

GAY, LESBIAN, AND BISEXUAL TRAINING COMPETENCIES IN AMERICAN PSYCHOLOGICAL ASSOCIATION ACCREDITED GRADUATE PROGRAMS

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The current study examines the extent to which American Psychological Association accredited clinical and counseling doctoral programs incorporate training on issues relevant to gay, lesbian, and bisexual (GLB) clients. One hundred four training directors completed surveys. Results reveal the 1st snapshot of how doctoral programs are addressing GLB issues in existing curricula. For example, programs are incorporating GLB issues in multicultural classes and practicum. However, counseling programs incorporated GLB issues more than clinical programs in several areas, such as requiring multicultural courses (where GLB issues are potentially addressed) and mentoring students in GLB research. Differences in levels of inclusion between clinical and counseling programs could be attributable to the programs' differential emphases on subspecialization.

The addition of "Guidelines for Psychotherapy With Lesbian, Gay, and Bisexual Clients" to the American Psychological Association's (APA;

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2000) series of articles about work with special populations indicates that the field of psychology now places some emphasis on the importance of understanding and meeting the unique needs of gay, lesbian, and bisexual (GLB) individuals in clinical settings. Despite this institutional endorsement, and the evidence that has accumulated suggesting a need for specialized training in GLB issues (Bradford, Ryan, & Rothblum, 1994; Cochran, Keenan, Schober, & Mays, 2000; Cochran, Sullivan, & Mays, 2003; Herek, 1989, 2000; Lark & Croteau, 1998; Liddle, 1997; Mapou, Ayres, & Cole, 1983; Mays & Cochran, 2001; Morgan, 1992; Trippet & Bain, 1990), such training has been limited in graduate programs. Although caseloads may include GLB individuals, many graduate students and practitioners have indicated that they do not believe they were adequately prepared during their training to address issues specific to this population (Long & Serovich, 2003; Morrow, 1998; Murphy, Rawlings, & Howe, 2002; Whitman, 1995).

There has been a great deal of discussion within the psychotherapy literature about the importance of complying with APA's GLB guidelines, the need for GLB training in graduate programs, and the form graduate training in this area should take (Betz, 1991; Biaggio, Orchard, Larson, Petrino, & Mihara, 2003; Bieschke, Eberz, Bard, & Croteau, 1998; Buhrke, 1989; Buhrke & Douce, 1991; Finkel, Storaasli, Bandele, & Schaefer, 2003; Goldfried, 2001; Lark & Croteau, 1998; Long & Serovich, 2003; Mobley, 1998; Morrow, 1998; Phillips, 2000; Whitman, 1995). However, no studies have assessed the extent to which programs are actually providing education in this area. The current project surveyed APA-accredited clinical and counseling doctoral programs in an effort to determine the type of training that is currently taking place.

Method

Surveys were mailed in two attempts to training directors at 204 APA-accredited clinical ($n = 135$) and counseling ($n = 69$) PhD programs in the United States with a response rate of 51% (total $N = 104$; clinical $n = 61$; counseling $n = 43$). They were asked to complete the survey or give it to a more qualified faculty member. There was no participation incentive, and responses were confidential unless training directors chose to identify themselves. The survey was a modification of the Multicultural Competency Checklist (MCC; Ponterotto, Alexander, & Grieger, 1995) intended to evaluate the following categories: representation, curriculum, practice and supervision, research, student and faculty competency, and physical environment. The MCC was edited so that words related to the concept of “multiculturalism” were changed to refer specifically to GLB issues. Seven items were added in order to address issues specific to GLB issues. These items addressed whether (a) GLB issues were covered in a multicultural course, (b) GLB issues were covered in a sexuality course (and whether this was a required course), (c) there was exposure to GLB issues in practicum and supervision, (d) a faculty member had a secondary interest in GLB research, (e) a GLB organization existed on campus, and (f) there was a GLB support group on campus. The survey consisted of 27 self-report items intended to generally assess the graduate program.

Results

The response data were examined, both in aggregate and by type of program (i.e., clinical and counseling). Of the 67.6% of programs that require a multicultural course and the 61% of programs that had an additional advanced course in multicultural issues, 71% of them reported covering GLB issues in this course. In addition, 89.5% of programs indicated that graduate students are exposed to GLB clientele during practicum and GLB issues were addressed in practicum and supervision experiences (94.3%). In addition, many programs had at least one visible GLB faculty member, graduate student, and/or support staff member (88.6%) and active university GLB student organizations (88.6%). See Table 1 for relevant findings.

However, few programs indicated that GLB competencies are incorporated into yearly or end of program evaluations for students (17.1%), and an even smaller number reported that they have a paper-and-pencil mechanism in place for such evaluation (2.9%). Only 21% of programs stated that they integrate GLB issues into courses that are not specifically multicultural. Nonetheless, 30.5% of training directors believed their program to be exemplary with regard to GLB issues. It is possible that the discrepancy could be attributed to other strengths of the program, such as practicum sites at GLB organizations, GLB reading groups, or strong GLB research programs.

A chi-square analysis was performed on items that appeared to reflect significant differences

TABLE 1. Notable Survey Results From Training Directors Responding “Yes” Regarding the Incorporation of GLB Issues in Doctoral Training

Question	% of clinical	% of counseling	Overall
1. The graduate program has a required multicultural course.	50.0	92.9	67.6
3. GLB issues are covered in a multicultural course.	60.3	88.1	71.4
4. GLB issues are integrated into all course work. All program faculty can specify how this is done in their courses. Furthermore, syllabi clearly reflect GLB inclusion.	15.9	28.6	21.0
12. GLB issues are addressed in practicum and supervision experiences?	95.2	92.9	94.3
13. The program has a faculty member whose primary research interest is in GLB issues?	22.6	31.0	25.7
20. GLB issues are reflected in comprehensive examinations completed by students.	24.2	61.9	39.0
21. The program incorporates a reliable and valid paper and pencil or behavioral assessment of students’ GLB competency at some point in the program.	3.2	2.3	2.9
24. Does your institution or university have an active GLB student organization?	83.9	97.6	88.6
26. Are there faculty, graduate students and/or support staff that have identified themselves as GLB?	85.5	95.2	88.6

Note. GLB = gay, lesbian, and bisexual.

between clinical and counseling training director responses. Of these, four questions revealed statistically significant differences between the two types of programs. Significantly more counseling programs included a required multicultural course, $\chi^2(1) = 14.78, p < .01$; covered GLB issues in their multicultural course, $\chi^2(1) = 4.45, p < .05$; had students who are actively mentored in GLB research, $\chi^2(1) = 6.67, p < .01$; and ensured that their students addressed GLB issues in comprehensive examinations, $\chi^2(1) = 5.02, p < .05$.

Discussion

Sexual minority clients are significantly over-represented within clinical populations and are at increased risk for a variety of serious mental health difficulties, including major depression, panic disorder, generalized anxiety disorder, substance abuse and dependence, and eating disorders (Cochran et al., 2000; Cochran et al., 2003; Schneider, O'Leary, & Jenkins, 1995). Because of this, there is a tremendous need for future clinicians to be trained in GLB competent environments. Overall, APA doctoral programs appear to be integrating GLB issues into their training curricula. Counseling programs are demonstrating greater levels of attention in some areas than clinical programs. This may reflect a difference in training emphasis; clinical programs often focus on psychopathology and illness, whereas counseling programs tend to emphasize contextual etiologies. Additionally, counseling psychology has addressed GLB training issues on a national scale in the past (see *The Counseling Psychologist*, Special Issue, Volume 26; Heppner, 1998) and has most recently addressed the intersect between GLB identity and religion (see *The Counseling Psychologist*, Special Issue, Volume 32; Carter, 2004).

Sue (2001) has outlined a particularly promising model for conceptualizing multicultural education, which has the potential to foster greater attention to sexual minority issues within already existing multicultural curricula. Sue's multidimensional model of cultural competence is founded on the premise that a "discipline that hopes to understand the human condition cannot neglect any level of identity" (p. 95). The goal of Sue's model is to inculcate an understanding within psychology of the complex interactions that take place between sexual identity, gender

identity, race and ethnicity, and religious identity, as well as the psychological effects of social, political, and even legal oppression within individuals identifying in these ways.

However, it is difficult for training directors and governing bodies to know what information is important to disseminate to students during predoctoral training and what information should be left for postgraduate specialty training. Some of these decisions will be based on the training emphasis and mission statement of individual programs. Nevertheless, in programs already taxed by course requirements, it is encouraged that faculty shift their focus from *what* is being offered to *how* GLB issues are integrated. Answers to how GLB issues should be integrated may lie in future research addressing the possible consequences of some of the current findings.

There are several limitations to this study. First, training directors were asked to evaluate aspects of their program about which they may not have had full knowledge. Second, self-report measures are vulnerable to biased responding. Third, not all programs responded. It is impossible to determine how the responses from these programs would have influenced the results. Fourth, specific information was not collected, such as the breakdown of GLB exposure in practicum. This would have been useful additional information. Finally, the project did not include language that included transgender identity. An earlier trend in sexual orientation research was to leave bisexual individuals out of empirical investigations. Although most current research now includes bisexual individuals, it is the exclusion of transgender clients that is of concern. Although the current project would have been more thorough had its questions addressed transgender issues, it is believed that very few programs are currently addressing transgender issues in training and that the inclusion of this population might have skewed the data.

There are several strengths to the study as well. First, it represents the first project to assess the extent to which APA-accredited training programs are beginning to address the APA "Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients" (APA, 2000). Information from this study provides a point of reference for future discussions about training strengths and weaknesses in the area of GLB competency. Second, the fact that training directors were specifically surveyed by the investigators may also be con-

sidered a strength, as these are the individuals whose job it is to guide and shape the general training model for their programs, and they are also likely the most familiar with both broad and specific aspects of their curricula.

Researchers have suggested that GLB individuals screen therapists for previous experience with GLB issues or for “gay friendly” attitudes (Liddle, 1997). Improving training so that it is more inclusive of GLB issues has the potential to enhance the marketability of psychotherapists after their graduation (Murphy, Rawlings, & Howe, 2002). In line with Sue’s (2001) recommendations for understanding and approaching multicultural identities and competencies, future research should begin to address how training efforts could capture the experience of having multiple or conflicting identities such as sexual, religious, racial, and ethnic minority identities (Morrow, 1998) as well as those who identify as transgender or intersexed (Whitman, 1995). It is unclear the extent to which these specialized issues are currently being addressed in training programs, yet these are the types of conflicts that may compel someone to come to therapy. Finally, the current study should be regarded as a general overview addressing how training programs are addressing GLB training. Future research should evaluate existing training on GLB issues, from both the perspective of the faculty and from the perspective of the student.

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Brief Report

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