Gay & Lesbian Issues and Psychology Review, Vol. 4, No. 2, 2008

CHALLENGING HETERONORMATIVITY IN PSYCHOLOGICAL PRACTICE WITH LESBIAN, GAY AND BISEXUAL CLIENTS

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Abstract

The current study sought to test the effectiveness of a workshop for post-graduate clinical psychology students to develop their ability to work with lesbian, gay and bisexual (LGB) clients in an appropriate manner. Seven female participants completed the workshop and all assessments. The study incorporated a pre-test-post-test design, with assessments taking place before the workshop and one month after. Assessment was conducted primarily through a number of questionnaires assessing attitude, behavioural intention, cultural competence and knowledge in relation to LGB people. Short answer responses to a scenario depicting an interaction between a heterosexual clinical psychologist and a gay male client were also analysed. Significant changes were found in behavioural intention ($p = .017$), cultural competence ($p = .001$) and knowledge ($p < .001$). Qualitative analysis of scenario responses identified a number of instances where learning of workshop material was apparent, although this was not reflected in a quantitative analysis. The workshop produced some promising results, but may require modification in future applications to improve its impact.

Keywords: psychological practice, heteronormativity, lesbians, gay men, bisexual people

Introduction

Western societies function through various social norms that represent assumptions about particular forms of category membership. One such norm is heterosexuality. The social norm of heterosexuality (or 'heteronormativity') presumes or attributes a heterosexual identity to all members of society, and furthermore, it presumes that heterosexual is the 'normal' sexuality from which all others deviate (Johnson, 2002; Simoni & Walters, 2001). Such presumptions can often result in lesbian, gay and bisexual (LGB) people (amongst others) experiencing marginalisation and disadvantage in their everyday lives. One specific example of this occurs when same-sex attracted people access professional services (e.g., psychological services) that are not sufficiently attuned to their needs (Herek, 1995; Stevens, 1995). A practitioner's presumption of a client's heterosexual identity may result in failure to adequately understand how normative assumptions contribute to the client's marginalisation, and thus prevent them from receiving optimal service. The current study therefore aimed to design, implement and assess a workshop for clinical psychology students that examined the impact of heteronormativity on psychological practice, to assist participants to provide more appropriate and inclusive psychological services to same-sex attracted clients.

Same-sex attracted clients may experience therapy as oppressive because 1) they have experienced prejudice and discrimination throughout their life and are therefore understandably wary or fearful of discrimination from the practitioner, 2) the practitioner is unaware of social norms that may contribute to cultural or experiential differences that impact upon psychological service provision, 3) the practitioner has low confidence in their ability to provide psychological services to LGB individuals in a culturally sensitive manner, or even 4) the practitioner is prejudiced against

ISSN 1833-4512

same-sex attracted individuals and this impacts upon their practice. All such cases have the potential to severely limit the development of rapport between practitioner and client and thus may limit the effectiveness of psychological services.

Practitioners demonstrate competence in working with particular client groups through their awareness, knowledge, and ability to employ cultural sensitivity (Israel & Selvidge, 2003). Cultural competence must be addressed at all levels of service provision, from relevant governing legislation and institutional policy to administration and the approaches of individual practitioners. For practitioners, perhaps the most useful method of developing and furthering their cultural competence is to undertake training (Yutrzenka, 1995). The Australian Psychological Society (APS) has identified that practitioners must be able to work with LGB clients (amongst others) in a culturally competent manner (APS, 2000). The APS ethical guidelines for working with LGB clients recommend that practitioners undertake professional development and training on issues relevant to service provision to same-sex attracted individuals, and that university clinical psychology courses include material on providing culturally competent psychological services to same-sex attracted people. However, such material is not mandated for course accreditation (Australian Psychology Accreditation Council, 2005), and the extensive material (much of it mandatory) competing for inclusion within the limited space of clinical courses may preclude cultural competence training. Thus, many Australian psychology students may complete their undergraduate and postgraduate education without exposure to LGB-related issues, and may feel unprepared to work with these client populations.

Hence, there is a need for training programs for clinical psychology students that address the provision of culturally competent psychological services to same-sex attracted clients. Although some training packages addressing prejudice towards same-sex attracted individuals do exist (e.g., *BlockOut*, Miller & Mahatmi, 1994; *Not Round Here*, Miller & Mahatmi, 2000; *Creating Safe Space for GLBTQ Youth,* Girl's Best Friend Foundation & Advocates for Youth, 2005), the following summary suggests they are not necessarily suitable for the specific purpose of training clinical psychology students.

Existing programs may be ill-suited to clinical training for several reasons. First, programs such as *BlockOut* and *Not Round Here* (Miller & Mahatmi, 1994; 2000) often tend to focus on overt prejudice, which may not be particularly useful for clinical psychology students. Research suggests that students aspiring to enter a helping profession typically hold progressive rather than prejudiced views against same-sex attracted people (Peel, 2002; though this may not always be the case for students in general; see Hinrichs & Rosenberg, 2002; Medley, 2005; Ellis, Kitzinger & Wilkinson, 2002). This is not to deny the existence of prejudice amongst psychology students (and psychologists), nor should it be presumed that students and practitioners with LGB-positive attitudes do not engage in heteronormative practices (Ellis et al., 2002; Tolley & Ranzijn, 2006). It is, however, important to recognise that most students will not demonstrate overt bias against same-sex attracted people. Thus a primary focus upon prejudice and homophobia may be perceived as accusatory and interfere with students' ability to engage with and learn from presented material.

Secondly, existing programs take an individualised focus to addressing prejudice. That is, they focus on the impact of direct actions by heterosexual individuals towards same-sex attracted people, and are thus aimed at helping dominant group members 'change their attitudes' by 'learning about the other'. This implies that anti-LGB prejudice is only enacted by 'bad homophobic people' and ignores the effect that living in a heteronormative society has on the lived experience of same-sex attracted people (Peel, 2002). It may be beneficial to instead focus on how heteronormativity functions to produce both privilege and disadvantage (i.e., unearned benefits that accrue to

heterosexual people through living in a heteronormative society but which are unavailable to same-sex attracted people), and how this may shape the experiences same-sex attracted clients bring to therapy.

Thirdly, existing programs do not focus on the specialised needs and concerns of practitioners working with LGB clients. Although some material will be relevant across disciplines, these programs do not offer clinical students any practical strategies for working with LGB clients or an opportunity to develop confidence in doing so. Thus, a program specifically designed for clinical psychology students would be more clinically relevant and directly address participants' concerns.

Finally, existing packages are often time intensive. For example, the *BlockOut* training program (Miller & Mahatmi, 1994) is delivered over a three-day weekend. Such time commitments may be unfeasible given the considerable workload of clinical psychology students, who may benefit from a shorter training package.

Extensive reviews of relevant literature, consultations with professionals in the field, and evaluations of existing programs underpin the design of the current workshop, which focused on the (often hidden or obscure) functions of heteronormativity and the multiple ways in which insufficient awareness of heteronormativity will impact upon psychological practice, regardless of the sexuality of the practitioner. Furthermore, and with an understanding of heteronormativity as the broader framework in which psychological practice typically occurs, it is also important to examine the specific ways in which it is enacted.

Following Braun (2000), it may be suggested that heteronormativity takes places through the enactment of heterosexism (a term that incorporates the concept of normativity along with an understanding of discrimination based on sexual orientation). As Braun suggests, heterosexism can be understood to function through both commission and omission. The latter refers to "the *lack* of disagreement with, or challenge to, heterosexist talk" (p. 136, original emphasis), such as a failure to challenge others' or one's own heterosexism. Braun defines the former as "the *explicit* articulation of heterosexist assumptions" (p. 134, original emphasis), such as assumptions regarding the gender of someone's partner. As this distinction suggests, that which is left unsaid can be just as damaging as that which is explicitly voiced. Such an approach that emphasises the often mundane ways in which heterosexism occurs may assist students to better understand the relevance of an approach to psychological practice that prioritises an awareness of heteronormativity in various forms (Peel, 2001).

Whilst the literature is relatively quiet on the design and process of sexuality-based cultural competence training (Van de Ven, 1995), a number of components are considered important (Peel, 2002; Phillips & Fischer, 1998), and have been incorporated into the workshop design. These include:

- identification of stereotypes and assumptions that participants may have regarding same-sex attracted individuals, and challenging these;
- experiential activities that help participants to understand the everyday experiences of same-sex attracted individuals, and through this;
- encouraging empathy;
- exposure to same-sex attracted people, either in person or through media such videos and documentaries;
- recognition of privilege accrued to heterosexual people but denied to same-sex attracted people through heteronormativity, and;
- identification of practical strategies to help challenge heterosexism and heteronormativity and provide a more culturally competent service to same-sex attracted clients.

The workshop was designed to incorporate all of the above points, through both theoretical

components and exercises, and included information specifically relevant and useful to clinical psychologists and students. Discussion accompanied all components and exercises to help participants draw out relevant points in each section. Components included the use of terminology, assumptions and stereotypes, the impact of social norms, the effects of heteronormativity, practical suggestions and useful referrals.

A scenario exercise was developed to open the workshop. The scenario depicted an interaction between a heterosexual practitioner and a gay male client in a therapeutic context, and included a number of occasions where the practitioner's innocent but naïve dialogue potentially impacted negatively upon the client. Accompanying questions allowed participants the opportunity to discuss how this may be experienced as oppressive and alternative ways to approach the situation. Thus the scenario encouraged participants to consider how social norms surrounding sexuality promote certain stereotypes and assumptions, which may influence psychological practice and impact upon same-sex attracted clients.

The second exercise, the *Heterosexuality Questionnaire* (Rochlin, 1992), provided an example of how heteronormativity functions by reversing questions that are commonly asked of LGB individuals to instead question those who identify as heterosexual. This demonstrated how social norms around sexuality construct such questions as natural and legitimate and illustrated the effect such questions may have on same-sex attracted clients. For example, responding to "When and how did you first decide that you were a heterosexual?" required participants to justify their sexuality, which highlights for participants how same-sex attracted people may find this confronting and how heterosexuality does not usually require justification.

Despite psychology's commitment to support of LGB issues, heteronormativity remains present within the discipline and the way ideas and information are communicated in psychological circles (Barker, 2007; Clark & Serovich, 1997; Hogben & Waterman, 1997; Myerson, Crawley, Anstey, Kessler, & Okopny, 2007; Simoni, 1996). Journal articles and textbooks provide central routes for dissemination of psychological knowledge, and the heteronormativity within these texts is thus conveyed to psychology students. The *Textbook* exercise required participants to search through prominent psychological textbooks to locate depictions of heterosexual and same-sex attraction within psychology textbooks, examine how they are represented within this context, and discuss in relation to heteronormativity.

The *Stepping Out* exercise (Ollis, Watson, Mitchell & Rosenthal, 2000) provided an experiential understanding of how social norms surrounding sexuality may impact upon the everyday lives of same-sex attracted people, and how these may differ from the lives of heterosexual people. This was achieved through matched scenarios that were identical except for the sexuality of the individual depicted. Participants responded to questions (e.g., "Can you kiss or hold hands with your partner in a public place, such a Rundle Mall?") from the perspective of the depicted individual and differences in responses were used to demonstrate how heteronormativity impacts upon the daily lives of same-sex attracted people.

Participants also viewed 24 minutes of *Out in the Bush*, a video depicting young people talking articulately about their experiences of growing up same-sex attracted in rural Australia. This allowed participants to hear first-hand the impact of anti-LGB prejudice on these people's lives. Viewing was followed with discussion of issues raised by the video.

The workshop was also supplemented by two articles to be read independently. The APS *Guidelines for psychological practice with lesbian, gay and bisexual clients* (2000) was provided before the workshop to ensure that participants were aware of the basic ethical

requirement when working with same-sex attracted clients. A second reading (Hegarty, Pratto, & Lemieux, 2004) was provided after the workshop to further demonstrate how heteronormativity may operate in everyday interactions.

Traditionally, the effectiveness of sexual identity-based cultural competence programs has been operationalised as participants' attitude change towards same-sex attracted people, assessed through questionnaires (Herek, 1984). However, as previously discussed, postgraduate clinical psychology students may largely hold positive attitudes towards same-sex attracted people (especially those who self-select to attend a workshop on working with same-sex attracted clients). Thus the program in a sense may be 'preaching to the converted' (Peel, 2002). Consequently, results assessed in this matter may be subject to ceiling effects with little room for positive change.

Also, as attitudes are seen to be relatively stable, a single session workshop may not significantly alter attitudes. As such, attitude change may not be useful in assessing the efficacy of the workshop. Of greater relevance would be changes in participants' approach to interacting with same-sex attracted people, and their ability to do so in an appropriate manner. Hence, the assessment of behaviour (or more precisely, intentions for future behaviour) and cultural competence (operationalised in this study as self-rated skills and awareness of stereotypes and discrimination) as dependent variables would provide more useful information. Attitude may still be important, however, as the utility of the workshop may not generalise to populations that hold less positive attitudes towards same-sex attracted people.

Participants may perceive some social pressure to respond in ways that reflect positive attitudes or actions towards same-sex attracted people (as prejudice is inconsistent with psychological practice). They may also consider it socially desirable to be confident and willing to provide such services. Demand effects may also occur, as the workshop is explicit in its aim of improving participants' confidence and comfort in working with same-sex attracted clients. Thus dependent variables that are less susceptible to social desirability and demand effects, such as knowledge, would also provide valuable information.

Thus it was predicted that implementation of the workshop would impact upon participants such that follow-up behavioural intention, cultural competence and knowledge scores would be higher than the corresponding baseline scores, and that these changes will manifest in the improved ability of participants to recognise heteronormativity in clinical practice and its impact upon clients, and subsequently change their evaluation of the psychologist/client interaction. Follow-up scenario response scores would thus be significantly higher than baseline scores.

Method

Participants

Three workshops were conducted, later workshops being added to increase the sample size, as workshop attendance was quite low (group sizes ranged from two to three participants). A total of eight female postgraduate clinical psychology students range in age from 23-53 years (M = 31.63, SD = 11.49) participated voluntarily. Seven participants completed the follow-up assessment, and the results are presented for these participants only.

Design

The study employed a pre-test/post-test design. Baseline assessments were completed during the week before the workshop, except for scenario responses, which were completed as the first exercise of the workshop. Follow-up assessment occurred one month following the workshop. The dependent variables were attitude, behavioural intention, cultural competence, and knowledge in relation to same-

sex attraction and responses to the workshop scenario questions.

Measures

Attitude was assessed through an adapted version of the *Index of Attitudes Towards Homosexuals* (IATH; Hudson & Rickets, 1980), a 25-item self-rated standardised measure of attitude towards same-sex attracted people. The IATH demonstrated high internal reliability within this study (Cronbach's α = .95). Participants responded to statements such as "I would feel comfortable working closely with a lesbian", and "I would feel uncomfortable knowing that my son's teacher was a gay man" on a 7-point Likert scale. Responses were averaged for a total score ranging from 1-7, with higher scores reflecting more positive attitudes.

Behavioural intention was assessed through an adapted version of the *Homophobic Behavior of Students Scale* (HBSS; Van de Ven, Bornholt & Bailey, 1996), a 10-item self-rated standardised measure of willingness to interact with same-sex attracted individuals. The HBSS demonstrated high internal reliability (α = .87) within this study. Participants responded to statements such as "I would speak individually, in class, with a lesbian, gay or bisexual person about same-sex attraction issues" on a 7-point Likert scale. Responses were averaged for a total score ranging from 1-7, with higher scores reflecting greater willingness. Seven additional items were generated to assess participants' approach to working with same-sex attracted clients in a therapeutic context, for example, "I am looking forward to providing psychological services to same-sex attracted people". The internal reliability of these added questions was also high (α = .85).

Cultural competence was assessed through the *Sexual Orientation Counselor Competency Scale* (SOCCS; Bidell, 2003) a 29-item self-rated standardised measure comprised of three subscales: Awareness, Skills and Knowledge. The SOCCS demonstrated high internal reliability overall (α = .82). The 10-item Awareness subscale assessed participants' approach to working with same-sex attracted clients, including an awareness of assumptions and stereotypes and how they may impact upon same-sex attracted clients (e.g., "It would be best if my clients viewed a heterosexual lifestyle as ideal" – reverse scored), Internal reliability of this subscale was poor (α = .45), though this may merely reflect low variance among the very high scores. The 12-item Skills subscale (α = .88) assessed participants' perception of their own skills and their training in providing services to same-sex attracted clients (e.g., "I feel confident to assess the mental health needs of a person who is LGB in a therapeutic setting"). The 7-item Knowledge subscale (α = .66) assessed understanding of specific issues and difficulties that same-sex attracted people may face, particularly in accessing psychological services (e.g., "Heterosexist and prejudicial concepts have permeated the mental health professions"). Participants responded on a 7-point Likert-type scale (1 = not at all true, 7 = totally true), with responses averaged so that subscale and total scores range from 1-7, with higher scores reflecting greater competence.

The *Knowledge about Homosexuality Questionnaire* (KAHQ; Harris, Nightengale & Owen, 1995) is a 16-item standardised measure of factual knowledge. It assessed participants' acceptance of (incorrect) stereotypes of same-sex attracted people (e.g., "A majority of same-sex attracted people were seduced in adolescence by a person of the same sex, usually several years older") and knowledge of LGB culture and other information related to non-heterosexuality (e.g., "'Coming out' is a term that lesbian, gay and bisexual people use for publicly acknowledging their same-sex attraction"). Ten added items reflected knowledge of rights and legal protections of same-sex attracted people within Australia ("e.g., In South Australia, the same-sex partner of a deceased person can legally be denied access to their funeral"). Participants responded to items with 'true', 'false' or 'unsure' according to their own knowledge, with correct re-

sponses scored as one and other responses scored as zero. The range of possible total scores was thus 0-26.

All above measures were adapted through changes to terminology to ensure that they were respectful of same-sex attracted people. This was done particularly in relation to the term 'homosexual', a label that has been criticised and rejected by many within LGB communities (Kitzinger, 1987), and recognised as problematic by the American Psychological Association (2001). The term 'homosexual' was replaced with 'gay man', or when it is used more generally, with 'same-sex attracted'.

The opening scenario of the workshop was developed both as a learning tool and as an opportunity for participants to demonstrate (measurable) awareness of issues relevant to culturally competent practice with LGB clients. The depicted interaction between practitioner and client was divided into three parts interspersed with short-answer questions assessing participants' ability to recognise examples of heteronormativity (e.g., "Why might the psychologist have assumed that [the client] was heterosexual?"), identify the expression of stereotypes and assumptions ("What stereotypes(s) does the psychologist appear to be drawing upon?"), and articulate how and why these might impact upon the client ("How might this exchange have influenced the session?"). Participants responded to eight short-answer question and two items based on a 1-7 Likert scale. The internal reliability of scenario responses was acceptable (α = .64). Each relevant point for short-answer responses were scored as one, the maximum score for each item being the highest number of points that could be reasonably made for that item, with a possible range of 0-50. Two raters independently scored short-answer responses, with discrepancies resolved through negotiation. The text of short-answer responses was also analysed to identify conceptual changes that may not necessarily have been reflected in numerical coding.

Procedure

Potential participants were notified of the workshop through leaflets and emails, and interested parties were provided with an introduction letter, consent form, and questionnaire measures to be completed and returned prior to the workshop. Once participants returned baseline questionnaires, they received a copy of the APS *Guidelines for psychological practice with lesbian, gay and bisexual clients* (2000) as an introductory reading. Participants attended the 3-hour workshop, the first activity being the aforementioned scenario from which ability related responses were taken. Upon conclusion of the workshop, participants were provided with an article of further reading (Hegarty et al., 2004) to supplement training. Follow-up assessment was conducted by mail one month after the workshop.

Results

The descriptive and inferential statistics for all dependent variables are presented in Table 1, and demonstrate positive change in some of the measures. Behavioural intention (HBSS) scores were moderately high at baseline and in the high range at follow-up, and this increase was significant (p = .017) improvement. Scores for the additional therapy specific behavioural items were initially slightly lower than for the overall measure, however the significant (p = .016) improvement for these items was somewhat more pronounced. Thus, participants were generally willing to work and interact with LGB people and clients, and this willingness increased following the workshop.

Similar results occurred for self-rated cultural competence as measured by the SOCCS. The moderate scores at baseline increased significantly (p = .001) to moderately high scores at follow-up. This change was caused by increases in the moderately low scores of the Skills (p = .002) and Knowledge (p = .012) subscales to more mid-range scores. There was no change in Awareness subscale scores

Table 1. Descriptive and inferential statistics for baseline and follow-up assessments

Variable	Baseline *M* (*SD*)	Follow-Up *M* (*SD*)	Baseline Range	Follow-Up Range	*t*	*P*
LGB Attitude (IATH)	6.07 (0.94)	6.12 (0.85)	4.44-6.96	4.84-6.84	-0.34	.749
Behavioural Intention (HBSS)	5.76 (0.66)	6.22 (0.58)	4.71-6.41	5.47-6.94	-3.27	.017
Therapy Specific Items	4.96 (1.02)	5.90 (0.72)	3.71-6.14	5.00-6.86	-3.31	.016
Cultural Competence (SOCCS)	4.18 (0.54)	4.77 (0.55)	3.72-5.21	3.90-5.76	-5.62	.001
Awareness Sub-scale	6.86 (0.14)	6.81 (0.18)	6.70-7.00	6.50-7.00	0.89	.407
Skills Subscale	2.64 (1.32)	3.61 (1.27)	1.36-5.09	1.91-6.09	-5.05	.002
Knowledge Sub-scale	2.95 (0.82)	3.80 (0.62)	1.75-3.88	3.00-4.63	-3.57	.012
LGB Knowledge (KAHQ)	13.71 (2.06)	17.71 (1.38)	11.00-17.00	16.00-20.00	-6.93	<.001
Scenario	17.09 (2.80)	19.11 (4.72)	14.86-21.14	17.14-27.93	-1.17	.287

(p = .407), which were very high at both assessment points. Thus, whilst participants may have held an ideological stance appropriate for working with LGB clients (as indicated by high awareness scores), they may not have the experience, skills, or knowledge of issues facing same-sex attracted people required to do so most effectively. Both skills and knowledge were improved following the workshop, however there was ample room for further improvement

Knowledge scores as measured by the KAHQ also demonstrated significant improvement (p < .001). At baseline, participants on average answered about half (52.7%) of the items correctly and this increased to about two thirds (68.1%) of items answered correctly at follow-up.

Not all measures demonstrated significant changes. Attitude (IATH) scores (p = .749) were high at both baseline and follow-up. Thus, as expected, participants demonstrated a positive attitude towards LGB people that was unaffected by the workshop. In contrast, baseline scenario response scores were low, with no significant change in scores following the workshop (p = .287). When numerical coding was applied to short-answer scenario responses, the workshop largely failed to effect any change in the ability to identify heteronormativity and its effect on LGB clients. However, coding written responses necessarily simplifies the data, possibly causing useful information to be lost. Examination of matched baseline and follow-up responses from individual participants highlights that some participants indeed modified follow-up responses to reflect development in understanding workshop concepts. Table 2 presents five such instances.

Table 2. Sample baseline and follow-up short-answer responses to scenario items

	Question	Baseline Response	Follow-Up Response
1	Can you think of some reasons why [the client] might have been agitated during the session?	Anxiety re: heterosexual psychologist, also general anxiety seeing a psychologist.	General agitation that any client may have when visiting a psychologist for the first time. Marital status question may have alienated [the client] due to its hetero assumption.
2	What do you think of [the practitioner's] response?	It was fine.	[The practitioner's] response was somewhat inconsiderate, and it wasn't very sensitive to make the comparison between his relationship with his wife and [the client's] relationship with his boyfriend.
3	[the participant discusses the client's reaction to the practitioner's assumption]	…having always to explain that you are different.	years of having to deal with being in a minority group and interacting with a world that has a heterosexual bias and blindness to other forms of sexuality.
4	What stereotype(s) does [the practitioner] appear to be drawing upon?	Unsure.	That all gay people behave in a similar way (that is not like 'normal' guys).
5	As above	That being heterosexual is normal and that being gay is abnormal.	That all gay men are caught up with body image issues, and all gay men are the same and not individuals.

The participant in Example 1 initially provided a general (though equally valid) response, citing 'general anxiety' as a cause of the client's agitation. In contrast, their follow-up response identified one of the triggers embedded within the scenario, namely the inherent heteronormativity within a questionnaire provided to the client. This indicates some learning of the implicit manifestations of heterosexism (Braun's, 2000, 'heterosexism by omission') from the workshop.

In Example 2, the participant critiqued the practitioner's assumption of the client's heterosexuality, and his response when informed otherwise. Whilst the baseline response accepts the practitioner's heteronormative assumption and reaction to being corrected, the follow-up response clearly identifies the inappropriateness of comparing heterosexual and same-sex relationships, which minimises or denies the significant differences between the two in the context of a heteronormative society.

In response to the same question, the participant in Example 3 took the opportunity to describe the possible impact on the client. The baseline response suggested that it would be hard 'always having to explain you are different', which marks LGB people as 'different', and implicitly places heterosexuality as the norm they deviate from. The follow-up response demonstrated understanding of the concept of heteronormativity, identifying that being 'forced into difference' (Raymond, 1992) is the product of living in a world shaped by a 'heterosexual bias and blindness to other forms of sexuality'.

Examples 4 and 5 examined the stereotypes evident within the practitioner's assumption that most gay men are image conscious, and that by not matching stereotypes the client

was therefore 'just a normal guy' (i.e., unlike his assumptions as to what 'most gay men' are like). In Example 4 the participant was initially unable to identify *any* of the range of stereotypes utilised within the scenario. In contrast, the follow-up response identified both the problematic usage of the term 'normal' (indicated through quotation marks) and the assumption that gay men constitute a homogenous group, a stereotype that was directly challenged within the workshop. This aspect of learning from the workshop was also evident Example 5, even though the participant initially demonstrated a greater awareness of heteronormative stereotypes.

These five examples highlight that whilst the scenario measure did not produce statistically significant results, it provided opportunities for participants to demonstrate an understanding of heteronormativity and heterosexism that may be of clinical significance. The observed changes were often subtle and difficult to assess using numerical coding and may thus be more suited to qualitative analysis, as they may nonetheless have a significant impact on clients when used in clinical practice.

Discussion

This study aimed to test the effectiveness of a workshop designed to enhance the ability of clinical psychology students to interact with LGB clients in a culturally appropriate manner. To do so, it was necessary to assess various aspects of cultural competence, including behavioural and knowledge based aspects, as well as practical components, such as using scenario responses to assess ability to recognise heteronormativity.

As predicted, behavioural intention, cultural competence and knowledge showed positive changes in scores. Despite initial behavioural intention scores indicating that participants were willing and comfortable about interacting and working with LGB clients, these scores still demonstrated an improvement at follow-up. This effect was more pronounced for items that specifically focused on interaction in a therapeutic context, with mean changes for these items twice that of the overall measure. Thus, in terms of developing willingness and confidence in interacting with same-sex attracted people, the workshop appears to be effective, particularly in relation to clinical practice. Of course, it was beyond the scope of this study to determine whether these intentions translated into observable behavioural change.

Participants' cultural competence also improved following the workshop, although this was not true of all subscales of this measure. Participants' awareness of the heteronormativity exhibited in assumptions and stereotypes of non-heterosexuality and their effect on same-sex attracted people (Awareness subscale) was consistently high across assessment points, limiting the scope for improvement following the workshop. This sympathetic ideological position on sexuality contrasted with lower levels of knowledge and skills in working with LGB clients, as measured by the remaining subscales.

At baseline, participants generally rated their skills and experience in working with LGB clients (Skills subscale) as moderately poor, and also demonstrated poor knowledge of the difficulties LGB clients face in accessing psychological services. Whilst significant improvements were made in both these areas, and indeed exhibited the largest improvements among the Likert-based measures, mean scores for both subscales remained below the mid-point of 4 at follow-up assessment. This leaves substantial room for improvement in these important aspects of working with LGB clients. Future workshop versions may address this by including more experientially focussed exercises, such as role-plays.

The KAHQ assessed a more general knowledge of LGB-related issues, such as distinguishing fact from stereotype, queer culture and LGB rights in Australia. Participants' baseline responses demonstrated some initial

knowledge in these areas (52.7% correct), with a significant improvement at follow-up (68.1% correct). Whilst this change is promising, an average of one third incorrect responses leaves significant room for improvement.

Notably, these low to moderate cultural competence and knowledge scores occurred despite high attitude scores. This may imply that strongly sympathetic attitudes towards LGB clients notwithstanding, clinical students may not have acquired other skills required for working with LGB clients. Thus, an LGB-positive attitude, whilst necessary, is not sufficient for culturally competent clinical practice or for self-confidence in providing it.

The significant changes in behavioural intention, cultural competence and knowledge scores did not necessarily translate into an increase in participants' ability to implement these improvements, as is demonstrated by the absence of significant change in scenario scores. A number of explanations may account for this finding, the first being that the workshop may not have adequately conveyed material in a manner that facilitated engagement and understanding of key concepts. For example, the workshop focused on how heteronormativity acts to obscure the visibility of non-heterosexual identities and promotes the universality of heterosexuality. However, when asked why the practitioner may have assumed the client was heterosexual, participants generally responded that this was statistically more likely and made no reference to heteronormativity (although one participant did describe a 'heterosexual mindset', and other participants described heteronormativity in responses to other items).

Alternatively, the measure itself may not have provided participants with adequate opportunity to utilise concepts absorbed during the workshop. The scenario was not designed exclusively as an assessment tool, but doubled as a learning tool. Thus the dual application of the scenario may have unintentionally compromised measurement, particularly at the follow-up assessment, where learning was no longer a relevant function.

The environment within which participants responded to scenario items also requires consideration. Short-answer responses require greater intellectual exertion than Likert-based responses. Baseline responses were completed during the workshop, where participants were exposed to scrutiny from colleagues and the researcher, providing motivation to commit effort to the task. However, participants were free from scrutiny during follow-up, and may have experienced less motivation to provide considered, detailed responses. This explanation is consistent with the observation that many of the follow-up responses to scenario items were noticeably less detailed than at baseline.

Despite non-significant changes in response scores, an examination of short-answer responses identified several instances where participants demonstrated acquisition of knowledge presented within the workshop. This provides some evidence that the workshop can impart some learning that is useful within a clinical context.

Interpretation of this study should be made with reference to the following limitations. Without a control group the study was susceptible to a number of threats to internal validity, particularly expectancy and demand effects. Whilst the KAHQ and the scenario responses were included because they should be resistant to such effects, scenario responses did not demonstrate an improvement in scores. Future studies must be more carefully controlled to allow clear demonstration of effectiveness.

Whilst participants' LGB-positive attitudes were of course desirable, this may limit the study's generalisability. Students choosing not to attend the workshop may hold less positive attitudes, or be indifferent or unsympathetic towards same-sex attracted people. Indeed, the low level of interest in the workshop may indicate that LGB issues are of low importance

to a number of students, who thus arguably have a greater need to attend. This does not deny the possibility of other reasons for non-participation, including the heavy time commitments required of clinical psychology students. A number of students expressed interest in the workshop but cited (mostly study-related) commitments that prevented attendance. Even so, the workshop has thus only been tested for participants already sympathetic to LGB issues, and thus has not been able to demonstrate the capacity to engage with and achieve effective outcomes for less sympathetic students (although alternatively less sympathetic students may also have greater scope for increases in cultural competence).

Sample size was a significant limitation. Although the workshop was offered at a range of dates and times, few students expressed interest in participation. The study's design enabled significant results with a small sample, however future studies using more rigorous designs will require larger samples, and new recruitment strategies should be considered. Additionally, all participants were female, and thus results may not generalise to male students. This was not an intentional feature of this study; no males expressed interest in participation. Participants' sexual identity was not recorded, so neither can it be determined if sexuality influenced workshop outcomes.

The disappointing level of interest from potential participants may also be informative about the utility of a workshop as an educational tool for clinical psychology students. Even a highly effective workshop will have little impact if few students attend, and thus researchers and trainers may need to develop means to increase workshop participation, such as inclusion within coursework or incorporation of LGB issues within mainstream material. Alternatively, with professional development recently becoming mandatory for all APS members (Verbyla, 2007), there may be increased incentive or opportunity to conduct the workshop for practitioners.

This study sought to test the utility of a workshop designed specifically for clinical psychology students to increase their ability to provide psychological services to same-sex attracted clients in a culturally appropriate manner. Results demonstrate significant improvements in willingness to interact with LGB individuals and confidence in doing so in a clinical context. Low baseline levels of knowledge and cultural competence signal a need for such workshops and there were significant improvements in these areas, although considerable room for further improvement remained for some aspects of these outcomes. Participants already held LGB-positive attitudes and thus there was little scope for improvement, and the lack of significant change in scenario responses may be attributable to the failure of the workshop to adequately address relevant concepts, or to measurement issues.

Whilst the findings of this study are generally encouraging, the study's design does not exclude threats to internal validity, and thus future studies should seek to remedy this, and also address other issues highlighted in this study, such as methods for increasing participant numbers and diversity, and modifying workshop material for a stronger focus on skill and confidence acquisition. However, cultural competence may be considered an essential component of psychological practice, and the workshop is a significant development that focused on the specific needs of clinical students without the time commitment of other programs.

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