for counselor training about sexual minority subgroups and counseling competence is extensive (Murphy, Rawlings, & Howe, 2002; Alessi et al, 2016). Counselor training for sexual minorities has increased but is still lacking in preparedness that has indicated a need for a deeper understanding of specific skills, issues a sexual minority person faces, and attitudes about sexual minority people (Alessi et al., 2016; Murphy et al., 2002). The more training available to counselors to help understand sexual minority subgroups, the more the counselor can become better equipped to help someone who identifies as a lesbian and gay person (Murphy et al., 2002; Alessi et al, 2016). Suggestions for more specific training and an in-depth view of the sexual minority world-view was correlated with an increased competence level and affirmative understanding (Moe & Sparkman, 2015). Multiple facets of the counseling field and the education field have reported a continued and regular need for training regarding sexual minority needs to enhance the work that they do with clients and students (Berry, 2016; Lee-Tammeus, 2016; Moe & Sparkman, 2015; Troutman & Packer-Williams, 2014).

Standards of care for client retention extends evidenced-based information about what affects retention in counseling. Counseling initiatives that include the counseling alliance, theoretical framework, and cultural competence were all indicative of retaining clients to meet therapeutic goals (Birrell & Bruns, 2016; Eubanks-Carter et al., 2005). Learning more about the issues that a sexual minority person brings to counseling and faces outside of counseling could be an effective way to enhance counselor development. In the past, issues presented by a sexual minority person were often viewed as pathological and linked the issue presented by the client to the client's sexual identification (Eubanks-Carter et al., 2005). By eliminating the preconceived notion that homosexuality is a basic pathological precursor to issues faced by clients, counselors can increase personal awareness and insights of their own beliefs to enhance the counseling process (Eubanks-Carter et al., 2005). Focusing on positive change, hope, and accommodating the client's perspective of needs are all indicative of retaining clients in counseling (Swift et al., 2012). The accommodation of goals and creating an alliance to meet those goals could strengthen the counseling relationship and enhance retention possibilities (Swift et al., 2012). Helping the clients understand their role in the counseling relationship and the potential feelings that could be experienced can all be beneficial for retention and understanding the client (Swift et al., 2012).

There is a lack of specific literature about the subgroups of sexual minorities and their experiences in counseling. Continued training focusing on the subgroups of sexual minorities could help equip counselors and educators with in-depth training opportunities, possible increased retention, and an enhanced personal awareness about

attitudes and beliefs (Berry, 2016; Lee-Tammeus, 2016; Moe & Sparkman, 2015; Troutman & Packer-Williams, 2014).

Problem Statement

Members of the counseling profession need continued multicultural competency training (Huey et al., 2014). The ACA (2014) specifically addresses the need for multicultural competency and the requirement to do no harm. Counselors and counselor educators work with diverse clients including lesbian and gay adults, who are a marginalized population. Differentiation of the lesbian and gay population is lacking in literature because the lesbian and gay population tends to be combined with other gender orientations and sexual minority groups. Literature suggests that by lumping lesbian and gay individuals with other sexual minority groups and gender minorities could decrease the gay or lesbian person's development of individuality and personal identification outside of the forced group identity (Fassinger & Arseneau, 2007).

Some studies suggest that education and treatment of sexual minority groups are improving in counseling. Mereish and Poteat (2015) suggested that lesbian and gay people have an increased prevalence of poorer physical health, poorer mental health, and experience poor counseling experiences (Mereish & Poteat, 2015). There are researchers who suggest that premature termination is an issue across the lifespan for lesbian, gay, bisexual, transgendered people, including lesbian and gay youth (Greifinger et al., 2013; Russell & Fish, 2016), lesbian and gay college students (Sanlo, 2004), and lesbian and gay geriatric adults (Maybe, 2011). The use of a shared lesbian and gay umbrella isolates and minimizes the lesbian and gay person from describing their individual experiences

and suggests that lesbian and gay people have the same or similar experiences (Fassinger & Arseneau, 2007). Literature also suggests that CACREP has not provided clarity about how to address heteronormativity in counselor education (Troutman & Packer-Williams, 2014). CACREP clarity still needs to extend knowledge addressing heteronormativity in counseling techniques and how a lack of understanding about treatment of lesbian and gay clients might negatively impact progress and retention/participation rates in counseling (Troutman & Packer-Williams, 2014).

While there has been an increased amount of research based on the lesbian, gay, bisexual, transgender population, and possible key competencies to retain the clients in counseling, there is little information to understand experiences of subgroup minority sexual orientation separating them from the traditional lumping of the lesbian and gay umbrella (Moradi, Mohr, Worthington, & Fassinger, 2009). Much of the scholarly research about sexual minorities focuses on social and internalized stigma (Moradi et al., 2009). Multiple levels of analysis by counselors and researchers are encouraged to consider advancing and understanding counseling with the individual sexual minority subgroups (Moradi et al., 2009).

To add to the understanding of the lesbian and gay culture and how it relates to counseling, it is important to explore the training provided to counselors-in-training in regard to cultural humility. Cultural humility is the immersion of a person into a culture (Fisher-Borne et al., 2015). The term cultural humility refers to a deeper understanding and personal experience with the culture of a person on a deeper level than just obtaining cultural information and cognitive knowledge (Fisher-Borne et al., 2015). Continued

training could go beyond competency and help provide a holistic view of cultural context and understanding (Fisher-Borne et al., 2015). Cultural competence in some cases only explores awareness of the culture while cultural humility aligns with the emersion into the culture to understand and empathize on the deepest level as an active participant (Fisher-Borne et al., 2015).

There is a divide between counselor understanding of the lesbian and gay client's lived experiences of premature session termination and the counselor educator's ability to accurately relay what it means to be a lesbian or gay person who has experienced premature termination of counseling. Because of a lack of information about lesbian and gay lived experiences and premature termination, counselors are lacking training about how to treat and retain sexual minority groups as clients (Troutman & Packer-Williams, 2014). Because counselor educators do not know about the lived experiences of lesbian and gay adult clients who have left counseling prematurely, they are ill equipped to train counselors to understand the needs of the population and how to retain them. There is not enough research about lesbian and gay premature termination because little qualitative or quantitative research exists. Additionally, I have found no research focused on the experiences of lesbian and gay clients who have terminated due to counselor-related variables.

Purpose of the Study

The purpose of this hermeneutic phenomenological study was to explore the lived experiences of lesbian and gay adults who terminate counseling before the prescribed course of treatment or standard brief intervention duration. As a result of this research,

counselor educators may be better equipped to train counselors on lesbian and gay adult experiences, needs, and how to help retain them. Educating counselors regarding the needs of lesbian and gay clients from a lesbian and gay perspective may inform efforts to improve client retention and treatment. I also aimed to help existing counselors formulate cultural humility and therapeutic relationships with lesbian and gay clients. Lastly, I aimed to expand the research in the counseling field and is geared uniquely for lesbian and gay clients.

Research Question

The following research question guided this study: What are the lived experiences of lesbian and gay adults who have terminated counseling prematurely?

Theoretical Foundation

The theoretical framework that I chose for this study was relational-cultural theory (RCT). I used the RCT to guide the research and structure alignment with design, significance, data collection procedures, and interpretation of data. RCT is a framework that incorporates lived experiences as truth, emphasizes relationships, and focuses on individuals or groups who have experienced oppression (Frey, 2013). I used RCT to support data collection because the theoretical framework provided an emphasis of exploration of the client's perceptions and the researcher's process of discovery (Lenz, 2014). Exploration of social structures, culture, and construction of counselor competency were all implications that were developed using RCT (Lenz, 2014). I constructed the interviews with RCT to remain true to the participant's experiences and meaning that they presented. The RCT theoretical foundation aligned with the

enrichment of cultural humility because it expanded beyond just knowledge of the culture and how they feel. The inclusion of cultural humility and RCT in the interview helped me navigate a deeper empathy, immersion, and connection to the experiences of the volunteer lesbian and gay adult participants. The principles of RCT and cultural humility, described more in depth in Chapter 2, were used as guides in the formation of credibility and alignment throughout the research process. Concepts or assumptions by Frey (2013) and Lenz (2014) used that are fundamental to the framework included the following: individuals are socially constituted by relationships, appropriate vulnerability, culture helps frame experiences, and a person's perception is their truth.

I applied Van Manen's (2016) description of hermeneutic phenomenology as the conceptual framework for this research study. I conceptualized key elements of the framework by taking detailed notes, journaling, and analyzing data collected during the co-constructed interviews, as described by Patton (2015). I used inductive research and provided co-constructed interviews based on the experiences and perceptions of the participants. After hand coding the transcribed interviews, I used the *hermeneutic circle* to interpret the data collected (Van Manen, 2016). The hermeneutic circle is a direct reflection of hermeneutic phenomenology because it seeks to understand the lived experiences of a culture in quest of interpretation of those experiences. The hermeneutic circle the process of moving collected information from specific to general and back to specific to form and make sense of interpreted meaning as a result of data collection. I used the conceptual framework to help me create the constructs of the interviews by keeping the interviews fluid and conversational, as described by Patton (2015). Analysis

and interpretation of the data began as soon as the interviews started because according to Vandermause & Fleming (2011) and Van Manen (2016), analysis of data is an ongoing process.

Nature of the Study

The nature of this study was qualitative, and I used a hermeneutic phenomenological design. I used an interpretive narration of data collected from the semistructured interviews of lesbian and gay adults and their lived experiences. I grounded the hermeneutic phenomenological approach in Van Manen's (2016) interpretation of interviewing and analysis. Van Manen (2016) explored hermeneutic interviewing in a way that does not seek endless interpretations of the participant's experiences. I focused on the essences of the lived experiences in this study for increased understanding of the phenomenon throughout the interview process.

Definition of Terms

Counseling: A profession that focuses on the growth or nurturing of the mind, body, or spirit (Tyler, 1953).

Cultural Humility: An attainable goal of immersing into the culture, establishing respect in the community, experiencing the day-to-day grind of someone of a specific culture, and becoming an active participant within the culture being explored (Fisher-Borne et al., 2015).

Cultural Invalidation: The counselor's annulment and implicit or explicit shaming of presenting cultural beliefs, cultural understanding, and cultural experiences. (See Chapter 4).

Gay: A gender specific male person's sexual orientation or sexual identification toward another male (Logan et al., 2017).

Hermeneutic: The interpretation of collected data. Specifically, the data of texts, interviews, and case studies (Patton, 2015).

Heterosexism or Heteronormativity: The promotion of assumptions that are prescribed to encourage heterosexual norms (Logan et al., 2017).

Interpersonal Interference: The existence of what psychologists would consider projection of self, projection of memories, and projection of personal relationships with a client that, if not addressed, could interfere with the therapeutic alliance and the therapeutic process. (See Chapter 4).

Lesbian and Gay: Identification of lesbian, gay, bisexual, or transgender.

Lesbian: A gender specific female attracted emotionally and sexually to other females (Logan et al., 2017).

Multicultural Competence: "To create a professional psychology workforce of people committed to the lifelong practice of self-evaluation when it comes to the inevitable biases engrained through learning and development within the limitations of our own cultures" (Christopher, 2015, p.172).

Organic Neutrality: Being present with the client in a connective and clear state of cognition. Utilizing collective empathy, cultural humility, cultural competence, compassion, and a mindful sense of being. Understanding the client's cultural manifestation of the self in a flow and a peaceful presence. A sense of being one with the client. (See Chapter 4).

Phenomenology-: The philosophical study of experiences and perceptions (Patton, 2015).

Premature Termination: Termination of counseling before problems are solved or recovered (Swift & Greenberg, 2012).

Subgroups: Individual categories of sexual orientation identity specifically individualized from the umbrella term lesbian and gay (Alessi et al., 2016).

Assumptions

A review of the literature suggests that there are multiple assumptions that impact the use of a hermeneutic phenomenological approach. Additionally, there were assumptions related to the study as designed. Specifically, the assumptions made were regarding counseling services rendered, the possible age of the participants, the differences between majority or minority sexual orientation mental health treatment being substantially different, counselor education lacking understanding of LG treatment training, and the experiences derived by report of the participants providing depth. These assumptions were based on research and literature in multiple articles that expounded on these assumptions (Bieschke et al., 2007; Moradi et al., 2009; Troutman & Packer-Williams, 2014; Moe & Sparkman, 2015; Alessi et al., 2016; Berry, 2016; Lee-Tammeus, 2016). Assumptions that are represented by the hermeneutic phenomenological methodology include the idea that there is a shared essence of experiences (Patton, 2015). The experiences that someone provides in a phenomenological interview can thus be interpreted using the hermeneutic cycle of data collection, detailed notes, journaling, transcribing, processing, and analyzing (Van Manen, 2014). These are important

assumptions for this research study because the participants revealed experiences that might have decreased counseling gratification or retention.

Other assumptions for this research included a) personal experiences of the lesbian and gay clients could produce descriptive information about negative aspects of rapport building (Birrell & Bruns, 2016) b) descriptions provided by the lesbian and gay participants may reveal areas of competency needs for the counselors (Mereish & Poteat, 2015) c) if a relationship between client and counselor was never established, then the counseling view of the participant could have a negative impact on the report (Birrell & Bruns, 2016). The assumptions explained were pertinent to the understanding that the participant's experiences were significant and can be interpreted in a way that can help reform social justice in the counseling field.

Scope and Delimitations

In this study, I aimed to understand the experiences of adults who identify as gay or lesbian who have attended counseling and terminated prematurely. Delimitations of this study included my choice to utilize adults because of their ability to consent to participate and if negative feelings are presented, the adult could consent to continued treatment. Specifically, I chose the subgroups of gay and lesbian people for criteria because the literature suggests a need for continued exploration and understanding of the subgroups represented in the sexual minority umbrella (Alessi et al., 2016; Fassinger & Arseneau, 2007). I also chose to use voluntary lesbian and gay adult participants who spoke English fluently instead of using an interpreter. Lastly, rich data and depth were offered by understanding the lived experiences of the participants and what it means to be

a lesbian or gay adult who has terminated counseling for reasons other than financial issues or relocation. The delimitation of location being utilized was specific to the Oklahoma area. This specific geographical location might have affected lesbian and gay context and counselor competency context.

I used previous literature to understand the use of hermeneutic phenomenology and its relationship with participant lived experiences. Hermeneutic phenomenology is grounded in literature and has been used to help researchers explore lived experiences for a broader understanding in the counseling field (Patton, 2015; Van Manen, 2016). The utilization of the hermeneutic circle is also an interpretive measure that is grounded in literature and represents the parts of a whole (Van Manen, 2016). The parts of the interpretation are the experiences of the individual participants that were interpreted to represent the whole, meanings, themes, and patterns collected by a semistructured interview of counseling experiences provided by the participants. Saturation was met by continuing research until there was no more discovery of themes or patterns, as suggested by Van Manen (2016). Qualitative studies generally have smaller sample sizes (Patton, 2015). I chose six participants based on criteria to eliminate those who terminated counseling prematurely for financial reasons or relocations. Criteria also included the adult being over 18 years of age and identifying as a lesbian or gay person.

Transferability was increased by the methods used for data collection in this study. These methods included the in-depth reported experiences by the participants, researcher journaling, and interpretation of themes and patterns. Transferability for this study was represented by the possibility of dissemination of experiences to increase

social change counselor education, and better care for lesbian and gay adults. Lincoln and Guba (1985) explained that transferability in the qualitative format is the capability for the findings of the research to be "applicable in other contexts" (p. 124).

Limitations

The assumptions of the researcher are an integral part of the interpretive process (Laverty, 2003). My assumptions could have made it difficult to prevent internal bias. My involvement in the community did not seem to impact how the participant responded in the interview. On the other hand, because of my community involvement, the participants expressed a sense of comfort and willingness to share more than they might have in an interview with someone who is not a sexual minority advocate within the community.

A methodological limitation was that hermeneutic phenomenology researchers assume that the participants provide significant insight about the topic being discovered. Secondly, using hermeneutic phenomenology, I focused on the essence of being rather than a relationship (Laverty, 2003; Van Manen, 2016). Lastly, it could have been difficult to ensure participants and I remained objective. This limitation was deterred by continued journaling and note taking.

Personal limitations included my own personal identification as a counselor, counselor educator, and a sexual minority. Personal interest of the research topic was rooted in the interest of social justice to improve lesbian and gay mental health availability. My personal bias did not seem to limit research because of my personal identification as part of the lesbian and gay population. This identification could have

impacted my view about the importance of lesbian and gay adults receiving counseling and the importance of that counselor's cultural humility. Secondly, a limitation could stem from the identification of being a counselor and an educator. As a counselor and an educator to minority populations, I seek clarity, justice, and a sense of community for my clients and students. These limitations could have been a benefit for the participants to build rapport quickly and provide a deeper understanding of their experiences. Lastly, a possible limitation of this study could have been the clients' ability to distinguish competence versus perceptions or attributes versus transferences.

Significance of the Study

My research study could add to the exploration of understanding by focusing specifically on the lesbian and gay population and their lived experiences pertaining to premature counseling termination. This study is distinctive because it addresses a marginalized population that is typically lumped with other sexual and gender minority groups (Fassinger & Arseneau, 2007). This research may enhance individualization of lesbian and gay experiences from other sexual and gender minority groups who have terminated counseling prematurely. The results of this study may provide insight into the lived experiences of an under-researched population for counselor educators and counselors to understand what it means to be an adult person identified as lesbian or gay who has terminated counseling before goals were met.

The literature examined may help equip present and future counselors and counselor educators for situations where they might have a lesbian or gay adult client who has not had positive counseling experiences. Insights from this study may

encourage counselor educators to provide a more specified education for students in the helping profession that may be working with the lesbian and gay adult population, thus supporting stronger competency skills and possible retention of those clients. Lastly, the research could benefit the lesbian and gay population and encourage them to continue to seek treatment and have positive experiences in counseling.

Summary and Transition

Chapter 1 was an explanation of the purpose of the study which was to explore the lived experiences of lesbian and gay adults who have terminated counseling prematurely. The background, the problem, statement, and the purpose of this study were presented to provide clarity about the process of this research and why the research is needed. Secondly, chapter 1 defined the nature of the study, the research questions, and the conceptual framework. Lastly, chapter 1 discussed the assumptions, scope and delimitations, limitations, and the significance of the study.

The review of literature identified in chapter 2 provides information about the conceptual and theoretical foundation of this study. Chapter 2 provides literature describing the continued marginalization of the lesbian and gay population in counseling, premature termination of counseling, counselor training implications, what we know about retention, and the need for continued research on this topic.

Chapter 2: Literature Review

A counselor's attitudes and beliefs about and competence regarding clients who identify as sexual minorities are predictors of acquiring positive counselor-client relationships, retention, and training (Alessi, Dillon, & Kim, 2016). Adult lesbian and gay experiences in counseling are related to the client-counselor relationship and retention (Fredriksen-Goldsen, 2014; Mabey, 2011; Russell & Fish, 2016; Sanlo, 2004). The purpose of this hermeneutic phenomenological qualitative study was to explore the lived experiences of lesbian and gay adults who terminate counseling prematurely. Understanding the lesbian and gay adult's experiences in counseling may help counselor educators be better equipped to train counselors of the lesbian and gay adult experiences, needs, and how to help retain them. Educating counselors about the experiences and needs of lesbian and gay adult clients may also increase competence and relationships with lesbian and gay adult clients.

In this chapter, I provide my literature search strategy as a fundamental review of literature specific to the topic. Second, I explain the conceptual and theoretical framework of hermeneutic phenomenology and RCT that supported the method of the research study. Additionally, I explain the use of the hermeneutic circle of Van Manen (2016) that I used to interpret the narratives collected. Lastly, I postulate a review of the literature related to the marginalization of lesbian and gay adults in counseling, adult premature termination rates, counselor training implications, retention, and the need for a deeper understanding of what it is to be a lesbian and gay adult person in counseling who terminates counseling before goals are met.

Literature Search Strategy

To accommodate an extensive review of the literature and connect the issues presented in this study, I used multiple databases to explore and understand the topic within current literature. To provide a thorough and comprehensive explanation of the issues presented in this study, I conducted extensive reviews of the literature to explore the topic. I used multiple online databases for journal articles including the following: PubMed, ScholarWork's, ProQuest, Ebscohost's Psychology and Behavioral Sciences Collection, Google Scholar, PsychARTICLES, PsychBOOKS, and PsychINFO. I located articles in the databases using the terms *lesbian* or *gay* or *lesbian* and *gay* or *sexual minority* and *counseling* or *counselor*. I also used the search terms *adult* and *premature termination* or *early termination* or *drop out*. Additionally, I searched for literature using the terms *counselor competence* or *competence*, *cultural humility, understanding*, *experience* or *experiences*, *marginalization, non-affirmative therapy, heterosexism*, and *self-efficacy*. Lastly, I used the keywords *counseling outcomes*, *retention*, *therapeutic relations* or *counseling relationship*, *counselor-client relationship, premature termination, counseling termination, early termination,* and *adult counseling premature termination rates*.

Because of a lack of current literature supporting the lesbian and gay adult's perspective and a lack of replications of studies exploring the comparison of client reports for termination to the counselor reports about why a client terminated prematurely, I found it important to include some literature reviews on these topics dating

back to the 1990s. The wide-range of terminology that I used to search the article databases was to ensure that I included as much literature relevant to support this study.

Conceptual Foundation

The counselor education system and counseling profession exist to accommodate clients of all diverse backgrounds and experiences (ACA, 2014). Multicultural understanding has increased the well-being of clients and the community. Professional helpers have been required to work competently with clients and to refer clients for services that are not within their scope of practice (ACA, 2014). The foundational theory of this study was an approach explained by Van Manen (2016), called hermeneutic phenomenology. The hermeneutic phenomenological approach was used to help me expand the connection of conceptual understanding of meaning and experiences derived by the person disseminating the experience (Van Manen, 2016). Phenomenology is a unique perspective that is derived from the lived experiences of those who provide their experiences and is used to analyze the meaning and provide clear insight (Van Manen, 2017). Reflection is a key component of the phenomenological exploration that is subjective and based on the person's experiences and perceptions (Pivcevic, 2014; Van Manen, 2017). Van Manen (2017) suggested that phenomenology directs insights and methodology to reflect meaning. There are two types of phenomenology, one being descriptive and the other being interpretive (Sloan & Bowe, 2014). Gathering data and the analysis of data have defined interventions that correlate with the qualitative reflection about the meaning of being the person who is having the experiences reported (Sloan & Bowe, 2014).

Hermeneutic phenomenology is a method to help me interpret the experiences of phenomena and provide insight into the subjective experiences (Matua & Van Der Wal, 2015; Patton, 2015). Hermeneutic phenomenology is focused on the lived experiences and interpretation of the experiences provided by participants (Kafle, 2013). Using this approach helped me to provide depth and rich information that was processed through interviewing, processing, and interpreting (Kafle, 2013). It is through the hermeneutic circle that interpretation is an interpretive method that helped me with a step by step process to define the human experience as meaningful and applicable (Van Manen, 2017). Through language, conversation, and reflection, the human experience is noted, analyzed, and interpreted (Van Manen, 2017). People are socially constructed by their personal ideas, meanings, and language (Anderson & Goolishian, 1992). The components of the human experience generate meaning. Suspending the counselor's own beliefs and ideas about the phenomena creates a neutral atmosphere to learn about the experiences that a client linguistically describes (Anderson & Goolishian, 1992). Human narratives and dialogue enhance understanding and improve transformation of meaning (Anderson & Goolishian, 1992). The counselor has a duty to explore personal beliefs and record reflections that can be utilized to increase awareness and derive meaning using the hermeneutic circle (ACA, 2014; Van Manen, 2016). Counselor awareness can be recorded through the process of journaling. The ability to suspend personally formed truths and learned ideas are related to understanding the formation of interpretation of a person's meaning by indulging in the experiences that the person describes (Anderson & Goolishian, 1992). The ambiguity and uncertainty of the counselor learning about the

experiences that are reported by the client are central to understanding what it means to be the person sharing their narrative (Anderson & Goolishian, 1992). Hermeneutic phenomenology is an approach that is useful for counselor educators who research the lived experiences of clients with the intention to interpret and derive meaning while being able to suspend personal beliefs and imposition of personal experiences.

Hermeneutic phenomenology is a method and a theory that does not necessitate the need for a theoretical framework. Annells (2006) explained that hermeneutic phenomenology can be paired with other theories to increase credibility and advocacy. The use of multiple theories in qualitative research can benefit the reader and help highlight topics that are lacking in the literature (Annells, 2006). Annells (2006) explained that the use of more than one theory for qualitative research has been encouraged by credible qualitative researchers. For this study, I used the RCT to engage participants, create relationships, and formulate interview questions. The foundation of RCT was based on the premise that relationships, acceptance, and a culturally responsive approach for clients of diverse identifications are necessary for in-depth understanding (Singh & Moss, 2016; Haskins & Appling, 2017). The contributors of RCT suggested that using the theory with sexual and gender minorities would help provoke an emphasis the understanding of their truths and worldviews (Haskins & Appling, 2017). Jordan (2001) described the use of RCT as "culturally responsive" and "integrative." Relationships on personal and societal levels are emphasized through deeper connection and personal or collective empathy (Jordan, 2001).

The use of the theory in qualitative research helped formulate stronger relationships with the participants and increased perspectives. Frey (2013) and Lenz (2014) supported the idea that the counselor and researcher's role is to receive experiences, meaning, and perceptions exactly as the person relays their understanding (Frey, 2013; Lenz, 2014). The emphasis on relationships using relational models increases the vulnerability and oppression that can help establish collectivistic features for data collection (Frey, 2013; Lenz, 2014). Though some researchers have described RCT as an alternative therapeutic method for increasing understanding, the theory was used to increase depth and narrative collection methods. Like hermeneutic phenomenology and the hermeneutic circle, RCT is used to increase understanding and help the counselor interpret the lived experiences of people from different cultures and traditions (Frey, 2013; Van Manen, 2014). The emphasis of this study was to disseminate and increase understanding of what it means to be a lesbian and gay person who has terminated counseling prematurely and a theoretical foundation was helpful to structure the data collection process and the results.

Literature Review

In this section, I provide an inclusive literature review that establishes the need for a deeper understanding of lesbian and gay adult lived experiences who have terminated counseling prematurely. To begin, I explain the marginalization and heterosexism in the field of counseling and the specific attributes of counseling that decrease positive mental health care for lesbian and gay adults. Secondly, I explore premature termination and the predictors that have been studied as possible reasons for leaving counseling early. I

follow with an in-depth representation of literature that explained counselor training implications and needs. I provide literature to support what we do know that can help retain clients and what retention information could be helpful for future studies. Lastly, I conclude by highlighting a clear gap in the literature concerning the lesbian and gay adults lived experiences from their perspective and how the research study could help bridge the gap of understanding counselor training needs, a broader understanding of the needs of the population being studied, and how to retain the lesbian and gay adult client.

Heterosexism in the Field of Counseling

The ACA (2014) specifically addresses the need for continued understanding and care for clients of diverse backgrounds and cultures. Counselors are experiencing an increased need for training about internal bias and unintentional heteronormative practices (Huey et al., 2014). As the world population increases in diversity, the client population also continues to develop a stronger need for diversity understanding (Huey et al., 2014). Though counselors are aware that education and counseling for lesbian and gay clients are improving, counselors also know that sexual minority groups are more likely to have poor counseling experiences because of heteronormative counseling techniques and a lack of physical and mental health professionals equipped to treat the population (Mereish & Poteat, 2015).

History has indicated a need for continued understanding of sexual minorities and the treatment received in counseling. The historical research from past decades provided clarity that the sexual minority person was viewed as ill or mentally disturbed. These studies were based on pathology and the deviance of sexual behavior that was considered

outside of the norm (Bullough, 1979, as cited in Fassinger, 1991). The suggestion that same-sex attraction was viewed as pathological or deviant has created a ripple of continued rhetoric and a lack of understanding in the present (Estensen, 2005). The relationship of pathology and sexual attraction was defined as a mental health disorder by the American Psychological Association (APA) in the *Diagnostic and Statistical Manual* of 1952 (DSM; American Psychiatric Association, 1952). Because in the past homosexuality was postulated as pathological (Eubanks-Carter et al., 2005), this view of pathology might have counseling indications that have resulted in an indirect accumulation of ongoing pathologizing counselor attitudes, beliefs, and behaviors when working with the sexual minority population (Eubanks-Carter et al., 2005). Later, Seligman and Hooker began to explore the mental health and wellness of those who identified as homosexual and they learned that the men and women who identified as gay or lesbian were just as likely to be mentally well as their heterosexual equivalents (Seligman, 1972; Hooker, 1993). It was not until more recent years that the language of pathology changed and the APA implemented ethical codes that encouraged informed treatment of homosexuals to uphold competence and discussion of possible prejudice that could hinder the client (APA, 1997).

The Committee of Lesbian and Gay Concerns (1991) examined 2,544 psychologists and found that the largest majority of the psychologists held increased bias in regard to gays and lesbians. There was a significant finding of bias and lack of care for lesbian and gay people by the psychologists that were studied. This study raised concerns for the continuance of training and the disregard for clients outside of the

heteronormative understanding (Garnets et al., 1991). The most recent research and ethical codes created by the ACA explain the counselor should move toward equity for sexual minorities in counseling, awareness of bias from the counselor, and informed treatment variations (ACA, 2014). Even though there has been increased research and ethical codes created to keep sexual minority clients safe from past focus on pathology and mental illness, non-affirmative counseling, bias, and microaggressions still exist.

Microaggressions and Non-Affirmative Care in Counseling

Microaggressions are a key element of understanding and recognizing overt heterosexism in counseling. Elusive microaggressions or subtle forms of discrimination in counseling used by counselors and observed by marginalized clients can result in poor therapeutic connections and increased feelings of marginalization (Shelton & Delesbian and gayado-Romero, 2013).

Hook et al. (2016) examined racial microaggressions and perceived cultural humility in counseling sessions. After examining questions answered by racial minority clients, 81% of those clients had experienced at least one microaggression that involved lack of personal awareness of the counselor and avoidance of topics related to them as a minority client. The fewer microaggressions presented by the counselor in sessions was associated with an increased report of cultural humility (Hook et al., 2016). These microaggressions in therapy might deter the lesbian and gay client or racial minority client from building a necessary therapeutic relationship with the counselor which is proven to be beneficial toward treatment and retention among marginalized clients (Mereish & Poteat, 2015). Subtle microaggressions communicate to clients what the

counselor is thinking and feeling (Shelton & Delesbian & Gayado-Romero, 2013). Communicative microaggressions in therapy with sexual minorities were narrowed down to seven themes (Shelton & Delesbian & Gayado-Romero, 2013). The microaggression themes that were identified as the most dominant for sexual minority clients rendering the therapeutic environment as discriminatory or prejudicial include the following: the assumption that sexual orientation causes the issues brought to counseling, avoidance and minimization of sexual orientation in therapy, attempted over-identification with the client, stereotypical assumptions, heteronormative bias, increased need of psychotherapeutic intervention, and warnings about identifying as a sexual minority (Shelton & Delesbian & Gayado-Romero, 2013). Microaggressions expressed by counselors can deter a client from receiving positive counseling experiences (Shelton & Delesbian & Gayado-Romero, 2013).

Nadal (2011) researched the ways that lesbian, gay and bisexual individuals coped with microaggressions and how they made sense of them. The 26 participants in the qualitative study that were explored helped categorize the results into 5 domains that included behavioral, cognitive, emotional, mental health, and groups that ratify microaggressions. The results of the qualitative study helped categorize reactions and coping into passive, resilience, empowerment, and anger or frustration regarding the microaggressions being experienced. Sharer and Taylor (2018) explored a similar topic that resulted in understanding more deeply that the microaggressions experienced by L, G, or B individuals was significantly associated with the increased mental distress and poor coping styles of the individuals.

Because of the issues of covert and overt discrimination that can be experienced by blunt discrimination or microaggressions, there has been a rise in exploring solutions to treatment in counseling for sexual minority individuals. One of the suggestions for this treatment includes affirmative counseling. As a result, the American Psychological Association (APA) has informed the helping field about possible resolutions for helping sexual minorities in a session using an affirmative philosophy (Bieschke, Paul, & Blasko, 2007). Bieschke et al. (2007) explained that the professionals who claimed that they worked from an affirmative framework still expressed heterosexual bias and attitudes in sessions with sexual minorities. Experiences reported by lesbian clients with disabilities suggested that it was difficult to find a place for counseling that they did not experience discrimination by the office staff based on either their disability or their sexuality (Bieschke et al., 2007). The participants felt obligated to disclose their sexuality and disability or keep it a secret to avoid adverse responses (Bieschke et al., 2007). Because of poor counseling experiences, the lesbian and gay population is sensitive to heteronormative language and might avoid topics that emphasize their sexual orientation because of a perceived lack of knowledge about issues that they might be experiencing (Bieschke et al., 2007).

While some counseling sectors emphasize divert inclusion, career counseling has been struggling to maintain an affirmative stance (Bieschke & Matthews, 1996). Career counseling was studied using a survey of 106 counselors to determine the competence and ability of career counselors to affirmatively provide care for the sexual minority population (Bieschke & Matthews, 1996). A regression analysis was used by the

researchers to determine predictors that correlated with a more affirmative counseling response (Bieschke & Matthews, 1996). The most important tenants derived from this study for understanding a career counselor's comfortability working with sexual minority groups was a nonheterosexist environment, the career counselors own sexual identification, and the counselor's definition of cultural diversity in a broad sense (Bieschke & Matthews, 1996). There are several subgroups of counseling (i.e. career counseling, college counselor's, individual private practice counseling, and agencies) that are lacking in advanced understanding about what it means to be truly affirmative and how to practice affirmative counseling in an office setting.

Risks for Lesbian and gay College Students

Recent researchers have emphasized the risk of a sexual minority client to have a higher risk of comorbidity (Perry, Chaplo, & Baucom, 2017) and a higher risk for psychological and physical distress (Mereish & Poteat, 2015). It is suspected that because the lesbian and gay community is more susceptible to psychological and physical distress the lesbian and gay person also has trouble building and maintaining vulnerable relationships like the counseling relationship (Mereish & Poteat, 2015). Because sexual minority adults are more susceptible to stressors, the college student is more susceptible to issues in academia stemming from the higher risk of stress (Sanlo, 2004). The college experience of a young adult that identifies as a sexual minority can be isolating and produce lower mental health wellness than that of a heterosexual student (Sanlo, 2004). According to Sanlo (2004), sexual minority students feel "invisible" except in the form of data on college campuses. A lesbian or gay student is less likely to seek counseling

services and have decreased retention rates because of the invisibility that they feel by the college community (Sanlo, 2004). CACREP emphasized a need for a continued understanding of diversity in the counseling field (Troutman & Packer-Williams, 2014). Some of the issues that have been challenged in CACREP programs include the focus on heteronormative structures and techniques, the use of the word multicultural in association with sexual minorities, and the vague understanding of the sexual minority experience (Troutman & Packer-Williams, 2014).

Premature Termination in Counseling

Researchers described premature termination as the termination of counseling before problems are solved or recovered (Swift & Greenberg, 2012). The benefits and goals of therapy were not met and negatively impact the client's wellbeing, the therapist, agencies, and the community (Swift & Greenberg, 2012). Premature termination in counseling has been a research topic that has decreased in recent years but has remained a common issue among counseling and psychotherapy professions (Westmacott, & Hunsley, 2016).

Termination rates. In a recent study, researchers suggested that the termination rate among an unspecified adult population is 1 in 5 individuals (Anderson, 2015; Swift & Greenberg, 2012). A quantitative comparison study found that the rate of a University young adult client dropout rate was 77% based on a clinically significant change definition of premature termination (Swift, Callahan, & Levine, 2009). This study was compared to other dropout classification systems (Swift et al., 2009). The study represents the ambiguity of many different definitions of treatment drop out. Some of the

definitions include the definitions provided by counselor judgment, missed appointments, and ending treatment before recovery was established (Swift et al., 2009; Swift & Greenberg, 2012). Premature termination in counseling is inadequately understood and is lacking research (Anderson, 2015). It is difficult to understand the reasons for premature termination without the reports of those who have terminated counseling (Hunsley et al., 1999).

A comparison of the counselor's report of early termination was linked to the client's reports for the causes of premature termination (Hunsley et al., 1999). The reports were compiled utilizing 87 clients to determine if their reasons for termination matched the reasons that the counselor's reported (Hunsley et al., 1999). The results shadowed a past study that determined that there was a differentiation between reports about why the clients terminated counseling before therapy goals were met (Hunsley et al., 1999). Several of the clients' reports emphasized a dissatisfaction with the therapeutic process and the reports did not match those of the counselors (Hunsley et al., 1999).

Termination predictors. A survey was completed to help fill the gap in literature to help determine a deeper understanding of premature termination predictors (Anderson, 2015). Over half of the 278 participants that were surveyed in the study claimed that they had terminated counseling prematurely and related the termination to a lack of counselor-client relationship and comorbid depression (Anderson, 2015). Ömer and Ahmet (2015) explained that in a research study completed at a university, the authors learned that age and a history of past psychological treatment were indicators of a higher risk for

terminating counseling prematurely. Other researchers have suggested that the counselors working alliance with the client, the length of time for treatment, and the client's dissatisfaction with the therapeutic process could all be predictors of early termination of counseling (Anderson, 2015; Westmacott & Hunsley, 2017). Westmacott and Hunsley (2017) suggested that clients tend to report issues with the counseling process as a reason for termination before meeting goals; whereas, counselors tend to blame the clients.

Premature Termination for Minorities in General

There is a higher rate of premature termination for minority individuals in comparison to their majority affiliated counterparts. Gonzalez (2015) investigated the multicultural competence, working alliance, and counseling outcomes that helped predict reasons for early termination emphasizing the greater chance that the racial and ethnic minority client has an increased likelihood to terminate or not seek treatment. The suggested outcomes of the research indicated that cultural competence was a key component for understanding the client and for possible retention (Gonzalez, 2015). The Asian American and Pacific Islander culture has been explored as one of the minority groups that has an increased chance to terminate counseling prematurely (Leong, 1992). Constantine (2002) researched one hundred twelve students of color that had participated in counseling and terminated prematurely on a college campus. The participants of this study revealed that the cultural competence of the counselor was rated low and that the incompetence was a key indicator for termination (Constantine, 2002). The misunderstanding of minority cultures, ethnicities, beliefs, and experiences result in

alienation and an inability to build a therapeutic alliance to meet goals (Sue & Sue, 1977). The research about the lack of competence and the increased chances of early termination among minority clients has been an ongoing issue in the counseling field for generations.

Anderson, Bautista, & Hope (2019) coordinated a study that focused on premature termination, the therapeutic alliance, and cultural minorities. This study compiled information about premature termination using a survey design that included 278 respondents. The major findings were that a large predictor of minority status premature termination was related to depression and a poor therapeutic alliance (Anderson et al., 2019, p.104). The authors suggest that " Results indicated that being a woman, identifying as a sexual minority, and having a therapist low in perceived multicultural competence were associated with increased risk of premature termination" (Anderson et al., 2019, p.104).

Early-Termination for Lesbian and Gay Clients

Liddle (1996) evaluated 392 lesbian and gay participants to answer a survey about their experiences in counseling. The participants explained that after just one session, the therapist practiced without competence and had discriminatory attitudes that indicated a need for the participant to terminate counseling prematurely. Liddle explored the counseling practices of lesbian and gay individuals further by exploring lesbian and gay experiences with heterosexual counselors in (1999). The participants described a much more beneficial experience and rated them much higher than before. It is implied that a key factor for increased satisfaction among these 392 lesbian and gay participants is the

increased attention to understanding the lesbian and gay experiences and competence (Liddle, 1999).

Counseling Sexual Minority Research and Counselor Training

There is a continued need for counselor training in specific areas of working with sexual minorities (Murphy, Rawlings, & Howe, 2002). Sexual minority groups and the individual identifications within the sexual minority umbrella have specific issues that could improve the treatment counselors provide these minority individuals (Murphy et al., 2002). The more training that a counselor receives learning to understand a person who identifies as a sexual minority, the more the counselor becomes affirmative and competent in sexual minority-specific issues (Alessi et al, 2016; Murphy et al., 2002). Counselors reported that training and an affirmative atmosphere positively impacted their competence working with the sexual minority population (Moe & Sparkman, 2015). Preparedness to work with the sexual minority population was correlated with knowledge, attitudes, specific skills, and the frequency of ongoing training focused on subgroups (Moe & Sparkman, 2015). Suggestions for more competent counselors working with the sexual minority person included more frequent training, more specific training, and training based on the most modern skills available in research (Moe & Sparkman, 2015). After analyzing counselor educators, school counselors, and agency counselor reports of sexual minority competence, evidence exposed competence of basic understanding with extensive reports of needing more specified and continued training about individual and group experiences within the sexual minority groups (Troutman & Packer-Williams, 2014; Moe & Sparkman, 2015; Berry, 2016; Lee-Tammeus, 2016).

Counselor Education and Lesbian and Gay Affirmative Counseling

Counselors receive education about working with diverse populations and advocating for clients in the classroom setting before practicing or working with clients (Whitman & Bidell, 2014). In the counselor education realm, there are dilemmas that are present when teaching sexual minority acceptance and an affirmative stance (Whitman & Bidell, 2014). The APA and ACA have increased their attention on the need for continued cultural counseling training, including continued training needs for treatment of lesbian and gay individuals. Historically, there has been research indicating a need for continued training for the sexual minority population (Allison et al., 1994; Fischer 1998). It is reported that psychologists and counselors have indicated a lack of preparedness to work with the sexual minority population (Allison et al., 1994; Fischer 1998). The following explores the research that has indicated a broader need for understanding training implications and the lack of training provided by past and current counselor education training standards.

The standards of the counseling education for specified training to work with the sexual minority population is called into question because of reported inconsistency in counseling programs and participant feelings of under preparedness (Sherry et al., 2005). Sherry et al. (2005) explained that graduate level training standards are lacking and are inconsistent. Fischer (1998) surveyed 108 participants in a graduate training program and of that 108 students only half reported having any training in the area of sexual minority counseling. A large majority of the students reported having zero courses or training in sexual minority treatment unless otherwise sought from external sources

outside of their program (Fischer, 1998). These students also reported that there were no articles provided that related to this topic in the programs they were attending (Fischer, 1998). The researchers indicated a need for counseling psychology students to receive more formal training about sexual minorities and how to competently treat the individuals in counseling.

The authors of a 2005 study asked participants about their educational exposure to lesbian and gay issues, availability of lesbian and gay training, faculty research interests that surrounded lesbian and gay interests and multicultural understanding, and if there were any specified organizations tailored to this population in the graduate programs (Sherry et al., 2005). A survey was provided to doctoral programs that were accredited by the APA to examine the training provided to doctoral students in counseling psychology about working with the lesbian and gay population (Sherry et al., 2005). This study resulted in a higher rate of courses reported to have covered lesbian and gay interests and issues at a 71% coverage rate out of 67.6% of programs that required a multicultural course (Sherry et al., 2005). The courses that were not considered multicultural courses had a decreased exposure of lesbian and gay indications by a low number of 21% with an even lower number of reported evaluations (17%) and written assignments (2.9%) tailored to understanding service to the lesbian and gay population (Sherry et al., 2005).

Current Counselor Education Training and Affirmative counseling

The standard for multicultural counseling and understanding the lesbian and gay population in the counseling realm has been increasing in most recent years. CACREP

has implemented improved ways to help train and prepare graduate level counseling students about treatment of cultures including the lesbian and gay population. Even though there has been a significant increase in multicultural attention and training standards, there is still needed headway to be taken for counselors to be prepared to work with lesbian and gay individuals (Whitman & Bidell, 2014).

Heteronormative counselor education. A more recent study covering CACREP counseling concentrations in graduate counseling programs suggested that CACREP programs have a heteronormative conception of counseling that could be improved by incorporating more diverse training criteria (Troutman & Packer-Williams, 2014). According to Whitman and Bidell (2014), the counselor educator might also be confronted with issues teaching about affirmative counseling with students who view sexual orientation from a conservative religious perspective. In the case of Ward V. Wilbanks et al., a counseling student refused to work with a gay client reporting that it was against her religious beliefs to treat anyone who claimed to have a same-sex orientation or unmarried sexual relations (Dugger & Francis, 2014). The lower court approved the Universities action to dismiss the student from the program because the student failed to uphold the ACA code of ethics that clearly encompassed treating all client relationships with equity and denied discrimination based on sexual orientation (Dugger & Francis, 2014). Because of the political climate and the basis of the Tennessee court's decision to uphold the rights of counselors to deny treatment to anyone that might conflict with the beliefs and values of the therapist, this case called into

question the rights of the counselor and the rights of the sexual minority client in a counseling setting (Dugger & Francis, 2014).

Because of these challenges, researchers have been working toward creating solutions and protecting lesbian and gay clients from harmful counseling techniques that are promoted in political or religious realms (i.e. conversion therapy, pray the gay away, political inequality). Troutman and Packer-Williams (2014) provided clear steps for continued training methods in CACREP accredited programs to help the counselor educator form more specific and inclusive curriculum. Diversity and Advocacy were added to the CACREP education standards in 2009 but still lacks specificity about training counselors to work with sexual minorities (Troutman & Packer-Williams, 2014). Kocet and Herlihy (2014) explained ways that counselors can uphold ethical conduct, hold personal values, and maintain a relationship with lesbian, gay, bisexual, and transgendered individuals. The article considers ethical bracketing to maintain core values without imposing those values onto a client (Kocet & Herlihy, 2014). Another key component of training is the use of an ethical decision-making model for counselors to consider when faced with an ethical or personal moral dilemma (Kocet & Herlihy, 2014). The authors encouraged continued testing of ethical bracketing paired with the decision-making model they presented to further identify counselor best practices (Kocet & Herlihy, 2014).

Cultural Humility

The idea of cultural competence has been scrutinized for its ambiguity and lack of cultural specificity to determine context and specificity for level of understanding

(Fisher-Borne et al., 2015). Cultural humility is a term that is used to describe a more fluid form of cultural context and understanding (Fisher-Borne et al., 2015). The term represents the implicit and explicit impact that culture has on the counselor and challenges assumptions made by the practitioner as well as assumptions about client culture (Fisher-Borne et al., 2015).

Foronda and colleagues (2016) used concept analysis to examine the definition and concept of cultural humility. The authors learned that the construction of the definition was best understood using the alternate definitions and understanding how cultural humility is not constructed (Foronda et al., 2016). By understanding what the term cultural humility is not, helped define and specify what it could be and how to establish the term (Foronda et al., 2016). The concept analysis clearly defined cultural humility as a call to action (Foronda et al., 2016). Having cultural humility as a professional means going beyond skills and understanding (Foronda et al., 2016). Cultural humility is the act of striving toward change, action, and transformative thought (Foronda et al., 2016).

Cultural Competence vs. Cultural Humility

The traditional understanding of cultural competencies was created by a predominantly Caucasian male perspective and emphasized three pillars for being competent about other cultures (Hook et al., 2016). The three pillars of cultural competence were described as the awareness of one's own personal culture, education about a cultures worldview, and using interventions in psychology that are deemed appropriate for that culture (Hook et al., 2016). Cultural competence in some cases could

merely be regarded as awareness of culture but does not necessarily substantiate immersion (Fisher-Borne et al., 2015). According to Christopher (2015) the definition of cultural competence is "to create a professional psychology workforce of people committed to the lifelong practice of self-evaluation when it comes to the inevitable biases engrained through learning and development within the limitations of our own cultures" (Christopher, 2015, p.172). While cultural competence often refers to race and ethnic culture, the concept might neglect other cultural importance like socioeconomic status or health concepts (Fisher-Borne et al., 2015).

Cultural humility is an attainable goal of immersing into the culture, establishing respect in the community, experiencing the day-to-day grind of someone of a specific culture, and becoming an active participant within the culture being explored (Fisher-Borne et al., 2015). While both competence and humility target the want to decrease the gap of misunderstanding and regard, they remain different in the set of goals and specificity of immersive action and accountability (Fisher-Borne et al., 2015). Cultural humility requires action and accountability to be obtained while cultural competence could rely on awareness and knowledge of cultural contexts.

Cultural Humility in Counseling

Hook et al. (2016) researched the use of cultural humility in supervision and its ascribed impact on development of the supervisee. Cultural humility in the psychology and counseling field promote a commitment to continuous learning and awareness of cultural implications (Hook et al., 2016). Humility and understanding of personal culture play a role in the contribution of therapy and supervision with culturally diverse clients

(Hook et al., 2016). The authors explained that attention to cultural values, beliefs, and spiritual practices were directly correlated to client improvement in counseling (Hook et al., 2016). Cultivating cultural humility can be developed by cultural experiences and immersion into cultures of all kinds (Hook et al., 2016). Seeking exploration and a deeper understanding of values, beliefs, experiences, and practices are implications for higher levels of treatment (Hook et al., 2016).

In a study of college campus students, researchers used 247 clients that were treated by 50 different counselors to determine the perceptions of cultural humility ratings of the counselor (Owen et al., 2016). These ratings and questions regarding the counselors missed opportunities to discuss the client's cultural identities helped moderate the perceptions of the counselor's humility and whether their missed opportunities were associated with client outcomes (Owen et al., 2016). Those clients that rated their counselors as having more cultural humility also rated higher outcomes of therapy (Owen et al., 2016). Those clients that rated their counselors as lower in cultural humility also coordinated with lower therapy outcomes (Owen et al., 2016). The researchers of this study seemed to have found an accidental connection between the perceptions of the counselor's cultural humility and the therapeutic alliance that helps determine positive therapeutic outcomes.

Retention and the Therapeutic Alliance

Early termination may be caused by microaggressions and non-affirmative care but also may be what the counselor is not doing to help the client understand the value of remaining in counseling. The therapeutic alliance and the collaboration of repairing

alliance issues presented in counseling could help determine value and retention (Falkenström et al., 2013). This section focuses on evidence-based research to help counselors understand retention implications and the necessary components that are needed to help retain clients (Birrell & Bruns, 2016).

Researchers that have focused on therapeutic retention have helped inform the counseling field about the ways that a client can be retained. Some of the retention qualities postulated by the researchers include a strong therapeutic alliance, learning more about cultural issues faced by the client, working together toward treatment goals, and fostering hope (Eubanks-Carter et al., 2005; Falkenström et al., 2013; Swift et al., 2012). The therapeutic alliance is one of the most commonly studied mental health factors researched in the counseling field (Horvath & Bedi, 2002). The therapeutic alliance is now known as one of the best predictors of adult therapeutic outcomes (Horvath & Luborsky, 1993; Orlinsky, Grawe, & Parks, 1994).

According to Birrell and Bruns (2016), the theoretical framework of the counselor could be a positive indicator that could help build a more positive experience for the sexual minority client and enhance the therapeutic process. Birrell and Bruns (2016) used data from the ACA code of ethics and provided a description of RCT principles that could enhance the therapeutic alliance in counseling. The authors discussed RCT and how it pertains to ethical actions to maintain a positive client-counselor relationship and how that relationship is pertinent to positive therapeutic outcomes (Birrell & Bruns, 2016). The researchers concluded with a description of how RCT practitioners utilize ethical actions to maintain positive relationships throughout the therapeutic relationship

enhancing the relationship and thus enhancing the therapeutic process (Birrell & Bruns, 2016). Because a theoretical stance could be an indicator of positive alliance and outcomes, affirmative therapy and RCT training could help counselors understand the importance of retention and sexual minority care in counseling (Mereish & Poteat, 2015; Birrell & Bruns, 2016). Competent care and understanding the sexual minority population is an important component for client retention (Eubanks-Carter, Burckell, & Goldfried, 2005).

Falkenström, Granström, and Holmqvist, (2013) utilized multi-level model analyzation that used a 646-patient symptom level analysis for individual sessions to determine if the therapeutic alliance impacts positive outcomes of treatment. The researchers observed the therapeutic alliance on a session-by-session basis (Falkenström et al., 2013). The authors learned that the therapeutic alliance was not a by-product of symptom reduction and improved the client in treatment if the counselor repaired any alliance issues when the issues were presented (Falkenström et al., 2013). Falkenström et al. (2013) explained that the repairing of a therapeutic alliance that might have been damaged also indicates a positive correlation with retention of the client. Increasing clinical effectiveness when working with clients who identify as a sexual minority could be enhanced by learning more about the issues that sexual minority individuals face and by becoming more aware of personal attitudes, beliefs, and discriminatory behaviors that can be portrayed in counseling (Eubanks-Carter et al., 2005).

A recent study that focused on a meta-analysis about the perceived costs and benefits of specific counseling approaches revealed variations of retention aspects and

therapeutic alliance indicators (Swift, Greenberg, Whipple, & Kominiak, 2012). The approaches in this study varied in specific focuses like change, hope, and the assessment of client improvement (Swift et al., 2012). The counselor's willingness to accommodate client needs was specified as an explicit way to incorporate client expectations and meet the role of expectations from the counselor that significantly decreased the drop-out rates of clients (Swift et al., 2012). Including the client in the decision-making process of therapy could help the client to feel empowered and in charge of their own clinical outcomes (Swift et al., 2012). Another component for client retention is the incorporation of hope and fostering the therapeutic relationship (Swift et al., 2012). Accommodating goals and client expectations are positive implications for retention and progress along with the strengthening of the counselor-client relationship to help better understand client needs (Swift et al., 2012). Lastly, the discussion and assessment of treatment progress can help the client to understand the possible benefits of remaining in therapy with the informed understanding of therapeutic hardship that they might encounter (Swift et al., 2012). The continued research about the therapeutic alliance and its benefits for retention of multicultural clients that began in the 1970's has become a significant piece for understanding the needs of clients and the role of the counselor (Strupp & Hadley, 1979). The therapeutic alliance has an increased emphasis in treatment with marginalized populations and is indicative of the client's experiences in counseling (Falkenström et al., 2013).

Lesbian and Gay Sensitive Goals and Continued Research Planning

Researchers and practitioners have both indicated the lack of understanding of sexual minority experiences that could help provide an understanding of training needs to better fulfill client expectations and retention (Berry, 2016; Lee-Tammeus, 2016; Moe & Sparkman, 2015; Troutman & Packer-Williams, 2014; Whitman & Bidell, 2014). Within the context of research with subgroups of sexual minorities, Alessi et al. (2016) specifically explained that future research about counseling sexual minority subgroups could help foster implications for training, improving attitudes, and influence counselor competence. Alessi et al. (2016) also noted that continued research about the gender of the counselor, the academic status of the counselor, and the years of experience could further enhance understanding of affirmative therapeutic interventions with sexual minority clients.

Bieschke et al. (2007) indicated that a larger percentage of lesbian and gay and bisexual individuals attend counseling in comparison to their heterosexual peers. Even though there is a large number of lesbian, gay, and bisexual individuals seeking culturally competent and humility based treatment, conversion therapy is still rendered as a possibility for the political grounds of therapeutic interventions with lesbian and gay people. Bieschke et al. (2007) noted that because of this continued political debate and other political indications of heterosexist rhetoric that is defined in the literature, the lesbian and gay individual would be more apprehensive to believe that they would receive competent and fair treatment in counseling.

Moradi, Mohr, Worthington, and Fassinger, (2009) detailed the lack of research about sexual minority individuals and the lack of accommodation for sexual understanding. The inconsistent constructs of understanding sexuality as a spectrum and the use of inconsistent terminology confine researchers to the limited literature that is available as a backbone for continued understanding (Moradi et al., 2009). Counseling psychologists can help provide a clearer understanding of sexual minority subgroups by continued research into the differences among the orientations, experiences, identities, and issues (Moradi, 2009). The continuance of scholarship, advocacy, and diversity research could help accommodate social justice factors and training efficacy among counseling psychologists (Moradi, 2009). Further, understanding sexual minority development and life circumstances that have enhanced resiliency in a world that often portrays heterosexist values could enhance perspective and guide training for counselors to better retain and decrease barriers to treatment with sexual minority individuals (Moe & Sparkman, 2015).

Summary

Sexual minority individuals who do not receive proper care of mental health and wellness have a higher risk of mental, physical, and social challenges (Mereish & Poteat, 2015). Studies indicate that a lesbian and gay client's experience in counseling could be improved when the counselor can treat them with cultural humility, understand the issues that individual sexual minority subgroups encounter, form a solid therapeutic alliance, form an awareness of unintentional heterosexism, and becoming more aware of personal attitudes, beliefs, and discriminatory behaviors (Alessi et al., 2016; Birrell & Bruns,

2016; ; Eubanks-Carter et al., 2005; Falkenström et al., 2013). Anderson et al. (2019) explained that results from the study on premature termination indicated a higher risk of premature termination among sexual minorities. However, there is little research to enhance the understanding of lesbian and gay adult client experiences in counseling to help retain these clients because of a generalization created by lumping the lesbian and gay population into the sexual minority umbrella (Moradi et al., 2009). Past researchers have encouraged continued exploration for an in-depth understanding of sexual minority clients, effective treatment, continued counselor training, and a more diversity inclusive curriculum in counselor education (Troutman & Packer-Williams, 2014; Whitman & Bidell, 2014).

There is a significant amount of literature about the affirmative therapy approach and even though counselors perceive themselves as affirmative, often still present heteronormative and heterosexist approaches to counseling (Bieschke et al., 2007; Eubanks-Carter et al., 2005). Research has concentrated on the counselor's perception of understanding why clients end counseling prematurely (Anderson, 2015; Hunsley et al., 1999; Westmacott & Hunsley, 2017) but has not focused on the need for understanding the client's perception to better equip the counselor with ways to retain clients who identify as sexual minorities (Eubanks-Carter et al., 2005; Moe & Sparkman, 2015; Murphy et al., 2002). However, there is a gap in the literature regarding an understanding of the lived experiences of lesbian and gay adults who have terminated counseling prematurely that could illuminate a better understanding of what would help the client in session, what is needed to help retain lesbian and gay adult clients, and what

is needed for counselor educators to better equip students to work with lesbian and gay adults. This study may help to address the gap by providing a platform for individuals to disseminate their own personal experiences in counseling and premature termination.

In this chapter, I explained in detail the literature that helps explain the need for the research focusing on the lived experiences of lesbian and gay adult clients who have terminated counseling prematurely. I explained the importance of using qualitative hermeneutic phenomenology research as a method to further understand and support my plan for this dissertation. Chapter 3 explains my use of hermeneutic phenomenology as a method to explore the lived experiences of lesbian and gay adult clients who have terminated counseling prematurely. Further, this method offered a deeper understanding of future counselor training, a broader understanding the needs of the population, and how to retain them.

Chapter 3: Research Method

The purpose of this study was to understand the lived experiences of lesbian and gay adults who have terminated counseling prematurely. The lesbian and gay population is underrepresented in the literature, leaving counselors and counselor educators ill equipped to treat and retain lesbian and gay clients. In this research study, I aimed to help focus and add to the literature on cultural competency and cultural humility with lesbian and gay clients in the field of counseling. Secondly, I explored how counselor educators could be more equipped to train counseling students about adult lesbian and gay experiences and counseling needs for retention. Helping existing counselors understand and formulate competence and build a therapeutic relationship with lesbian and gay adults could also encourage lesbian and gay adults to continue to seek counseling.

This chapter is a review of the research question, design, and rationale for the study. I explain the role of the researcher, inclusion and exclusion criteria, sample, and the recruitment process. I then explain the methodology that was used based on Van Manen's (2016) approach to hermeneutic phenomenology, collection of data, and data analysis. Lastly, I explain issues of trustworthiness and ethical procedures that were utilized to ensure the best care of the research data and the participants.

Research Question

The following research question guided this study: What are the lived experiences of lesbian and gay adults who have terminated counseling prematurely?

Research Design and Rationale

The phenomenon of interest was the lived experiences of lesbian and gay adults who chose to terminate counseling prematurely. I used qualitative hermeneutic phenomenology to understand experiences and prescribe meaning to the understanding derived by the experiences reported by participants (Van Manen, 2016). The qualitative approach that I used for this study focused on the prescription of hermeneutic phenomenology as disseminated by Van Manen (2016). Van Manen (2014) explained that the hermeneutic phenomenological approach seeks experiences of participants that represent that person's philosophical truth. Hermeneutic phenomenology as described by Van Manen (2016) is grounded in literature and explores language as a means for data collection (Van Manen, 2007; Patton, 2015).

I used semistructured interviews to collect data and build an in-depth transcript analysis. I used transcript analysis to increase understanding and further describe the meaning of the phenomenon explored, as described by Van Manen (2016). Interpretation of the data collected using a semistructured interview was established in the research study by utilization of the hermeneutic circle. The hermeneutic circle was helpful for interpreting and presenting the essence of shared experiences. The cultural sensitivity and qualification of hermeneutic phenomenology was used to understand experiences with integrated cognitive processing to better explore the lesbian and gay community and how counselors might retain lesbian and gay adult clients, as described by Van Manen (2016) and Patton (2015). I used the hermeneutic design to focus on building a relationship with the participant, analysis of experiences, and interpretation. Like my use of

hermeneutic phenomenology, I also used RCT for exploration of the experiences provided by the participants that focused on the worldview and perception of the participant who terminated counseling prematurely, as described by Frey (2013). The theoretical framework and the methodological approach were sensitive to culture, oppression, and the lived experiences of the participants.

Role of the Researcher

I sought participants through a cooperative organization in Oklahoma that serves the sexual minority community with consent from the establishment and provided an informed consent to each voluntary participant. My goal was to build rapport with each participant and portray equality throughout the research process. The hermeneutic phenomenological approach indicates that building trust during research is crucial for the participants to interview genuinely (Patton, 2015). It was my responsibility to build trust with each participant. I was an active participant in the interviewing process and did not experience any specific professional or personal conflicts of interest or issues with a power dynamic.

Strategies that I used to ensure rigor and credibility include ethical considerations, mixed purposive sampling, and bias control. I maintained awareness and accountability of personal bias that could have influenced interpretation and sampling. I co-created the semi-structured interview questions and kept detailed notes of the interviews. I maintained detailed notes so that a I had a clear trail of discoveries that were easily understood and procedures could be replicated. I clarified interpreted data with the participants and refined the interview as needed by giving further clarifying prompts to fit

the participant's story as represented by that individual. I used informed consent to explain procedures for confidentiality, limitations, risks, and benefits of participation in the study . I this study, I asked the participants to reveal some experiences that brought up feelings of discomfort. I explored these experiences with the participant only when they were comfortable, and I had resources available for post participant care. I provided post participant care options to the participants during the informed consent process.

As a result of my personal interest in the phenomena being explored, I consciously used awareness and personal journals to decrease personal identification with the participant's sexual orientation. Providing a warm environment and an empathic experience with the participant helped eliminate any personal cognitions and emotions that would have been viewed as bias. Impartiality is the key component for understanding the participant's experiences as their own.

I became interested in understanding the meaning and experiences of lesbian and gay adults who have chosen to terminate counseling prematurely because I am a member of the Equality Business Alliance (EBA) in Oklahoma and the counselors and interns that work for the cooperating organization have reported having multiple lesbian and gay adult clients reporting poor counseling experiences and premature termination. I am also a private practice clinician and have had multiple lesbian and gay adult clients describe premature termination as an issue that they viewed as preventable and a topic that was often left unattended. I utilized a detailed reflective journal and notes to increase impartiality. To increase trustworthiness, I used notes and journaling to complete a reflective appraisal of the research that "evaluate[d] the effectiveness of the process

undertaken", as described by Shenton (2004) (p.72). Authenticity of findings was also an imperative step to ensure trustworthiness in this qualitative study. I employed clarity, honesty, and transparency about methodology, interview data, and instrumentation.

Methodology

Participant Selection Logic

The sample I used for this study were lesbian and gay adults who have reported attending counseling sessions and have terminated counseling before personal or reasonable therapeutic goals were met. I recruited the participants through lesbian and gay adult support groups held at the cooperating organization and snowball sampling. I used snowball sampling to enhance probability that a marginalized population would feel empowered to participate and their voices be heard.

Inclusion and Exclusion Criteria

I used mixed purposive sampling to establish criteria to participate in this research study. I considered the birth language of the participant and the languages did not pose an issue for participation. I chose the participants based on the criteria of a specific sexual orientation. Sexual orientation of the participant was identified as either lesbian or gay and the person participating was considered a legal adult between the ages of 18 and 65. Criteria included having voluntarily ended counseling before collaborated or individual goals were met. Exclusionary criteria included those who quit therapy because of personal financial inability to pay the therapist, relocation of self or the therapist, or an unexpected change of counselor. I excluded anyone who identified as a student or client that I related to by work or extracurricular activities. The inclusive criteria and

exclusionary criteria were available in the email and first contact with the participants. Considerations for inclusion were made if the reason for termination was significantly related to lesbian and gay incompetence, insensitivity, or counseling environment even when there were other decision-making factors that were less significant.

Sampling Strategy

The most appropriate sampling for this study was a criterion based mixed purposive sample that included specific criteria and excluded differentiation from identified standards. Recruiting participants who are socially stigmatized can be difficult to obtain (Atkinson & Flint, 2001). Mixed purposive sampling provided the opportunity to reach potential participants through a cooperative organization in Oklahoma that holds support groups for lesbian and gay adults. I sent private communications to potential participants of the lesbian and gay community by email and word of mouth in the local cooperating organizations support groups. Snowball sampling allowed support group participants that meet the inclusive criteria of this study to help share the information with other prospective participants. To decrease possible difficulty obtaining lesbian and gay adults with specific inclusive criteria, I used snowballing through community groups to form connections with other lesbian and gay adults that met criteria to participate.

The participants were reached through the consent of the cooperating Oklahoma organization. I provided a signed consent to the IRB board to offer clarity of potential participation and a consent of cooperation signed to seek participants. I asked for approval to invite attendees of the cooperating organization by referral to advertise on doors that if a possible participant was interested to contact me and an email was sent in

relation to this voluntary participation request. Criterion based sampling through the local organization offered relevant networks for recruitment and leads for volunteers that were interested in participation. I provided my contact information, and I encouraged each possible participant to call and inquire for more detailed information thus giving me the opportunity to build a relationship and provide the potential participant with information before committing to the study.

Sample Size

The sample size for phenomenological studies does not necessarily have a specific numerical expectation (Patton, 2015). Creswell and Creswell (2017) and Morse (2000) explained that the sample size is best when it has a minimum of six participants. The numbers are merely a guide for good practice but not a solid expectation or rule (Patton, 2015). For this research study, I reached saturation in the data which at six participants (Guetterman, 2015). Saturation is commonly used in qualitative phenomenological studies (Guetterman, 2015). The use of saturation in qualitative studies enhances the ability to explore a topic until no new information was presented (Patton, 2015). I ensured saturation to increase the quality and depth of understanding the phenomenon explored. The size of participant samples varies in qualitative research because of the goal of reaching saturation (Guetterman, 2015). As described by Patton (2015) the goal is to reveal experiences instead of generalizing those experiences to a larger population.

Instrumentation

Rubin and Rubin (2012) explained that one of the techniques important to the interviewing process is the preparation of the interview questions. Aligning the interview questions with the approach of the study and the theoretical framework helps guide the interview appropriately (Rubin & Rubin, 2012). A script to guide the dissemination of details about the research and the interviewing process are helpful for organization and ethical considerations (Jacob & Furgerson, 2012). Please refer to Appendix A for interview focus questions.

The interviewing approach that I used for my research study was a philosophical hermeneutic interview. Hermeneutic interviewing is aimed at remaining open and focusing on the interpretive meaning of the phenomenon being explored by the researcher (Patton, 2015). Reflection of the phenomenon and exploring deeper meanings of experiences provided by the participants helped to guide the interview and enhance depth (Van Manen, 2016). This means that stories shared by the interviewees lead to more interview questions and refinement. I chose philosophical hermeneutic interviewing because it is viewed from the lived experience of the participant (Patton, 2015; Van Manen, 2016). This form of interviewing highlighted personal experiences and cultural context during the interviews with participants. Philosophical inquiry uses interview questions to gather experiential stories and analyze those experiences (Patton, 2015; Van Manen, 2016). Co-constructed interviewing is the refinement of interview inquiry that is fluid throughout the interview process and was maintained during this study (Patton, 2015; Van Manen, 2016). Cocreation also means that the interviewer and the participant

used inquiry as conversational information gathering that was adjusted throughout the interview as new topics arise (Patton, 2015; Van Manen, 2016).

I refined questions for the interview throughout the data collection process. Because the interview was semistructured, I created a possible focus question and set of sub-questions to help me remain focused on the interview problem and purpose. The focus question was: “What was it in relationship to the counseling process or counselor that affected your decision to leave therapy?" Examples subsequent questions that were considered included:

- describe what it was like making your first counseling appointment.
- describe what it was like in the counseling office
- tell me about your experience during informed consent and required paperwork
- describe your first session
- tell me about your relationship with the counselor
- tell me about how you felt leaving the first session
- tell me more about the remaining sessions that you had with the counselor
- explain what led to the decision to leave therapy
- tell me about any past positive experiences you’ve had with counseling

I used other data resources that include detailed notes post interview, transcripts, and detailed journals for continued data collection and analysis. Post interview journaling and note taking helped me to increase credibility, reliability, and depth of the research. The journals helped me to provide evidence of the research process, ethical

qualifiers, and the ability for someone to replicate the research, as described by Patton (2015). For a qualitative phenomenological study to remain inductive, journaling and detailed notes are encouraged (Patton, 2015).

Procedures for Data Collection

For the purpose of this study, I collected data via face-to-face interviewing, post interview journaling, and post interview detailed note taking procedures. I provided the participants with verbal informed consent, audio consents, ongoing verbal consent, and information about the interviewing purpose and procedures. The interviews took place in a private space designated by the participant or supplied by the cooperating organization. I recorded the interviews using the Olympus WS-852 recording device. I chose this device because of its reputable reviews with research interview recordings. As described by Van Manen (2016) and Patton (2015), data collection continued during and over several hours after the interviews concluded. Lastly, I debriefed the informed consent in summary, offered time for addressing questions or concerns, and provided my contact information. The debriefing was a post summary. Please refer to Appendix H for the participant debriefing letter.

After completion of the interviews, I journaled about my experiences, took detailed notes about my observations, and transcribed each interview (Patton, 2015; Van Manen, 2016). Secondly, I continued the journaling and exploration process to enhance understanding and interpretive meaning (Van Manen, 2016). Lastly, I coded and analyzed the data collected during the co-constructed interviews (Patton, 2015; Van Manen, 2016).

Ethical procedures to protect the participants were in place prior to participation, during, and after participation. I explained confidentiality procedures verbally and contractually in detail with the participant. I did not use any identifiers were used that would disclose name, location, or who the participant saw for counseling. I used alphabetically created names to ensure and maintain anonymity.

To abide by the ethical procedure, according to Walden (n.d), storage and destruction of information policies were considered. I stored all data electronically via external hard drive and a secondary thumb drive with the use of encryption. I protected the thumb drive by encryption and by login procedures that is independent of any other username or password that I have used in the past. The drive is physically stored in a locked file cabinet created solely for the purpose of this study, located in my private practice office. The coding summary is kept on a thumb drive and stored with my counseling files that meet storing guidelines according to the ACA code of ethics (2014). Retention of access to all information through the server and thumb drive is for a minimum of five years. After the five-year period, I will dispose of the data via server reset and electronically damage the memory chip from the thumb drive. Discontinuance of participation automatically resulted in the dismissal and destruction of any information derived from that participant.

Procedures for Recruitment

My participant recruiting process began with establishing voluntary participants through posting invites to participate at a cooperating organization (Appendix E; Appendix F). From these recruiting techniques, I used snowball sampling to establish

further connections and possible participants. First, I submitted the application to Walden's Institutional Review Board (IRB) for approval to begin recruitment. I provided the signed letter of cooperation (Appendix F). Once I received my IRB approval, I began the invitation of participants process. The initial contact with possible participants provided detailed information about the criteria to participate and my contact information (Appendix E). I encouraged snowballing referrals throughout recruitment of possible participants. I included information about voluntary participation without compensation and detailed information about the study.

When a prospective participant contacted me and self-identified, I personally contacted the potential participant back by email or phone via medium they chose for initial contact. The call or email consisted of relationship building, introductions, details about participation, and confidentiality procedures. I used only personal or private forms of communication through a personal phone call. Questions or concerns were encouraged during initial contact and throughout the study with each participant. I sent the potential participant the detailed explanation of the study (Appendix C) and had them contact me if they were still interested in participation. Following their contact, I provided the participant the detailed informed consent that explained confidentiality, procedures, length of time required, and potential risks (Appendix A). Next, the participant sent a copy of the signed informed consent via email or brought it with them to the scheduled interview. The interviews were audio recorded using the Olympus WS-852 recording device.

For debriefing procedures, I thanked the individual for their participation and offering a time for the participant to ask any questions, concerns, or provide their feedback about their participation experience. Secondly, I provided detailed information about what I would share with the participant after the research was completed. Lastly, I asked the participant for the most appropriate way to contact them post-interview and provided them with my personal contact information in case the participant had any further questions or concerns.

Data Analysis Plan

According to the hermeneutic interview explanation, Van Manen (2016) explained that data collection and interpretation begins as soon as the interview begins. Because I am using the hermeneutic circle for the analysis stage of the research, it was important for me to review transcriptions or summations of the experiences provided by the participants, in detail (Van Manen, 2014). I analyzed the data provided by each face-to-face interview by hand coding for themes and patterns of each transcript (Patton, 2015; Van Manen, 2016). I analyzed my notes using the hermeneutic circle as a guide for the interpretation of the data (Patton, 2015; Van Manen, 2016). Using the transcriptions to complete a written interpretation increased depth and richness of quality coding procedures (Van Manen, 2014). Examining my personal intentions and the intentions of the participant closely could increase credibility (Van Manen, 2014). I analyzed the data by understanding the participant's interpretation, text, and refining interpretation of the data collected (Van Manen, 2014). Ways that I accomplished refinement is through analysis using a concept map (Van Manen, 2014). My analysis concept map included

reading the transcripts thoroughly, coding themes and patterns, considering several interpretations of the data, and creating a summation of findings (Van Manen, 2014).

Because Hermeneutic Phenomenology focuses on the research of the essence of a phenomenon, there is no "unanimous methodological set" for data analysis but there are general stages of analysis that are recommended (Kafle, 2013, p.194). Because the methodological procedures should emphasize rigor, depth, richness, and "maintaining the quality of the entire research process and quality," I used a hand coding method fueled by the hermeneutic circle (Kafle, 2013, p.19). Paying close attention to rhetoric and interpretation of reading and reflective writing constituted the need for interpretation using the hermeneutic circle to increase richness, depth, and quality from the interviews (Kafle, 2013). I used Microsoft Word and Excel to help lump the patterns and themes using tables and text boxes. I lumped themes into primary and secondary to help differentiate the themes derived during data collection that changed to major themes and subordinate themes. After I lumped the themes and patterns into specific rhetoric, I used the hermeneutic circle to constitute interpretation into a more detailed understanding of themes derived from the interviews (Kafle, 2013).

Issues of Trustworthiness

Credibility

I increased credibility by using a literature based approach, reflection and fluidity of the interview, and co-construction of the interview with the voluntary participants. I also increased credibility through the approach that was chosen for the study. The approach I chose for this study was grounded in research and has highlighted benefits for

maintaining quality, depth, richness, and rigor (Shenton, 2004; Kafle, 2013). Van Manen's approach to hermeneutic phenomenology has been used in multiple research articles that I have used to build my research proposal. The interview and data collection procedures were aligned with the chosen approach (Shenton, 2004). Reflection on a focus question and fluidity throughout the co-constructed interview helped me to align the interview with the approach creating an increased amount of credibility and integrity (Shenton, 2004). This means that the interview was changed with the participant's report of lived experiences to create depth and accuracy of understanding. I have also been embedded with this marginalized population and am familiar with the culture. Cultural competence was important for the creation of interview questions, understanding, and building trust, as described by Shenton (2004). Anney (2014) explained that dependability and trustworthiness are dependent on the transparency and authenticity of the researcher's descriptions. I explained the research study in detail and execution was clear for each participant. Lastly, I analyzed and reflected about the effectiveness of the research in a journaling process.

Transferability

Transferability is the ability to use the information gathered and apply to the external population (Shenton, 2004). In qualitative research, the goal is not to export generalizability (Shenton, 2004). I did want to focus on transferability for social change. I think that the dissemination of findings could increase counselor's competency, understanding, therapeutic relationships with lesbian and gay adult clients, and retention. The transferability of qualitative studies is in relationship with the ability to use the

information found in the study to different contexts and circumstances. Though the delimitated area of participants were small, transferability and dissemination of research could be used in other contexts and educational trainings.

Dependability

Dependability is the ability to obtain similar results using the methods and approach that I am using for this study (Shenton, 2004). To guarantee dependability, I kept detailed notes of the conception and the creation of the interview questions, detailed transcriptions of the interviews, detailed notes of my own understandings, alignment with the chosen approach, and detailed journals for the research process that included narrative collection and interpretation. Replicating this study could be easily attainable.

Confirmability

Confirmability is the ability to ensure that the researcher's thoughts and bias are not driving the research and that the information was clearly provided by the experiences of the participant's (Patton, 2015). To help ensure that confirmability was applicable, I went through a process of trying several approaches until I found one that fit the research purpose closely. I took detailed notes and journaled throughout the research process beginning at conception and continuing through analysis and future dissemination of findings (Shenton, 2004).

Ethical Procedures

Walden Institutional Review Board

The study was conducted after submission of the Walden's IRB application and the return of IRB approval to begin research. Gaining access to participants was

dependent on the letter of cooperation received from the local organization I used for private spaces to interview. The consent was submitted to the IRB board with the IRB application.

Informed Consent

Informed consent for participants was submitted with the Walden IRB application. Each individual participant signed the informed consent prior to collection of any data. The signature represented the participants understanding of procedures, confidentiality, an overview of the study, and the ability to leave the study at any time or refuse to answer questions. The participants were provided information about a counselor available through the cooperating organization and a 24/7 hotline if they were triggered during the interview or participation process. The participant was given personal contact information for any further questions, concerns, or feedback.

Confidentiality

The participant was contacted through their most comfortable form of communication before participation was secured. To keep all material confidential, I kept the audio recording, coding, transcriptions, and interpretations on an external hard drive and a thumb drive encrypted with a username and password that was solely used for this research study. Each participant was identified by an alphabetically assigned name alleviating any need for personal information during the coding and interpretive process. The sequence of interviews remained confidential in case the participants knew each other. Any printed material, personal journals, and notes were locked in a filing cabinet in my private practice office following ACA code of ethics recommendations.

Destruction of Data Stored

I retained access to all data through a password protected server and thumb drive for a minimum of five years. After the five-year period, I will dispose of the data via server reset and electronically damage the memory chip from the thumb drive. Discontinuance of participation automatically resulted in the dismissal and destruction of any information from that participant.

Summary

Chapter 3 is a review of the significance, rationale, and method for this study. The chapter explained the rationale of using a qualitative study to explore the topic and the choice to use the hermeneutic descriptive interviewing, the hermeneutic circle, and hand coding over other approaches to data collection and analysis. Research questions and the role of the researcher were explained. A rationale and explanation of interviewing procedures, data collection, analysis, and ethical procedures were provided. Chapter 3 also covered recruitment procedures, consents needed, confirmability, transferability, dependability, and confirmability. Lastly, I discussed ethical considerations and procedures to help protect the potential participants and researcher.

In chapter 4, I discuss the research setting and demographics used in the study. I provide more detailed information about the demographics of the participants, how data was collected and analyzed that include specific coding procedures and interpretation, and trustworthiness of the study. Chapter 4 delivers a more detailed description of the research questions and a summarization of the results. Tables and figures are included in this chapter.

Chapter 4: Results

Introduction

Throughout the literature, indications by the researchers suggested that there are many ways to improve counseling treatment for those who identify as lesbian or gay adults (Alessi et al., 2016; Birrell & Bruns, 2016; Eubanks-Carter et al., 2005; Falkenström et al., 2013). The conceptual literature represents a continued need for research about what it means to be a lesbian or gay person in counseling who has terminated counseling prematurely (Moradi et al., 2009). Continuing to examine the quality of the counseling experience, affirmative therapy, the therapeutic alliance, and understanding the lesbian and gay population is addressing the gap of sexual minority treatment in counseling (Alessi et al., 2016; Birrell & Bruns, 2016; Eubanks-Carter et al., 2005; Falkenström et al., 2013).

Offering an informed understanding of the lived experiences of lesbian and gay adults who have terminated counseling prematurely through the interpretive means of hermeneutic phenomenology, in this chapter, I shed light on the themes and experiences that inform the mental health profession about what it is to be a lesbian or gay person who has terminated counseling prematurely. First, I provide information about the setting of the interviews and how they were constructed. Second, I provide the demographic information of the participants that generalizes the description of the entire sample. Third, I outline codes that became themes and representative descriptions of experiences offered by the participants. Lastly, I offer the thematic elements presented by the participants in quoted dialogue to embody the themes presented in the interviews.

Setting

The results were compiled through six semistructured, coconstructed interviews in a place that was most comfortable for the participant. The interviews are narratives of the lived experiences from adults who identified as either lesbian or gay, over the age of 18, who identified as different ethnicities, and had terminated counseling prematurely. The world-view and the description of the narratives during the interviews were participant based. There is a difference in lived experiences divulged by each participant because each participant attended counseling from a different counselor in different settings. The difference in narratives does not devalue the experiences obtained, instead they provide a larger range of understanding as to what it means to be a lesbian or gay person in counseling and what lead them to termination early in the counseling treatment.

Demographics

The demographics that I obtained describe sexual orientation, ethnicity, and education in the form of percentages (See Table 1). The demographics of the type of licensed clinician is explored, by report of the participant, to understanding the context of mental health services that the participant experienced. The clinical demographics table is detailed with the total *N* to clarify percentages based on reports of mental health licensure by the participant (See Table 2).

Information derived from the participants were transformed to percentages for structure and organization. The semistructured interviews were obtained with a majority Caucasian (66.67%, $n = 4$) and Other (33.33%, $n = 2$). Sexual orientation identities reported were lesbian (66.67%, $n = 4$) and gay (33.33%, $n = 2$) for a total of six

participants. Of the six participants, two reported having a graduate level education, two reported a bachelor's level education, and two reported having some college experience.

Table 1

Participant demographic

Demographic	%	*N*
Demographic Forms		6
Sexual Orientation		
Gay	33.33%	2
Lesbian	66.67%	4
Ethnicity		
Caucasian	66.67%	4
Other	33.33%	2
Education		
High School	100.0%	6
Some College	34%	2
Bachelor's	33%	2
Graduate College	33%	2

Table 2

Provider Characteristics

License of Participant's Therapist	Average %	*N*
Licensed Psychologist	16.67%	1
Licensed Professional Counselor	50%	3
Licensed Clinical Social Worker	33.33%	2

The participants shared experiences from three different types of licensed providers, all located in the state of Oklahoma. The practitioners (*N*=6) held licenses by report of the participants as either (16.67%, *n* = 1), a licensed professional counselor (50%, I = 3), or licensed clinical social worker (33.33%, *n* = 2). Majority of the participants, five out of six, reported not knowing the difference between licenses or training provided to the clinician for licensure.

Data Collection

Data collection began after receiving conditional approval from the Walden University Institutional Review Board (IRB approval number 11-13-18-0532194) that was conditional upon the signed letter of cooperation (see Appendix G) from a local community partner, as documented in a signed letter of cooperation from the partner organization. This letter is signed with knowledge that the organization is not mentioned in the Doctoral Report published in Proquest to ensure continued privacy of the participants.

I began data collection by first obtaining the letter of cooperation signed by the CEO/ executive director of the organization with the organization's responsibilities to: "provide a space for interviews and distribution of information for invitation to participate," and "reserve the right to withdraw from the study at any time if our circumstances change." This email provided confirmation of cooperation, as needed, and confirmation of Walden's approval to begin interviews. I received the approval to begin recruitment from Walden Universities IRB.

Recruitment Process

The recruitment process began with the distribution of research participant information and related directions provided to possible participants for recruitment at the cooperating organization. I also used snowball sampling so that possible participants could share the distributed information with others that they believed might be interested in participation. Potential participants contacted me via phone and email as directed in the research participant information. All participants provided consent. For five volunteer participants interviews occurred after the 15-minute initial introduction to the study and affirming their consent verbally and by signature (see Appendix B). The last two participants signed the consent documents and contacted me for further scheduling. One possible participant was unable to continue participation due to scheduling conflicts.

Data Collected

I collected data over a 4-week period with six adult participants that met the inclusion criteria (see Appendix I). The collection entailed six audiorecorded interviews with adults over the age of 18 who signed assent forms prior to interviewing. The

interviews were semistructured and coconstructed to continue fluidity and narrative based on participant experiences.

Interview Process

The semistructured interviews helped guide the interviewer toward understanding the lived experiences of the participants related to their overall counseling experience, meaning of the counseling experiences, lived experiences related to the decision to terminate, and experiences with office staff (see Appendix A). The interviews were also coconstructed and were participant led by experiential narrative. I conducted the interviews in various locations where the participant was most comfortable and provided the most privacy. The environments included private meeting rooms and individual's homes. The interview collection ranged from 15 minutes to 43 minutes. The meeting times were longer than the recordings because of consents, questions, and debriefing. Most participants showed signs of emotional arousal but did not show signs of distress before, during, or after the interviews. Many of the questions were answered within the participant's narratives and did not need to be asked sequentially. As the interviews progressed, the participants divulged information about their experiences in sessions, experiences with the clinician, and the experience of premature termination. The theoretical orientation (RCT) and the hermeneutic phenomenological method that I used in the interviews were adhered to by allowing the participants truths to be the ultimate understanding of their experiences. The interviews were fluid and conversational.

I completed the transcription process by personal hand typed transcripts. Van Manen (2014) explained that hermeneutic phenomenology is a process of being

entranced in the analysis of the narratives to discourage personal interest and encourage the flow of the participants' experiences through meaning and understanding. In the next section, I ensure continued privacy to the participants by paraphrasing most experiences and providing few quotes while still allowing the depth of the interviews to unfold for the reader. The participants were provided androgynous pseudo names to maintain confidentiality throughout this document.

Armani

Armani was a woman in her early 40s who was highly educated. She chose to meet in a public space. Upon arrival, I knew that the participant was struggling with some anxiety. I worked to build rapport quickly, discussed informed consent, and she decided that she was comfortable and would like to complete the interview immediately. After completing the consent form and discussing the demographics, she seemed to have a more relaxed demeanor. She seemed eager to tell me her experiences and began by saying "Okay, let's do this." The participant described her sexuality as a huge "tipping point for my life" but that her experience with the counselor that she was about to describe was "one of the most traumatic experiences" of her life. The participant described a positive relationship and alliance that she had with her counselor for over a year. "I had been seeing this therapist for over a year. We actually had worked together at one point in the mental health field so I really trusted her." After that initial year, she began describing her experiences with the counselor very differently. When asked "what changed after the first year?" she explained that she told the counselor that she was experiencing some "transference" with her. The experiences explained by the participant

about the counselor's reactions emphasized continued issues with psychological manipulation, ethical boundaries being crossed, and even a traumatic experience where she could not remove herself from the verbal attacks. She said,

> After I told her about the feelings I was having for her, she had people waiting in the waiting area of her office during our sessions. She never did that before. I would just walk in and that was it.

The participant described the traumatic event,

> during a session, I felt like she was making me seem crazy and so I started to have a panic attack. I went to the bathroom to calm down and she followed me in the bathroom and continued to accuse me of masturbating to the thought of her. She kept pointing to the toilet paper by the toilet like it was evidence or something. Looking back, she must not know much about how the female body works and how masturbation occurs. There were children in the building running by. I didn't know what to do.

The participant became emotionally aroused and explained that this was a very private and scary situation that she thought needed to be heard. She explained that her experiences with the counselor seemed to be good and she thought that transference was a topic that should be addressed in the counseling relationship. The participant believed it was a topic that should have been safe to discuss to help her understand what was impacting her suddenly to view the counselor in a different way. She explained that the situation escalated so quickly that "I became suicidal and had never been suicidal before." She described the counselor as having difficulty understanding sexual

orientation and yet seeming to be intrigued by the fact that her client (Armani) was a lesbian with possible feelings for her. Armani explained that now looking back, she also noticed some other ethical boundaries being crossed with some of the counselor's other clients in waiting rooms and in public that resulted in a client killing themselves in the clinician's office just weeks after Armani had felt attacked verbally and emotionally in session. Armani explained that the reports of the suicide were publicized on the news and in the newspapers. She continued to become reflective and explained that she believed the clinician was not as skilled and was not prepared to handle someone who was working toward understanding themselves, relationships, and security in their own identity.

The participant ended the interview by explaining that she has continued to see a counselor despite the traumatic experiences she has had and after premature termination with that counselor. She reported that terminating the relationship with that counselor was scary because she had been seeing her consistently. The participant stated, "It took me a long time to process what happened and try therapy again with another person. I still hold back." She seemed to be apprehensive about the client-counselor relationship and is fearful of the damage it can do if she were to be too vulnerable in the present with her current counselor.

Brighton

Upon arrival, Brighton seemed to be extroverted and excited to meet for consent to participate. She stated that she had participated in a research study before and was comfortable with the process of interviewing. As a result of her comfortability, she

signed the consent, discussed questions, and asked to proceed with the interview. Brighton seemed confident and open about her personal identity. She described herself as an explorer, a lesbian, and a person who is "not good in relationships." She was in her early thirties at the time of the interview and was very comfortable with her sexuality.

At the beginning of the interview, she seemed to be discrete about the counseling experience that she wanted to discuss. As the interview continued, she became more comfortable and animated. When she became emotionally aroused and irritated, she would stand up and pace. Brighton described her counselor, "she was young and was a referral from another counselor. She was relatable." She laughed and said, "maybe too relatable." As she continued to describe her experiences, she said that her counselor was in "private practice and did not have office staff." She explained that "she was inexpensive and the counselor took her insurance. This was a bonus because I heard a lot of the good ones are only cash pay." Brighton began going to the counselor as a couple with her partner. She explained that at first, it was comfortable and that she and the counselor seemed to build rapport "pretty quickly." Brighton stated, "At first I thought she did a great job being open and making us feel comfortable." She continued to discuss their session and said that every time the couple would leave counseling, they were in more turmoil, as a couple, than when they started the sessions. The participant stated,

> "When we left counseling appointments there was very little we understood that we could or should be working on. Instead, the session would become huge arguments and we would fight until one of us left. Sometimes she would call us

back into the session and then the fights just continued. We never felt like she knew how to help us and instead just made us fight worse."

She described the counselor as "inattentive and would often even call me the wrong name." Brighton said, "every time I would talk about something I thought was an issue, she would tell me about her and her husband and how they had similar arguments or problems and how they ended for her." Brighton believed that the counselor was responding in this way in attempt to create similarities and compare her heterosexual relationship to her same-sex relationship. "I don't know if she had ever had a gay client before but she certainly didn't know that by comparing every problem with her own did not make me feel any less weird. I didn't think that she cared that we were gay, I am just not sure she could understand that her husband was not my wife." She explained that the experiences didn't seem to fit Brighton's initial reason for coming to session. The participant continued to describe the counselor's focus being solely on Brighton and would often not include her partner in session topics. "She would talk to me like my partner wasn't even there and would just want to be my friend, I think."

Brighton continued discussing how she then decided to see the counselor individually to see if that made a difference in the sessions. The counselor encouraged her to come in weekly for sessions. As the sessions progressed, Brighton explained, "it felt like the counselor wanted to be my friend so badly." Brighton began pacing and talking about how she and her partner felt deceived and that the counselor could not understand what it was like to be them, as a couple, so instead had to make it about her

own relationship to try to make sense of some of the issues that they were having as a couple.

> "At first her stories were taken and thought she was just trying to tell me about her stuff to make us more comfortable. But the more she told me stuff, the more I felt like she just didn't understand us unless she talked about herself. I asked her if she ever had a gay couple and she said no, but I have gay friends."

Brighton decided to no longer proceed with counseling because she felt like the counselor was not emotionally or cognitively available to work from her world-view. Brighton's final statement was, "Wow! I never thought about it until now, but I have never returned to counseling since that incident. I will have to think about that."

Charlie

Charlie described the feelings of discomfort when entering the counseling office. Charlie explained that they asked for her address "but didn't even bother giving me any personalized medical history or family history documents like they already had me filled out." The participant continued to explain she felt "that because I was already there for counseling they assumed who I was already." One of the main factors discussed was the lack of a therapeutic relationship. She stated, "I would have rather had a rectal exam than have been in counseling with him." She described an invasive and vulnerable state because she felt like she needed help and was already anxious about seeing a male therapist that was referred to her by her physician. It was undisclosed if her physician knew if she had a preference of mental health professional. She stated, "I felt like I was more of a number on a chart instead of a person." Charlie explained that during her

sessions, she felt "stripped away" like her experiences weren't real and that there were assumptions and "judgment about who I was" and what she had experienced. She experienced minimization and invalidation. She stated, "I went there to see him about 7 times before I gave up."

Instead of "really hearing me" the counselor seemed to not be able to connect with her in any capacity. The invalidation and lack of therapeutic connection seemed to be the ultimate decision to terminate. "I felt desperate to work on what happened to me and this guy didn't want to work with me. He didn't like me from the beginning." When asked if she believed if her sexual orientation was a contributor of a lack of connection, she explained, "I don't know if it was all of that but it was probably a large part of it. I think it was also because I was poor. I finally quit because he just wanted to keep shoving medication on me. I was like um no, I have real problems." Instead of "really hearing me" the counselor seemed to not be able to connect with her in any capacity. The invalidation and lack of therapeutic connection seemed to be the ultimate decision to terminate. Charlie later located a female therapist that she felt helped her work on the issues that she needed to address 2 years after premature termination with the counselor described above.

Denver

Beginning the interview with Denver was fluid and conversational. The participant seemed comfortable talking about past experiences and wanted to be heard. Denver explained that he sought counseling because of issues with grief and disconnection after telling family and friends about his sexual orientation. He was

recommended to the counselor by a friend and decided to "take the leap and see what happened." The participant explained that the initial entry into the counseling office was comfortable. "When I walked in the office I felt really comfortable and like it would be a place that I would visit even if I wasn't coming for an appointment." The initial consent process was described as a good segway for learning more about the counseling process and what the counselor could offer. After describing his reason for counseling, the participant explained that the comfort level became "stuffy" mostly because of his own "fear of rejection." Denver described his sessions with the counselor as "light and full of energy." He stated, "I really enjoyed getting to know my counselor and felt like the process was almost too easy." When asked how long he attended counseling at this establishment, the participant became solemn and seemed to become irritated. Denver said, "I went for about 5 months." Denver said, "I sadly left the office feeling misunderstood and attacked." These statements reflected what Denver explained as the counselor's continual confrontation regarding a perceived lack of understanding for those Denver described as "conditionally loving." Denver explained that the counselor seemed to have difficulty understanding relationship loss surrounding his announcement about a vulnerable piece of his life. "The counseling sessions became what I thought was over the top." Denver stated, "I still felt comfortable with my counselor and at the office but I didn't understand where the stuff that was said was coming from. I guess I became confused."

According to the participant, the counselor continuously reiterated that "coming out was not the problem, your unwillingness to accept them as they are is the problem." Denver exclaimed,

> "I just think the counselor was defensive at this point and couldn't hear anything I was saying. They wouldn't let me feel unless I was feeling ashamed. I would have probably used the words ashamed and let down at the same time. Is there a word for that?"

He continued to explain that he was open to the counselor's ideas about the relationships but also did not understand the continued counselor focus on what he could have done differently when he "came out" opposed to grieving the loss of friendships and other familial relationships that were connected with his experiences. "So in a way, I became argumentative to because I was being rejected again." His final termination decision was solidified when the counselor told him that the counselor's experiences with "people like you is that you want to be the victim." Denver explained, "I didn't think about being a victim until this was said to me." Denver said he felt like losing people was often a part of the coming out process and he needed someone to help him grieve the loss of those who chose not to be in his life because of his sexual orientation.

Eastyn

The interview with Eastyn was reflective and well-articulated. The participant was analytic in thought and had a list with him to help him remember all of the points that he wanted to discuss. He said that he had experience in the helping field and had his "share of good counselor's and bad counselors." Eastyn explained a counseling

relationship that was formed quickly and "comfy." He explained that the counselor seemed to be well known in the community and was participating in continued education for the diverse gender and sexual orientations that clients might express. "I heard about the counselor through a friend that attended some groups about sexuality and dating." The participant stated, "my counselor was well read but often used poor terminology and asked invasive sexual questions that I was not yet comfortable answering." Eastyn explained that because he had experience in the helping field, he felt that the counseling sessions often became "consultations" and "educations" for the counselor. "I felt like it was part of the sessions at first to talk about the most current vocabulary because lord knows it changes all of the time. But it became almost absurd." The participant explained that he did not mind teaching the counselor correct terminology but was not comfortable speaking generally about other labeled interests like "furs" or "leathers." He said that he did not identify as either labeled interests and would often have to explain to his counselor that he was not the right person to speak on the population's behalf. Eastyn said that the counselor seemed to be exploring sexual orientation personally and was using counseling sessions to learn more about the LGBT community. "I think that there may have been some sexuality questioning and curiosity going on in our time together. I mean, I don't blame him. I am kind of cute." The participant explained that he only remained in a therapeutic relationship with the counselor for approximately 3 months before locating a "more qualified counselor." He stated, "It's not that I was uncomfortable, I just think I was going for help and didn't want to pay to help them."

Frankie

The interview with Frankie began directly after signing consent forms. The participant said that she was available to accommodate the interview and would like to proceed with the understanding that she only had an hour. Frankie explained that she had a large family and fostered many children. She said that her poor counseling experiences were usually with counselors who "worked for the state" and seemed to have difficulty understanding her family dynamic. She explained that she initially went to counseling after fostering her first child because of the difficulties she was having with the fostering relationship. Frankie discussed her relationship with the counselor as "friendly and accepting of my difficulties with my foster daughter."

After explaining the positive relationship that she built with the counselor she explained that the counselor became more invasive about why she and her wife desired to foster in a state that does not require agencies to have inclusive same sex criteria for fostering.

> "The counselor kept asking me questions, like grilling me about why we would even foster kids where some private agencies won't even allow us to foster or adopt. It is definitely something I have thought about too. I thought it was a valid question but it didn't seem to have to do with my relationship with my foster kid."

The participant began divulging that the counselor had worked for one of the agencies that did not allow same sex couples to foster or adopt in the state. I asked, "Did that impact the therapeutic relationship?" The participant stated that she did question the relationship in "fear that the acceptance she put out there was not acceptance at all." She

continued to see the counselor and learned that the counselor's "motives were not to help me with my child but to discourage me from fostering children that might be better suited with a male in the home." The participant explained that she went home to her wife and told her how she felt about the counseling relationship that ultimately lead them to the decision to terminate counseling after 8 sessions.

Data Analysis

Data analysis was an ongoing process as described by (Van Manen, 2016). Van Manen (2016) described six steps that included deciding on a phenomenon of interest, the investigation of lived experiences, reflection of themes that are described by the participants, description of the phenomenon, maintaining an oriented approach, and considering the parts and the whole of the phenomenon described. The coding process that I was hand coding derived by the interactions, understanding, and interpretation of the thematic elements of the interviews. The themes and patterns derived from the interview codes were compared to the literature and interpretation of meaning using the hermeneutic circle, as identified by Van Manen (2016). The hermeneutic circle is a representation of the whole that is summed by its parts i.e. the themes and patterns. Meaning is derived as a whole when it is within a context. Apart from its context a word might not share the same meaning. This concept is how the interpretation of themes and patterns create meaning. The responses provided by the participants in the interviews helped to inform the coding that evolved to thematic elements.

Coding

For coding purposes, inductive coding was most appropriate for this research study. Inductive and axial coding is indicative of the development of the codes by directly examining the data collected from the interviews (Allen, 2017). Inductive coding was based on the research question for this study:

> What are the lived experiences of lesbian and gay adults who have terminated counseling prematurely?

The axial codes derived from the data collected were specific to each interview and then lumped into larger themes and patterns (Allen, 2017). Axial codes can help the researcher link and connect emerging themes and patterns (Allen, 2017). The inductive and axial codes were sectioned into two categories that included positive codes and negative codes that were derived from 3 main structures of the interviews. The 3 structures include (1) initial experiences, 2) counseling experiences, and 3) final decision to terminate prematurely. Emergent themes and categories that were derived from the interviews and the 3 structures were the therapeutic alliance, interpersonal interference, ethical boundaries, cultural humility/cultural misunderstanding, and cultural invalidation. After axial codes were examined, subordinate codes were also explored using the hermeneutic circle to help derive meaning from the major themes.

Transformative Terms and Definitions

For the purpose of this study and coding of the themes, there are three terms that were used to increase depth of the emotionality and importance of the narratives shared by the participants. The terms are inclusive of past research and share significant

similarities with past terminology while transforming common understanding to represent the emotional state of the participants' lived experiences and the depth of the significance of the theme. The three terms that are used *are interpersonal interference*, *organic neutrality*, and *cultural invalidation.*

Interpersonal Interference.

The term *interpersonal interference* is used to increase understanding of the significance of meaning. Interpersonal interference encompasses a combination of experienced grief related to being subjected to microaggressions (Sharer & Taylor, 2018), countertransference (Hayes, Gelso, Goldberg, & Kivlighan, 2018), transference (Mohr, Fuertes, & Stracuzzi, 2015), and over-identification (Shelton & Delesbian & Gayado-Romero, 2013). The research implicated that there is a continued need for attendance and monitoring of the counselor's reactions to clients, regardless of their theoretical orientation (Shelton et al., 2013; Mohr et al., 2015; Hayes et al., 2018; Sharer & Taylor, 2018). After researching and defining the listed words that are combined to make up interpersonal interference, the phenomenon discovered in the narratives and emotional burdens carried by the participants was not efficiently exposed. Interpersonal interference is a term that is meant to honor the past terminology in a collaborative way while going deeper into the experiences that were divulged. As defined in Chapter 1, interpersonal interference is defined as the existence of what mental health professionals would consider projection of self, projection of memories, and projection of personal relationships with a client that, if not addressed, could interfere with the therapeutic alliance and the therapeutic process.

Organic Neutrality.

The term *organic neutrality* was derived from the depth of understanding of the participants' lived experiences and portrayal of meaning that embraced the need for counselor presence beyond that of cultural competence and cultural humility. While cultural competence is an important feature for understanding, and being present in a culture, it is limited by the knowledge of and education of that culture. Cultural humility, as described in chapter 2, goes beyond competence and refers to the implicit and explicit cultural norms that resonate with the counselor (Fisher-Borne et al., 2015).

The meaning of cultural humility helps highlight the possibility of defying bias, assumptions, and past diagnostic understanding by becoming connected to a culture in the community, beyond the counseling sessions (Fisher-Borne et al., 2015). Cultural humility is a great challenge and one that is beneficial for therapeutic connection (Fisher-Borne et al., 2015). For the sake of this study, organic neutrality is a term that could offer a deeper understanding that penetrates immersing into a culture, competence of that culture, and enhances a sense of organic being. As described in the terminology section, organic neutrality is a clear cognitive state of being in a session. Organic neutrality is a focus on utilizing tools like empathy, cultural humility, competence, compassion, vulnerability, transparency, and connection to suspend personal belief and cognition. This could also be described as transcending the self in the most present sense of being and offering humanity, while suspending labels, toward a mindfulness sense of curiosity. The curiosity of the counselor enhances emotionality and vulnerability to a point where the counselor would negate conscious cognitions that change and shape into a state of

being in transformative human connection. Organic neutrality is practicing mindfulness meditation in a state of awareness, offering the opportunity to transcend the self in connection to stressing ethical reflection. This form of transcendence is similar to the historical Buddhist perspective as "transpersonal states" of being (Hunt, 1995).

Cultural Invalidation.

For the purpose of this study, *cultural invalidation* was used as a term to describe the counselor's annulment and shaming of presenting cultural beliefs, cultural understanding, and cultural experiences. The goal is to suspend the implicit or explicit action of shaming that could invalidate the client and minimize understanding or meaning in sessions. Past research discussed dislocation of the clients' culture (Ishiyama, 1995), validating culturally diverse people (Renden, 1994), and the invalidation of racial identity (Franco & O'Brien, 2018) but fails to examine the invalidation practices that occur in counseling sessions. Invalidation was described by the participants in multiple ways. Some of these cultural invalidations included the counselor's attempt at normalization that then dehumanized the participant's relationship, assumptions about the culture and resorting to the roots of the presenting issues being mostly about sexual orientation, and confronting discrepancies for reflection in sessions that resulted in explicit shaming of the client.

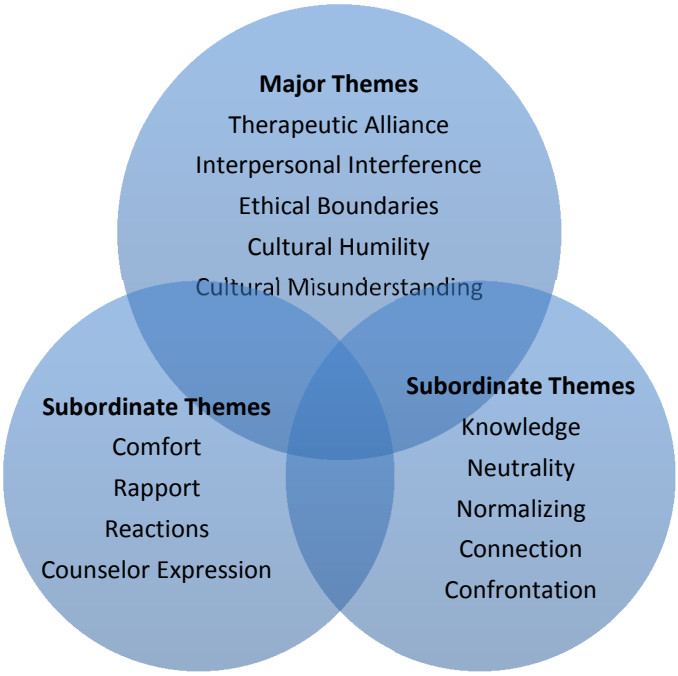

Figure 1. This key shows the connection of the major themes that validated the subordinate themes.

Coding Themes

The therapeutic alliance is a larger theme that was derived from 5 of the participants' experiences that led them to remain with a counselor for a longer period of time. All 5 participants described the therapeutic alliance as "comfortable," building rapport "pretty quickly," "friendly and accepting," "easy to talk to," and "relatable." One participant focused on a lack of a therapeutic alliance that ultimately led to the termination of counseling.

A second major theme that was derived by the data collection was an issue of interpersonal interference as experienced by Armani, Brighton, and Eastyn. Interpersonal interference was explored and discussed by 3 of the 6 participants in different forms. The interpersonal interference and need to connect the counselor's personal lives to the lives

of their clients to help the counselor normalize became a detriment of comparison and misunderstanding throughout the therapeutic process. One of the participants used the exact word "transference" and "After I told her about the feelings I was having for her, she had people waiting in the waiting area of her office during our sessions. She never did that before. I would just walk in and that was it." This quotation is an example of how interpersonal interference from the counselor, in lieu of possible inability to address the interference, manifested into a fearful entry into the office that was once comfortable and altered the state of the therapeutic alliance and the therapeutic process.

Another participant explained that the mental health professional may have been "too relatable" and would "talk about her and her husband's issues like they were mine." To make the theme more accurate to the collection of patterns, this theme is coded as interpersonal interference instead of counter-transference or transference. Interpersonal interference collects the transference perspective with the interference of the counselors' over-identification with the participants and over-sharing that impeded the counseling relationship and the counseling process.

The third theme formulated from the reported experiences of the participants was ethical boundaries. There were 5 participants who shared experiences of perceived lack of ethical boundaries. One of the participants described a scenario that exuded the neglect of professional boundaries and a cultural misunderstanding, "I felt like she was making me seem crazy and so I started to have a panic attack. I went to the bathroom to calm down and she followed me in the bathroom and continued to accuse me of masturbating

to the thought of her." A second participant explained that "inappropriate questions" were asked and the participant became a "learning tool" for the counselor.

Lastly, I lumped together an ongoing dialogue about the misconceptions of cultural understanding, cultural invalidation, and a lack of perceived cultural submersion that was reported by all 6 participants. These were lumped together by interpreting the explicit implications of a lack of understanding about gay and lesbian relationships, invalidating or minimizing of the experiences of those from a minority sexual orientation, and examining the lack of knowledge for terminology and the lack of depth that equated to inaccurate assumptions about gay and lesbian experiences. Instead of normalizing sexuality the participants described their sexuality as becoming the most important topic for the counselor instead of the rooted issues presented by the participants in sessions that included grief, human connection, trauma, relationship discourse, shame, and familial relationships. The context of the invalidation and limitations to understanding cultural needs ensued further emotional anguish for the participants.

Subordinate Themes

The subordinate themes were derived from the understanding of the major themes after using the hermeneutic circle for interpretation of the findings. These subordinate themes are direct reflections of the narrative given by the participants lived experiences. From each major theme came a deeper understanding of the themes' elements by hermeneutic interpretive practices (Van Manen, 2016). The subordinate themes that were derived from the participants lived experiences related to the major theme.

Alliance Subordinate Themes

The first subordinate theme classified under the major theme of the therapeutic alliance was supported by the experiences of 4 of the participants. Office comfort, comfort with initial staff, and inclusive offices enhanced the therapeutic alliance. Denver explained, "When I walked in the office I felt really comfortable and like it would be a place that I would visit even if I wasn't coming for an appointment." When I asked Eastyn and Frankie to describe what it was like in the counseling office and about the office staff, they both replied with similar experiences. Eastyn explained, "I was referred and I thought that the office had a lot of different types of reflections for different types of people." Frankie stated, "I thought the office staff was nice. The lady at the front of the office welcomed me and was very funny." They all explained the offices initially as comfortable. Charlie had a very different experience and described the office staff as assumptive, rude, and having an uncomfortable feel.

The second and third subordinate themes for the therapeutic alliance were indicated as significant factors by 5 out of 6 of the participants' experiences. The subordinate themes are as follows: Referral to a counselor increases faster rapport building and patience with the therapeutic alliance and Therapeutic alliance increases chances of retention. Armani, Brighten, Charlie, Denver, and Easton were all referred to the counselor by someone they knew or a medical professional. Four of the 5 participants described the therapeutic alliance as quick to form and comfortable. Those participants who remained in counseling the longest described the therapeutic alliance as one of the reasons that they remained in counseling for that length of time. The shortest length of

time that a participant remained in the counseling relationship with the person described was Charlie. Charlie was the only participant who described a lack of therapeutic alliance and comfort that lead to termination after 7 sessions.

Subordinate Themes of Interference

The second set of subordinate themes were derived from the narratives related to the major theme of interpersonal interference. These subordinate themes are as follows:

a) Because the client is a sexual minority, this could increase counselor hypervigilance and anxiety surrounding transference and countertransference in counseling sessions resulting in harm and heterosexual bias.

b) The counselor's expression of normalizing sexuality by creating similarities of their own heterosexual relationship may increase anxiety about the normalization that the client might already feel about their own sexual orientation and could result in an attempt to over-identify (Shelton et al., 2013) with the client.

c) The counselor's own intrinsic bias and unconscious microaggressions could create barriers for client focused treatment and become verbalized paths for disconnection of the therapeutic alliance that was once present.

Armani described interpersonal interference of what she considered "transference" in the session that manifested into the deprecation of the therapeutic relationship and the therapeutic process. Brighton described a therapeutic process that encountered interpersonal interference multiple times from the counselor. Brighton

described the counselor's attempt at over-identification and over disclosing as interference with the progress of the sessions. Armani and Brighton specifically believed that their sexual orientation was a factor in the way that the counselors intervened. Brighten explained, "I don't know if she had ever had a gay client before but she certainly didn't know that by comparing every problem with her own did not make me feel any less weird. I didn't think that she cared that we were gay, I am just not sure she could understand that her husband was not my wife." Armani, Brighton, Charlie, Denver, and Frankie all described experiences with their counselors that magnified the bias and microaggressions of the counselors in sessions that ultimately increased barriers for maintaining the therapeutic alliance and the therapeutic process.

Subordinate Themes of Ethical Boundaries

The third set of subordinate themes that were derived by the participants' narratives are under the major code of ethical boundaries.

a) Continued lack of knowledge surrounding terminology and culture by the counselor can increase the feelings of interrogation or lack of cultural competence for the client.

b) Counselors should remember to speak openly about possible interpersonal interference from client or from counselor and have a plan for therapeutically addressing it in sessions.

c) Counselors should practice organic neutrality and empathy toward oppression or struggles beyond that of cultural submersion and competence.

These subordinate themes were derived as a compilation of the participants' narratives and experiences that were direct reflections of possible ethical violations. Eastyn described the lack of understanding and terminology, "my counselor was well read but often used poor terminology and asked invasive sexual questions that I was not yet comfortable answering." Denver also described the counselor's lack of understanding that grief and loss were common areas of distress in the lesbian and gay community. All participants described experiences that represented poor boundaries and a lack of awareness from the counselor to be organically present and neutrally open to empathy and culture. The ACA Code of Ethics (2014) explained that continued education, research, and competence are necessary and ethical practices for practitioners.

Subordinate Themes of Cultural Limitations

Lastly, the major theme, misconceptions of cultural understanding, cultural invalidation, and a lack of perceived cultural submersion was examined further and interpreted using the hermeneutic circle and the participants' lived experiences for a deeper understanding. The participants described presenting issues to be grief and loss, issues in a marriage, past trauma, meaning and purpose, relationships with family members, and issues in romantic relationships. The lived experiences described by the participants explained that the attempt at normalization or focus on the participant's sexuality could navigate from normalization and validation to misunderstanding and misdirection of the original presenting issue. The subordinate themes derived from the narrative include:

a) The counselor's expression of normalizing same-sex relationships might also be viewed as misunderstanding or invalidating if sexuality was not the presenting problem.

b) Depth of human connection goes beyond that of understanding human labels and the societal assumptions that labels assume.

c) Through therapeutic confrontation, it is important for counselors to navigate the difference between shaming in a session and divulging perceived discrepancies for client reflection.

d) It is important for counselors to recognize and honor the continued emotional anguish of the lesbian or gay persons in session by understanding the cultures experiences with long-term grief, ongoing experiences of discrimination and oppression, and the ongoing feelings of disconnection.

Brighton, Eastyn, and Frankie all described experiences that increased the feelings of misunderstanding and decreased the therapeutic alliance when the counselor attempted to over-identify, normalize, or use too many questions that did not pertain to the individual presenting issue. Brighten explained, "the more she told me stuff, the more I felt like she just didn't understand us unless she talked about herself. I asked her if she ever had a gay couple and she said no, but I have gay friends." Frankie stated, "The motives were not to help me with my child but to discourage me from fostering children that might be better suited with a male in the home." The labels of sexuality seemed to increase the belief of the participants that there is still a stigma and ridding of old labels

could help increase empathy and cultural organic neutrality. Denver shared, "I just think the counselor was defensive at this point and couldn't hear anything I was saying. They wouldn't let me feel unless I was feeling ashamed." The participants all seemed to disseminate the implication that had they not disclosed their sexual orientation, it might not have been a main topic that was continuously discussed, but they could not be certain. Eastyn said, "It's not that I was uncomfortable, I just think I was going for help and didn't want to pay to help them." Eastyn believed that the counselor might have been questioning his own sexuality. Armani, Brighton, Charlie, Denver, and Frankie all described their sexual orientation as one of the perceived but not solidified barriers to continuing the therapeutic relationship and counseling progress with the counselors who they described.

Evidence of Trustworthiness

The exploration of counseling and premature termination through the lived experiences of lesbian and gay adults required acclimation to the participants' agendas without rigorous structure in the interviews (Van Manen, 2016). The issues of trustworthiness were outlined in chapter 3 to substantiate credibility, transferability, dependability, and confirmability of the themes derived from the lived experiences of the participants (Shenton, 2004).

Credibility

The use of semistructured interviews, a researched approach for interviewing, note taking, journaling, and interpretation of meaning, established the credibility of the themes derived from the study (Van Manen, 2016). The use of hermeneutic

phenomenology as an approach for research enhanced the maintenance of quality, depth, richness, and rigor (Shenton, 2004; Kafle, 2013). A strengthened consistency of narratives was enhanced by the semistructured interview approach and was enriched by the co-construction of the interview (Van Manen, 2016). The consistency of dialogue and the short length of time that the interviews were conducted helped to merit the regularity and normalization of the themes and patterns extracted from the interviews.

Transferability

The themes emerged from 6 narratives with consistent content regarding experiences in counseling as a lesbian or gay person. The semistructured interview produced narratives that were analyzed for multiple words and phrases that established shared experiences (Creswell, 2009). Because exportation or generalization is not a qualitative normality (Shenton, 2004), saturation was established in the following ways: a) participants were interviewed by using co-construction so that the narrative had depth and continued until themes and patterns were established within their narrative (Van Manen, 2016); b) questions were used as a guide and more dialogue was created by the participant as their experiences unfolded (Van Manen, 2016); c) continued notes and journaling were explored and examined throughout the research process (Van Manen, 2016); and d) the committee and I examined the codes derived from the narrative multiple times to ensure that all information was significantly themed in an organized manner and the participants' themes were of shared experiences by the participants (Creswell, 2009).

Dependability

After I examined multiple thorough reviews of the narratives, detailed notes, and personal journals, my methodologist reviewed my approach, examined the narratives, and met with me multiple times to ensure clarity and to discover any missed themes or patterns. Collaboration and connection with someone overseeing my data collection and coding technique helped support consistency and accuracy of coded findings (Creswell, 2009). Discussing the coding process and themes derived from the interviews with my methodologist strengthened the integrity of the coding and the final dissemination of shared experiences. The detailed aspects of the semistructured interviews and the description of analysis using inductive and axial coding to formulate themes will allow future researchers to replicate this study and formulate meaning using the hermeneutic circle (Shenton, 2004; Van Manen, 2016). Keeping detailed notes and alignment with Van Manen's (2016) hermeneutic phenomenological approach made the repeat of this study attainable for future researchers.

Confirmability

I took detailed notes, journaled, and discussed thoughts with my dissertation committee on a continuous basis to ensure that my biases, thoughts, and feelings were not directing the research study and that the experiences of the participants were being derived strictly from the narratives (Patton, 2015). The journaling and note taking continued from conception of the research study, collection of data, coding, interpreting meaning, and disseminating my findings (Shenton, 2004). Throughout the interviewing process I repeated content and feelings back to the participants to ensure understanding

and confirm participants' narratives, also known as member checking (Shenton, 2004). The use of content feedback helped confirm that I was neglecting personal thoughts and empathically joining the participants on their journey toward dissemination of their experiences, how they viewed and felt them.

Results

Emergent themes and categories that were derived from the interviews and coordinated with the research question, what are the lived experiences of lesbian and gay adults who have terminated counseling prematurely, included the following structures: the therapeutic alliance, interpersonal interference, ethical boundaries, cultural humility/cultural misunderstanding, and cultural invalidation. The major themes and subordinate codes resulted in the validation and use of what was originally depicted as discrepant data derived in the interviews. The discrepant data that was separated included "consultation" and "education" but after continued themes were derived and subordinate themes were explored, the discrepant data connected to the theme of ethical boundaries and cultural misunderstanding that confirmed validation of the experiences.

Major Themes and Subordinate Themes

1. The therapeutic alliance.
    - **a)** Office comfort, comfort with initial staff, and inclusive offices enhanced the therapeutic alliance.
    - **b)** Referral to a counselor increases faster rapport building and patience with the therapeutic alliance.
    - **c)** Therapeutic alliance increases chances of retention.

1. Interpersonal Interference.
    a) Because the client is a sexual minority, this could increase counselor hypervigilance and anxiety surrounding transference and countertransference in counseling sessions resulting in harm and heterosexual bias.
    b) The counselor's expression of normalizing sexuality by creating similarities of their own heterosexual relationship may increase anxiety about the normalization that the client might already feel about their own sexual orientation and could result in an attempt to over-identify (Shelton et al., 2013) with the client.
    c) The counselor's own intrinsic bias and unconscious microaggressions could create barriers for client focused treatment and become verbalized paths for disconnection of the therapeutic alliance that was once present.
2. Ethical Boundaries.
    a) Continued lack of knowledge surrounding terminology and culture by the counselor can increase the feelings of interrogation or lack of cultural competence for the client.
    b) Counselors should remember to speak openly about possible interpersonal interference from client or from counselor and have a plan for therapeutically addressing it in sessions.

c) Counselors should practice organic neutrality and empathy toward oppression or struggles beyond that of cultural submersion and competence.

3. Misconceptions of cultural understanding, cultural invalidation, and a lack of perceived cultural submersion.

a) The counselor's expression of normalizing same-sex relationships might also be viewed as misunderstanding or invalidating if sexuality was not the presenting problem.

b) Depth of human connection goes beyond that of understanding human labels and the societal assumptions that labels assume.

c) Through therapeutic confrontation, it is important for counselors to navigate the difference between shaming in a session and divulging perceived discrepancies for client reflection.

d) It is important for counselors to recognize and honor the continued emotional anguish of the lesbian or gay persons in session by understanding the cultures experiences with long-term grief, ongoing experiences of discrimination and oppression, and the ongoing feelings of disconnection.

Summary

The research question pursued the exploration of the lived experiences of gay and lesbian adults who have terminated counseling prematurely, their experiences, the meaning of their experiences, and the patterns that emerged from those experiences. The

major themes derived from the experiences helped provide a structured context from the experiences described by the participants. The participants connected the therapeutic relationship, ethical boundaries, issues with cultural humility, a lack of cultural understanding, and interpersonal interference as a result of their premature termination. The participants' narratives offered depth and insight into their experiences as clients. As a result of their experiences, all participants had difficulty returning to the counseling process to seek help until a long period of time had passed. In chapter 5, I will discuss an interpretation of the findings, limitations of the study, recommendations, and implications to help identify areas of continued research.

Chapter 5: Summary and Conclusions

In this chapter, I explore the concluding perceptions of gay and lesbian lived experiences in counseling and the experiences that fortified premature termination that were derived from this study. I summarize the findings that confirm support or disconfirm support from the literature presented in Chapter 2. I further consider the findings derived from the narratives and the limitations in this study. Lastly, I explore recommendations for continued research and the implications of this study.

Key findings are organized into major themes derived from the three main interview structures and then organized into subordinate themes to provide clear understanding derived from the narratives. The three main structures of the interviews are (a) initial experiences, (b) counseling experiences, and (c) final decision to terminate prematurely. The themes and subordinate themes connect the participant experiences to concise meaning. Table 3 represents the main structures, the themes and the subordinate themes that were a result of the participants' experiences in counseling.

Interview Structures	**Major Themes**	**Subordinate Themes**
Initial Experiences	The Therapeutic Alliance	Comfort Level
		Referral
	Interpersonal Interference	Counselor Reaction
Counseling Experiences		Counselor Expression
	Ethical Boundaries	Lack of Knowledge
Termination		Openness
		Organic Neutrality
	Misconceptions of cultural understanding, cultural invalidation, and a lack of perceived cultural submersion	Normalizing
		Connection
		Confronting
		Honoring

Figure 2: This key shows the Summary of Structures, Themes, and Subordinate Themes

Interpretation of Findings

Therapeutic Alliance

The therapeutic alliance theme was a direct reflection of the participants' experiences with referrals to a counselor, the comfort of the counseling office, and the rapport built between counselor and client. The participants' experiences included the initial feelings of the office, their first meeting with the counselor, and encounters with office staff. Most of the participants referred to having a strong therapeutic alliance that was established quickly. One participant experienced no therapeutic connection or relationship that ultimately led to termination of counseling. The therapeutic alliance that led to termination could have been for themes other than the sexuality of the client and could be an issue across all clients.

Rupture of a therapeutic alliance has been well documented, and the repair of those alliance ruptures are also possible when the counselor works toward understanding and engagement to promote hope in counseling (Sommers-Flanagan, 2015; Bartholomew, Gundel, & Scheel, 2017). The idea of rupture repair is viewed from a lens of ethical competence that should be practiced in the therapeutic relationship (Sommers-Flanagan, 2015). All participants expressed a desire for a strong therapeutic relationship and established rapport to explore vulnerability. The repair of a ruptured relationship could be an integral part for therapeutic retention. Relationship repair could also be a great way to model how connection and learning can result in continued progress towards therapeutic intervention and processes. The therapeutic alliance being one of the best-known ways to retain clients (Horvath & Luborsky, 1993; Orlinsky, Grawe, & Parks,

1994) was sufficiently exposed by the participants' explanation of the therapeutic alliance being reasons for remaining in counseling and a lack of the alliance or deterioration of the alliance being reason for termination (Eubanks-Carter et al., 2005; Falkenström et al., 2013; Swift et al., 2012). By improving and maintaining the therapeutic relationship, the counseling process could have been continued (Falkenström et al., 2013).

Interpersonal Interference

Interpersonal interference in therapy, practiced by the counselor, was a theme that was repeatedly represented by the participants as an issue that decreased effectiveness of the therapeutic alliance and increased the feelings of uncertainty about the counselors' cultural knowledge. Counselors' awareness of their own beliefs, culture, competence, and reactions toward a client who identifies as lesbian or gay was represented as a necessity to understand and work through countertransference (Hook et al., 2016). Transference and countertransference were examined in past research implicating a continued need to understand personal counselor reactions to clients of same-sex orientations and navigate sessions with awareness (Mohr et al., 2015; Hayes et al., 2018). The heteronormative counseling techniques and a participant's description of a counselor's reaction toward a lack of understanding about transference because of cultural differences exacerbated the counselor's heteronormative misunderstanding, fear, and shame about the sexual orientation of the client (Mereish & Poteat, 2015).

Estensen (2005) explained that the past view of pathology or deviance about same-sex attraction could have been the reason for the counselor's present skewed understanding of a client's transference. This continued residue of fear expressed by a

counselor surrounding same-sex attraction as deviance negatively impacts the counseling relationship, progress, and cultural understanding (Estensen, 2005). A counselor's fear-based reaction to a client's openness about exploring feelings, transference, and relationships could negatively impact the client's mental and emotional wellness. Shelton et al., (2013) expressed concerns about a counselor's increased need to implement an increased psychotherapeutic intervention based on the bias from the counselor about the client's sexual minority status. A counselor's ability to address countertransference and transference in a session is a key indicator of understanding relationships and culture. This understanding of addressing issues in the counseling relationship highlights the subordinate theme that because the client is of a sexual minority, addressing transference and countertransference could increase counselor sensitivity or anxiety if the counselor is not of the same sexual orientation as the client and has not had sufficient training. Counselors' continuing to practice awareness of personal experiences, implicit and explicit bias, microagressions, transparency, and comfortability working through relationship norms in counseling are all indications of further needed training to positively interact with lesbian and gay clients.

A second subordinate theme that was derived from the participant narratives was that the counselor's expression of normalizing sexuality by creating similarities of their own heterosexual relationship may increase anxiety that was not present about the client's sexual orientation. The normalization often becomes what Shelton et al. (2013) considered attempts at over-identifying with the client. Over-identification can be misconstrued as a lack of understanding and overcompensation by the counselor.

The narratives suggested that some of the participants were comfortable with their sexual orientation and went to counseling for issues that did not surround their sexual orientation. Shelton et al., (2013) explained that lack of knowledge about the LG culture results in the assumptions that sexual orientation is the root cause of why the client is in counseling; such misfocus of therapy is a microaggression. In addition, when the counselors would attempt to normalize the same-sex relationships with their own heterosexual experiences, the sessions became focused on sexuality instead of connection and general relationships. The experience of the counselors' focus on normalizing the same-sex orientation resulted in the participants feeling either unheard, misunderstood, or increased the participants' anxiety about the possible minimization of their experiences as a gay or lesbian person. Bieschke et al. (2007) explained that heterosexual bias in sessions with sexual minorities are still a compounding issue even when the professionals working with sexual minority clients claimed to practice from an affirmative framework. Counselors should use normalization intentionally and purposefully without comparing personal experiences of relationships in a heterosexual relationship to that of a same-sex relationship. Normalization should not be used to help the counselor relate the same-sex relationship to their own, risking perceptions of misunderstanding, invalidation, and limiting cultural awareness. Normalization should be used by the counselor to maximize understanding, validate the client, and further promote curiosity.

Ethical Boundaries

Bieschke et al. (2007) discussed the claim that clients feel obligated to either disclose their sexual orientation abruptly or keep their sexual orientation a secret in order

to avoid unfavorable responses and reactions. A participant shared that the counselor was not familiar with cultural terminology and utilized sessions for "consultation" and personal "education" purposes. While exploring and understanding terminology with a client can increase rapport and competence, continued sessions spent on understanding terminology that does not pertain to the client directly can decrease rapport, decrease the perception of cultural understanding, and increase chances of termination. Empowering clients to make decisions about their counseling sessions and allowing them to lead can increase retention and relationships (Swift et al., 2012).

Continued cultural awareness increases the chances that a client will remain in counseling (Gonzalez, 2015). Cultural competence as required by the ACA (2014) Code of Ethics exhibits an understanding that culture, terminology, and current research should be employed in the counseling relationship. The understanding of terminology is a basic tool for competence and connection to current scholarship (ACA, 2014). Counselors should remain current about new terminology and be open to asking clients what terminology they prefer and how they define it personally.

Fisher-Borne, et al. (2015) explained that cultural humility is beyond that of competence. Cultural humility is a call to action (Foronda, 2016) and embodies cultural impact on the counselor while continuing to challenge the counselor to be aware of and reflect on personal assumptions (Fisher-Borne et al., 2015). These concepts represent a third subordinate theme derived from the narratives of the participants. Counselors should practice organic neutrality and empathy toward oppression or struggles beyond that of cultural humility and competence. The experiences of the participants seem to be

a larger call to action beyond that of personal awareness, or what I am calling cultural submersion, and basic cultural knowledge. Practicing curiosity and mindfulness by meeting the client in a transcendent state of being will allow space for vulnerability, empathy, transparency, and present connection while suspending cognition and societal labels or stigmas.

Cultural Misconceptions

The misconception that sexual orientation is the root to all client issues is a past rhetoric and belief that still clouds counselor understanding of sexual orientation and attraction. Shelton et al., (2013) explained that the misconceptions of culture can increase the perceived need to compensate in sessions. Shelton et al. (2013) also explained that cultural misconceptions and bias can increase microaggressions. Past understanding of the sexual minority culture as sexually deviant (Shelton et al., 2013) is a detriment to the present counseling process. Human and cultural connection do not extend to understanding clients by the labels that have imprisoned them.

The subordinate theme, "Through therapeutic confrontation, it is important for counselors to navigate the difference between shaming in a session and divulging perceived discrepancies for client reflection," is evidenced by the experience of Denver and Frankie. The skill of confronting became bullying and judging. It is important for counselors to be able to address incongruences with cultural awareness and intentional focus on the wellness of the client without imposing values or practicing shame rhetoric. Counselors should practice an affirmative stance while respecting the vulnerabilities of disclosure.

All participants described experiences of cultural misunderstanding, cultural invalidation, and a lack of cultural submersion from the counselors. The participants explained a culturally focused lack of understanding from the counselors in the areas of relationships, grief, terminology, shame, victimization, family structure, connection, and disconnection. Emotional anguish was present in all six participants' lived experiences and it is good practice for the counselor to honor the ongoing feelings and experiences that gay and lesbian clients continuously experience. Continued understanding of sexual minority life circumstances and experiences could enhance the depth of understanding for those working with sexual minority clients (Moe & Sparkman, 2015).

Limitations

The study was limited to a local sample of six gay and lesbian adult participants who were all residing in the state of Oklahoma at the time of the interviews. Because of the limited sample size and the small geographical area that the study included, the findings are not universal and are to be understood as the beginning to a larger call to action. Some of the information derived from the study could be applicable to other populations. By journaling and note taking, I increased depth in the interviews and clarity of protocol for future exploration and replication of the study. Active participation from my committee and continuous consultation helped me to deeply consider the possibility of bias. Journaling and mapping helped to increase care to recognize and address personal limitations like feelings experienced after hearing the participants' experiences and the need for their voices to be heard.

Recommendations

The narratives of the participants helped emphasize the need to focus on the major themes and the subordinate themes as ways to guide counselors, educators, and clinicians toward understanding lesbian and gay clients through the lens of their lived experiences. The themes derived from the shared experiences also helped derive continued recommendations for treatment with gay and lesbian clients connected to each theme.

Recommendations for Practitioners

The recommendations for practitioners that were derived as a result of examining the data in this study include seven reflections. The first recommendation for practitioners is that counselors should continue to practice awareness of personal experiences, implicit and explicit bias, microaggressions, transparency, and comfortability working through relationship norms in counseling like transference or countertransference . Second, normalization should be used by the counselor to maximize understanding, validate the client, and further promote curiosity of the LG client. This should be practiced without over-identification or comparison for personal understanding on the counselor's behalf. Third, empowering clients to make decisions about their counseling sessions and allowing them to lead could increase retention and relationships. Forth, counselors should remain current about new terminology related to identification and be open to asking clients what terminology they prefer and how they define it personally. The connection to current terminology and identification impacts rapport and the therapeutic alliance. Fifth, counselors should practice organic neutrality by incorporating here-and-now in session, curiosity, and mindfulness. Seeking the

opportunity to meet the client in a clear state of being. Allowing space for vulnerability, empathy, transparency, and present connection while suspending cognition and societal labels or stigmas. Sixth, counselors should practice an affirmative stance while respecting the vulnerabilities of disclosure. This means using unconditional acceptance in counseling and allowing the client to disclose without judgement of how or what they choose to disclose in counseling. Lastly, counselors should honor the ongoing feelings of emotional anguish and experiences of lesbian and gay clients that are not limited to grief and loss, ongoing discrimination and oppression, and ongoing disconnection. These ongoing feelings should be connected to the clients' explanation of the issues and not related by the counselor to the sexual identity of the client.

Recommendation for Research

The study results also emphasized a need for continued research in this area. The lack of information in the literature provided by the gay or lesbian clients lived experiences could be enhanced by continued collection of lived experiences. The study results also highlighted other questions that could be beneficial to continue to explore. There is still needed research in multiple areas regarding the treatment in counseling of the LG population. Some of the recommendations narrowly surrounding this research study are as follows:

1. What contributed to the gay or lesbian person's decision to remain in counseling until goals were met? Continued research in the areas of the lived experiences of sexual minority clients focusing on retention and a larger collection of experiences could be a helpful variable to understand.

2. How are the counseling experiences of a lesbian or gay person who terminated prematurely different than those who identify as heterosexual and have terminated prematurely?
3. What are the ages, credentials, licenses, and training differences for those counselors who retain lesbian and gay clients in comparison to those who have difficulty retaining them?
4. What are some ways that counselors can encourage the practice of organic neutrality in sessions with lesbian and gay clients? And is that practice effective toward building and maintaining a stronger, more vulnerable, and transparent therapeutic alliance?
5. How might the lesbian or gay clients' experiences be different if their sexuality was not a main topic of discussion, if sexuality was not the presented issue?
6. In what ways can we better equip counselors in training, educators, and current clinicians to understand the lived experiences of gay and lesbian people?

There are other deeper implications of needed research that could strengthen our understanding in a broader sense related to cultural humility, rupture and repair, and LG affirmative pedagogy in training programs for counselors. Further research about implementation of what integrated programs or structures in counselor education could better equip and inform future and current practitioners about the LG population in counseling. Also, outcome related studies that highlight what forms of cultural humility

are used in therapy and which are most effective in maintaining the therapeutic process including the therapeutic alliance, goal setting, and meeting of those goals. Comparative studies could be beneficial to continue researching and understanding the counselor's and the LG client's perspective about what led to the LG client terminating counseling prematurely. Alessi et al. (2016) explained that the continuation of research with detailed information about the counselor's gender, education, and experience could also be a positive direction for continued research. Because this research focused on the lived experiences of the client, understanding and determining the detailed status of the counselor treating a gay or lesbian client could provide further depth and understanding for continued training.

Implications

The social change implications of this research project have three areas of focus. In contrast to past research about premature termination, this study focused on sexual minority clients and their experiences. This research project shed light on what often goes wrong in the therapeutic alliance and training of counselors and therapists who have heteronormative tendencies and work with LG clients. Understanding the lived experiences of gay and lesbian adults who have terminated counseling prematurely could help counselor educators to be better equipped to train counseling candidates about the needs of the LG population in the counseling session, client experiences that can inform their practice, and how to retain gay and lesbian clients.

A second implication is the aim for practicing clinicians to formulate an increased and current understanding of the lesbian and gay experiences that surround counseling

and termination. Current supervisors could help enhance their supervisees' cultural humility and cultural competences. The search for a deeper understanding into the meaning and experiences of gay and lesbian clients could enhance the knowledge of the culture, the treatment of their gay and lesbian clients, and a deeper connection to the community.

Lastly, this study expands the understanding of gay and lesbian adult experiences to help close a gap in research and encourage the betterment of gay and lesbian clients. This study is a study of hope. Hope to continue to bridge the gap of understanding and provide safe treatment to those who have difficulty locating counselors that go beyond the basic ethical call to action.

Conclusion

The purpose of this qualitative hermeneutic phenomenological study was to explore the lived experiences of lesbian and gay adult clients who have terminated counseling prematurely. The results of this study were intended to help bridge the gap of understanding by eliciting depth, meaning, and essence offered by the participant experiences using Van Manen's (2016) method of hermeneutic phenomenology.

Giving voice to the 6 participants that co-constructed semistructured interviews revealed experiences of importance and depth. The 3 main structures of the interview were 1) initial experiences, 2) counseling experiences, and 3) final decision to terminate prematurely. The major themes derived from the participants' experiences are; *therapeutic alliance*, *interpersonal interference*, *ethical boundaries*, and a lumped understanding of *misconceptions of cultural understanding, cultural invalidation, and a*

lack of perceived cultural submersion. Largely, the participants shared experiences that enhanced understanding of the defined subordinate themes derived from the interpretation of meaning using the hermeneutic circle. The participants combined experiences offered richness and insight into the lives and meaning of underrepresented sexual minority clients. The study helped bridge the gap of understanding from a lesbian and gay person client perspective. Exploration of the major themes and the subordinate themes helped describe the recommendations for treatment derived from the narratives of the participants and past literature. The social change implications of this study highlight an ongoing need for research from a client perspective and a call to action for the helping profession.

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Appendix A: Interview Questions

1. What are some of the personal thoughts and feelings that helped you make the transition to terminate counseling?

Subsequent Probes:

- What was it like for you to decide to terminate counseling early?
- Was there anything significant that impacted your wanting to terminate counseling?
- Describe the emotions that occurred when making the decision to terminate the relationship.

1. Share with me the factors that lead to your choice of a counselor or did you feel like you had choices?

Subsequent Probes:

- Describe what it was like in the counseling office.
- Tell me about your experience during informed consent and required paperwork.

3. Share with me what your first session experience?

Subsequent Probes:

- Tell me how it felt as a lesbian and gay client with the office staff.
- What was your experience like with the office staff, if there was office staff?

4. Share with me the goal setting process, if there were any goals, and if you met any of the goals personally or in counseling.

Subsequent Probes:

- Explore what it was like for you to set goals with the counselor.
- If there were no goals, what was it that hindered setting them?

5. Explain what the relationship with the counselor was like for you.

Subsequent Probes:

- Tell me about any positive experiences you had with the counselor.

- Was there anything that you enjoyed about the counseling relationship?
- Explain any negative encounters or things that you disliked about the counseling relationship.

6. Share with me your feelings and thoughts about whether you thought the counselor had adequate training to deal with the mental health issues you brought forward.

Subsequent Probes:

- Did you feel understood? If so, tell me more. If not, share with me more about feeling misunderstood.
- Tell me more about the remaining sessions that you had with the counselor.

7. What, if any, were some of the social influences that impacted your reasons for termination or for staying in counseling for the length of time that you stayed?

8. What, if any, counselor attributes in regard to cultural humility or a lack thereof, kept you engaged in the counseling setting or deterred you from furthering your counseling process? Cultural humility being a term that means the counselor understood your identification and culture from a much deeper understanding than just basic knowledge.

Appendix D: Explanation of Study

The Lived Experiences of Lesbian and Gay Client Who Have Terminated Counseling Prematurely

By

Jaymie A. Vanmeter, MA, A.B.D.

Explanation of the Research Study

You are invited to participate in a research study that will explore the experiences of adults who are lesbian or gay and have chosen to terminate counseling prematurely. Currently, there is no research that explores the lesbian or gay experiences in counseling who have ended counseling early. The purpose of this study is to gain understanding into the lives of lesbian and gay adults who have been to counseling and quit before client or counselor goals were met. All people in this study need to be at least 18 years of age and identify as either lesbian or gay. Those who are in current crisis, are not fluent in English, is a current student of the researcher, or a current client of the researcher are ineligible for voluntary participation in the study. More specific ineligibilities include having terminated counseling solely due to mandated counselor transfer, purely based on relocation, or solely based on financial hardship. These factors can however be encompassed with other reasons for premature termination and will be considered.

I am interested in learning about you and your experiences in counseling. Specifically, I would like to know about what counseling was like for you, what your relationship was like with the counselor, and what impacted your decision to leave counseling. Lastly, I would like to learn more about positive and negative cultural

experiences that resulted in a want to discontinue counseling and the counseling relationship. Your story is very valuable. As the researcher, I hope that you sharing your story will help me and those who read this research to understand the experiences and feelings that you have when entering a counseling relationship, what helps sustain or hinder that relationship, and what contributes to wanting to terminate counseling early.

All interviews will be confidential and kept private by the researcher. Participation in this study is voluntary and can be discontinued by the participant at any time. If you are interested in participation and believe that you meet eligibility, please contact me and I will provide you the Informed Consent Form and the demographic survey. If you have any further questions or concerns, please contact me. My cell phone number is _____ and my email is_____. Thank you for your time and consideration.

Best regards,

Appendix E: Demographic Survey

Demographic Survey

1. What is your age?

2. What is the highest level of education you have completed?

3. What is your race and ethnicity?

4. Are you employed?

5. How would you classify the type of job you have?

6. Do you consider yourself lesbian or gay? If so, which one?

7. What was your reason or reasons for termination of counseling?

Appendix F: Message to Contacts for Participant Recruitment

Dear (insert name):

I hope this message finds you well. As you may know, I am currently in the dissertation (research) portion of my doctoral program in counselor education and supervision at Walden University. I am currently in the recruitment stage of the research process for dissertation and I am hoping that you will help me and my efforts for voluntary participants. I am asking that you distribute the invitation for participation on my behalf. I am looking to recruit voluntary participants that are 18 + years of age. The participant must also have been in counseling and terminated counseling early. Potential participants must speak fluent English and identify as lesbian or gay. I will be interviewing these voluntary participants for 60 to 90 minutes exploring their experiences in counseling, their relationship with the counselor, things that impacted their decision to terminate counseling, and any social factors that influenced termination or retention. I am looking to recruit 6 participants for this study. I really appreciate your willingness to help me distribute the participation invitation on my behalf. I appreciate your time and consideration. If you do not know someone personally who might want to participate, I encourage you to inform me of someone who might so that I could reach out to them as well. If you have any questions, please contact me via phone or email.

Thank you,

Appendix G: Letter of Cooperation from a Research Partner

December 13, 2018

Dear _____,

Based on my review of your research proposal, I give permission for you to conduct the study entitled The Lived Experiences of Lesbian and Gay Adults Who Have Terminated Counseling Prematurely within the cooperating center. As part of this study, I authorize you to distribute information and directions to help recruit possible participants and conduct interviews in a private room. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include: providing a space for interviews and distribution of information for invitation to participate. We reserve the right to withdraw from the study at any time if our circumstances change.

I understand that the student will not be naming our organization in the doctoral project report that is published in Proquest. I confirm that I am authorized to approve research in this setting and that this plan complies with the organization's policies.

I understand that the information provided will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

CEO/Executive Director

Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document. Legally an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. Walden University staff verify any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden).

Appendix H: Participant Debriefing Letter

Thank you for taking part in my study. I really appreciated our time together to learn more about your experiences.

The aims of this study were to gather information about lesbian and gay adult client experiences in counseling and your experiences with early termination.

The information you gave me will remain confidential, as explained in the confidentiality consent form at the beginning of this study. Confidentiality will be held to the highest regard. If you would like to withdraw from this study you may do so at no penalty.

If you would like to ask any further questions, provide any other information, or contact someone with your concerns, please feel free to contact me by email or by phone. You may also contact my dissertation chair, Dr._____.

In the instance that you desire to speak with someone as a result of the topic discussed in this research study, the Gay and Lesbian National Hotline can provide free and immediate 24/7 assistance at 1-888-843-4564. Thank you very much for your volunteer participation and for your help with understanding your experiences.

Regards,

Appendix I: Criterion List

1. Gay adult 18+ years
2. Lesbian adult 18+ years
3. Voluntarily ended counseling before collaborated or individual goals were met

Other considerations: If the reason for termination was significantly related to lesbian and gay incompetence, insensitivity, or counseling environment even when there are other decision making factors that were less significant.

Exclusions

1. Involuntarily ended counseling before collaborated or individual goals were met.
2. Anyone who identifies as a student or client that I relate to by work or extracurricular activities.

Appendix J: Process Flowchart