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Graduate Student Competencies in Working with Lesbian, Gay, and Bisexual Youth

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by

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Abstract

The focus and purpose of this dissertation was to explore students' who are enrolled in APA-accredited clinical psychology doctoral programs self-perceived competency levels for working with LGB youth. This research utilized the Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005) in conjunction with an experience and demographic questionnaire. A survey was sent to all APA-accredited clinical psychology doctoral programs and all responses were analyzed through correlational analysis. The primary research question dealt with the possibility of a relationship between access and utilization of doctoral program training (in class or otherwise), practicum experiences, and level of confidence that graduate students have when treating this population. The quantitative results of the study show that access to coursework, practicum experiences (including supervisors' perceived competency), as well as access to the LGB youth population significantly aids in increasing graduate students self-perceived competency to treat LGB youth. Although other subscales from The SOCCS (knowledge and attitude) were not significantly affected by coursework or in-person experience, qualitative information provided by participants highlights the perceived strengths and weaknesses of programs throughout the country in regard to preparation to provide services for LGB youth.

Keywords: LGB youth, clinical psychology training, graduate student training and LGB, sexual orientation counselor competency

Graduate Student Competencies in Working with Lesbian, Gay, and Bisexual Youth

Sexual minorities comprise between 3-9 % of the population in the United States (Boroughs, Bedoya, O'Cleirigh, & Safren, 2015). Given this number, it would seem reasonable to expect that psychologists will interact with a lesbian, gay, or bisexual individual at some point in their career. Surveys of psychologists have found that between 42–56% reported working with at least one lesbian, gay, or bisexual (LGB) client during their time as a therapist (Ford & Hendrick, 2003; Murphy, Rawlings, & Howe, 2002). Since many psychologists will encounter LGB clients during their time in practice, competency in working with these individuals should be a priority for any practitioner. Yet, The Committee on Lesbian and Gay Concerns of the American Psychological Association found that many psychologists are not aware of specific stressors encountered by LGB youth, and therefore were lacking the basic competencies to treat these individuals (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). Many therapists make similar mistakes, such as pathologizing same-sex attraction unknowingly; these mistakes could increase distress on multiple levels among LGB individuals (Hart & Heimberg, 2001).

Many missteps that practitioners are making could be avoided through a number of avenues such as education, supervision, and an availability of more culturally diverse training experiences. Yet, training experiences are few and far between for both practitioners and graduate students (Hope & Chappell, 2015; Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). Hope and Chappell have found that most models of multicultural training tend to be focused primary on racial and ethnic minorities and do not focus on individuals who identify as sexual minorities. They proposed that Sue et al. (1982) 3x3 competency model is adaptable and can be used to focus on increasing competency among graduate students and practitioners alike. This specific model looks at three major characteristic areas, specifically (a) counselor awareness

of own assumptions, values, and biases; (b) understanding the worldview of the client, and (c) developing appropriate intervention strategies and techniques. These characteristics are then considered to have three dimensions: (a) beliefs and attitudes, (b) knowledge, and (c) skills. This matrix would be a helpful way of considering room for growth, as well as current level of competency, for practitioners who work with this population.

The therapeutic relationship itself is often a predictor of the clinical outcome for an individual and is crucial in creating a safe space for clients (Dopp, 2013; Macneil, Hasty, Evans, Redlich, & Berk, 2009). When LGB youth enter therapy, often part of the process of feeling safe and secure is being able to reveal who they truly are in a way that feels comfortable to them. This sense of safety includes allowing LGB clients to be open about their sexuality and understanding how to navigate that process as a clinician (Dopp, 2013). A study by Dorland and Fischer (2001) found that therapist competency (concerning working with LGB individuals) increases the likelihood that clients will feel safe in therapy. The creation of a safe and supportive therapeutic relationship is pivotal to any therapist–client interaction but becomes even more pertinent when disclosing information as sensitive as one's sexuality (Dopp, 2013).

The goal of this mixed-methods study was to examine the amount of exposure doctoral level clinical psychology students have in both coursework and field experience working with LGB youth and the relationship that exposure had to individuals' self-perceived confidence in working with LGB youth. A brief 44-question survey was distributed to all department chairs of all 240 APA-accredited clinical psychology programs in the United States. The department chairs then distributed the survey to their doctoral students. This survey contained questions asking doctoral level psychology students about their experiences in the classroom as well as within their practicum sites concerning their work and knowledge of working with LGB youth.

Transgender youth are not considered in this study, as sexuality and gender are separate variables, which would call for additional and possible separate research. The general aim of this study was to find strengths and weaknesses in the current educational and training systems in regard to graduate students' competency when working with LGB youth.

Statement of the Problem

Multiple studies have shown that LGB individuals seek mental health services at a higher rate than heterosexual individuals (Cochran, Sullivan, & Mays, 2003; Dopp, 2013). Therapist competency is a key component to clients' perception of treatment outcome. Despite the high level of use of mental health services by the LGB population, graduate students in psychology report feeling unprepared to counsel this population (Hope & Chappell, 2015; O'Shaughnessy & Spokane, 2013). Research suggests that many practicing psychologists often do not understand the nuances of working with this specific population (Hart & Heimberg, 2001). Many individuals in graduate-level programs report receiving a single course, if any, in regard to LGB specific competencies. This level of education may be insufficient in preparing individuals to work with this population within clinical settings (Boroughs et al., 2015). Individuals feeling unprepared to treat the LGB population leads to feelings of decreased self-efficacy (Dillon & Worthington, 2003) and can lead to poor treatment outcomes (O'Shaughnessy & Spokane, 2013). Graduate students and current psychologists should educate themselves on common issues and misperceptions that LGB youth face both in the world as well as in therapy in order to better meet the needs of their clients.

History of the Problem

Psychology and the LGB community have a mixed history in regard to their interaction. More recently, psychology has attempted to decrease the marginalization felt by the LGB

population. Yet, this was not always the case within the psychological community, as identifying as a homosexual in 1972 would have been classified by the psychological community as pathological. The psychological communities' history of labeling homosexuality and bisexuality as deviant has created distrust among the LGB community in regard to accessing mental health services (Sherry, Whilde, & Patton, 2005).

Implications for Clinical Psychology

To practice competently with LGB youth, therapists need to be aware of some of the typical concerns this population may bring with them to treatment. LGB youth may be navigating many different processes that either do not occur or are not as commonly found among their heterosexual counterparts. Youth may be coming to therapy to navigate the coming out process and explore a general lack of support from their family and friends. Although navigating through parental issues is common for any youth, many come in with problems arising specific to their sexuality. For the clinical psychologist, awareness of these common problem areas is fundamental to basic competence when working with LGB youth. When sexuality is considered within the treatment plan and informs both the goals as well as the conceptualization of the therapist, LGB youth are likely to have better treatment outcomes.

Significance of the Study for Potential Stakeholders

Mental health professionals. Clinical psychologists can address a myriad of psychological issues faced by adolescents who identify as lesbian, gay, or bisexual. LGB youth report a higher level of mental health issues when compared to their heterosexual counterparts (Cochran et al., 2003; Dopp, 2013; Meyer, 2003). Research shows that these individuals have less access to social supports and are often under increased stressed (Hart & Heimberg, 2001). LGB youth utilize mental health services at higher rates and specialized knowledge is needed to

competently treat this population. LGB competency therefore should be a priority of any practitioner. Lack of competency reported by both current mental health professionals as well as graduate students (O'Shaughnessy & Spokane, 2013) within the mental health field is troublesome, and creates a greater risk for an already marginalized population.

The foundations of working with LGB youth in a competent manner are found within the core ethical principles of psychological practice (Boroughs et al., 2015). Competent practice with LGB youth reflects a psychologist's wish to benefit those they are working with, an ability to establish trust, remain a safe place for the individual, and promote equality in treatment. Competencies specific to working with the LGB population can be found when reviewing the American Psychological Association's Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients (2012). These guidelines are a good frame of reference when treating this population. There are 21 guidelines for psychologists to follow when working with LGB individuals. These guidelines include a framework for therapists about attitudes towards homosexuality and bisexuality, relationships, and families of LGB clients, and issues of diversity both within the context of the larger population and within the LGB community.

Social justice advocates. Social justice advocates often work closely with this population, to create equality within minority populations. The ability to work competently with a minority population is at the heart of the social justice movement (Boroughs et al., 2015). As previously discussed, LGB youth are at a higher risk for mental health issues, homelessness, and physical violence. For clinical psychologists, awareness of this information is only the beginning of creating safety and equality for our clients. Social justice work and psychological work with this population should go hand in hand, as the attempt to foster equality will only add to the mental health benefits for this population (Boroughs et al., 2015).

Social justice advocates and psychologists can actively work together to create safer spaces for LGB youth. Psychologists who wish to competently treat LGB adolescents have a responsibility to be aware of current state and federal law concerning LGB rights, advocacy networks, LGB youth-based resources, and other LGB-specific institutions. Those who work with this population find that some of the common problems these clients face will require the therapist to know local resources, such as support groups, legal aid, and homeless shelters that support and understand the needs of sexual minority youth. Lack of knowledge of these resources and laws can also create problems if an LGB youth is experiencing discrimination (based on sexual orientation) during work or out in the world. Many states allow legal recourse to be taken, while other states have no explicit laws making discrimination based on sexual orientation illegal (Boroughs et al., 2015). This knowledge will allow therapists to create a sense of empowerment with individuals who often feel disempowered (Brown & American Psychological Association, 2010).

Research Questions and Hypothesis

To better understand the level of training and competency that doctoral level clinical psychology students feel they have attained within their doctoral level psychology program the following questions will be asked:

- What is the relationship between self-perceived competency and the number of courses offered on LGB individuals/youth that are required by doctoral level APA-accredited programs? Furthermore, what is the relationship between self-perceived competency and the number of electives offered? (This can include weekend workshops, day-long seminars, etc., but must be something the school provides as part of their curriculum).

- What is the relationship between self-perceived competency and number of LGB youth client seen throughout participants' practicum training? Furthermore, what is the relationship between the student's perceptions of their supervisors' competency (supervising LGB youth-specific cases) and their own self-perceived competency?

- Does in-person experience or coursework offered provide more of an increase in self-perceived competency?

- What concerns do participants have concerning their level of competency in meeting LBG-youth needs while working in a therapeutic setting? How do students feel graduate programs can aid in increasing their self-perceived competency to work with this population?

It is my belief that the more exposure doctoral students have, both within coursework and field placements, the higher their self-perceived competency will be concerning therapeutic work with LGB youth.

Summary

As a marginalized population, there are specific guidelines that should be followed when working with LGB individuals. The responsibility to disseminate this education and knowledge is held both within the graduate institution and within the graduate students themselves. Competency based training should be at the heart of any graduate-level institution. Individuals, graduate students, and current psychologists have a personal stake in creating and maintaining competency-based training that will help new/training mental health workers be more prepared to work with populations that have historically been ignored, such as the LGB population.

Glossary of Major Terms

Competency. Epstein and Hundert (2002) provide a definition of competency that is helpful when considering this construct for clinical psychology. They believe that competency entails a use of communication, technical skills, clinical reasoning, emotions, values, judgment, and reflections in one's daily practice for the benefit of the client. They also believe that competence is contingent on one's own self-awareness. This would require psychologists to reflect on their own values, judgments, and abilities in a rigorous manner before taking on clients. Competency also includes working in accordance with one's professional guidelines and standards (Rodolfa et al., 2005). In the case of psychologists, the American Psychological Association creates standards to follow for both ethical and competent practice. Competency is a key component of working with specific populations effectively and can affect the therapeutic relationship as well as the overall outcome of the client in a positive or negative way (Bidell, 2005; Graham, Carney, & Kulick, 2013).

Sexuality. The concept of sexuality is not easily defined, and often means different things to different people. For this paper, sexuality is considered the socially constructed expression of one's physical and sexual desires (Cameron & Kulick, 2003). When a client identifies as gay, they are referring to themselves as male individuals who are attracted sexually and physically to other men. When an individual identifies as a lesbian, she is referring to her sexual and physical attraction towards another woman. Bisexuality is considered a label that is part of the spectrum of sexuality and is defined as an individual being attracted to both men and women simultaneously (Hill, 2009). Although other labels are often used to describe an individual's sexuality, they will not be used in this paper due to current research using lesbian, gay, and bisexual as the standard labels.

Review of the Literature

When one considers competency in working with LGB youth there are several factors that weigh heavily. Historical context of the problem is necessary to understand the continued gap in services and the mistrust that many LGB individuals have for the psychological community. Development and developmental trajectories in regard to sexuality need to be carefully examined in order to better understand the nuanced differences between those who identify as heterosexual compared to those who do not. Lastly, one should work to understand the ethics that come into consideration when working with those who are marginalized due to issues of sexuality.

History of the Problem

Throughout history, there have been differences in the way the world perceives homosexuality; the United States is no different, as views have changed somewhat dramatically since the Colonial Era. The view of homosexuality in the United States has remained mostly negative since the Colonial Era. During the initial colonization, when Europeans were settling and asserting their self-perceived dominance over those that were native to the land, they observed many strange traditions and customs that were not in line with the patriarchal framework from which they were bred. This included diverse views of God(s), sexuality, and gender, which were not in line with European beliefs. Many individuals, who were attempting to escape religious persecution in Europe, brought with them a strong hatred of those they believed to be "other." At this time, *other* meant those that did not prescribe to traditionalist viewpoints, patriarchal standards, and monotheistic religions. Often some individuals who engaged in same sex relationships were believed to be sinful and cast aside or labeled as witches and heretics and often sentenced to death. The puritanical viewpoint that arrived with early colonists played a

large role throughout the American Revolution, the Industrial Revolution, and during the Civil War in shaping the view of homosexuality in the United States (Bronski, 2011; Eaklor, 2008).

Although Puritanism played a large role in the development of social norms throughout history, the 19th and 20th centuries in the United States were a time where small sub-groups began organizing against the entrenched male-dominated political system. Although gender roles were strictly adhered to, some semblance of "homoerotic" friendships were reported to be a normal occurrence in society. Many famous women (such as Elizabeth Cady Stanton and Jane Addams) took part in these friendships, even when married to men. Sex was not an assumed aspect of these relationships. It was in the later 20th century when thinking changed on these relationships and women engaged in these relationships were labeled as homo- or bisexual (Eaklor, 2008).

The 19th and 20th centuries highlight the contradictions within America's history regarding marginalized individuals. During the late 19th century, several marginalized groups were fighting against discriminatory practices and legislation. This time forward brought forth pieces of legislation that aided in the further marginalization of minority groups, such as Plessy v. Ferguson (1896), which legalized segregation. Yet, later in the 20th century, legislation that often dismantled those discriminatory practices, such as Brown v. The Board of Education (1954) came into play. Although not directly related to the LGB movement, these previously mentioned pieces of legislation highlight the social and scientific climate that marginalized individuals lived in throughout this period. Considering the history of science and social science, the 19th century is of significance for marginalized communities, as "scientific" research conducted during this period was often cited as the reason for discriminatory practices (Bronski, 2011; Eaklor 2008).

Historical views of homosexuality in psychology. When exploring all areas of 19th century medical science, psychiatry, psychology and sexology had an exceptional impact on the LGB movement (Eaklor, 2008). Although the views of psychologists concerning homosexuality and bisexuality have changed over time, psychology has often aided in the further marginalization of this population. The marginalization of this population occurred in numerous ways. In the last 40 years psychology has made strides in creating a more inclusive environment both within the therapeutic endeavor, as well as in the world at large. Although there has been progress, numerous historical factors and therapists' biases continue to aid in the maltreatment of the LGB population.

the When considering homosexuality in the context of psychological history one might say most influential work during the 19th century, specific to sexuality and its relationship to mental health, came from Sigmund Freud. Freud is often credited for ending the stigma around discussing sexuality, specifically within more puritanical cultures such as America. At one point, Freud proposed that all human beings were born bisexual, but homosexuality (inverts in Freud's words) was still to be viewed as abnormal, as it still fell into a category of slowed maturation or arrested development (Drescher, 2008). Freud stated that when homosexuality or bisexuality manifested in an individual it was due to traumatic experiences. Yet, many social science historians believe that his views on homosexual relationships were not as pathologizing as future psychoanalysts, who often labeled homosexuality as a deviant behavior or sickness and added to the belief that homosexuality needed to be 'cured' by the psychological community (Drescher, 2008; Eaklor, 2008). The marginalization of the LGB population by the psychological community was not only relegated to the psychoanalytic tradition, but also entrenched within the medical community of psychiatry as well. Psychiatry had made advances during the Second

World War and relied solely on medical models of behavior and treatment, which aided in the future maltreatment and bias that many homosexuals faced from the psychological community (Drescher, 2008; Eaklor, 2008).

Homosexuality as a mental illness. The medical model paved the way for the creation of the first Diagnostic and Statistical Manual (DSM-1; American Psychological Association, 1952). This manual has since been the standard for diagnostics and treatment in the mental health field throughout the United States. Within the first three versions and revisions (until the production of DSM-III–R in 1987) of this manual, homosexuality was classified as a mental illness, although variations on the nomenclature and criteria occurred during the revisions (Drescher, 2008). Initially, the DSM-1 classified homosexuality as a sociopathic personality disorder and ascribed treatments such as electroshock therapy. As psychology and psychiatry progressed as a profession, and conducted further research in regard to homosexuality, the language around homosexuality as a mental illness changed, creating a more inclusive and welcoming environment for the LGB population within the psychotherapeutic community.

Therapists' maltreatment and bias. As mentioned previously, LGB individuals have a historical reason for the mistrust of the psychological community. Psychologists have labeled homosexuals as deviants and allowed the general public to perceive homosexuality as a sickness. Although homosexuality is no longer considered a mental disorder by most psychologists, maltreatment and bias still occur in the realm of psychology. Reparative Therapy is a framework of psychological treatment that is still utilized by some licensed psychologists as of the present day. This orientation often purports that homosexuality is a "sin" and can be changed by a "trained therapist." This type of therapy is often used for those who are the most vulnerable in the LGB population, specifically minors (Moss, 2014). Research shows the use of this therapy

often has lasting and harmful psychological effects, such as symptoms of anxiety, guilt, shame, and depression, as well as an increase in suicidal ideation (Flentje, Heck & Cochran, 2014; Panozzo, 2013). The continued practice of reparative therapy, despite it's proven negative outcome, is an example often cited as the reasoning behind LGB individuals' historical and current mistrust of psychology as a practice (Moss, 2014).

Ethics and Therapy with LGB Youth

Competencies specific to working with the LGB population are found when reviewing the American Psychological Association's Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients (2012). These guidelines are a good frame of reference when treating this population. There are 21 guidelines for psychologists to follow when working with LGB individuals. The following guidelines include a framework for therapists about attitudes towards homosexuality and bisexuality, relationships, and families of LGB clients, and issues of diversity both within the context of the larger population and within the LGB community. The following guidelines are considered best practices in working with LGB community according to APA's Division 44:

- Psychologists understand that homosexuality and bisexuality are not indicative of mental illness.

- Psychologists understand that same-sex attractions, feelings and behaviors are normal variants of human sexuality and that efforts to change sexual orientation have no been shown to be effective or safe.

- Psychologists strive to distinguish issues of sexual orientation from those of gender identity when working with lesbian, gay, and bisexual clients

- Psychologists strive to understand the ways in which a person's lesbian, gay, or bisexual orientation may have an impact on his or her family of origin and the relationship with that family of origin.

- Psychologists are encouraged to recognize how their attitudes and knowledge about lesbian, gay, and bisexual issues may be relevant to assessment and treatment and seek consultation or make appropriate referrals when indicated.

- Psychologists strive to understand the ways in which social stigmatization (i.e., prejudice, discrimination, and violence) poses risks to the mental health and the well-being of lesbian, gay, and bisexual clients.

- Psychologists strive to understand how inaccurate or prejudicial views of homosexuality or bisexuality may affect the client's presentation in treatment and the therapeutic process.

- Psychologists strive to be knowledgeable about and respect the importance of lesbian, gay, and, bisexual relationships.

- Psychologists strive to recognize cohort and age difference among lesbian, gay, and bisexual individuals.

- Psychologists strive to understand the particular circumstances and challenges facing lesbian, gay, and bisexual parents.

- Psychologists recognize that the families of lesbian, gay, and bisexual people may include peoples who are not legally or biologically related.

- Psychologists are encouraged to consider the influences of religion and spirituality in the lives of lesbian, gay, and bisexual persons.

- Psychologists strive to understand how a person's homosexual or bisexual orientation may have an impact on his or her family of origin and the relationship to that family of origin.

- Psychologists are encouraged to recognize the particular life issues or challenges experienced by lesbian, gay, and bisexual members of racial and ethnic minorities that are related to multiple and often conflicting cultural norms, values, and beliefs.

- Psychologists are encouraged to recognize the particular challenges experienced by bisexual individuals.

- Psychologists strive to understand the special problems and risks that exist for lesbian, gay, and bisexual youth.

- Psychologists consider the generational differences within lesbian, gay, and bisexual populations, and the particular challenges that may be experienced by lesbian, gay, and bisexual older adults.

- Psychologists are encouraged to recognize the particular challenges experienced by lesbian, gay, and bisexual individuals with physical, sensory, and/or cognitive/emotional disabilities.

- Psychologists support the provision of professional education and training on lesbian, gay, and bisexual issues.

- Psychologists are encouraged to increase their knowledge and understanding of homosexuality and bisexuality through continuing education, training, supervision, and consultation.

- Psychologists make reasonable efforts to familiarize themselves with relevant mental health, educational, and community resources for lesbian, gay, and, bisexual people.

These 21 guidelines ensure that psychologists are not only practicing within their realm of experience but provide a sufficient outline for programs that are attempting to infuse more LGB-affirmative practices into their curricula.

Confidentiality. One of the major ethical obligations of psychologists is to maintain the confidentiality of client information. Confidentiality is at the heart of creating a relationship with one's client and allows clients to share personal information with their therapist (Nagy, 2005). LGB youth may choose to come out during therapy, as they often see it as one of the few safe spaces where this information will be protected. The release of information, specifically concerning client's sexuality, can create a number of issues such as loss of trust with the therapist and potential safety issues in the individual's life (Sobocinski, 1990). As a psychologist, one must find a balance between their legal obligations and their moral obligations to their client.

When a psychologist is working with a minor client, there are other issues of confidentiality that must be considered. Both the client and parent need to be made aware of these boundaries and guidelines. Some parents will want to know what their child is discussing in therapy and request that the psychologist act as a mediator of the client/parent relationship. During the initial session, the concept of confidentiality as well as its importance should be discussed. Parents should be made aware of the clinical implications of confidentiality, and how

lack of privacy can lead to lack of trust in the therapist. The individual needs to trust the therapist to make progress in therapy and for the therapist to be as effective as possible. Daniels and Jenkins (2010) believe that some concerns of parents should be addressed in an open manner with the child. This allows the therapist and child to navigate the conversations with parents together and maintains trust with the individual receiving treatment.

There are exceptions to confidentiality which clients should be aware of before therapy begins. Parents also need to be made aware of these limits, which should be included in the informed consent. Psychologists are required to break confidentiality when they believe that the client may be (at risk of) harming themselves or others. When parents understand the ramifications of breaking confidentiality they are often satisfied with knowing that if their child is in imminent risk they will be informed. When working with adolescents it is important to be able to balance the individual's right to privacy as well as the parent's right to information about their child (Daniels & Jenkins, 2010).

The Developmental Model of Sexual Development

When working with LGB youth, a developmental framework can aid in the goal of being a more competent psychologist. The coming out process is inherently a developmental process that occurs throughout an individuals' lifetime. Adolescence is a critical time of growth, development, and identity formation and the understanding of this is critical to competency in work with LGB youth. Erik Erikson discussed the concept of identity formation as a time in which individuals create a unique and personal identity (Garofalo & Harper, 2003). Identity formation is a key concept in developmental psychology, especially when considering identity formation with respect to sexual identity formation. During this process, individuals are often processing aspects of "coming out." The process usually begins in childhood, with recognition of

same gender attraction and can continue for many years while individuals become comfortable with themselves, and their openness with their sexual identity (Carion & Lock, 1997). According to Carrion and Lock (1997), many individuals report experiencing a crisis of identity and may revert to earlier stages of the development process as they begin to come to terms with their sexual identity. Although this is not the case for all LGB individuals, the developmental nature of sexuality and sexual identity is inherent and should be understood by psychologists practicing within this marginalized population.

Developmental milestones. Therapists should be aware of this type of identity development and its differing trajectories, as it is critical to understanding the nuances that are specific to treatment with LGB youth (Floyd & Stein, 2002; Graham et al., 2012). Carrion and Lock (1997) propose that LGB youth often move through unique developmental milestones throughout their lives, and experience specific emotions based on these milestones. The initial stage of development occurs when the individual discovers that they are attracted to the same gender. Often this stage of discovery is met with feelings of shame or bewilderment. The following stages include inner exploration of attraction to a sexual object: (a) early acceptance of an integrated sexual self, (b) congruence probing (the initiation of sexual contact that aligns with sexual orientation), (c) further acceptance of an integrated sexual self, (d) self-esteem consolidation, (e) mature formation of an integrated self-identity, and (f) integration of self-identity within a social context (Carrion & Lock, 1997; Floyd & Stein, 2002).

Killam & Degges-White (2017) discuss identity formation and developmental trajectories for sexual minorities in the form of specific and linear developmental milestones. They are somewhat similar to Carrion & Lock's (1997) identity development, but factor in and explicitly state the struggle that many LGB people face due to being a marginalized population. They also

incorporate that sexual minorities differ from the heterosexual population as those in the minority have to incorporate their sense of identity within the social context of the largely heteronormative society. The following stages of identity development have been identified as being somewhat (dependent on the stage) unique to the LGB population: (a) Identity Confusion or the understanding that one may be different from another group, (b) Identity Comparison or the individual experiences dissonance and may begin to rationalize or justify same-sex attraction, (c) Identity Tolerance or coming to the realization that the person has same-sex attraction, (d) Identity Acceptance or increased recognition in many facets of the individual's life of the marginalized identity and beginning to increase contact with the community one identifies with, (e) Identity Pride or the individual will begin to immerse themselves in the LGB community and possibly begin to have a dualistic view of heterosexuality, and (f) Identity Synthesis or integration of gay identity as a piece of their overall identity. The general understanding of these stages, as well as understanding where in this process one's client is, aids in competent practice by allowing the therapist to meet the client where they are in their process of self-discovery.

Mental Health Concerns of LGB Youth

While working with this population, psychologists need to be aware of the intricacies of working with LGB youth. Several common missteps occur when psychologists are working with this population. One of the most common mistakes that psychologists make in treatment is assuming all adolescents are heterosexual. This often creates undue stress on the client, as a client has to decide whether to correct the therapist's bias (Cameron & Kulick, 2003). At times, psychologists may ascribe too much weight to sexuality when conceptualizing the cause of LGB youths' problems. This may ignore other biological or environmental components that are factors in this person's life and create a situation in which the psychologist pathologizes the client's

sexual orientation. On the other hand, therapists can make the mistake of not placing any importance on the individual's sexuality when considering their mental health issues, which may ignore the risk factors specific to this population (Eubanks-Carter et al., 2005). When working with LGB youth the therapist needs to assess the factors that are unique to each client, and proceed accordingly in assessment and treatment planning.

The coming out process is not the only issue that LGB youth contend with in regard to mental health issues. LGB youth are more likely to be homeless, deal with regular suicidal ideation, and have fewer opportunities than heterosexual youth (Saewyc, 2011).

LGB adolescents' coming out in therapy. The coming out process is best described as recognizing, exploring, integrating, and disclosing a sexual orientation that is not heterosexual (Cohen & Savin-Williams, 1996). Coming out is not just the singular act of making others aware of your sexuality, but a lifelong process that is very personal and specific to the individual. Psychologists need to be aware that the coming out process looks different for every adolescent. Some LGB youth will experience a lot of support from both their peer group, as well as their families. Others will encounter limited to no support during this process and may even fear for their lives if they make their sexuality known.

LGB youth can experience a significant number of other risks during the coming out process. Major risks include higher rates of suicide, physical violence, and homelessness. Between 18.5%–42% of LGB youth surveyed reported attempting to commit suicide at some point in their lives compared to around 8% of the overall youth population (Morrison & L'Heureux, 2001). Saewyc (2011) found that LGB adolescents residing in the United States and Canada were more susceptible to both physical and sexual violence than heterosexual adolescents. Studies estimate that between 15–36 % of homeless youth identify as LGB

(Rosario, Scrimshaw & Hunter, 2012), which is a significant portion when considering the number of LGB in comparison to the general population. These numbers highlight that psychologists need to be even more aware and sensitive to these issues during interactions with this population, as the prevalence of risk factors will occur at a much higher rate than for the heterosexual population. Psychotherapists should assess and monitor suicide risk throughout treatment, as specific stressors may increase during LGB adolescence time in therapy, specifically as they begin to come out to more individuals in their life.

Practitioners need to always keep client safety at the forefront of their treatment. This is especially pertinent when a client is discussing decisions concerning coming out to family member, friends, and the community as a whole. The decision to come out must always be that of the client and risks inherent in this process should be discussed based on the client's level of comfort. Part of empowering an LGB adolescent is allowing them to make the decision to discuss their sexuality as they see fit (Garofalo & Harper, 2003). A psychologist who is inexperienced or does not feel competent when working with this population could unintentionally be creating a safety risk.

Interacting with the LGB adolescent's family. As a therapist of an LGB adolescent, there may be interactions with the client's family before, during, or after the coming out process. Therapists can be either a hindrance or a help to the family and the adolescent during this time. The level of therapist effectiveness is dependent on their level of competency about the entire coming out process, as well as the understanding of common negative emotions experienced by family members (LaSala, 2000). On the other hand, some families can be supportive during this time and the therapist's role is to help them find resources in the area to become more involved and active in the LGB community.

When an LGB adolescent comes out, some common negative emotions a parent may experience are shock, guilt, fear, anger, rejection and embarrassment (Armesto & Weisman, 2001; Rothberg & Weinstein, 1996). At the extreme, parents have become estranged from, have threatened, or been physically violent with the individual (LaSala, 2000). Studies have shown that parents that feel as though environmental factors contribute to a child being homosexual often experience more negative emotions due to the belief that they are personally responsible for their child's sexuality (Armesto & Weisman, 2001). Parents are often grieving the loss of the child, as most parents assume that their children will be heterosexual and certain developmental milestones will match that expectation (LaSala, 2000). As a therapist, it may be one's job to help navigate those feelings of loss and grief, and be sensitive to preconceived notions that parents or parental figures may have concerning the LGB population. It may also fall within the scope of therapy to combat the stereotypes and myths some parents may hold about homosexual individuals.

Training Competent Practitioners

Importance of LGB affirmative therapy. Throughout the 1970s and the 1980s, the foundations for affirmative practice came to light during the LGB civil rights movement (Nakajima, 2003). Although times have changed in regard to the psychological treatment of the LGB population, some harmful treatment modalities continue to be used in practice (i.e., reparative therapy and lack of general competency in practitioners). LGB affirmative therapy came about in response to many of these antigay practices that were occurring in psychology throughout history and is important to incorporate into graduate mental health programming (Langdridge, 2007).

LGB affirmative therapy is grounded in feminist and humanistic theories, and shares

many similarities with feminist therapies (Fassinger, 2000). A comprehensive explanation of LGB affirmative therapy is the ability to integrate knowledge and awareness by the therapist of the unique developmental cultural aspects of LGB individuals, the therapist's own self-knowledge, and the ability to translate that knowledge and awareness into helping skills that are effective in therapy during all stages of the process (Bieschke, Perez, & DeBord, 2007). This type of therapy, at its core, values a homosexual identity as equal to a heterosexual identity.

In recent years, many who practice LGB affirmative therapy believe that what some call LGB affirmative therapy is actually just ethical practice with this population. These practitioners believe that LGB affirmative therapy is lacking a clear framework in which to reference (Langdridge, 2007). McGeorge and Stone Carlson (2011) outline concise steps for therapists to take to make sure one is creating an affirming environment for LGB youth. This begins with the therapist exploring their own assumptions about what sexuality, family, and intimate relationships should look like. This ability to explore therapist bias and assumptions would allow a therapist to see the inherent bias that is often found within the language that they use to communicate with others, as well as the privilege they may experience as a heterosexual. The ability to work from an affirmative stance also requires that psychologists allow others to know that they work from an affirmative stance. To take affirmative practice a step further, psychologists should also allow the client to explore the impact of heterosexism on their everyday livelihood. This exploration of therapist and client experience allows for a higher level of self-awareness for both.

Evidentiary support. LGB affirmative therapy's support lies within research that shows the effect of relationship on therapeutic outcomes. Research has shown that LGB clients who participate in LGB affirmative therapy are more likely to report better treatment outcomes due to

therapist's level of understanding of issues within the LGB community. More specifically, those that practice LGB affirmative therapy are more likely to be aware of the language they use and the heterosexist bias that is inherent in every day speech. This allows for a higher level of comfort by the client (Dorland & Fischer, 2001; O'Shaughnessy & Spokane, 2013).

Studies have also shown that openness to others about sexual orientation is associated with better psychological adjustment. Both feminist theory and LGB affirmative therapy believe in the creation of a safe space for youth to come out and discuss their sexuality when they feel ready. Clients who feel as though they have received treatment from those who were not proficient in understanding the issues specific to the LGB population, specifically those that were unaware of their heterosexist bias, often dealt with increased levels of depression and anxiety, as well as increased drug and alcohol use (Garnets & Kimmel, 1991).

The status of training. Several studies have shown the lack of emphasis on LGB issues within graduate coursework for mental health professionals (Murphy et al., 2002; Phillips, 2000). This is of concern for multiple reasons as individuals enter training institutions to leave feeling competent in the practice of psychology. As previously mentioned, more than half of the individuals who enter practice will be working with an LGB individual. Yet, Murphy et al. found that only 10% of individuals who participated in their research (concerning LGB education and practice) report having access to a course on LGB issues. APA's (2000) accreditation standards suggest that doctoral programs in psychology work to teach the importance of differences between cultures, as well as individuals. This component is two-fold: APA requires that programs educate students about diversity and how it interacts with the practice of psychology. Biaggio, Orchard, Larson, Petrino, and Mihara (2003) believes that this requirement mandates training programs to examine how and in what competencies they train their students.

Sherry et al. (2005) conducted research directed at APA-accredited clinical and counseling psychology doctoral programs to understand how LGB issues were dealt with within training programs. This survey was completed by training directors of these programs with a total of 104 directors responding. Less than half of the programs reported requiring coursework on or addressing LGB issues (either in a multicultural competency course or otherwise) although 89.5% of these programs reported that their students encounter LGB individuals in their practicum sites. Of note is that only 21% of programs reported their classes covering issues that may arise when working with LGB individuals outside of multicultural/diversity coursework.

Summary

Throughout history the LGB population has been marginalized by the profession of psychology. In an attempt to remediate the history of pathologizing LGB individuals, LGB Affirmative therapy became a best practice among many psychologists. Yet, throughout the literature concerning affirmative therapy with this population, it seems that there is a lack of awareness concerning this theoretical paradigm, specifically within the graduate school community. The literature has primarily attributed this lack of awareness and self-perceived competency to the lack of LGB course work, and direct field experience (Biaggio et al., 2003; Boroughs et al., 2015).

Method

The following is a discussion of the methods used to conduct research addressing the research questions on doctoral-level psychology graduate students and their competency in working with LGB youth. Participant recruitment, methods of data collection, measures used, and procedures are presented below.

The model for this study was mixed-methods, beginning with a survey with correlational

analyses. It compared responses from the Demographic and Experience Questionnaire to the results on all three subscales of The Sexual Orientation Counselor Competency Scale (The SOCCS), as well as the Total score on the SOCCS. This design allowed one to see the relationship between self-perceived competencies and the experiences that graduate students have been able to engage in during their time in a doctoral-level training program. The survey included open-ended questions.

Participants

Participants were recruited through an e-mail that was sent to all department heads of APA doctoral level Clinical Psychology programs in the United States (a total of 240). This e-mail (Appendix C) included a request to participate in the study as well as a link to the survey (which included The Demographic and Experience Questionnaire and the SOCCS). According to Cohen (1992) detecting a medium-sized correlation of a sample at $\alpha = 0.05$ requires that $n = 52$. It was expected that participants would range from ages 21–65 and be currently enrolled in an APA-accredited doctoral level psychology program. All participants were English speaking as the survey was only available in English. As previously mentioned, the survey was sent to all APA-accredited doctoral level psychology programs in the United States, which means that urban and rural populations were included in the survey sample.

Measures

Experience and Demographic Questionnaire. The Experience and Demographic Questionnaire's (Appendix A) purpose was two-fold. The initial goal of this questionnaire that I created was to collect basic demographic information including gender identity, geographic location (state-based), and sexual identity. The second goal of this questionnaire was to collect information concerning participants' experience in graduate school that is specific to work with

LGB youth. The first category found in the experience portion of the questionnaire focused on coursework offered concerning LGB youth (both elective and required). Participants' experience in the field was separated into two categories: (a) exposure to LGB youth clients and (b) clinical supervision received when working with LGB youth.

Participants were also asked to specify if they believed that their program has prepared them to work competently with LGB youth. Participants who believed that they have been prepared by their program were asked to elaborate if there were any additions or amendments they believed would be essential to their program training future providers to work with LGB youth. Those that did not believe that their program adequately prepared them to work competently with LGB youth were asked to further explain their no response. This qualitative response was collected to answer the following two research questions:

- What concerns do participants have concerning their level of competency in meeting LBG youth needs while working in a therapeutic setting?
- How do students feel graduate programs can aid in increasing their self-perceived competency to work with this population?

Sexual Orientation Counselor Competency Scale (SOCCS). The SOCCS (Appendix B) is a self-report questionnaire with 29 items which is free for individuals to use in the context of mental health research (Bidell, 2005). The SOCCS was created to measure a mental health practitioner's self-perceived level of competency in relation to work with LGB individuals. Self-perceived competency is measured by three subscales that Bidell believes reflect the construct of this competency: (a) Awareness, (b) Knowledge, and (c) Skills. The Awareness subscale is made up of 10 questions. The Skills subscale is made up of 11 questions. The Knowledge subscale is made up of eight questions. Participants are expected to respond to a

seven-point Likert scale. This scale ranges from 1 (responses that are not true at all) to 7 (totally true). Eleven of the items are reverse scored. Higher scores are related to higher levels of competency (Bidell, 2005).

Psychometrically, research has shown that the SOCCS is a sound measure. The initial study Bidell (2005) conducted indicated that the Chronbach's alpha for the Total scores on the SOCCS was .90. Chronbach's alpha for the Awareness, Skills, and Knowledge subscales were Awareness .88, Skills .91, and Knowledge .76. This is an indication that there is a moderately high to high level of internal consistency within the SOCCS. Test–retest reliability was assessed and coefficients were .84 for the Total scores, .85 for the Awareness subscale, .83 for the Skills subscale, and .84 for the Knowledge subscale. Criterion, concurrent, and divergent validity tests established the SOCCS as a psychometrically valid assessment of self-perceived competency. These psychometric properties indicate that this was a reliable and valid measure. The one minor adjustment that was made to this scale concerns the directions that were given to the participants and it was not expected to affect the psychometric properties of the scale in any meaningful way. The directions explicitly stated that participants should be answering their questions based on their feelings and experiences concerning LGB youth and not LGB individuals at large in order to make this scale specific to the population in question.

Procedures

I began the process of conducting this research by submitting my proposal to the Antioch University New England's Internal Review Board (IRB). Upon approval from the IRB, which I received on February 9, 2018, I sent out an e-mail to all 240 APA-accredited programs in the United States asking department chairs to consider sending out the study link (provided in the e-mail) to doctoral-level clinical psychology students. In this e-mail, I provided (a) information

concerning IRB approval, (b) the purpose of this study, (c) criteria for participation in the study, as well as (d) the link connecting participants to the survey itself. The recruitment email and informed consent form (Appendices C and D) were included in electronic format at the entry point of the survey process. The informed consent covered the participant's right to choose to participate in the process and information regarding possible risks of the study. Participants' consent consisted of their clicking on the link that takes them to the survey and providing an electronic signature on the initial page of the survey.

Data Analysis

All analyses were conducted with Statistical Package for the Social Sciences (SPSS) software and MAXQDA (2018) qualitative data analysis software. The initial areas of analysis provided descriptive statistics on: (a) participant demographic data, to provide a larger picture and description of those that were sampled and participated in the study, as well as provide more structured variables for further analysis (i.e., does age or year in the program affect self-perceived competency); (b) the three subscales (Awareness, Knowledge, and Skills); and (c) the Total score from the SOCCS.

Pearson's Correlations were utilized to determine the majority of relationships between SOCCS scores (both Total and subscales) and responses from the Experience and Demographic Questionnaire. The Attitude subscale of the SOCCS was converted to a binary variable (discussed in more detail in the analysis section) and Chi-Squared Tests and Independent Samples T-Test were conducted. A linear regression was run to answer the research question that dealt with determining whether the coursework offered or practicum experience had more effect on overall self-perceived competency.

The qualitative data from the Demographic and Experience Questionnaire was compiled and a thematic analysis was conducted to explore participants' responses with the MAXQDA (2018) software. The MAXQDA software allowed for the responses to be conceptualized into categories and common themes were derived. The information was compiled to indicate trends concerning student-perceived competency when working with LGB youth (Braun & Clarke, 2006) and introduce unanticipated ideas to this study. The qualitative analyses could have informed future directions for increasing psychologists' competency to work with LGB youth.

Estimated effect size. Correlations between the amount of training (both offered within school and through practicum sites) and how prepared doctoral level psychology students believed they were to work with LGB youth was expected to vary moderately. A study conducted by Rutter, Estrada, Ferguson, and Diggs (2008) found a moderate correlation between an LGB competency training and increased levels of self-perceived competence ($t(12) = -2.418$, $p > 0.02$), while there was no significant difference found for the control group who did not receive the training. According to the research, training and coursework are moderately effective at increasing the level of competency for individuals working with marginalized populations (Manese, Wu, & Nepomuceno, 2001). Those findings were expected to be similar to those who received and completed the survey for this research study.

Results

The following section provides information regarding participants, procedures, as well the results of the data analysis.

Participants

All participants were graduate students who were currently enrolled in APA-accredited doctoral level clinical psychology programs. A total of 58 students recruited from 13 states and the District of Columbia completed the survey. Participants ranged in age from 23 to 53 years old

(M = 28.78, SD = 5.96). In terms of participants' gender identity, 87.9% of respondents identified as Cisgender Females (n= 51), 6.9% identified as Cisgender Male (n=4), 1.7% identified as a Transgender Male (n=1), and 3.4 % identified as Gender Queer (n=2). Participants were also asked to disclose their sexual orientation, if comfortable. All participants responded, with 74.1% identifying as Heterosexual (n = 43), 5.2% identifying as Homosexual (n= 3), 19% identifying as Bisexual (n= 11), and 1.7% (n= 1) identifying as Pansexual.

SOCCS Reliability

The reliability of the SOCCS results from this study were compared to the results from Bidell (2005) in Table 1. This table shows that the results of the SOCCS, as completed by current participants of this study are considered reliable when compared to Bidell's psychometric properties (2005).

Participant Experience

At the beginning of the survey, Participants completed a Demographic and Experience questionnaire. Below are the statistics relating to the experience portion of the questionnaire.

Coursework. Participants were asked three separate questions regarding coursework. Participants reported being offered on average 1.81 (SD= 1.16) courses that included content on working with LGB youth within their program, but where the content of the course was not solely focused on LGB youth. These courses could include multicultural courses. Participants responses ranged from 0-5 classes. Participants reported that on average they were offered less than a single course (0.16 classes) focused solely on the topic of LGB youth (SD= 0.49) with responses ranging from 0 to 3 and more than half of respondents indicating 0. Lastly, participants were asked to assess their beliefs regarding how much their course work impacted their overall competency in treating this population using a 1 to 7 scale to rate the truth of statements (1 = not

at all true, 4= neither true nor untrue, and 7 = totally true). Responses only trended towards participants not believing that coursework had impacted their overall competency to treat this population (M= 3.02, SD = 1.43).

Practicum. Respondents were asked four questions regarding their practicum experiences. Respondents reported treating an average of 4.66, with a median response of 1.0 and a mode of 0 (SD = 7.89) LGB youth in their practicum settings, with responses ranging from 0 to 35. The next three questions regarding practicum experience utilized scales of 1 to 7 to rate the truth of statements (1 = not at all true, 7 = totally true) about their overall impressions of their practicum experiences effects upon their developing competency in working with LGB youth. On average, participants rated their practicum supervisors as somewhat competent to treat the LGB youth population (M = 4.88, SD = 1.59), and competent to supervise participants work with LGB youth (M =4.79, SD =1.65). However, their responses were in the direction of not believing that their practica had contributed to their own level of competency in treating LGB youth clients (M= 3.38, Mo= 4, Median= 3SD =1.78).

Feelings of Overall Preparedness by Program

Asked if they felt they were prepared by their program to treat LGB youth, 62.1% (n=36) participants indicated they did not feel prepared, while 37.9% (n=22) indicated they did feel prepared. Given a chance to provide a more nuanced response based on their initial response, participants who believed that they were not well-prepared by their programs were encouraged to supply an open-ended answer (detailed further below in Thematic Analysis), while those who believed they were well-prepared were asked to select from a given list of all the areas they would like emphasized throughout their program in order to aid in increasing their self-perceived competency when working with this population.

Of the participants (n=20) who provided responses to the list of possible amendments to their program that would aid in increased trainee competency, 72.7% (n=16) believed that more outside training would be helpful in increasing overall competency regarding this population. Access to more course work, access to more training opportunities, and access to professors with more competency were several areas of training that were suggested by 63.6% of respondents (n=14) as being something they would like to see increased in order to aid them in feeling more confident in their level of competency to treat this population. Lastly, 36.4% (n=8) of participants believed that access to more competent practicum supervisors would allow them to increase their self-perceived competency when working with LGB youth. As these results are from a small number of participants, they should not be interpreted as representative of the sample.

Themes pertaining to inadequate preparation. Of the 36 participants who indicated they did not feel prepared, 23 completed a follow up asking them to detail what they believed was missing in their program and what they believed might be helpful in order to feel adequately prepared. Although this question was only intended for participants who indicated they did not feel prepared, 11 participants who believed their program had adequately prepared them responded as well, making the total number of 34 respondents to this follow-up question.

MAXQDA was utilized in order to complete a thematic analysis of all 34 open-ended responses regarding their thoughts on lack of preparation within their program. The 34 open-ended responses were then initially coded into two separate response sets: those who believed they were prepared by their program and those who did not believe they were adequately prepared by their program. These separate themes were then subcoded into four more themes, totaling six subcodes, four within the yes category and four within the no category. Some

participants' responses were broken down into two (or more) codes as their responses dictated, thus the higher number of responses than respondents. The subthemes coded under those who responded negatively to feeling adequately prepared were: (a) reasoning regarding lack of competency (14 responses), (b) additions they believe would increase competency (8 responses), (c) what aids in their ability to practice competently (2 responses) and, (d) general concerns regarding competency (2 responses). Two subthemes were coded under those who responded yes to feeling adequately prepared by their program to treat LGB youth; reasoning regarding competency (9 responses) and additions that may be helpful in increasing competency (4 responses). All verbatim responses broken down by theme and sub-theme can be found in Appendix E.

While 38% of people felt adequately prepared, the majority, 62%, reported feeling as though they were not adequately prepared by their program to treat LGB youth. This aligns with research conducted regarding practitioners in the field who are continually reporting that they feel underprepared to treat the LGB population, never mind LGB youth specifically (Lyons, Bieschke, Dendy, Worthington, & Georgemiller, 2010). Statements made by participants were initially coded by whether or not they felt adequately prepared by their program. Open-ended responses were not asked of participants who responded that they felt prepared, but several participants (N= 11) provided responses that allowed for more information regarding their feelings of preparedness. Two statements by participants highlight the importance of programmatic offerings and student engagement in feelings of preparedness:

(a) "…Our program has a strong emphasis on diversity, multiculturalism, and social justice that makes me feel prepared to work with clients with a range of marginalized identities."

(b) “The students in my program work to create an inclusive environment in all of our classes to be able to discuss various identities that might come into play when working with individuals in therapy and assessment.”

Although this group of people believed that they were adequately prepared to work with LGB youth, several had provided commentary regarding helpful additions (as well as responding to the other question regarding additions for those who felt adequately prepared). Below are some comments regarding additions that people who felt adequately prepared provided. In the first, a participant discusses the need to further address LGB-specific content within the classroom: “I will say that the relative emphasis in our program is on race and ethnicity over other areas of identity, and there is definitely room for growth there (i.e., increasing availability of LGB-specific content)”

Another participant’s response, below highlights that although they responded affirmatively when asked if that they felt adequately prepared, there was some ambiguity felt in that preparedness: “I would say in between yes and no. We have some, but I want more training around this topic. It should be a continuous event, not an occasional training.” These examples highlight the belief that access to and engagement in training and coursework is believed to be indicated in order to help participants increase self-perceived competency, even for those who feel adequately prepared.

Those who responded negatively to feeling adequately prepared and provided qualitative feedback (N=23) had their responses coded into four subcategories. The first of these subcategories dealt with responses that reflected on participants’ reasoning that they believed their program did not adequately prepare them: “My program offers no courses on gender or sexuality. There is very limited discussion on the topics offered in our courses, though there is

more often than not no discussion space afforded to gender and sexuality, particularly in youth." This statement reflects several similar responses given by participants when explaining their reasoning for feeling unprepared. Many of these statements discussed the lack of discussions, coursework, and practicum opportunities offered by their programs. These statements continue support the importance of a relationship between access to training and self-perceptions of competence.

Other statements made by participants who did not feel adequately prepared referenced specific additions they would like to see occur within their programs to aid them in attaining competency, for example: "In general, we need more coursework focused on this topic. We have very few courses on youth in general, so there aren't many opportunities to cover this."

Another specific participant commented on the lack of dialogue available to them due to minimal professor or mentorship expertise, as well as classmates whom they perceived as struggling with basic competencies in working with the LGB population:

> "I think I've done a lot to prepare myself but who knows where I could be if I'd have had more than just a small handful of mentors/professors to talk to about my clinical interests. I talk to my peers about my clinical interests and see a wide gap in our competency in working with the queer community."

These statements again reflect participants' feelings of lack of access to program-based opportunities (professors with expertise, practicum opportunities, and in-classroom dialogue) to increase their competency with the LGB youth population. While this group of respondents reported that they did not believe they were adequately prepared, some said that they sought outside training in other settings in order to develop competence to treat LGB youth population. When considering most of the participant statements, including those who felt adequately

prepared and those who did not, a consistent theme was that there is room in programs for increased access to LGB practicum experiences, in-class LGB training, and professors with LGB expertise. This theme is also reflected in the ranked order (by number of responses) of suggestions for possible additions or amendments to their programmatic experience that would be helpful in increasing competency in working with this population, by participants who felt adequately prepared. Ranked first by 72.7% of respondents (N=16) was the wish for more access to outside training. Three suggestions ranked second were tied with 63.6% of respondents endorsing more access to: (a) coursework, (b) trainings (practicum-based), and (c) professors with greater LGB competence.

The SOCCS. A seven-point scale (where 1= not at all true, 4= neither true nor untrue, and 7= totally true) is utilized on the SOCCS, with higher scores indicating greater self-perceived competency. The overall mean self-perceived competency score for participants (N= 58) was 5.16 (SD = 0.65) with scores ranging from 3.52 to 6.52. Of the subscales, scores averaged below the midpoint for the Skills subscale (M = 3.80, SD = 1.35), were in the middle for the Knowledge subscale (M = 4.82, SD = 0.92), and were highest for the Attitude subscale (M= 6.91, SD= 0.35). Due to the large negative skew that occurred with the Attitude subscale, this variable was converted into a binary variable (either having the highest possible score of seven or scoring under a seven) for analysis: Only eight participants were below a seven while 86.2% (n= 50) of people were at the maximum Attitude score.

Hypotheses

Research Question 1: The relationship between competency and coursework. Several types of analyses were run to answer the question of the effect of coursework offered by APA-accredited doctoral programs on participant's self-perceived competency. Table 5 shows the

number of courses that participants were offered that included content on therapy with LGB youth (multicultural courses were included) in addition to the means and standard deviations on the SOCCS and the three subscales based on the number of courses offered. Table 6 shows the number of courses that participants were offered where the content was specific to therapy with LGB youth in addition to the means and standard deviations on the SOCCS and the three subscales based on the number of courses offered.

Pearson's correlations were run to determine if there was any relationship between the number of multicultural courses participants had been offered and their scores on self-perceived competencies (Knowledge and Skills subscales, as well as Total score on the SOCCS). There was a small but significant positive correlation between the number of multicultural courses that participants report being offered and their Total score on the SOCCS (r =.28, p = .032).

There was not a significant correlation between the number of multicultural courses participants had been offered throughout their program and the Skills subscale of the SOCCS. However, there was one bivariate outlier identified through visual inspection, and when removing this individual and considering the correlation for the remaining 57 participants, there was a medium-sized significant positive correlation between multicultural coursework offered and graduate student's Skills score (r = .33, p = .013). There was no significant correlation between coursework offered and graduate student's Knowledge score (r =.16, p = .232).

Because the Attitude variable was represented with a binary variable (either a score of seven, which implies the highest level of competency in Attitude possible on the SOCCS scale, or lower than seven), an independent samples t-test was run to determine the relationship between the Attitude subscale and the number of multicultural courses offered. Those who did not have scores of seven on the Attitude subscale were offered fewer multicultural courses

(M = 1.25, SD = 1.04) than those who had full Attitude scores (M=1.90, SD =1.167), but this difference was not significant, $t(56)= -1.48$, p = .143.

Independent Sample T-Tests were conducted to determine if LGB youth-specific courses that were offered to the participants by their program had any significant relationship to a participants' Overall score, Skills subscale, and Knowledge subscale on the SOCCS. The number of LGB specific courses was converted for all analysis into a binary variable (those who reported being offered LGB youth-specific courses compared to those who were not offered LGB youth-specific courses) due to the extreme positive skew that was produced by the respondents' answers (M = 0.16, SD = 0.49). Those who were offered LGB youth-specific courses scored similarly on Total SOCCS scores (M = 5.19, SD = 0.44) than those who were not offered LGB youth-specific courses (M= 5.15, SD =0.68).

Those who were offered LGB youth-specific courses had similar mean scores on the Skills subscale of the SOCCS (M= 4.02, SD= 1.01) to those who did not (M =3.77, SD = 1.40), ($t(56) = -.447$, p =.657). Similarly, mean scores of those who were not offered LGB youth-specific course (M = 4.87. SD = 0.94) were not different from the mean scores (M =4.45. SD =0.63) of those who were offered LGB youth-specific courses ($t(56)=1.133$, p= .262) on the Knowledge subscale of the SOCCS.

To determine if engagement in LGB youth-specific courses showed had any significant relationship to the Attitude subscale of the SOCCS a Fisher's Exact Test was conducted. Of those who scored less than a 7 (n = 8), none of the participants reported being offered LGB youth-specific courses, while among those who scored the highest possible score (a score of 7) on the Attitude subscale, seven individuals report being offered LGB youth-specific courses. It was determined that there was no significant difference among those who had or had not taken

LGB courses in their rates of having the highest possible Attitude score of 7 or not (Fisher's Exact Test, $p = .577$). A Mann Whitney U Test was also run on the original Attitude scores and produced the same conceptual result.

Research Question 2: The relationship between competency and exposure within training sites. Table 7 shows the number of LGB-identified youth that participants had worked with in therapy, in addition to the means and standard deviations on the SOCCS and the three subscales based on the number of clients seen. Pearson's correlations (in the case of Total SOCCS score, Skills, and Knowledge) and an independent t-test (in the case of the binary variable of attitudes) were conducted to better understand the significance (if any) of the relationships between their self-perceived competency and participants' exposure to the LGB youth population. It should be noted for the purpose of the following analyses, the variable regarding the number of LGB youth clients seen by participants was converted with participants retaining the original number of LGB youth clients being seen if the number was under 5, participants who saw 5-10 LGB youth clients being represented as a single data point, and those who had seen more than 10 LGB youth clients being represented by single data point. This was due to the lack of variability and extreme negative skew produced as a result of the lack of variability within participants' responses. None of the conceptual conclusions changed when considering coding LGB Clients that participants saw with 0 indicating that participants had not seen clients and 1 indicating that participants had seen some number of clients.

A Pearson's Correlation was calculated in to find if a relationship existed between Total SOCCS score and number of LGB youth clients seen by participants. There was a significant medium positive correlation between Total SOCCS scores and number of youth clients seen by participants ($r=0.380$, $p=0.03$). A Pearson's Correlation was calculated to determine if there was

a relationship between participants' Skills subscale score on the SOCCS and the number of LGB youth clients they have seen during their time in training. The result was a significant medium positive correlation found between participants' score on the Skills subscale and number of LGB youth clients they have seen during training ($r=0.455$, $p= 0.00$). A third Pearsons' Correlation was calculated to determine if there was a relationship between participants' Knowledge subscale score and the number of LGB youth clients they have seen during their time in training. This analysis resulted in no statistical significance between the two variables ($r= 0.045$, $p=0.737$).

An Independent Samples T test was conducted to determine if there was a relationship between scores on the Attitudes subscales of the SOCCS and the number of LGB youth clients seen. As previously mentioned the Attitude subscale had been converted into a binary variable and thus made the independent samples t-test the correct analysis. No statistically significant relationship was found between scores on the Attitude subscale and the number of clients ($t(56)=-0.675$, $p=0.503$).

Perception of supervisory competency. A Pearson's Correlation was calculated to determine if there was a relationship between participant's belief that their practicum supervisors were competent to treat LGB youth and their Total SOCCS score. A small positive correlation ($r= .291$, $p = .027$) was found between the two variables. A Pearson's Correlation analysis was also conducted to determine if there were any relationship in the three subscales (Skills, Knowledge, and Attitude) and participant's belief that their practicum supervisors' competency to treat LGB youth. A significant medium positive correlation ($r = .406$, $p= .002$) was found when comparing the Skills subscale to participant's belief regarding their practicum supervisors' ability to treat LGB youth competently. No statistical significance ($r= - .01$, $p= .995$) was found when comparing the Knowledge subscale to responses regarding supervisors' ability to treat

LGB youth competently. No statistical significance (r= .001, p= .993) was found when comparing the Attitude subscale and participants ratings regarding their supervisors' competency to treat LGB youth. It is likely that the significant correlation between the Skills subscale on the SOCCS was the main contributor to the very small positive correlation between the SOCCS Total Score.

Supervising students. Pearson's correlations were conducted to determine if there was a statistically significant relationship between participants ratings regarding their supervisor's competency to supervise them while working with LGB youth and participants' SOCCS scores (overall and subscales). A significant but small positive correlation (r= .266, p= .044) was found when comparing participants' ratings of their supervisors' ability to supervise and participants overall SOCCS scores. When comparing ratings of participants supervisors' ability and participants scores on the Skills subscale a significant medium positive correlation was found (r= .356, p= .006). No significant correlation was found when comparing participants rating of their supervisors' ability to supervise participants work with LGB youth on either the Knowledge subscale (r=.007, p=.957) or the Attitude subscale (r=.041, p=.760).

Research Question 3: Adequate trainings effect on self-perceived competency. To determine if a participant's belief that their APA-accredited doctoral psychology program adequately prepared them to work with LGB youth clients had any effect on their self-perceived competency to work with this population, an independent t-test was conducted. This analysis was utilized to compare participants' responses to the question regarding adequate preparation and Total score, as well as the subscales of the SOCCS.

There was no significant difference found between those who believed they were sufficiently prepared and those who believed they were not sufficiently prepared by their

program and Total SOCCS scores (t(56)=.16, p=.87), the Knowledge subscale (t(56)= 1.89, p=.064) , and the Skills subscale (t(56)= -.51, p=.61). To determine if participant's belief that they were adequately prepared by their doctoral-level psychology program was related to the Attitude subscale of the SOCCS a chi-squared analysis was conducted due to the transformed Attitude scores (either a score of 7 or a score below 7). The chi-square test of independence showed that having a score of 7 or not having a score of 7 was independent of participants beliefs about the sufficiency of their preparation by their program ($x^2(1) = .001$, p= .978).

Research Question 4: In-person Experience vs. Coursework Offered. To determine if personal experience or the coursework offered by programs had more of an effect on overall self-perceived competency scores on the SOCCS a linear regression was conducted comparing Total SOCCS scores with number of classes offered (both multicultural and LGB youth specific), as well as number of clients seen by participants during their training, which was transformed into an ordinal variable. A multiple linear regression was calculated to predict Total SOCCS scores based on number of LGB youth clients seen, number of courses with LGB youth content offered, and courses offered specific to LGB youth. A significant regression equation was found (F(3,54)= 4.155, p =.010), with an R^2 of .188. The number of clients seen (measured at the ordinal level) predicted significantly higher Total SOCCS scores, B= .096, SE =.036, p =.010. When looking at coursework, each additional multicultural course offered was associated with .127 increase in Total SOCCS scores, but this was not a significant effect, B= .127, SE =.075, p=.095. The number of LGB youth specific courses taken by participants was not associated with a change in Total SOCCS scores, B= -.095, SE =.177, p=.592.

Analysis of the subscales yielded patterns that violated some of the assumptions of linear regressions. Particularly, while the results were in the direction that more clients seen were

associated with greater skills scores there were also some indications of a non-linear relationship such that the participants in the middle range of number of clients seen scored lower on the skills subscale from those with very few or very many clients and thus no definitive conclusion between the relationship of number of clients seen and the skills subscale score can be made. Therefore, the Total SOCCS score was the only variable taken into consideration when considering whether or not personal experience or coursework offered had more of an effect on self-perceived competency and gives a general indication that number of clients seen has more of effect on participant's self-perceived competency. When considering transformation of the variable of number of clients seen from ordinal to binary (whether or not clients were seen by participants) no more definitive results were found.

Discussion

It has been the assertion of this dissertation that training specific to work with marginalized populations, in both classwork and in-person experience, should be considered a top priority of all graduate programs. LGB youth seek mental health treatment at higher rates than their heterosexual counterparts (O'Shaughnessy & Spokane, 2013) and therefore specialized practica and classwork should be made available to students in order to increase competencies in three core competency areas; knowledge, skills, and attitudes. Although this study found that participants given access to more training opportunities show higher self-perceptions of LGB youth treatment competency SOCCS scores specific to skills, there did not seem to be a relationship of all training opportunities to the SOCCS knowledge and attitudes scales.

This study's first research question hoped to discover what relationship, if any, exists between self-perceived competency to treat LGB youth and the coursework offered to students in APA-accredited doctoral psychology programs. Coursework is a cornerstone of graduate level

clinical psychology programs. It exists, often in tandem with practica/internships, in order for potential practitioners to learn base-level skills and show professors and supervisors the levels of competency (Skills, Knowledge, and Attitudes) attained by standardized means. This show of competency is necessary to qualify to practice and eventually become licensed in the field of clinical psychology (Nicholson Perry, Donovan, Knight, & Shires, 2017). In order to answer this question, several analyses were conducted comparing SOCCS scores (Total scores as well as the subscales) to number of courses offered that address the LGB youth population.

The number of courses offered by participants' programs were broken down into two separate variables: (a) courses that at some point covered working with LGB youth within the frame of the overall class and (b) courses where content solely focused on LGB youth. As previously mentioned, there was a significant but small positive correlation between participants' Total SOCCS scores and the number of courses offered that covered LGB youth within participants' program. A significant medium positive relationship was also found when comparing participants' scores on the Skills subscales. Coursework and working closely with faculty (through coursework) are often seen as developmental benchmarks prior to working in the field (both in practicum and internship) that allow programs to assess progress and readiness to practice in the field. The small relationship between the Total SOCCS scores and the number of general courses offered, as well as the medium relationship found between the skills subscale and number of general courses offered suggests that a program's ability to offer coursework that contains information on LGB Youth could contribute to both increasing both overall competency, as well as perceived competency in the skills domain (Donovan & Ponce, 2009)

No significant relationship was found when comparing numbers of experiences of coursework that mentioned working with LGB youth (as opposed to LGB youth-specific

coursework) to scores on the SOCCS Attitudes and Knowledge subscales. Such an unexpected result is likely due to a measurement issue. That is, the Experience Questionnaire's items referred specifically to courses offered, not courses taken, and could help to explain the lack of significance found when comparing the Attitude and Knowledge subscale scores on the SOCCS with courses offered. The rationale for not asking about courses taken was in part based on my assumption that training programs often do not offer courses specific to LGB youth, if any discuss LGB youth at all. The other primary reason for asking about courses offered was to determine the culture of the program of the respondent, as coursework available/offered is often indicative of a broader culture of looking to attain increased competency and to get a better understanding of the effect of school culture on self-perceived competency (Roberts, Borden, Christiansen, & Lopez, 2005). In hindsight, the experiences questionnaire could have also included the item on whether or not these general courses had been taken for the purpose testing a relationship between coursework and self-perceived competency.

When looking at the relationship between whether LGB youth-specific coursework was offered and SOCCS scores (Total score, as well as subscales) all analyses found no significant relationships, likely for the same reason as above. Although no significant relationship was found between coursework and self-perceived competency in this study, it is both important and relevant to look to alternative research when considering future coursework offerings and the impact they have on feelings of self-perceived competency. Rutter et al., (2008) found that trainings specific to working with the LGB population may be effective in increasing self-perceived competency in the domains of knowledge and skills when comparing control groups and groups who attended trainings. This research speaks to the importance of offering students access to trainings and coursework both to increase self-perceived competency, as well

as increase overall awareness of knowledge gaps students may have regarding marginalized populations.

When participants were asked to respond specifically about how they believe their coursework affected their overall competency on a scale of 1-7 (with 1 = not at all, 4 = neither true or untrue and 7 = totally true), the mean score was 3.02 (with a score of three meaning sometimes, but infrequently). While this falls somewhat in the middle of the scale, it's important to recognize that this mean score tended towards the lower end of the scale. When looking at the median and mode, both scores of 3, it is further confirmed that scores tended towards participants feeling as though coursework infrequently contributed to their feelings of competency when treating this population.

Overall, the analyses indicate that coursework and degree of experience correlated significantly with only the skills subscale of the SOCCS. This suggests that increased coursework and the availability of supervised experiences with LGB youth are associated with students feeling they have the skills to practice with this population. Both coursework and supervised experiences with LGB youth did not correlate with subscale scores for knowledge and attitudes. I am led to believe that there was a lack of significance found between knowledge and attitude subscales and coursework and supervised experiences due to several factors. The first factor that could possibly explain the lack of significance of these scores would be a broader and more global understanding of LGB Youth and culture that was taught and integrated previous to participants' training. In this case, participants received high scores on both subscales, but may have been able to discern that their knowledge and attitude about LGB youth was acquired and impacted prior to receiving training within their program. The other factor that could have aided in the lack of significance of coursework and supervised experiences on the

two subscales could be based on the questions asked by the SOCCS, as those questions are fairly general in regard to attitude and knowledge and don't necessarily reflect in-depth knowledge and attitudes regarding the LGB Youth population.

While the first research question considers the correlation between coursework offered and self-perceived competency, the second research question is two-fold. The first part of the second questions looks to determine if there is a relationship between self-perceived competency and the number of LGB youth clients seen by the participant. The second part of the question asks about the relationship between self-perceived competency and students' perceptions of their supervisors (competency to treat, as well as to supervise). I was, in this case, attempting to explore how students' supervisory and practicum experiences might relate to their views on their competency to treat the LGB youth population.

As mentioned in the Results, the SOCCS Skills subscale score had a medium positive significant correlation with the numbers of LGB youth clients seen by participants. These analyses suggest that exposure to LGB youth within a practice setting might contribute to increased self-perceived competency in LGB youth therapy skills and support the proposition that it is important to offer experiential types of learning to future practitioners. On the other hand, the analyses found no significant relationship between number of LGB youth clients seen and scores on the Knowledge and Attitude subscales of the SOCCS. Those who had not seen LGB youth clients had a mean score of 4.81 on the Knowledge subscale and a mean score of 6.91 on the Attitude Subscale, while those who had seen at least on client during the training had a mean score of 4.86 on the Knowledge subscale and a mean score of 6.93 on the Attitude subscale. This lack of significance could be related to not fully understanding the nuance in working with LGB youth compared to their heterosexual counterparts. These results are

particularly important to consider as some participants who had no exposure to this population in training believed themselves to have higher skill and knowledge levels when compared to those who had worked directly with LGB youth. Grove (2009) has found that as individuals continue on in their psychology graduate programs, they become more aware of what they do and do not know and become more adept at rating their own competencies, which could explain the slight differences in scores. This slight difference, although not statistically significant, can be seen when looking at Table 4 which shows mean scores on The SOCCS grouped by number of clients seen. This is worth mentioning as programs often hope to aid in fostering self-awareness and reflection within the student themselves (ref) and this may be an area worthy of future research (see below).

The second part of this research question asks about participants' perceptions of supervisory competency (both to treat and supervise) and those perceptions' effect on participants' self-perceived competency. When considering the importance of supervision in regard to this marginalized population, it may be distressing to some to hear that only 46% of mental health practitioners report discussing LGBTQ issues within clinical supervision. As LGB-specific issues become more of a prevalent topic within the therapeutic endeavor it becomes more important that discussions are happening between supervisor and student. It is also important that supervisors feel competent in providing ethical and accurate information to those they are supervising as the ability to bring attention to these topics aids students/supervisees in practicing in a way that does not further harm or marginalize a vulnerable population (Goodrich & Luke, 2011).

According to the data analyses, the relationship between a participant's rating of supervisors' competency to treat LGB youth had a small positive significant relationship with

Total SOCCS scores of participants. The relationship between a participants' rating of supervisors' competency to treat LGB youth also had a medium positive significant relationship to the scores on participants' self-reported Skills subscale on the SOCCS. However, there was no significant relationship between participants' ratings of supervisors' competency to treat LGB youth and the Knowledge and Attitude subscales. These results suggest that supervisors' competency in treating this marginalized population is fairly important to aiding in increased feelings of competency, specifically in the skills domain. It is also indicative that it could be somewhat important in increasing feelings of overall competency within student-practitioners.

When considering a supervisors' ability to actively supervise students working with this population and its effect on perceived competency, results are similar to the above correlation between supervisors' ability to treat this population and participants' perceived competency scores. There was a small positive significant relationship between ratings given by participants regarding supervisors' ability to supervise them working with LGB youth and participants' Total SOCCS scores. Finally, there was a medium positive significant relationship between participants' perceptions of supervisors' supervision ability and the Skills subscale. These results suggest the importance of supervisor competency in students' development of skills for working with the LGB youth population. Indirectly, these results reinforce the need for supervisors to actively pursue their own competency.

Research question three examined if in-person experience with LGB youth clients or coursework offered (both generalist with LGB youth content and LGB youth content specific) provided more of an increase in self-perceived competency. Results suggest that the number of clients seen by participants are related to higher SOCCS scores. It would be fair to assume based on this analysis, as well as the lack of significance found when analyzing the effect of courses on

Total SOCCS scores, that there may be more of a relationship between self-perceived competency and practicum experiences then coursework and trainings. It also is worth mentioning again that the questions asked to participants about number of courses offered and number of clients seen dealt with actual experience versus course offerings (and did not necessarily reflect the amount of coursework engaged in). While it may have been preferable to compare in-person experience to actual coursework taken previous research states that around 28% of psychologists surveyed report never being offered any formal training in regard to the LGB population. Of those who had reported formal training only 10% stated that they had taken a class specific to this population and only 22% remembering a seminar being offered (Lyons, Bieschke, Dendy, Worthington, & Georgemiller, 2010).

More discussion is provided below regarding additions and amendments, but it is important to point out that participants were asked to specify additions and amendments that participants would like to see occur programmatically. Many respondents discussed the need for additional (or in some cases) any coursework that covers competencies in working with LGB youth, further reiterating the need for more offerings of coursework regarding this population. It is important to note that the thoughts provided by participants are what they assumed would be helpful and are not necessarily indicative of a variable that would allow for higher scores on the SOCCS.

The final research question dealt with participants' concerns regarding their self-perceived level of competency in meeting LGB youth needs within the therapeutic environment and what programs could be doing to help participants feel better prepared to treat this population competently. Participants were asked if they felt adequately prepared by their program and those who responded negatively were asked to expand on this and what made them

feel as though they were ill prepared. Participants who believed they were prepared to treat the LGB youth population were asked to consider if there were any amendments or additions to their program that would aid in increasing self-perceived competency.

The majority of participants did not feel prepared to treat LGB youth based on the training provided to them through their doctoral program, which is fairly problematic as the rate of LGB youth is increasing annually within treatment settings. The themes found within participants open-ended responses were helpful in being able to shed light on where specifically students felt ill-prepared, as well as how programs aided those who felt prepared. Several participants either mentioned a gap in their or other student's training regarding work with LGB youth. They also mentioned that this gap concerned them as they understood the high need of this population, as well as the prevalence of this population within treatment settings. Some felt as though an increase in competency of their professors would allow them to feel more confident in treating this population, as many found it to be relevant and important to their future work. Those who felt prepared often cited their desire for access to more outside trainings. The majority of participants believed this was a critical addition that the program may be able to provide information on. Overall, responses of those who felt ill-prepared seemed to reflect the need to seek out this information outside of their program, although some mentioned having adequate generalized multicultural training. Those who felt as though they were not prepared also discussed the desire for more information as they understood the importance of being trained to work with this population. Those who felt prepared cited access to both classwork and professors who were LGB-Affirmative and/or practicum supervisors who aided in their growth and learning regarding LGB Youth. As the themes of coursework and practicum experiences were discussed this researcher believes that these open-ended responses showcase the

importance of these venues in student's perceptions of competency.

Limitations and Future Research

The primary limitations within this research study are two-fold. The primary limitation of this study is the low number of responses. Although statistically sound, the number of participants may fail to represent the diverse experiences of doctoral-level psychology graduate students at different stages within their program. Participants were recruited via e-mail, and taking part in the survey was voluntary. On some level, this means participants may have a specialized interested in answering questions regarding their competency with this population and may fail to reflect individuals who do not have any specialized work, knowledge, and/or interest in this population. In the future, a higher number of responses from more individuals with varying degrees of interest regarding working with this population could mediate this possible limitation.

Another limitation of this study is the use of a self-report counseling competency measure (SOCCS). As previously mentioned, Grove (2009) found that as graduate students continue through a graduate-level psychology program they are more likely to rate themselves accurately on self-report measures, as they become more aware of what they do and don't know with regards to the practice and domains of competency within the field of psychology. As I am currently unaware of the amount of time participants have spent within the graduate programs they are attending, it is hard to comment on participants ability to truly reflect on their levels of competency with a self-report measure. The other limitation with self-report measures that is important to mention is the desire to provide responses that are desirable and provide proof of competency within ones' field. As previously mentioned, programs have been attempting to make competency in working with multicultural and minority populations more of a priority and

respondents may unconsciously respond with their goals regarding competency in mind, as opposed to their actual knowledge, skills, and attitudes in mind.

There are several avenues of research that could be pursued with regards to LGB youth, as research is still sorely lacking with regards to this population. One area of possible research that may help to impact the LGB youth population positively would be for researchers to consider the impact of exposure to (through supervised practicum/internship) minority populations in overall competency and sub-domains of doctoral-level psychology graduate student (both self-perceived and actual competency). Although this dissertation did consider this question in some regard, further research could continue to delve into more qualitative and quantitative research with personal testimony allowing for a more enriched data set regarding perception of minority populations and common issues seen within the LGB youth community, that future practitioners may not be aware of, while also determining motivating factors for engaging in coursework and programming specific to this population.

It may also be useful to conduct research specific to graduate school programming and LGB youth in regard to the understanding the perceptions students have regarding this population, more specifically, are they aware that most research indicates that at some point they will see an LGB client in their time in practice and what impact that knowledge may have on their willingness to search out and engage in coursework and training related to this population.

Implications

The possible negative ramifications of continuing to offer minimal to no coursework, practicum experience, and well-informed supervision are multiple. First and foremost, practitioners will continue to see an increase in LGB youth continuing to seek mental health services. The increase in the last several years alone showcases the importance of including

population-specific coursework and practicum opportunities within graduate school programs. The lack of felt preparation felt by graduate students could also lead to lack of clinicians who are willing and/or able (competency wise) to work with this population, creating an even higher need for experienced psychologists for the LGB youth population. Secondly, programs run the risk of continuing to produce professionals that will further marginalize a high-needs and underserved population. This marginalization may continue to cause those needing services to not seek or terminate prematurely as the lack of preparation of practitioners may increase levels of distress. The lack of preparation of practitioners regarding things such as sexuality-based developmental milestones, ability to navigate the coming out process, and navigating the LGB community as a child also coincide with a history of maltreatment from the field of psychology (which some could argue from lack of preparation and competency-based training opportunity). This combination of problematic practices could lead the LGB community to believe that psychology will continue to discriminate against them and will not work to rectify the injustices of past practitioners.

In conclusion, it is important for graduate programs and future practitioners to consider the ramifications of not attending to the need for competency with the LGB youth community. From a programmatic standpoint, a willingness to offer both in-class and experiential based learning in regard to the LGB youth population would be helpful in aiding in increased perceptions of competency, as well as increased chances to have evaluative opportunities to reflect on this practice. This ability to self-reflect may better allow for students and future practitioners to better understand their knowledge gaps and find ways in which to engage with resources within the field. Programs offering more opportunities for coursework and practicum training would also allow for students to have access to these resources that have been shown to

be useful to promoting competency in most regards.

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Appendix A

Online Demographic and Experience Questionnaire

1. Gender Identity: a.) Cisgender Female b.) Cisgender Male c.) Transgender Female d.) Transgender Male e.) Gender Queer f.) Prefer Not to Answer
2. Age: Open Box
3. Ethnicity: a.) Caucasian b.) Hispanic c.) African-American d.) Pacific Islander e.) Bi-racial f.) Prefer not to answer
4. Sexual Orientation: a.) Heterosexual b.) Homosexual c.) Bisexual d.) Pansexual e.) Prefer Not to Answer
5. State in which you receive your training: Pull down menu - List of 50 US States Abbreviations
6. What is your degree: a.) Psy.D. b.) Ph.D. c.) Ed.D.
7. How many youth (0–18) clients have you worked with in your practica that have self-identified as Lesbian, Gay or Bisexual? Open Box
8. Do you consider your practicum supervisor(s) as competent to practice therapeutically with LGB youth? Likert – (1–not at all true to 7–totally true)
9. Do you consider your practicum supervisor(s) as LGB-youth-competent to supervise your work with LGB youth? Likert (1- not at all true to 7-totally true)
10. How well do you feel that your practicum training has contributed to developing the competency to work with LGB youth?
11. How many courses have been offered during your tie in your training program that addressed competency to work with LGB youth (please include any multicultural courses)? Open Box

12. How many of these courses were specific (content was solely based on this topic) to working with LGB youth? Open Box
13. How well do you feel that your courses have contributed to developing your competency to work with LGB youth? Likert (1-not at all true to 7- totally true)
14. Do you think that the opportunities your program provides for training about the psychology of and standards for intervention with LGB youth are sufficient preparation to begin your pre-doctoral internship? Yes/No Checkbox
    a. Please briefly explain your rationale [and make suggestions?]. Open Text Box
15. If you answered "yes" to question #14, please identify any on this list of possible additions and amendments that you think are essential for your program. a.) Access to coursework more specifically focused on this population b.) Access to training opportunities that emphasize work with this population c.) Access to professors with more competency regarding this population d.) Access to practica supervisors with higher levels of competency regarding this population e.) Access to more outside training opportunities regarding this population (workshops). f.) Other: (Open Text Box).

Appendix B

The Sexual Orientation Counselor Competency Scale (SOCCS)

Directions: Using the following scale, rate the truth of each item as it applies to you by circling the appropriate number. Please only consider your work done with LGB youth (ages 0-18) when answering.

1	2	3	4	5	6	7
Not at all true			Somewhat True			Totally True

1. I have received adequate clinical training and supervision to counsel lesbian, gay, and bisexual (LGB) clients.
2. The lifestyle of an LGB client is unnatural or immoral
3. I check up on my LGB counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education.
4. I have experience counseling gay male clients.
5. LGB clients receive “less preferred” forms of counseling treatment than heterosexual clients.
6. At this point in my professional development, I feel competent, skilled, and qualified to counsel LGB clients
7. I have experience counseling lesbian or gay couples.
8. I have experience counseling lesbian clients.
9. I am aware some research indicates that LGB clients are more likely to be diagnosed with mental illness than are heterosexual clients.

10. It's obvious a same sex relationship between two men or two women is not as strong or committed as one between a man and a woman.
11. I believe that being highly discreet about their sexual orientation is a trait that LGB clients should work towards.
12. I have been to in-services, conference session, or workshops, which focused on LGB issues in psychology.
13. Heterosexist and prejudicial concepts have permeated the mental health professions.
14. I feel competent to assess the mental health needs of a person who is LGB in a therapeutic setting.
15. I believe that LGB couples don't need special rights (domestic partner benefits or the right to marry) because that would undermine normal and traditional family values.
16. There are different psychological/social issues impacting gay men versus lesbian women.
17. It would be best if my clients viewed a heterosexual lifestyle as ideal.
18. I have experience counseling bisexual (male or female) clients.
19. I am aware of institutional barriers that may inhibit LGB people from using mental health services.
20. I am aware that counselors frequently impose their values concerning sexuality upon LGB clients.
21. I think that my clients should accept some degree of conformity to traditional sexual roles.
22. Currently, I do not have the skills or training to do a case presentation or consultation if my client were LGB

23. I believe that LGB clients will benefit most from counseling with a heterosexual counselor who endorses conventional values and norms.
24. Being born a heterosexual person in this society carries with it certain advantages.
25. I feel that sexual orientation differences between counselor and client may serve as an initial barrier to effective counseling of LGB individuals.
26. I have done a counseling role-play as either the client or counselor involving an LGB issue.
27. Personally, I think homosexuality is a mental disorder or a sin and can be treated through counseling or spiritual help.
28. I believe that all LGB clients must be discreet about their sexual orientation around children.
29. When it comes to homosexuality, I agree with the statement: “You should love the sinner but hate or condemn the sin.”

Appendix C

Recruitment Letter

Hello,

I am writing in hopes that you may be able to disseminate my request, found below, to your doctoral-level clinical psychology students for participation in my dissertation research study. If you have any questions, please feel free to contact me at [redacted] at your earliest convenience.

Thank you,

Rachael Roberts, M.S.

My name is Rachael Roberts. I am a doctoral student at Antioch New England Graduate School. As part of my course work, I am conducting a study to learn more about the relationship between perceived competency in work with LGB youth in doctoral-level and access to training and/or coursework. I am writing to ask if you would be willing to participate in this study.

I am interested in researching current doctoral students' access to training, practicum and/or internship experiences and how that effects their own perceptions of competency with LGB youth. I am asking you to participate in this project because you are enrolled in an APA accredited doctoral clinical psychology program. Your participation in this project is voluntary.

This project will involve you completing an online survey; the link is provided below. When you are finished you will submit the survey by using the submit button. You will be assigned a research participant number and your name will not be associated with your responses. There is minimal to no risk in participating in this project. If you become distressed while completing the survey you can discontinue at any time.

All responses will remain confidential.

No reports about the study will contain your name. We will not release any information about you without your permission.

Taking part is voluntary.

If you chose not to participate you will not be penalized in any way. You may choose to stop filling out the forms at any time without negative consequences.

If you have any questions about the study, please contact me, Rachael Roberts, M.S. at

[redacted]. Questions about the study can also be addressed to my advisor Susan Hawes, Ph.D. at [redacted]. If you have questions about your rights as a volunteer please contact Kevin Lyness. Ph.D. Chair of the Institutional Review Board, Department of Clinical Psychology, Antioch University New England Graduate School, at [redacted]. If anything about this study causes you distress or concern, please contact your program chair or you can contact me and I can provide guidance around resources for help.

Link to Survey: [redacted]

Thank you for your participation,

Rachael Roberts, M.S.

Appendix D

Informed Consent

Antioch University New England-Department of Clinical Psychology

Project Title: Graduate Student Competencies in Working with Lesbian, Gay, and Bisexual Youth

Principal Investigator:
Rachael Roberts
Doctoral Candidate
Department of Clinical Psychology
[redacted]

Email: [redacted]

Purpose of this Research: This study is designed to examine self-perceived competency in graduate students are working with LGB youth and how training, coursework, and supervision has impacted self-perceived competency.

Procedures: You will be asked to fill out an electronic survey, which includes the following forms:

-A brief demographic and experience questionnaire

-A brief questionnaire concerning your training and attitudes towards LGB clientele.

Benefits & Risks: There will be no direct benefit for participants completing the survey. However, research may improve future graduate students training experiences in regard to competency working with LGB Youth. There is very small risk to graduate students who take part in this research study. The primary risk is that some questions may cause you to feel sad or distressed. If you become upset, you can choose to discontinue at any point throughout the survey.

Anonymity: No identifying information will be accessed by the researcher and

participants will be assigned a non-identifiable number. Reporting of the data will only be in aggregate. The portal being utilized for the survey, Survey Monkey, is HIPAA compliant. Information about Survey Monkey's Privacy Policy may be found at https://www.surveymonkey.com/mp/policy/privacy-policy/. IP addresses will not be tracked in order to maintain anonymity.

Voluntary Participation: Taking part in this study is voluntary. It is your choice to be involved in this study. You do not have to answer any question you do not want to and can leave the study at any time, for any reason, without penalty.

Questions: Please feel free to contact me at the above email address. My research advisor is Susan Hawes, Ph.D. If you have any questions about your rights as a research participant, you may contact Kevin Lyness, Chair of the Antioch University New England IRB, at [redacted] and phone [redacted]. You may also contact Barbara Andrews, Ph.D., Interim Provost, at [redacted]

Please indicate in the box below whether or not you agree to participate in the study. We greatly appreciate your help with this project!

LGB YOUTH COMPETENCY CONSENT FORM

I have read and understood the information provided to me about the research study on competency in working with LGB youth by researchers from Antioch University New England. By agreeing to participate in this study I am asserting that I am a current student in an APA accredited clinical psychology doctoral program.

- ***I agree to participate and have read the information provided***
- ***I do not agree to participate***

(OPEN TEXT BOX) (OPEN TEXT BOX)

Electronic Signature Date

Appendix E

Qualitative Responses

FELT ADEQUATLEY PREPARED	RESPONSES
Reasoning Regarding Competency	
	The program encouraged looking through a multicultural lens. I learned practical interventions and learned specific knowledge about the LGB population through outside trainings, not through my academic training.
	I think I developed this area of competency through my practicum training.
	If this was my emphasis, I believe I would be able to find and utilize the resources my program provides but I would need to advocate and seek out to gain this knowledge
	Good overview and I search out for my own training and specific knowledge I wanted
	Yes, our program has a strong emphasis on diversity, multiculturalism, and social justice that makes me feel prepared to work with clients with a range of marginalized identities.
	I do not work with youth much but the people in my program with an interest in this area were able to find opportunities
	It is addressed in classes and you have the opportunity to work with this population some during practicum
	The students in my program work to create an inclusive environment in all of our classes to be able to discuss various identities that might come into play when working with individuals in

	therapy and assessment.
	Yes, I think if I sought out working with this population I could gain preparation for internship. However, I am an adult person and may not be the best judge.
Helpful Additions to the Program	
	More info on trans.
	I will say that the relative emphasis in our program is on race and ethnicity over other areas of identity, and there is definitely room for growth there (i.e., increasing availability of LGB-specific content)
	I do believe that the program can do a better job in providing actual opportunities to work with LGB youth, as the possibilities seem to be scarce.
	I would say in between yes and no. We have some, but I want more training around this topic. It should be a continuous event, not an occasional training.
FELT INADEQUATELY PREPARED	
Reasoning Regarding Lack of Competency	I generally have no theoretical framework to work with this population outside of my own experiences.
	There is very little training available for LGB population, let alone LGB youth.
	Multicultural issues are discussed broadly within class forums, and focuses on specific identities are done only as brought up by specific students
	We have not had any training specific to working with LGB youth; therefore, I do not feel prepared to work competently with this demograph.

	My program offers no courses on gender or sexuality. There is very limited discussion on the topics offered in our courses, though there is more often than not no discussion space afforded to gender and sexuality, particularly in youth.
	It's an area of diversity we do not address directly very often
	Our multicultural class is one semester during our first year, so a LOT is crammed into it. There is an elective called "LGBT couples and families" but most do not take this course. I went in to school looking to work with the queer community and had to be intention in seeking out information and supervision around this. If I didn't put that work in, it would have very easily not been part of my training at all.
	Very little academic time devoted to this topic.
	There are no specific classes that are offered to address LGB youth.
	Probably not, as there is only one designated course I can think of that exists at the program. There was a wonderful resource in my 3rd clinical practicum that was helpful for working with LGB youth, though I did not end up receiving any youth clients that year. There are more opportunities that exist in my internship training program.
	The program has not sufficiently covered LGBT+ issues alongside issues of working with youth, so I can't say that I feel very competent within this population.
	The program is centered around more

	of a generalist than specifying in any areas
	There is no course specifically dedicated to working with LGTB individuals. Given that they are an at-risk population, more care and attention should be given in enhancing their care through more training opportunities on our behalf. As it stands, there is insufficient training required for us to work with LGBT individuals, and so I do not consider myself proficient or thoroughly prepared.
	Very little of course content has focused specifically on this population.
Additions to Program that would Increase Competency	
	Unless people seek out information and training, they receive just what is provided in some classes. There should be more specific trainings, especially for people who plan to work with a child, adolescent, or family population.
	I would love more training.
	Would like some more focus on sexuality in general, but definitely more about self-acceptance in LGB youth
	If I were to begin working intensively with a client who self-identifies as LGBTQ+, I would feel the need to seek additional training or supervision to ensure competency, beneficience and nonmalefience
	I think I've done a lot to prepare myself but who knows where I could be if I'd have had more than just a small handful of mentors/professors to talk to about my clinical interests. I talk to my peers about my clinical interests and see a wide gap in our competency in working with the queer community.

	In general, we need more coursework focused on this topic. We have very few courses on youth in general, so there aren't many opportunities to cover this.
	I think a more in depth focus on working with LGB (youth and adults) clients is essential and should be integrated into programs.
What Aided in their Ability to Practice Competently	I had prior experience in the field and it's a personal area of interest. This has made me go out of my way to learn more during my pre-internships.
	It was the hands on experience I got through my practicum sites, not coursework that gave me more training for working with LGBTQI population
General Concerns	However, going off of what I see in my peers and what I have heard from supervisors, it seems as though there is a LOT of work to do.
	We learn the developmental model stages, but that's about all.

Appendix F

Permission for the SOCCS

Thank you for your interest in the Sexual Orientation Counselor Competency Scale© (SOCCS, Bidell, 2005), a valid and reliable assessment of the attitudinal awareness, skills, and knowledge competency of mental health professionals working with Lesbian/Gay/Bisexual (LGB) client populations.

The SOCCS integrates LGB -- affirmative counseling and adheres closely to the multicultural counselor competency theory established by Sue, Arredondo, and McDavis (1992). Multicultural counselor competency theory invites mental health practitioners to explore and expand awareness of their biases and attitudes, to establish knowledge about diverse client populations, and to develop culturally mediated counseling skills.

Bidell (2005) developed the psychometric properties of the SOCCS across three studies utilizing over 300 mental health students, providers, and educators from across the United States. The SOCCS measures counselor competence specific to lesbian, gay, or bisexual orientations, and as such is not gender identity/transgender inclusive. Because minority sexual orientation and gender identity present important differences, mental health professionals need to develop distinctive competencies regarding transgender clients. No instrument has been published to date focused on transgender--affirmative counseling and represents an important area for future research.

There is no charge to use the SOCCS for research and/or educational purposes. It is expected that those using the SOCCS for research will secure IRB/Human Subjects approval and follow your applicable professional ethical standards and guidelines when conducting research. The SOCCS is not intended to evaluate specific individuals or students for grading or assessment purposes. Listed below are scoring instructions and a research compendium consisting of studies that have utilized the SOCCS as a major outcome variable. Good luck on your research project, Dr. Markus P. Bidell

Table 1

Reliability of The SOCCS compared

Measurement	*Bidell (2005)*	Current Study
Total SOCCS	.84 to .90	.84
Knowledge	.76 to .84	.70
Skills	.83 to .91	.88
Attitude	.85 to .88	.87

Table 2

Belief that Practicum Training Contributed to Competency by Percentage

Response	*Percentage of Respondents*
Not at all true	18.6%
Sometimes, but infrequently true	16.9%
Neither true nor untrue	22%
Sometimes true	11.9%
Usually true	8.5%
Totally true	5.1%

Table 3

Belief that Practicum Supervisor is Competent to Practice with LGB Youth by Percentage

Response	Percentage of Respondents
Not at all true	5.1%
Rarely true	6.8%
Sometimes, but infrequently true	5.1%
Neither true nor untrue	23.7%
Sometime true	16.9%
Usually true	27.1%
Totally true	13.6%

Table 4

Belief that Practicum Supervisor is Competent to Supervise Work with LGB Youth by Respondent Percentage

Response	Percentage of Respondents
Not at all true	5.1%
Rarely true	6.8%
Sometimes, but infrequently true	5.2%
Neither true nor untrue	13.6%
Sometime true	23.7%
Usually true	35.6%
Totally true	8.5%

Table 5

Number of Courses that covered LGB Youth including multicultural courses offered and Mean Competency Levels

# Courses offered	N	Total SOCCS (SD)	Skills (SD)	Knowledge (SD)	Attitude (SD)
0	6	4.60 (.72)	2.56 (.92)	4.88 (1.20)	6.62 (0.89)
1	18	5.00 (.69)	3.57 (1.33)	4.61 (0.87)	6.88 (0.36)
2	21	5.34 (.56)	4.23 (1.25)	4.79 (0.86)	6.99 (0.03)
3	10	5.39 (.60)	4.22 (1.37)	5.03 (0.84)	6.96 (0.13)
4	0	--	--	--	--
5	3	5.19 (.52)	3.38 (1.61)	5.34 (1.46)	7 (0)

Table 6

Number of LGB specific courses offered and Mean Competency Levels

# LGB Courses	N	Total SOCCS (SD)	Skills (SD)	Knowledge (SD)	Attitude (SD)
0	51	5.15 (0.68)	3.77 (1.40)	4.87 (0.94)	6.90 (0.37)
1	6	5.08 (0.38)	3.89 (1.04)	4.25 (0.38)	7 (0)
2	0	--	--	--	--
3	1	5.16 (-)	3.80 (-)	5.63 (-)	7 (-)

Table 7

Number of LGB Youth Clients seen in Therapy and Mean Competency Levels

# Courses offered	N	Total SOCCS (SD)	Skills (SD)	Knowledge (SD)	Attitude (SD)
0	23	4.94 (.66)	3.32 (1.43)	4.75 (.98)	6.89 (.46)
1	8	5.16 (.53)	3.59 (1.07)	5.02 (.62)	6.99 (.04)
2	6	5.07 (.77)	3.75 (1.10)	4.50 (1.39)	6.93 (.16)
3	3	4.78 (.49)	2.73 (.65)	4.83 (1.01)	7 (0)
4	2	4.71 (.17)	2.91 (.13)	1.01 (.53)	6.25 (1.06)
5-10	9	5. 60 (.43)	4.81 (1.00)	4.96 (1.05)	7 (0)
>10	7	5.64 (.62)	5.11 (.88)	4.75 (1.05)	6.91 (.35)