A Study of Highly Skilled LGBT-Affirmative Psychologists in College Settings

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Dedication

This project is dedicated to LGBT clients. You all deserve to receive highly skilled affirmative counseling.

Abstract

The present study used qualitative methods to examine the approaches and experiences of 12 psychologists who were nominated by their peers to be highly skilled at LGBT-affirmative counseling in college and university counseling centers. A semi-structured interview was conducted with each participant addressing two research questions: What characterizes highly skilled LGBT-affirmative counseling in a college or university setting? What is challenging about LGBT-affirmative counseling in a college or university setting and what helps support this work? The data was analyzed using Consensual Qualitative Research (CQR) methodology. A total of seven domains and 48 categories were identified. The results present a detailed description of the characteristics, conceptualizations, and interventions of highly skilled LGBT-affirmative psychologists in college and university settings, as well as an engaging picture of the challenges and sources of support found in this work. Major study findings, study strengths and limitations, and implications are discussed.

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Chapter 1: Introduction

In the decades since homosexuality was removed from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM), the counseling field has demonstrated improved attitudes toward LGBT clients, increased training opportunities on LGBT issues, and a growth of LGBT-focused psychotherapy literature (Shelton & Delgado-Romero, 2011). However, lesbian, gay, bisexual, and transgender individuals still cope with a variety of ongoing stressors related to their sexual minority status, including fear of rejection and victimization, the need to manage a stigmatized identity, and the challenges of developing a positive identity in a climate of hostility or marginalization (Sheets & Mohr, 2009). Additionally, LGBT clients continue to report experiencing discrimination and heterosexism during the therapeutic process (Greene, 2007; Shelton & Delgado-Romero, 2011). Given that most lesbian, gay, bisexual, and transgender people live in a world where they encounter oppression on a regular basis, it is critical that psychologists and other mental health practitioners adhere to professional standards by using LGBT-affirmative approaches in therapy and do not reinforce homophobia or perpetuate the experience of social injustice in their clients' lives.

Statement of the Problem

The present study sought to understand the approaches and experiences of psychologists who are highly skilled at LGBT-affirmative counseling in college and university counseling centers in order to strengthen and expand recommendations for LGBT-affirmative therapy in this setting and others. Psychologists in college or university counseling centers who were nominated by their colleagues as being highly

skilled at LGBT-affirmative counseling were contacted and asked to participate in a semi-structured interview designed to answer the following research questions:

(1) What characterizes highly skilled LGBT-affirmative counseling in a college or university setting?

(2) What is challenging about LGBT-affirmative counseling in a college or university setting and what helps support this work?

The interviews were analyzed using the principles of Consensual Qualitative Research (Hill et al., 1997; Hill et al., 2005).

Significance of the Problem

In 2000, Bieschke, McClanahan, Tozer, Grzegorke, and Park found that LGBT clients participate in therapy more frequently than non-sexual minority clients, and research suggests this continues to be the case (Bieschke, Paul, & Blasko, 2007; Cochran, Sullivan, & Mays, 2003). However, despite the mental health needs of LGBT individuals, therapists sometimes respond to these clients in harmful ways. There is evidence that some therapists have (a) viewed homosexuality as a disorder, (b) attributed all presenting concerns to sexual orientation, (c) lacked knowledge and awareness about the possible consequences of coming out, (d) used a heterosexual frame of reference for same-sex relationships, (e) displayed heterosexual bias, and (f) expressed demeaning beliefs about homosexuality (Barlett, King, & Phillips, 2001; Bieschke et al., 2000; Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991).

The American Psychological Association has published resolutions and practice guidelines that are LGBT-affirmative (American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009; American

Psychological Association, 2012), but the professional literature contains numerous articles debating the ethics and values of conversion therapy (e.g., Cramer, Golom, LoPresto, & Kirkley, 2008; McGeorge, Carlson, & Toomey, 2015; Rosik & Popper, 2014; Sutton, 2014; Throckmorton & Welton, 2005). Research indicates that even some therapists who claim to be affirmative in their approach exhibit subtle heterosexual bias and microaggressions (Bieschke et al., 2000; Shelton & Delgado-Romero, 2011). As a result, LGBT individuals may often enter therapy uncertain about how they will be treated.

An important consideration in working with LGBT individuals involves their experiences of minority stress. The cumulative work regarding minority stress suggests that minorities who experience oppression from the dominant group in society are likely to experience stress as a result of this oppression, which adversely affects their health and wellbeing. Meyers (2003) described how lesbian, gay, and bisexual individuals face minority stress due to (a) external objective events and conditions, such as discrimination and violence; (b) expectations of such events, and the vigilance that such expectations bring; and (c) internalization of negative social and cultural attitudes. Other researchers, such as Hendricks and Testa (2012), have discussed the application of the minority stress model to transgender populations. Pachankis (2007) noted that in an effort to avoid expressions of stigma and oppression, such as threats to safety, rejection, and other negative interpersonal interactions, LGBT individuals may withdraw from self (e.g., self-denial or compartmentalization) and withdraw from others (e.g., self-concealment or avoidance).

LGBT minority stress has emerged as an important area of study because researchers have linked it to a variety of negative health outcomes. For example, research suggests that LGBT individuals are at increased risk for suicidal behavior, depression, anxiety disorders, substance abuse, and body image problems (Cochran, Sullivan, & Mays, 2003; Diamant & Wold, 2003; Hamilton & Mahalik, 2009; Matthews, Hughes, Johnson, Razzano, & Cassidy, 2002; Mays & Cochran, 2001; McDaniel, Purcell, & D'Augelli, 2001; Xavier, Bobbin, Singer, & Budd, 2005). Consequently, there is a critical need for psychologists to provide services that enhance the wellbeing of LGBT individuals and help them navigate the challenges of developing a positive identity in a climate of hostility and marginalization.

Studies have also examined the experiences of sexual minority individuals in specific environments. Considerable research has documented prejudice and discrimination toward LGBT students in college and university settings, as students have consistently reported experiencing harassment, exclusion, hostility, threats of violence, and physical attacks on campus due to their sexual orientation or gender identity (Effrig, Bieschke, & Locke, 2011; Oswalt & Wyatt, 2011; Rankin, 2003; Rankin, Weber, Blumenfeld, & Frazer, 2010; Reed, Prado, Matsumoto, & Amaro, 2010; Silverschanz, Cortina, Konik, & Magley, 2008; Waldo, 1998; Yost & Gilmore, 2011). Some of the investigation in this area has involved measures of campus climate, which is often defined as "the cumulative attitudes, behaviors, and standards concerning access for, inclusion of, and level of respect for individual and group needs, abilities, and potential" (Rankin, 2005, p. 17). Research on several public and private campuses, including some large, multi-campus studies, suggests that LGBT college students have more negative

perceptions of campus climate than non-sexual minority students (e.g., Rankin, 2003; Rankin et al., 2010; Waldo, 1998; Yost & Gilmore, 2011). Furthermore, the intersection of multiple marginalized cultural and social identities increases the risk for negative perceptions of campus climate, indicating that LGBT students from other underrepresented groups, such as students with disabilities or those who identify as racial or ethnic minorities, may face additional challenges (Rankin et al., 2010).

The campus climate for LGBT students may be particularly negative at religious colleges and universities. In the first formal investigation of the perceptions of sexual minority students who attend religiously-affiliated schools in the United States, Yarhouse, Stratton, Dean, and Brooke (2009) gave anonymous online surveys to 104 undergraduate students who indicated having same-sex attraction, behavior, or identification at three institutions within the Council of Christian Colleges and Universities. They found that campus views of same-sex attraction were largely negative, although there appeared to be a difference between homosexuality in general (with 84% describing the campus view as "generally negative" or "negative") and homosexual behavior (with 96% stating the campus view was "generally negative" or "negative"). Almost all respondents (96%) reported hearing derogatory remarks about people who experience same-sex attraction, with most (87%) indicating these statement go unchallenged by peers. Additionally, most (93%) reported that attitudes at their institution make it difficult for students who experience same-sex attraction to be part of the campus community (Yarhouse et al., 2009).

Such challenging and stressful experiences may prevent LGBT college students from achieving their full academic potential or participating fully in campus activities. As

part of a large, nationwide study on campus climate, Rankin and colleagues (2010) found that LGBT students more often considered leaving their institution, avoided LGBT areas on campus, feared for their physical safety due to sexual or gender identity, and avoided disclosure of their sexual or gender identity due to intimidation and fear of negative consequences. Several studies suggest that academic performance, educational outcomes, campus engagement, and social adjustment may be negatively influenced by LGBT students' perceptions of a non-affirming campus climate (Oswalt & Wyatt, 2011; Rankin, 2006; Rankin et al., 2010; Waldo, 1998; Yost & Gilmore, 2011).

Rankin and colleagues (2010) noted "the need for counseling support for LGBT students is evident" (p. 17). Additionally, in Yarhouse et al.'s (2009) study of LGBT students on Christian campuses, the majority of students (75%) identified campus counseling services as the resource they recognize for information regarding sexual minority issues and sexual identity development, whereas other campus resources showed only low-to-moderate recognition. This suggests that therapists in college and university counseling centers play an important role in providing affirmation to LGBT college students, helping them increase coping and resiliency, and connecting them to supportive communities and resources.

Consistent with the social justice values infused in counseling psychology, psychologists have a responsibility to examine how to make the world a safer and more affirming place for LGBT people. Therefore, we must continue to evaluate how to better serve sexual minority clients and improve therapy training. Even though many counselors may feel supportive of diverse sexual orientations and gender identities, research indicates that therapists have varying beliefs about what effective and affirmative therapy

with LGBT clients looks like, and adequate training and education for therapists in LGBT-affirmative therapy is lacking (Amadio & Perez, 2008; Chavez-Korell & Johnson, 2010; Dillon & Worthington, 2003; Walker & Prince, 2010). The empirical research regarding helpful and unhelpful therapy practices for LGBT clients is relatively limited, and researchers offering guidelines for LGBT-affirmative therapy often noted the need for our field to refine models and recommendations to be used in training and practice. The present study examined the approaches and experiences of highly skilled LGBT-affirmative psychologists in college and university counseling centers to better understand their work and identify recommendations for LGBT-affirmative practice in higher education settings.

Construct Definitions

Sexual minorities are typically classified into the four categories of lesbian, gay, bisexual, and transgender (LGBT) people. They face common struggles with societal oppression related to their sexual minority status, and they therefore face similar difficulties in developing positive individual identities and healthy communities within that context of oppression (Fassinger & Arseneau, 2007). However, there are differences between and within these sexual minority groups, and therapists must understand and address the possible differences in the experiences and self-perceptions of these populations. It is also important to note that the grouping of identities related to gender and sexuality into four categories can be limiting, as human sexuality and gender identity are often characterized on multidimensional continuums rather than by discrete categories (e.g., Bohan, 1996; Fausto-Sterling, 1998).

Sexual orientation. The term sexual orientation refers to “the constellation of affective, cognitive, and behavioral characteristics that constitute an individual’s sense of self as a sexual and intimately relational being” (Fassinger & Arseneu, 2007, p. 30). These include factors such as a person’s attractions, fantasies, sexual behaviors, and self-labeling. Fassinger & Arseneu (2007) offered the following definitions for lesbian, gay, and bisexual sexual orientation:

Lesbians. Individuals who self-identify as women and whose primary emotional, erotic, and relational preferences are same-sex and for whom some aspect of their self-labeling acknowledges these same-sex attachments.

Gay men. Individuals who self-identify as men and whose primary emotional, erotic, and relational preferences are same-sex and for whom some aspect of their self-labeling acknowledges these same-sex attachments.

Bisexual women and men. Individuals whose emotional, erotic, and relational preferences are toward both same- and other-sex individuals, either serially or simultaneously, and for whom some aspect of their self-labeling acknowledges the same-sex attachments.

Gender identity. Gender refers to the cultural roles, behaviors, activities, and psychological attributes that a particular society considers appropriate for men and women, and gender identity is a person’s own psychological sense of identification as male or female, another gender, or identifying with no gender (APA, 2009). Gender is critically important as an overarching organizer of social and interpersonal experience.

For example, there is evidence that people categorize others according to gender before making any other demographic distinctions (Kite, 2001). We purposely or inadvertently communicate our gender identity to others through a variety of cues and behaviors, such as clothing, hairstyles, mannerisms, ways of speaking, and social roles, that are known as gender expression (APA, 2009).

Cisgender people. The term cisgender refers to individuals whose self-perception of their gender matches their biological sex. Bess and Stabb (2009) defined cisgender as individuals who have a match between the gender they were assigned at birth, their bodies, and their personal identity.

Transgender people. The term transgender describes individuals who identify and express their gender outside of the biological sex in which they were born and the social restrictions of that assigned sex (Lev, 2007). Designation as transgender refers to gender identity and expression, not the sex of one's intimate partner; transgender people may identify as lesbian, gay, bisexual, or heterosexual, and self-labeling may change over time (Fassinger & Arseneu, 2007). However, current literature calls for the inclusion of transgender individuals in discussions of LGB psychology (Carroll, Gilroy, & Ryan, 2002; Gainor, 2000; Israel, Gorcheva, Walther, Sulzner, & Cohen, 2008). Broadly defined, all LGBT people compose a subpopulation of individuals who challenge (deliberately or not) dominant social conventions regarding the expression of gender and sexuality (Fassinger & Arseneau, 2007).

LGBT-affirmative counseling. There are multiple definitions of LGBT-affirmative counseling in the literature. Amadio and Perez (2008) stated that affirmative therapy involves "the integration of knowledge and awareness by the therapist of the unique developmental and cultural aspects of LGBT individuals and appropriately applying such knowledge and awareness toward a wide range of therapeutic services with LGBT clients" (p. 364). Another definition suggests that affirmative counseling is an approach to therapy that embraces a positive view of lesbian, gay, bisexual, and transgender identities and relationships and addresses the negative influences that homophobia, transphobia, and heterosexism have on the lives of LGBT clients (adapted from Rock, Carlson, & McGeorge, 2010). LGBT-affirmative counseling has also been described as assisting LGBT individuals in (1) understanding and accepting their sexual orientation or gender identity as a natural part of themselves, (2) forming a positive sense of identity, and (3) developing strategies for coping adaptively with the impact of negative social attitudes, prejudice, and discrimination (Garnets, 2007). LGBT-affirmative counseling is typically viewed as an approach that can be incorporated into mainstream therapeutic theories and practices (Milton, Coyle, & Legg, 2002). The American Psychological Association (APA, 2009) conceptualized LGBT-affirmative interventions within the domain of cultural competence, consistent with general multicultural approaches that acknowledge the importance of multiple aspects of a client's identity.

Chapter 2: Literature Review

Much has been written about therapeutic work, and there is a growing body of literature on client and therapist perceptions of helpful or hindering processes in therapy (e.g., Castonguay et al., 2010; Levitt, Butler, & Hill, 2006; Lilliengren & Werbart, 2005). However, the research on helpful and unhelpful therapy practices specific to lesbian, gay, bisexual, and transgender clients is more limited. This section will review research on helpful and unhelpful therapy practices with this population, discuss limitations of the existing studies, and examine recent models and recommendations for LGBT-affirmative therapy.

Helpful and Unhelpful Therapy for LGBT Clients

One of the earliest studies exploring helpful and unhelpful practices with sexual minority clients asked psychologists to describe harmful and sensitive care for lesbian and gay male therapy clients, including episodes in which they were involved as the client or therapist and those in which they did not directly participate (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). Garnets and colleagues (1991) used APA membership rolls to survey all members, fellows, and associates of Divisions 44 (Society for the Psychological Study of Gay and Lesbian Issues) and 35 (Psychology of Women), and a random sample of 4,000 licensed members of APA (balanced by gender) who were not members of either of those divisions. Of the 6,535 questionnaires mailed, 2,544 were completed and returned (38.9% response rate). These respondents ranged in age from 26 to 86 years (*M* = 46.5 years) and almost all identified as White (96%). Sixty-nine percent of the respondents were female. Only 1,481 respondents (58.2%) indicated that they knew of psychotherapy experiences of gay and lesbian clients, and this sample provided

critical incident material. Garnet et al. (1991) did not provide demographic information specific to the subgroup outside of noting that 23% of the 1,481 respondents self-identified as gay, lesbian, or bisexual.

Respondents were asked to describe known incidents that illustrated either inadequate or exemplary therapeutic practice with gay and lesbian clients, and they were also asked what practices they believed were especially harmful or beneficial. The study resulted in the identification of 17 biased, inadequate, or inappropriate practices (e.g., assuming a client is heterosexual, suggesting homosexuality is a form of psychopathology, urging a client to change his or her sexual orientation, focusing on sexual orientation when it is not relevant, abruptly transferring a client upon disclosure of homosexuality) and 14 exemplary practices (e.g., helping clients overcome internalized homophobia, recognizing the importance of alternative families, understanding the effects of societal prejudice and discrimination, countering biased views of other professionals).

While Garnets et al.'s study demonstrated that psychologists vary widely in their adherence to a standard of unbiased practice with gay and lesbian clients, there are several important limitations to acknowledge. First, practitioners are not always aware of a client's sexual orientation. A client may not disclose his or her sexual orientation, but Garnets et al. operated under the assumption that a client's sexual orientation would be obvious or revealed to a therapist. Furthermore, the researchers relied on second-hand accounts of therapy experiences (e.g., "A friend or colleague told me about it", p. 965) in addition to stories from psychologists' own professional practice or experiences as a client in psychotherapy. Those sources may be less accurate or credible than getting the

accounts directly from gay and lesbian clients. Another concern is that Garnet et al. did not provide sufficient demographic information about the sample that provided critical incident material. Lastly, Garnets et al. did not differentiate between gay and lesbian clients or male and female therapists, which may have obscured potential differences based on client or therapist gender.

Subsequently, Liddle (1996) surveyed a national sample of 392 gay and lesbian clients about their encounters with the positive and negative practices identified by Garnets et al. (1991). To acquire a national sample, 867 surveys were sent to 66 faculty and graduate students in 29 states and three Canadian provinces with instructions to distribute surveys to gay and lesbian volunteers in their local communities. Surveys were distributed through friend networks and by leaving stacks of surveys at various gay-related events. Fixty-six percent of respondents self-identified as lesbians and 44% self-identified as gay men. While the sample represented all geographic regions of the United States, 94% of the respondents identified as European American. Respondents ranged in age from 22 to 71 years (median = 36 years) and most (82%) held a bachelor's degree or higher.

In order to determine if the therapist practices represented in the guidelines proposed by Garnet et al. (1991) were related to therapeutic outcomes, client reports of several therapist practices related to a subset of the Garnets et al. themes were examined as they related to two measures: (a) client ratings of a therapist as unhelpful, and (b) termination after only one session. Relative risk ratios were computed for each of the 13 practices as they related to each outcome measure. Ninety-five percent confidence intervals indicated that eight of the nine negative items (therapist assumed

heterosexuality; believed that a gay or lesbian identity is bad, sick, or inferior; discounted, argued against, or pushed clients to renounce identification as gay man or lesbian; blamed problems on sexual orientation or insisted on focusing on sexual orientation when it was not relevant; refused to continue counseling after disclosure of sexual identity; lacked basic knowledge of gay and lesbian issues; did not recognize or appropriately support gay or lesbian relationships; and did not understand the problems of societal prejudice against gay men and lesbians) were significantly related to receiving an unhelpful rating (either *not at all helpful* or *destructive*). Encouraging clients to come out against their better judgment was the only inappropriate practice not related to unhelpful ratings. The risk ratios of the significant items ranged from 3.23 to 4.01, meaning that therapists who made these errors were three to four times more likely to be rated as unhelpful. All four of the items representing exemplary practice (therapist was knowledgeable about gay and lesbian communities and resources; never made an issue of sexual orientation when it was not relevant; was not afraid to deal with sexual orientation when it was relevant; and encouraged a positive gay or lesbian identity) were significantly inversely related to being rated unhelpful (the relative risk ratios ranged from 0.08 to 0.17).

The second outcome examined in relation to the 13 practices was termination of therapy after only one session, and one-session therapeutic encounters (n=47) were contrasted with those that persisted for 10 or more sessions (n=670). Eight of the nine negative items (again, all but pressure to come out) were significantly related to termination after the first session. The corresponding risk ratios ranged from 2.00 to 5.23, indicating that clients who reported these inappropriate therapist practices were two to

five times more likely to terminate after the first session. All four of the items representing exemplary practice were significantly inversely related to termination after one session, with risk ratios ranging from 0.13 to 0.17.

While these findings contributed to the establishment of empirically based guidelines for effective practice with gay and lesbian clients, there are several areas of the study that warrant critique. Notably, Liddle (1996) did not calculate a response rate because it was not known how many of the 867 surveys sent out to graduate faculty for distribution ever reached potential participants. Another concern is the fact that 26 relative risk ratios were computed at the 5% significance level. This raises the issue of multiple tests of significance and the resulting possibility of chance findings. However, the large relative risk ratio values are reassuring, as is the consistent pattern of the findings (with 24 of 26 ratios testing significant). Lastly, Liddle chose to exclude therapy encounters of two to nine sessions in the analysis of the second outcome variable, which may have resulted in her missing valuable information about brief therapy experiences.

Taken together, the findings from Garnets et al. (1991) and Liddle (1996) have important implications for therapeutic practice with gay and lesbian clients. The therapists whom these clients found helpful tended to be those who have educated themselves about issues of concern to gay and lesbian clients (including social prejudice, internalized homophobia, relationship issues, and community resources) and helped their clients work toward a positive gay or lesbian identity. In addition, the results indicate it is helpful for therapists to address issues related to a client's sexual orientation when a client brings these issues up, but it is detrimental to insist on focusing on sexual orientation when the client does not see it as relevant to his or her presenting concerns.

The research findings also highlight the harm in abandoning gay or lesbian clients, arguing against acceptance of a gay or lesbian identity, or portraying a belief that such identities are bad or inferior. Finally, the results suggest that lesbian and gay clients appreciate when a therapist does not assume they have a heterosexual sexual orientation.

More recent studies using analogue and qualitative investigations have identified additional factors that affect clients' perceptions of or experiences in therapy. Dorland and Fischer (2001) conducted an analogue study of 126 participants (45 men, 79 women, and 2 unspecified) who self-identified as lesbian, gay, or bisexual. The participants ranged in age from 19 to 85 years (M=40.8), and the majority identified as White (93%), middle class (56%), and well educated (73% held a bachelor's degree or higher). Dorland and Fischer developed two transcripts of a counseling session that were identical with the exception of a few key words; one included heterosexist language in the counselor responses and the other did not (e.g., in the vignette for women participants, the counselor states "tell me about your relationship with him" [heterosexist condition] or "tell me about your relationship with your partner" [non-heterosexist condition], p. 545). Within the heterosexist and non-heterosexist language conditions, the sex of the client was varied to be consistent with the participant's sex (e.g., female participants received vignettes with a female client portrayed). The dependent measures included *The Counselor Effectiveness Rating Scale* (CERS; Atkinson & Wampold, 1982), *The Self-Disclosure Scale* (SDS; Plasky & Lorion, 1984), and a utilization item on the CERS to evaluate the participants' perceived willingness to see the presented therapist for counseling.

Questionnaire packets were distributed to LGB community centers, to members of various LGB organizations through organizational mailings and meetings, and through friend networks using a snowballing technique. One-hundred forty surveys of the 371 prepared were completed and returned to the researchers (38% return rate). Dorland and Fischer (2001) found that using language free of heterosexist bias resulted in more positive counselor ratings, expression of a higher likelihood of returning to see the counselor, and expression of greater comfort in disclosing sexual orientation to the counselor (even when controlling for participants' degree of outness).

The results of this study provided empirical support for common clinical speculations regarding negative effects of counselors' heterosexist language on LGB clients. Previous retrospective research with real clients by Liddle (1996) linked client reports of a variety of therapists' unhelpful practices (including but not limited to therapists' heterosexist assumptions) to an increase in likelihood of premature termination and to lower ratings of counselor helpfulness. Dorland and Fischer (2001) extended this line of research in two ways: (1) the study used a quasi-experimental design rather than correlation of retrospective data, and (2) the heterosexist language bias was the only variable manipulated, thus allowing more specific interpretations about the effects of the language bias to be made from the results. Dorland and Fischer's findings underscore the importance of addressing heterosexist biases in curriculum and training environments. However, our ability to generalize their results may be limited due to their homogeneous sample. Although these participants identified as a sexual minority, they benefited from privilege due to race, class, and education. It would be important to replicate these findings with LGB individuals who experience multiple sources of

marginalization and oppression prior to generalizing to the larger LGB client population. In addition, it would be helpful to explore the nature of heterosexist bias in field settings using real counselors and LGB clients.

In an effort to begin empirical inquiry about the therapy experiences of sexual minority clients with other marginalized identities, Hunt, Matthews, Milsom, and Lammel (2006) conducted a qualitative study of 25 lesbians with physical disabilities regarding their experiences in counseling. Participants who self-identified as lesbians and had a physical disability were recruited for semi-structured interviews by posting announcements on local and national electronic mailing lists of particular interest to lesbians with physical disabilities, by distributing flyers at two national professional conferences, and through personal contacts with individuals and organizations likely to have access to this population. All the participants were White women and the mean age was 40 years old (with a range from 24 to 57). The women varied in terms of their physical disability (e.g., rheumatoid arthritis, lupus, ulcerative colitis), work status at the time of the interview, and geographic location in the United States. Because participants lived throughout the country, all but three had telephone interviews with one of the four researchers. The remaining women were interviewed in person either because the nature of the individual's disability made it difficult to converse over the phone or because they were local to the researchers and preferred to be interviewed in person.

Using a phenomenological qualitative approach, Hunt et al. (2006) identified themes from the interviews related to participants' experiences with counseling. Though the participants found therapy to be helpful in general, they also described negative experiences, including counselors assuming they were heterosexual, having to advocate

for themselves within the counseling relationship by educating counselors about issues related to sexual orientation or living with a disability, and facing difficulties with accessibility to services due to the physical environment or lack of accommodations for written materials. Some decided not to self-disclose either their sexual orientation or disability status out of fear of a negative reaction, particularly when counselors did not proactively address these issues or used heterosexist language on forms and in clinical interactions. The women in this study noted that conducting a thorough assessment of disability-related and sexual orientation issues during the intake session and throughout the counseling process is particularly helpful. Participants suggested it is not necessary for a counselor to share cultural characteristics (e.g., being lesbian and/or having a disability) in order to be effective, as most of the women emphasized that general counseling competency, warmth and acceptance, and awareness of diversity issues were more important than cultural similarity. Interview responses also suggested that counselors should work with the client as a whole person with multiple dimensions rather than immediately viewing sexual orientation or disability status as the defining characteristic of the client.

While Hunt et al.'s study does not provide a comprehensive view of LGBT clients' experiences, investigating the therapy experiences of lesbians with disabilities adds a specific perspective not found elsewhere in the literature. One of the limitations to this study is that the entire sample was White, as a more racially diverse sample would have added richness to the data and provided information about the impact of adding another level of minority status. It is also worth noting that agreeing to be interviewed and taped for the study required participants to have a certain level of openness about

their sexual orientation and diversity status, so the results may not have captured the therapy experiences of women who are less comfortable discussing these aspects of their identity. Additionally, it is potentially problematic that participants did not all experience the same interview conditions. Different researchers led the interviews, and interviews were conducted both by phone and in person.

In order to capture a more complete understanding of sexual minority clients' therapy experiences, Israel, Gorcheva, Burnes, and Walther (2008) conducted a qualitative study on the helpful and unhelpful therapy experiences of LGBT clients. They completed interviews with a diverse sample of 42 LGBT individuals had been in counseling as adults. Participants identified as bisexual women (n = 6), bisexual men (n = 6), lesbians (n = 9), gay men (n = 12), transgender (n = 6; three male-to-female and three female-to-male), and gender-queer (n = 3; an identity label that allows transgender individuals to express "a flexible, fluid, or unique gender or gender expression") (Israel et al., 2008, p. 295). They self-reported their ethnicity as European American/White (n = 23), African American/Black (n = 6), Asian American/Pacific Islander (n = 5), Hispanic/Latino/a (n = 3), multiracial (n = 4), and other (n = 1), and they ranged in age from 20 to 56 years (M = 36).

Participants were recruited by mailing fliers and packets of demographic forms to LGBT-oriented community agencies, organizations, events, businesses, and conferences throughout the United States, as well as through internet-based recruitment (e.g., message boards) that targeted underrepresented groups within the LGBT community, such as transgender individuals. As a result of these recruitment methods, 127 demographic forms were completed and returned. Participants were excluded from selection for

interviews if they were heterosexual and not transgender (*n* = 2), had not been in therapy in the six months before the study (*n* = 25), or did not respond to attempts to be contacted (*n* = 6). Forty-two of the remaining 94 potential participants were selected for interviews to adequately represent diversity and balance in terms of sexual orientation, ethnicity, geographic region, gender, and gender identity. The interviews involved asking participants to recall one situation in therapy that was particularly helpful and one situation that was particularly unhelpful. For each situation, participants were then asked a series of questions related to client characteristics, counselor characteristics, counseling process, counseling services, and contextual aspects of the counseling experiences.

Results indicated that basic counseling skills and relationships were key determinants of the quality of LGBT clients' therapy experiences. Commonly in the helpful situations (33%) and rarely in the unhelpful situations (2.4%), the therapist accepted, validated, or normalized the client's sexual orientation or gender identity. The most commonly described helpful situations were defined by a positive therapeutic relationship, including therapist warmth, respect, trustworthiness, confidentiality, caring, and listening (33.3%). An additional 26.8% of the helpful situations were related to the therapist being knowledgeable, helpful, or affirming in dealing with clients' sexual orientation or gender identity. LGBT clients also found therapists to be helpful when they helped clients gain insight (21.4%), provided a structured approach to therapy through goal setting, homework, or planning (19%), and taught them new skills, such as coping, communication, or anger management (14.3%). Also important to the helpfulness of the therapy experience were therapist variables such as professional background and attitudes toward client sexual orientation/gender identity; client variables such as stage of identity

development, health status, and social support; and environmental factors such as confidentiality of the therapy setting.

Responses that were reported only for the unhelpful situations included therapists judging, invalidating, or misunderstanding the client (23.8%) and failing to create a connection with the client (21.4%). Two of the most frequently cited unhelpful situations were when clients experienced the therapist as cold, disrespectful, disengaged, distant, or uncaring (35.7%) or when therapists used interventions that clients found ineffective, such as medication, “why” questions, excessive self-disclosure, excessive use of silence, or withholding feedback from clients (35.7%). Thirty-one percent of the unhelpful situations were characterized by therapists imposing their values, judgment, or decisions on clients (e.g., negative bias regarding sexual orientation, invalidation of clients’ perception of their own progress, dismissing clients’ grief).

Similar to findings from previous studies on helpful and unhelpful therapy for lesbian and gay clients (e.g., Garnets et al., 1991; Hunt et al., 2006; Liddle, 1996), Israel et al. found that therapists who were affirming, validating, and knowledgeable regarding sexual orientation were particularly helpful, and those who focused inappropriately on sexual orientation or tried to persuade lesbian, gay, or bisexual clients to change or hide their sexual orientation were particularly unhelpful. Additionally, Israel and colleagues noted it is important that therapists are competent in working with LGBT clients because they may not necessarily know if they are working with one. Some of the LGBT clients in their study were in mixed-sex relationships and sought counseling for issues unrelated to their sexual orientation.

Although Israel et al. aimed to interview a diverse sample of clients, it is difficult to say how transferable their findings are to the larger LGBT population. Participants had to be willing to send a form with their name, sexual orientation/gender identity, phone number or email address, and acknowledgement that they had been in therapy. These requirements likely skewed the sample toward individuals who openly identified as LGBT and are connected with the community. Another potential limitation is that some of the clients reported on the same therapists in the helpful and unhelpful situations, which means there was some overlap in terms of descriptions of therapist characteristics in the helpful and unhelpful situations. However, it may accurately reflect clients' experiences of a single therapist being both helpful and unhelpful at times.

Two additional qualitative studies that investigated sexual minority clients' experiences in therapy focused on in-depth interviews with gay men (Lebolt, 1999; Mair & Izzard, 2001). Lebolt (1999) recruited participants by posting flyers at a gay community center and in various psychotherapy training institutes in New York City. Lebolt (1999) interviewed nine gay men about their experiences of gay-affirmative therapy, but he did not provide any additional demographic information about the participants. Similarly, Mair and Izzard (2001) interviewed 14 gay men about how their counselor responded to their sexual orientation, but the researchers did not share participants' demographic information or information about how they were recruited.

The participants in both of these studies found therapy to be helpful in general, but the participants in Mair and Izzard's (2001) study reported that they felt limited in the extent to which they were comfortable discussing experiences associated with their sexual orientation and that they felt particularly unsafe talking about sexual experiences

or practices. Mair and Izzard (2001) concluded that once a counselor becomes aware that a client is gay, it is critical for the counselor to engage in discussion about sexual orientation and demonstrate affirmation, either implicitly or explicitly. In contrast, Lebolt's (1999) participants (all of whom saw different therapists) suggested that the therapists behaved in ways that were supportive of the client's gay identity (e.g., "[they] appeared comfortable with sexuality in general, and homosexuality in particular," p. 361). Therapist knowledge and sensitivity regarding sexual orientation and other aspects of clients' identities, therapist warmth and acceptance, and a sense of authenticity and self-comfort in the therapist were important to most of the participants. Lebolt (1999) concluded that these results suggest that therapists can incorporate interventions into therapy that will result in an affirmative and healing experience for gay men.

Certainly the findings from Lebolt's (1999) and Mair and Izzard's (2001) studies are limited in their generalizability to the LGBT population, as neither of them included lesbians, bisexual men or women, or transgender individuals. These studies do, however, provide an in-depth look at the therapy experiences of gay men. It seems likely that Lebolt's (1999) participants all shared positive experiences in therapy because his flier self-selected this sample by inviting volunteers "to share their experience of gay-affirmative psychotherapy" (1999, p. 358). Gay men who had not perceived their psychotherapy to be affirmative may not have felt encouraged to participate. A significant limitation to both of these studies is the lack of demographic information about the participants. In the case of Mair and Izzard (2001), we are also missing an understanding of how participants were recruited.

Due to a lack of studies that specifically examined the counseling experiences of bisexual men and women, Page (2004) conducted the first empirical research on the experiences of self-identified bisexual clients with mental health services. Page designed a 49-item questionnaire that combined multiple-choice and open-ended questions about bisexual clients' clinical experiences and used a convenience sample of 217 men (29%) and women (71%) in the United States who responded to the survey through an Internet website, email, or paper. Half of the participants were under 30 years of age (52%), while another 27% were between 30 and 39 years of age, and the remainder were 40 years of age or older (21%). Most lived in urban (49%) and suburban (36%) settings, and the majority had completed at least two years of college (83%). The sample was primarily European American (84%).

Participants were asked to rate the degree to which mental health services had been helpful with their bisexual issues, and 16% indicated that services were moderately or extremely unhelpful, 35% indicated services were neither helpful nor unhelpful, and 49% indicated services were moderately or extremely helpful ($N = 212$, $M = 3.5$, $SD = 1.11$). When asked if they usually let a mental health practitioner know they are bisexual, participants rated their level of disclosure as never (11%), rarely (6%), sometimes (22%), often (14%), and always (47%). Those with more serious clinical issues were less open about their bisexuality with mental health clinicians than participants with more moderate clinical issues ($t = 2.758$, $p = .009$), and those with more serious clinical issues experienced less acceptance of their bisexuality when they were open about it with clinicians ($t = -3.201$, $p = .002$).

Participants also provided information about problematic experiences in treatment related to their bisexual issues, and the two most frequently checked examples of bias were that the clinician assumed sexual orientation was connected to clinical goals (18.7%) and the clinician suggested “you aren’t really bisexual; it’s part of your illness” (11%; Page, 2004, p. 148). The most frequent themes in response to an open-ended question about problems encountered as a bisexual client included invalidation of bisexuality, lack of knowledge about bisexual issues, interpretation of bisexual attractions or behaviors as unhealthy, lack of skill in working with bisexual issues, and assumption of heterosexuality. When asked to provide examples of exemplary interventions, the most frequent themes included proactively affirming bisexuality or the bisexual identity of the participant, using good general counseling skills not specific to bisexual issues, and demonstrating accurate knowledge of bisexual issues. Participants emphasized the importance of validating bisexuality (e.g., “I’ve never felt that my therapist doubts the authenticity of my bisexual feelings. Our focus is not on the question ‘why am I bisexual’ but instead ‘what does this mean for my life now and in the future?’”) (Page, 2004, p. 149). Page (2004) urged providers to validate bisexuality as legitimate and healthy, to be accurately informed about bisexual issues, and to avoid assuming clients are heterosexual.

Similar to samples in prior research on LGBT clients, this sample was predominantly white, urban, and well-educated. Therefore, the results may not be generalized to the population of self-identified bisexual clients in mental health care. In addition, Page (2004) did not provide much information on how participants were recruited or selected. The analysis did not explore differences in the experiences of

bisexual men and bisexual women, which may have been worth investigating. Furthermore, we are lacking information about the mental health clinicians these participants saw for treatment (e.g., sex, treatment setting, degree level or specialty area, years of professional experience, theoretical orientation).

Just as Page (2004) noticed the lack of studies specifically examining the therapy experiences of bisexual men and women, Rachlin (2002) felt the literature did not adequately address counseling with transgender clients. Rachlin (2002) then conducted a study about transgender clients' experiences in therapy across a range of treatment settings. Surveys collected a combination of quantitative and qualitative data and were distributed at a transgender conference in a large metropolitan area, via transgender newsgroups on the internet, and through friend networks. The sample consisted of 93 individuals who identified as female-to-male (FtM; *n*=70) or male-to-female (MtF; *n*=23). Participants were diverse with regard to geographic location, age, and level of education, but most (85%) identified as Caucasian. Sixty-eight percent of the male-identified (FtM) and 48% of the female-identified (MtF) participants were living full-time in their preferred gender, which was defined as presenting in that gender at least 90% of the time. The rest of the participants were at various earlier stages of transition or had, for the moment, found ways of expressing their gender that did not involve a full-time social commitment to one gender.

Results from Rachlin's (2002) study indicated that therapists' perceived level of experience in working with gender issues was moderately associated with better rapport ($r = .342$, $p < 0.05$), strongly associated with progress in gender-related exploration/transition ($r = .596$, $p < 0.05$), and strongly associated with satisfaction with

treatment ($r = .470$, $p < 0.05$). Additionally, there was a weak negative correlation between therapists' perceived level of experience with gender issues and a variable called "harm from therapy" ($r = -.259$, $p < 0.05$), which included belittling, challenging, or judgmental behaviors regarding the client's gender, suggesting that clients felt a therapist with more experience in gender issues engaged in fewer of these behaviors. In qualitative responses, individuals consistently expressed appreciation for therapists who were flexible in their treatment approach and demonstrated respect for the client's gender identity. Overall, more than 87% of respondents reported that positive change occurred in their lives as the result of therapy, and this was often true even when clients felt the therapist did not have adequate experience in gender issues.

Rachlin (2002) also addressed how psychologists conducting the assessment to determine a transgender client's eligibility and readiness for hormone therapy or surgery are in a "gatekeeper" role, and this involves a power dynamic that can significantly affect therapeutic rapport. Qualitative results suggested that clients often perceive the evaluation not as a desired tool to help them therapeutically determine a plan of action, but rather as a hoop that must be jumped through to reach desired goals, a frightening loss of autonomy over one's body and life, or a type of institutionalized oppression or discrimination, as a mental health evaluation is not required for non-transgender individuals requesting hormones, breast augmentation, or hysterectomy. Rachlin (2002) advised that discussion about what the assessment process involves is important as an inaccurate understanding of the process may heighten the client's anxiety or anger. She also suggested it may be helpful to separate assessment from therapy so two different clinicians are working with the same client.

Rachlin's (2002) study has some limitations that must be considered. Perhaps most notably, the response rate is unknown as individuals accessed the survey through a number of channels and the researchers did not keep track of the number of copies distributed. This was also a non-random sample of convenience, and all participants had contact with the transgender community either through a conference, a counselor, a peer group, or through the internet. Therefore, transgender individuals who are less socially connected or who mistrust researchers were not represented. Another point to consider is that Rachlin (2002) relied on clients' perceptions about therapists' level of experience with gender issues, but we do not have information about the therapists' actual level of knowledge or experience.

Bess and Stabb (2009) sought to continue building the literature on counseling with transgender individuals. In 2009, they conducted a qualitative study with seven individuals who identified as transgender, had lived full-time as their non-biological sex and gender for at least three months, and indicated past or present participation in therapy with a licensed mental health professional in which transgender identity issues were a focus of clinical attention. Two participants identified themselves as female-to-male (FTM) and five as male-to-female (MTF), although they used a variety of terms to describe their gender identity, and the average number of therapy sessions reported by participants was 65. Participants were recruited by having support groups, therapists, medical professionals, and other businesses that were likely to work with transgendered individuals (e.g., electrolysis practices) provide information to their clients about the study. Data regarding their positive and negative experiences in therapy was collected

using semi-structured interviews and organized into an “exemplary depiction” of the ideal therapist (Bess & Stabb, 2009, p. 273).

According to participants, the ideal therapist: (1) uses caring and empathy to help transgender clients learn to love and accept themselves and cope with painful experiences, such as rejection by loved ones and discrimination; (2) has expertise and experience to help clients find resources, such as legal assistance for name changes, medical professionals to prescribe hormones and perform surgery, and support groups; (3) possesses broad knowledge to present a wide variety of options related to transition, so that transgender clients are empowered and equipped to make informed decisions; (4) encourages transgender clients to pursue their true wishes related to transition and identity expression; (5) challenges clients to explore the painful feelings that accompany the deep and transformative process of developing gender identity; (6) works to uncover, rather than shape, the true identity of transgender clients, and does not presume to make decisions for clients or push clients into decisions or behaviors; (7) always maintains client confidentiality, as transgender communities are small even in large metropolitan areas; (8) must make sure transgender clients are fully aware of the risks and responsibilities involved in life-altering hormonal and surgical interventions, while also being sensitive to the frustrations faced by clients who desire such interventions; and (9) views transgender identity as one aspect of human diversity, rather than as a mental disorder (Bess & Stabb, 2009). These results give direct guidance to therapists about what is important in clinical work with transgender individuals.

While this has been the only investigation to identify behaviors and characteristics of an exemplary therapist for transgender clients, the results must be considered within

the context of the study's limitations. First, while a small sample size is common in qualitative studies, an obvious limitation of this study was the small number of participants. In addition, all seven participants identified as Caucasian/White and were from a large metropolitan area, and it is impossible to say the extent to which the experiences of transgender individuals who identify as racial/ethnic minorities or live in rural communities would resemble those reported by these participants. Furthermore, the sample was skewed towards participants who had received extensive therapy; the average number of reported sessions was 65, a much higher number than is typical for therapy clients in the present age of brief therapy and managed care. Perhaps of most concern, participants were recruited through the invitations of therapists and medical professionals, which may have resulted in a biased sample as we cannot be sure if the therapists and medical professionals invited all clients to participate or may have selected those they considered to be good candidates.

Summary of Research Findings Regarding Helpful and Unhelpful Therapy for LGBT Clients

When these studies are considered together, we can identify several patterns that characterize LGBT client descriptions of helpful and unhelpful therapy experiences. One common finding among the studies is that therapist warmth, attentiveness, and authenticity contributed to creating helpful and avoiding harmful situations (Bess & Stabb, 2009; Hunt et al., 2006; Israel et al., 2008; Lebolt, 1999; Page, 2004). Beyond basic counseling skills, therapists may require specific training in working with LGBT clients. The therapists whom clients found helpful tended to be those who have educated themselves about LGBT issues (Bess & Stabb, 2009; Garnets et al., 1991; Hunt et al.,

2006; Liddle, 1996; Page, 2004; Rachlin, 2002). Therapist openness to a range of sexual orientations and gender identities may be necessary to convey warmth and acceptance, focus appropriately on LGBT clients' concerns, and respond positively to LGBT clients (Bess & Stabb, 2009; Garnets et al., 1991; Israel et al., 2008; Lebolt, 1999; Liddle, 1996; Page, 2004; Rachlin, 2002).

Another consistent point is that therapists cannot necessarily rely on self-disclosure, sex of the client's partner, or presenting concern to determine the client's sexual orientation or gender identity (Garnets et al., 1991; Israel et al., 2008; Mair & Izzard, 2001; Page, 2004). Therefore, therapists should be attentive to the possibility that clients may be LGBT by not making assumptions about client sexual orientation or gender identity in their language and written materials, keeping in mind Dorland and Fischer's (2001) findings about the negative effects of a therapist's heterosexist bias. Clients emphasized a desire for therapists to see their sexual or gender identity as important, but view these identities within the context of who they are as a whole person (Bess & Stabb, 2009; Garnets et al., 1991; Hunt et al., 2006; Israel et al., 2008; Lebolt, 1999; Liddle, 1996; Page, 2004). With an affirming, knowledgeable, and nonjudgmental therapist, counseling can provide a safe environment for LGBT clients to discuss issues related to family conflict, relationships, religion, sexuality, minority stress, and identity development, as well as other concerns (Garnets et al., 1991; Hunt et al., 2006; Lebolt, 1999; Liddle, 1996, Rachlin, 2002).

LGBT-Affirmative Therapy Models

Several scholars and professionals have presented recommendations for practitioners regarding LGBT-affirmative therapy. These recommendations have largely

focused on the knowledge and awareness necessary to provide culturally competent care to LGBT clients, but few have included specific suggestions for or examples of how to meaningfully incorporate these recommendations into practice. This raises concern because many counseling students do not feel prepared to work with LGBT clients, and practicing counselors have expressed a lack of sufficient levels of training concerning LGBT issues (Chavez-Korell & Johnson, 2010; Walker & Prince, 2010). Amadio and Perez (2008) noted that additional recommendations and guidelines are needed because counselors often have different ideas on what constitutes affirmative therapy. This section will review two of the recent, comprehensive guidelines presented for LGBT-affirmative therapy practice and discuss the future directions that remain.

Based on a review of professional ethical codes and the literature on LGBT clients' therapy experiences, Amadio and Perez (2008) developed guidelines for affirmative counseling and psychotherapy that addressed the following major areas: (1) therapists' attitudes and beliefs regarding LGBT individuals and culture (e.g., be cognizant of common LGBT issues and the history and culture of LGBT people, examine assumptions or biases they may harbor towards LGBT people and the potentially detrimental effects these could have on the counseling they provide); (2) theories of LGBT identity (e.g., have an understanding of current LGBT development models to use as a base from which to structure therapeutic interventions, have an awareness of the experiences of LGBT people of color and issues that arise for clients in managing multiple identities); (3) theoretical approaches to working with LGBT clients (e.g., understand the impact and potential limitations of different theoretical perspectives and approaches for addressing the needs of LGBT clients, be knowledgeable about the unique

needs of transgender individuals, view client experiences through the lens of a minority stress model); (4) LGBT clients across the lifespan (e.g., be aware of the multifaceted lifespan issues that LGBT individuals experience, including issues regarding relationships, raising a family, aging, coming out, religion and spirituality, career and vocation, and health); and (5) ethical issues in therapy (e.g., do not view homosexuality as pathology or advocate for conversion therapy).

While the guidelines proposed by Amadio and Perez (2008) provide a thorough and helpful description of the knowledge and awareness areas necessary for LGBT-affirmative therapy, they lack recommendations for therapist behaviors or interventions. Consequently, some counselors may struggle to identify how these guidelines translate into strategies and practices they can enact in their work with clients. A more complete model for LGBT-affirmative therapy would address how counselors can apply their understanding of LGBT experiences in their work and include suggestions for activities and skills that illustrate LGBT-affirmative therapy.

In 2012, the American Psychological Association Committee on Lesbian, Gay, Bisexual, and Transgender Concerns published guidelines for affirmative psychological practice with LGB clients. The guidelines were designed to be consistent with APA policy pertaining to lesbian, gay, and bisexual issues and the ethical policies of other major mental health organizations. Each of the 21 guidelines provides an update on the psychological literature supporting it and includes sections on rationale and application. The guidelines address:

(a) attitudes toward homosexuality and bisexuality (e.g., psychologists strive to understand the effects of stigma and its various contextual manifestations in the

lives of lesbian, gay, and bisexual people; psychologists understand that same-sex attraction are normal variants of human sexuality and that efforts to change sexual orientation have not been shown to be effective or safe),

(b) relationships and families (e.g., psychologists strive to be knowledgeable about and respect the importance of lesbian, gay, and bisexual relationships; psychologists recognize that the families of lesbian, gay, and bisexual people may include people who are not legally or biologically related; 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),

(c) issues of diversity (e.g., psychologists strive to recognize the challenges related to multiple and often conflicting norms, values, and beliefs faced by lesbian, gay, and bisexual members of racial and ethnic minority groups; psychologists are encouraged to consider the influences of religion and spirituality in the lives of lesbian, gay, and bisexual persons; psychologists strive to understand the unique problems and risks that exist for lesbian, gay, and bisexual youths),

(d) economic and workplace issues (e.g., psychologists are encouraged to consider the impact of socioeconomic status on the psychological well-being of lesbian, gay, and bisexual clients; psychologists strive to understand the unique workplace issues that exist for lesbian, gay, and bisexual individuals),

(e) education and training (e.g., psychologists strive to include lesbian, gay, and bisexual issues in professional education and training), and

> (f) research (e.g., in the use and dissemination of research on sexual orientation and related issues, psychologists strive to represent results fully and accurately and to be mindful of the potential misuse or misrepresentation of research findings). (American Psychological Association, 2012, p. 12-27)

These guidelines were a significant step forward in informing the practice of affirmative therapy and providing information for the education and training of psychologists regarding lesbian, gay, and bisexual issues. In addition to covering a wide range of important topics, the recommendations were strengthened by the descriptions of empirically-based support and discussions of application. Each guideline included tangible suggestions for how it could be applied in practice, which will likely help practitioners understand how to incorporate the guidelines in their work with LGB clients. While the APA Committee on Lesbian, Gay, Bisexual, and Transgender Concerns (2012) provided strong general, comprehensive guidelines for affirmative therapy, they noted it may be helpful for future efforts in this area to focus on developing recommendations for specific settings or client populations. The present study examined what highly skilled LGBT-affirmative therapy looks like at colleges and universities in order to provide practice suggestions tailored to the challenges and opportunities unique to this setting.

Chapter 3: Methodology

Introduction

CQR Methodology. A qualitative method was selected for this study because it is well suited for the in-depth exploration of narratives and processes, as a small number of cases are studied intensively. This allows researchers to explore new areas, generate a rich and nuanced description of complex phenomena, and build toward theory (Hill, Thompson, & Williams, 1997; Hill et al., 2012). The research team followed the principles of Consensual Qualitative Research (CQR) methodology, which was developed specifically to collect and analyze interview data (Hill et al., 1997; Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005).

The CQR method shares several characteristics with other qualitative research methodologies, including an emphasis on an inductive approach to draw conclusions based on the data, understanding phenomena from the perspective of the participant, and the use of words rather than numbers to reflect meaning in the data. However, CQR offers unique features such as the use of a team of 3-5 researchers who work collaboratively to arrive at a consensual understanding of the data, reliance on an external auditor who checks the work to ensure the primary research team does not overlook important data, and a systematic means of reporting the representativeness of results across cases (Hill et al., 2012).

Choosing and structuring the research team. Hill et al. (2012) described the following criteria for selecting team members: (1) initiative and motivation, as these enhance the research process and are important given the time commitment involved in CQR, (2) level of experience with the subject being studied, work on a CQR team, or

with research in general, (3) good interpersonal skills and openness to feedback to promote team effectiveness, and (4) some sort of prior affiliation or established relationships to support the team in working well together. For this study, the research team consisted of the principal investigator, who is a doctoral candidate in counseling psychology, and two advanced doctoral students in counseling psychology. All team members attend an APA-accredited graduate program. The researchers all expressed strong interest in the research topic, were experienced in graduate-level qualitative research, and had participated in data analysis using CQR methodology. Additionally, all three had training experience at college or university counseling centers, giving them familiarity with the context in which the participants worked. The team members were connected prior to beginning the study by working together in other capacities in their graduate program and had developed mutual respect. The principal investigator was confident they would work well together. A licensed psychologist with experience in both qualitative research and the university counseling work setting served as the external auditor.

Recording biases and expectations. Researchers' biases and expectations are inevitable parts of the data analysis process, and they are particularly important to address in qualitative research because the findings depend heavily on the researchers' interpretations of the data (Hill et al., 1997). Hill et al. (1997) describe *biases* as personal issues or experiences that might interfere with researchers' ability to respond objectively to the data, whereas *expectations* involve anticipated responses to interview protocol or beliefs about the topic that researchers have formed based on reading the literature and developing research questions. Hill et al. suggest that reporting biases and expectations

allows readers to understand the findings within the researchers' context and perspective. However, in a CQR update, Hill et al. (2005) conclude that while they are still important for the team to discuss, expectations are often addressed in introductions to studies when providing rationale for research questions and therefore do not need to be elaborated on elsewhere. They maintain that biases should be presented in the methodology section, as included below.

Prior to conducting the study, the team members independently reflected on biases and expectations and then discussed them as a group. Biases discussed were as follows. Members all reported having LGBT-affirmative personal and professional values, which had the advantage of inspiring commitment to the research topic. However, the team also acknowledged that these shared values might lead members to view the data from a similar LGBT-affirmative lens. Additionally, the team discussed possible bias stemming from being trained in the same counseling psychology graduate program and having considerable overlap in stated theoretical orientations, which could lead members to approach the data from a similar perspective. Lastly, while the team was diverse in terms of sexual orientation and gender, all members identified as White/European American and discussed having more familiarity with White queer culture than the experiences of queer people of color.

Biases and expectations were revisited during data collection and analysis, particularly when team members identified having professional relationships with four of the research participants. In these instances, care was taken to assign coding tasks to the other team members and, during cross-analysis, to be intentional about bracketing personal experiences and relationships with these participants in order to approach the

data as objectively as possible. Bracketing here meant individually reflecting on how our experiences with participants could impact our objectivity and discussing our reflections together so other judges on our team could guard against these researcher influences. The use of an external auditor also provided a check on the data.

Participants

Recruitment and selection. This study utilized an email-based peer nomination and purposeful sampling procedure adapted from Patton (2002) to identify participants. This model was recently used by Sumner (2013) in his investigation of exemplars of social justice. Peer nomination has been used in the selection process for much of the research on master therapists (Jennings & Skovholt, 2016). After receiving approval from the University of Minnesota Institutional Review Board, the principal investigator consulted with a professional contact, a licensed psychologist who works in a university counseling center and has a reputation for commitment to LGBT issues, for recommendations on key informants. The psychologist identified five initial informants who were considered skilled therapists and supervisors in the university counseling setting with a strong background in LGBT-affirmative work. This consulting psychologist was later nominated 11 times – the most nominations anyone received – and also participated in the study.

To begin the nomination process, the principal investigator contacted each of the five initial informants by email (Appendix A) to request that he or she nominate five doctoral-level counseling or clinical psychologists who met these criteria: (a) practice in the state of Minnesota, (b) have worked in a college or university counseling center for at least one year post-degree, and (c) are highly skilled in LGBT-affirmative counseling.

LGBT-affirmative counseling was defined as assisting LGBT individuals in (1) understanding and accepting their sexual orientation or gender identity as a natural part of themselves, (2) forming a positive sense of identity, and (3) developing strategies for coping adaptively with the impact of negative social attitudes, prejudice, and discrimination (adapted from Garnets, 2007). The email requesting nominations also asked that the recipient provide an email address for each nominee. All five initial informants responded to the email; four provided nominations and one declined to nominate because he felt less familiar with the work of psychologists in university settings after moving his practice to a different setting. The principal investigator was satisfied with the number of nominations received and decided not to replace this initial informant.

Next, the principal investigator contacted nominees by email to inform them of their nomination, provide the study information described above, and request that they nominate five individuals using the criteria stated above. When a nominee did not respond to the initial email, the principal investigator sent one follow-up email inviting participation before respectfully ending attempts at contact. The nomination process lasted for two months until the principal investigator, in consultation with her advisor and in consideration of sample size recommendations for qualitative methodology (Hill et al., 1997), concluded that a sufficient sample had been obtained (see below).

A total of 39 psychologists were nominated. Three people who were nominated did not meet the study criteria of having worked in a college or university counseling center for at least one year post-degree, two people had moved out of state and no longer practiced in Minnesota, and one person was eliminated because emails resulted in "failed

delivery" messages and the principal investigator was unable to successfully make contact. Of the 33 remaining eligible nominees, 23 replied to the request that they nominate others. This is a 70% response rate. This response rate includes four of the five initial informants who were later nominated by others. It is noteworthy that these are the four key informants who provided nominations, which suggests that those who participated in initially nominating others are well regarded in the university counseling community for LGBT-affirmative work.

The following describes the outcome of the nomination process. Of the 39 nominees, 21 were nominated two or more times (53.8%). A total of 12 psychologists were nominated three or more times (30.8%). Nine psychologists were nominated four or more times (23.1%) and six were nominated five or more times (15.4%). Four psychologists were nominated six or more times (10.3%), with one receiving six nominations, one receiving seven nominations, one receiving nine nominations, and one receiving 11 nominations.

In consultation with her advisor, the principal investigator decided that three nominations would be a convenient cutoff for interview selection. Psychologists who were nominated three or more times were asked to complete a 60-minute in-person interview regarding their counseling practice with LGBT-identified college students. Twelve psychologists received three or more nominations and, notably, all 12 of them agreed to be interviewed. Hill and colleagues (1997) recommend samples of 8-15 participants for qualitative research, so the principal investigator and her advisor judged 12 participants to be a sufficient sample size to reach data saturation, particularly given the relatively homogeneous sample of psychologists who work or have worked in

university counseling centers and practice in Minnesota. After the psychologists agreed to participate in an interview, the principal investigator communicated with them through email to schedule the interview and provided the interview protocol for them to review in advance.

Interview sample characteristics. All twelve interview participants were licensed doctoral-level counseling psychologists; four held a Psy.D. (33.3%) and eight held a Ph.D. (66.7%). Total years of post-doctorate clinical experience ranged from four to 28, with a mean of 14.1 years. For their college or university work setting, seven participants worked at private, religiously-affiliated institutions (58.3%), four worked at public, independent/secular institutions (33.3%), and one worked at a private, independent/secular institution (8.3%). Seven described their primary theoretical orientation as integrative (58.3%), two as feminist or feminist/solution-focused (16.7%), one as narrative (8.3%), one as humanistic (8.3%), and one as existential/relational-cultural (8.3%). Participant age ranged from 33 to 64 years, with a mean of 49.7 years. Seven identified as female (58.3%) and five identified as male (41.7%). Nine participants identified as White/European American (75%) and three identified as more than one race/ethnicity (25%). Two participants identified as gay (16.7%), one identified as bisexual (8.3%), three identified as lesbian (25%), and six identified as heterosexual (50%).

Materials

Demographic form. Participants responded to a demographic questionnaire (Appendix C) that assessed age, sex, sexual orientation, race/ethnicity, highest degree completed, professional title, years of clinical practice, and theoretical orientation.

Semi-structured interview. The principal investigator developed a semi-structured interview protocol for this study (Appendix D) based on a review of existing literature and in consultation with the principal investigator's advisor. The use of open-ended questions in a semi-structured format allowed for the collection of consistent data across individuals as well as a more in-depth examination of individual experiences (Hill et al., 1997). The protocol was designed to encourage participants to provide examples.

Procedures

Piloting the protocol. In order to prepare for the qualitative interviews, the principal investigator completed pilot interviews with a doctoral candidate in counseling psychology on internship at a university counseling center and a counseling psychologist who works in a university counseling center. Both interviewees noted interest in and experience with counseling LGBT clients. The purpose of these interviews was to practice using the interview protocol and refine the interview questions. The interviews were audio-recorded and designed to replicate the planned research interviews as closely as possible. The results of the pilot interviews were not included in the analysis.

Data collection. All interviews were conducted within a three-month period. The interviews were held in each participant's private office and the average length was 56 minutes. Prior to starting the interview, the principal investigator discussed the purpose and voluntary nature of the study, offered an opportunity for participants to ask questions, and gave participants an informed consent document to review and keep for future reference (Appendix B). The principal investigator, a doctoral candidate in counseling psychology with several years of experience in mental health interviewing, conducted all of the interviews for consistency. Interviews were audio-recorded. Audio files were

preserved until the data analysis was completed and were subsequently deleted. The principal investigator transcribed the audio files verbatim and checked the transcripts for accuracy against the audio files. Identifying information was removed from the transcripts and participants were assigned code numbers to protect confidentiality.

Data Analysis

The research team observed the principles of Consensual Qualitative Research (Hill, Thompson, & Williams, 1997; Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005; Hill et al., 2012). This methodology involves several judges to foster multiple perspectives; the use of a consensus process to arrive at judgments about the meaning of the data; and domains, core ideas, and cross-analyses in the data analysis. Additionally, they recommend having at least one auditor to check the work of the primary team of judges and minimize the effects of groupthink in the primary team.

To begin the process, domains were generated directly from the interview data by reviewing transcripts. Hill et al. (2005) expressed a preference for domains generated from the data rather than from the literature or interview protocol, as this requires researchers to examine the data rather than relying on their preconceived ideas. All three members of the research team independently reviewed three transcripts in detail to identify meaningful and unique topic areas included in the interviews. The team met to share global impressions, discuss broad themes identified in the transcripts, and come to consensus about the meaning of any unclear concepts. Based on this work, the team created an initial codebook to use in dividing the interview data into domains. Each team member then individually coded two transcripts, and the team met again to reach consensus about domain assignments and to revise the initial domain list. Following this

meeting, the remaining transcripts were split between two of the research team members, with each member coding five additional transcripts. The principal investigator coded all 10 of the remaining transcripts.

In analyzing the data, the research team followed these steps as recommended by Hill et al. (2005): (1) independently coded conceptually distinct statements from the interview transcripts into domains; (2) constructed core ideas within each domain that briefly summarized participants' responses; and (3) aggregated core ideas across cases into categories during cross-analysis. After each step, the research team members met to compare domain, core idea, and category assignments and to discuss these to achieve consensus. The auditor reviewed domains, core ideas, and categories. The auditor's suggested revisions were then discussed by the team, who reached consensus regarding any changes to the analysis. The final step involved determining the representativeness of the categories to the sample by examining the number of participants included in each category. Following the guidelines described by Hill et al. (2005), the results were given frequency labels of general, typical, and variant. Descriptive statistics, including frequencies and means, were calculated for participant demographic characteristics.

Chapter 4: Results

Introduction

This chapter presents the domains and categories generated in the qualitative analysis. A total of seven domains and 48 categories were identified. Following Hill et al.'s (2005) revised guidelines, categories that applied to all or all but one of the cases were considered to be *general*; those that applied to more than half of the cases up to the cutoff for general were described as *typical*; and those that applied to two or more cases up to the cutoff for typical were called *variant*. Findings that emerged from single cases were placed into a miscellaneous/other category and not reported in the data analysis. The results are reported below by research question, with domains and categories described and participants' verbatim quotations included to provide illustrative examples. Occasionally minor editing changes were made to participants' quotations to increase clarity. Figure 1 summarizes the domains and categories under each research question to provide a comprehensive view of the results.

Research question 1: What characterizes highly skilled LGBT-affirmative counseling in a college or university setting?

DOMAIN A: Characteristics of LGBT-Affirmative Psychologists

The first domain addresses aspects of the psychologists' identity and ways that they bring who they are as a person and therapist to their LGBT-affirmative work. In considering what might help them be effective in counseling LGBT college students, many psychologists described personal attributes or qualities, areas of expertise, and value systems. There were four categories: expertise in LGBT issues; foundation in a

humanistic approach; personal experience with a marginalized identity; and committed to social justice.

Category 1: Expertise in LGBT Issues

Participants generally (*n* = 11 of 12) discussed being knowledgeable in working with LGBT college students and considered it an area of expertise. They spoke of having a strong interest in this area, honing their skills through years of experience providing therapy to this population, and staying informed about current issues in the LGBT community. Participant 1 identified that her experience and expertise helps her practice:

> I consider it an area of expertise. I've had a lot of experience in working with queer clients, so I can pull from that. I've also taken a class in graduate school, always kept up on what's in the literature or being discussed at conferences, what people are recommending, so I bring that knowledge, too. Because I think you can be really open to helping people, but sometimes you really have to know what's happening. And I've been doing it a really long time. I think that really helps, too.

Participant 10 shared a similar sentiment:

> I do a lot of trainings in the community on LGBT sensitivity, LGBT coming out issues, LGBT and eating disorders, LGBT and chemical dependency, so a lot of it is I think the psychoeducation piece. I think to do that, you have to stay current on what's going on in the LGBT community. I think that's also a part of it. When I think about making referrals, I think about who have I heard speak about working well with this population. Sometimes we don't get to see our colleagues work with clients, so we get to know them through seeing them in trainings and how they talk about their work. We get an idea of their areas of expertise and interest.

Participant 11 described how being effective on a religiously-affiliated campus involves being informed both about LGBT topics generally and about specific LGBT faith issues:

> It's important for us to be informed and knowledgeable and up on the the science and training in this area. We need to know what the research says and what's in the literature. And because of where I work, it's also knowing what [religious affiliation] teaches at least as well as the students do, really staying on top of that. I know the language really well. I think part of that also is presenting as an informed person they can trust in terms of faith issues, so that when I weigh in on GLBT issues, I have a little more credibility.

Category 2: Foundation in a Humanistic Approach

Participants generally (*n* = 11 of 12) identified that personal qualities and relationship building skills, such as a warm presence and authentic engagement, were essential to their affirmative approach. Participant 3 noted how his emphasis on relationship building facilitated the counseling process:

> I think probably the first thing that comes to mind is my relationship building. Coming from a nonjudgmental, affirmative stance that really honors students who are GLBT-identified contributes to people feeling safe and comfortable and willing to really do the work of counseling.

In considering what helps her be effective, Participant 9 shared:

> I try to approach all of my clients with openness, respect, warmth, genuineness, and interest in understanding who they are and their experience.

Similarly, Participant 7 stated:

> On one level, I think some of it's about the things that make me a good therapist in general, so empathy, compassion, warmth, being able to take another person's perspective, and things like that. . . . I also think it's about just being willing to authentically engage and being open to feedback, too, when we don't get it right.

Category 3: Personal Experience with a Marginalized Identity

Participants typically (*n* = 7 of 12) addressed how their own experience of living with a marginalized identity made them more effective with LGBT students, either by providing an opportunity for modeling or by helping them deeply empathize with the experience. Participant 2 described modeling identity integration in her work:

> People know that I identify as lesbian, and what they also see is a high degree of comfort and identity integration. I'm not just coming out. I'm not new to this identity. I've been out since I was 21. I have a high degree of identity integration with it and I'm really comfortable with it. I work at a [religious affiliation] university and I've never been closeted about my identity -- not here and not in previous positions, either. I have a great deal of confidence around that and behave in sort of normal ways. So I think that because I'm like that and have this high degree of identity integration, when students talk to me who are struggling or have real vulnerable feelings around it, I can model comfort. I think what they see

from me is confidence of self, confidence with the language, and confidence asking the sort of questions they might want to ask themselves.

Participant 10 expressed a similar sentiment:

> I think partly it's that I am open in terms of my sexual orientation and that I'm a lesbian psychologist. I think there's kind of a shared experience piece of working with the LGBT population, that sense of kind of knowing, ranging from the coming out process to the day-to-day experience of being an out person. So I think just considering myself an out professional, so that is stated up front with clients, there's some authenticity with that. And I think colleagues know then, too, that I'm somebody who is willing to be named and to have that as part of my identity and part of my practice.

Participant 7 reflected on how his experience as a person of color informs his work and gives him a basis for understanding oppression:

> I think another part of it might be that I'm pretty good at generalizing or sort of transferring learning from my own experience as a person of color and some of my own experiences with oppression around racial discrimination and to be able to use that as a foundation for taking other perspectives. That's not to say that racism and the dynamics of racial oppression are exactly the same as the dynamics of homophobia or the kinds of oppression that LGBT individuals experience, but I think being able to use one's own personal experience as a basis for deeply empathizing and trying to put yourself in the other person's shoes really informs a lot of my work with people who have some kind of marginalized identity.

Category 4: Committed to Social Justice

Participants typically (*n* = 8 of 12) discussed that LGBT-affirmative counseling is consistent with their personal values and dedication to social justice. Participant 8 shared:

> I think this is just such a strong value for me in my personal life that it feels natural to focus on it in my work. That feels integrated for me.

Participant 4 further elaborated on his investment in social justice work and how it impacts him personally:

> I think it's about the social justice work and the advocacy, and I think that's an essential part of the work. I feel like I'm maybe trying to explain or apologize, but I'm not. That is an essential, key piece of being a psychologist. And you know, it would be inaccurate to say it wasn't also for me. While it didn't apply to me in

> terms of my sexual orientation or gender identity, there's no way I would have done this if there wasn't a benefit to me. I don't know how to put this into words, but the absence of social justice hurts me, as an individual person. So having an opportunity to work and act in a way that would help grow some of those seeds was for me, too, and for my staff of prac students.

Participant 7 stated a similar perspective:

> And I think there's kind of a political component to that, too, for me. There's sort of a solidarity that your cause is my cause in the sense that we're stronger together. If I'm going to step up as an ally for someone in the community, then maybe they will reciprocate. Not in sort of a quid-pro-quo way or that I expect that someone is indebted to me, but more just broadly in a karmic or social contract kind of way. I think if people are part of communities that care about social justice, then there is that sense of "we're all in this together." And I don't think that's always overtly discussed in the work that I'm doing with clients, but I feel like there's an undercurrent of that. It's implied. I think based on how I orient to the students that I'm working with and just being really unapologetically supportive and as understanding as I know how to be, I think some of that comes across.

DOMAIN B: LGBT-Affirmative Conceptualizations

The second domain focuses on the perspectives, theories, and understandings involved in highly skilled LGBT-affirmative counseling in a college or university setting. There were nine categories: use a developmental lens; use a feminist lens; consider influence of LGBT identity without assuming connection to presenting issue(s); examine impact of internalized homophobia and discrimination; attention to common struggles; recognize generational differences in lived experience; recognize intersectionality of marginalized identities; recognize fluidity and impact of labels; and awareness of their own privilege, biases, and limitations.

Category 5: Use a Developmental Lens

Participants typically (*n* = 9 of 12) described using both sexual identity and college student development models in their conceptualizations of clients. Participant 9

discussed considering how LGBT identity might play out in the college student context and developmental issues specific to that stage of life:

> I think we thought very holistically about the impact of identity on people's lived experiences in the community we were in. So some of the conversations we had among our staff were how does this impact a college student, what does this mean at this stage of their life to be exploring this, how does it impact them in their college experience or their career development experience? Some of the things I think students might come in with, like, can I go this path? Can I be out at work? How do I negotiate that in an interview? What do I do when I'm the classroom and people say things that are hurtful or microaggressions? So I think having an awareness of the intersection between identity and that development stage is another piece.

Participant 11 expressed a similar perspective:

> Working in this setting, there's a lot I have learned about typical college student developmental issues, so it's understanding all of that and then seeing how sexual identity development intersects with some of that or might have some different nuances. And as their independence continues to increase, how does that affect how they know themselves on lots of different variables, but particularly around identity, sexuality, gender?

Participant 10 noted how developmental stages might impact what an LGBT student needs in terms of community and support:

> And understanding developmental trajectories and how they change with the coming out process. Part of that developmental process is "I want people like me." That's where the idea of safe space came. Obviously, of course, also to have a place where you can be open and not be discriminated against, but it was also that sense of about halfway through the coming out process in the identity developmental model is "I want to be around people like me." I think now with college students, some may come to college a little more integrated, not as much internal conflict, so they want to be around lots of different kinds of people. They want to feel like they have the opportunity to feel connected to their own identity and often that's in doing some policy work or some advocacy work on campus, or doing student volunteering with [LGBT programming office]. But they also want to understand their counterparts and be part of the heteronormative community, too, in a way that says, "I'm me and you're you." That is a lot more prevalent.

Category 6: Use a Feminist Lens

A variant number of participants (*n* = 4 of 12) identified as feminist psychologists or discussed how a feminist perspective impacted their attunement to issues of power and oppression in their work with LGBT students. Participant 5 shared:

> I think some of that is about a feminist perspective and feminist approach to therapy. That model is more egalitarian in the sense that it's not like I'm an expert.

Participant 8 described how a feminist lens inherently focuses on context in understanding what clients are experiencing:

> I think coming from a feminist perspective helps me think about things from a really contextual perspective, so it's really natural for me to think about how power and oppression work out in people's lives. It's natural for me to think about how discrimination and homophobia and internalized homophobia influence people's lives and their wellbeing.

Category 7: Consider Influence of LGBT Identity Without Assuming Connection to Presenting Issue(s)

Participants generally (*n* =12 of 12) noted the importance of recognizing that LGBT students come to counseling for issues unrelated to their identity, and they cautioned against pathologizing their identity or automatically making it the primary focus of counseling. However, they also discussed tuning into how experiences related to their identity may be involved. Participant 6 shared a way of conceptualizing presenting concerns:

> There's always sort of this dichotomy, like, some of the concerns are just the same as everybody else's, and some of them are not. There's a Venn diagram, you know [laughter]. So all of these things could be very connected to their LGBT identity, or they could be part of the fabric of people's lives regardless. So it’s not to make assumptions either way, but stay tuned in and pay attention to what the student is presenting. Let's not over-focus, but let's also be aware that LGBT identity may be involved.

Participant 4 also emphasized following what a student brings in:

> My experience is the sexual orientation or gender identity piece is often not the only thing they wanted to work on, or maybe not at all what they wanted to work on. It might be "I've got a problem with my roommate" or "my mom just died," and they're here to work on that. Keeping a softly attuned ear to what may be going on for them without jumping to conclusions -- without thinking, like, "this has gotta be something we have to work on" -- but actually, like how we do as therapists with anything clients are working on, really following what they're bringing.

Participant 10 noted that being LGBT may be a positive aspect of their identity and advised against over-identifying this as a therapeutic issue:

> So I can talk about considering the effects of bullying and discrimination, but I also want to be really clear that LGBT people show up in counseling for the same reasons that we all do -- grief and loss, academic performance concerns, roommate conflicts that may or may not have anything to do with that part of their identity. So when I do trainings on this, I always say to be very careful about over-identification of this as a therapeutic issue. Maybe being LGBT is a source of pride and doesn't really create distress on a day-to-day basis. Not that long ago, we really looked at, "oh, you're gay or lesbian, what is *that* like for you?" We have to be really cautious that the strides we have made, although we haven't made them in all the ways we hope to at the end of this marathon, but they do create a safer space for this not to always be a therapeutic issue.

Category 8: Examine Impact of Internalized Homophobia and Discrimination

In their conceptualization, participants generally (n =12 of 12) discussed considering how internalized homophobia and experiences of discrimination might be affecting LGBT students. Participant 1 shared how this informs her therapeutic lens:

> Now, I really see the issues that a lot of queer students are facing as more related to homophobia and internalized homophobia than the issue that they're GLBT. So that's kind of the lens that I use when I'm working with a student, like how is homophobia affecting this student? How have they internalized homophobia -- because we all have -- and how is that affecting what they're dealing with and bringing to me?

Similarly, Participant 3 described the need for psychologists to understand the impact of stigma:

> I think that we have to first of all recognize that LGBT students have a unique set of issues that heterosexual students are not dealing with, and one of those is

> growing up in a culture of stigma and having to manage that stigma pretty much as soon as they become aware of their sexual or gender identity being different from the mainstream. So one of the first things psychologists need is awareness and understanding of that.

Participant 5 discussed understanding how reactions to present events may be connected to homophobic messages students have stored:

> I feel like I have to undue years and years of messages, both explicit and implicit, that there's something wrong with them. And I have to examine how that influences their reactions to things. Sometimes I feel like it's not so much what happens, but what it opens up for people. So when they feel wounded, maybe it's hard for a student to say, "That's just somebody's careless words and I'm just going to move on." But that's probably because those careless words open up connections to all the stuff they stored from family and friends and things they've said about themselves.

Participant 7 highlighted the importance of context in conceptualizing presenting concerns and assessing symptoms:

> Because of how homophobia plays out, there can be implications for support systems and the coping strategies students have developed. For example, substance abuse is a problem in queer communities to a greater extent than with straight-identified students as a coping mechanism. So if I'm working with a student around substance abuse issues, some of that conversation is probably going to be the same as if I'm working with a straight-identified student presenting that way, but I'm also trying to look at context and understanding how did some of this arise. So if this is a coping mechanism, maybe some of what that individual is trying to cope with is living in a culture that's oppressive. So context, I think, is really important. Homophobia can be a contributing factor to the presenting concern, whether that's depression or anxiety or whatever. So to not just focus on a straight-up DSM process of assessing symptoms in a generic way, but really getting at the particulars of that person's social experience and context.

Category 9: Attention to Common Struggles

Participants generally (*n* =12 of 12) discussed listening for and understanding common challenges or experiences LGBT students may bring to counseling, including family issues, relationships, coming out, and conflicts with faith or other cultural

identities. Participants 9 and 6, respectively, spoke of understanding social experiences and relationships:

> Managing relationships within the campus LGBT community is another one; that's a small community and it's actually been a really common thing that has come up. I think because it is small and if there's conflict, people get really anxious about what that might mean for them if they aren't part of that. If they need to step away or are ostracized in some way, they're looking at a great loss of support. So it's important for us to understand those dynamics.

> Relationship issues, dating, roommate concerns, social groups and social isolation – those are all big ones, and they can be really impacted by identity. Those are common issues that really influence their experience, so it’s coming with an understanding of that.

In his work with transgender clients, Participant 3 shared how he understands family reactions:

> What I've found with the transgender clients that I've seen is that they're typically very clear about their identity and the issues are more about families and how families are reacting to their identity. Families go through a grieving process, I think, and sometimes feel they are losing their son or daughter because that person is becoming the other gender or is the other gender and is finally expressing that.

Many participants emphasized the importance of recognizing conflicts students may experience between their LGBT identity and other religious or cultural identities. Participants 12 and 9, respectively, described how they conceptualize these conflicts:

> I definitely see LGBT students navigating faith and sexuality. That's very challenging and often painful for many students here. For some with strong [religion] identities, especially if it's ego-dystonic, they typically have a quite rigid view about what [religion] means and means for them. They will not call somebody LGBT; it's same-sex attraction because those other names are lifestyles. So understanding and paying attention to the conflicts it may raise with their faith, especially at a [religious affiliation] university, that’s important.

> I also try to recognize what the intersection of culture and sexual orientation can bring up for people, so wrestling with what it means within their cultural community and in their particular family. Having to choose between communities is really painful for people, feeling like I either have to be this or that, versus how can I be both and be accepted in both places. I think the things I've seen be the

> most painful have been religion, different religious faiths that may be associated with culture or may not be, and for some, it's actually the culture. There have been a few situations where it's really, really harsh, where students are really trying to decide do they have to completely leave their family. And then some are not safe in their families -- that's the other thing. If they are open about who they are, they would not be safe in their family. They would probably be victims of some kind of violence at home. In those situations, I think about domestic violence models. If someone is staying in a relationship that is violent or potentially violent, what are the things that you would do to try to help them with that if they're wanting to be there?

Category 10: Recognize Generational Differences in Lived Experience

A variant number of participants (*n* = 5 of 12) mentioned the need to consider that current LGBT college students experience a different social and cultural context than they or others did in previous decades. Participant 6 explained:

> Another thing I think about is really striving to meet the APA practice guidelines. One thing that's in there I really think about with college student is attending to cohort and age differences. Probably psychologists in university counseling centers do that better than a lot of practitioners, but there are real differences among staff psychologists who may have come out in 1980 and students who are coming out now, just as an example. I think it's really important to attend to what those differences might be. Some of the issues or the challenges they're facing culturally might change, the terminology might change, and so on.

Participant 2 also shared:

> But my lived experience right now as a middle-aged female is not the lived experience of a 20-year-old African American or Hispanic or even White gay dude. It's a different experience. I don't even have the same lived experience of current 18-year-old lesbian or bisexual students. When I was younger my lived experience was more similar, but as I get older and I'm in college counseling, there's more of an age gap with my clients. I have less overlap and less familiarity with their lived experience because of the generational differences. Kids coming out now, I mean, it's very different from when I came out in 1975.

Category 11: Recognize Intersectionality of Marginalized Identities

Participants typically (*n* = 8 of 12) discussed awareness of how access to different forms of privilege or living with multiple marginalized identities influences LGBT students' experience. Participant 9 stated:

> One of the things I've thought about that I haven't heard many students talk explicitly about is white LGBT students' privilege and how that intersects. I haven't had students of color talking as much about that, but when I have students from cultures where that's not as accepted, it's certainly something I think about. That's a different experience for a student. The primary narrative that's out there is the white LGBT experience, and we know that multiple experiences of marginalization or intersecting marginalized identities are going to be complex. That's not to take away from anyone's experience as an LGBT-identified student, but I do think students with multiple layers can have a different experience.

Participant 3 addressed how intersectionality can impact his work with LGBT international students:

> We're also seeing more international students who did not grow up in the United States who identify as GLBT and that's more complicated because the cultures they grow up in are typically much less accepting of the identity than even American society. Some of the students that I've met have talked about, "I can be myself here and I can't be myself back home." And then they're facing maybe having to go home after graduation, and some of them are really desperate to stay here. So multiple layers of identity can be involved.

Category 12: Recognize Fluidity and Impact of Labels

A variant number of participants (*n* = 5 of 12) described thinking about the fluidity of identity and whether or when labels are helpful. Some discussed students finding it limiting to define themselves with a discrete label or category, while others noted that students experiencing conflict about their identity may distance themselves from labels altogether. Participant 5 shared:

> People are coming out at younger ages and being more open about it, but I think sexual fluidity can be even greater at that young age. So if somebody came out at a young age and already has this identity built up around that, but then gets older and starts wondering if their sexuality is more fluid or if they don't really fit in the gay box, either, that gets complicated for them sometimes. Or maybe even getting away from these labels would be a good thing. I think a challenging part is the labels and whether they really address the fluidity. There seems to be a need for identity and affinity, but at the same time, it's very fluid.

Participant 6 expressed a similar sentiment:

> There's so much more fluidity right now among young people and how they think of sexuality and gender, and how they talk about it, and how they perceive their own identity and that of other people.

Participant 12 explained the meaning of terminology and labels for some very religious clients:

> They wouldn't say, "I think I'm gay." It's same-sex attraction. It would be incredibly frightening for them to consider it an identity. In their minds, attraction might be transient, so maybe I can change it if I pray enough and go to counseling.

Category 13: Awareness of Their Own Privilege, Biases, and Limitations

Participants typically (*n* = 7 of 12) addressed recognizing their own privileged identities and the limits to their understanding of clients' experiences. In addition, some described acknowledging biases, prejudices, or blindspots they carry. Participant 5 shared:

> I have to be careful not to let my identity and experience cloud their individual experience. Just because they identify as gay or lesbian doesn't mean they don't have to tell me anything because I know what that's all about [laughter]. This is where using my personal database is really helpful, but at the same time it's limiting.

Participants 8 and 11, respectively, spoke of staying mindful of their own privilege:

> And there's an important difference for me as someone who is straight-identified. There's a lot of privilege. I know as a heterosexual woman that there's parts of it that I don't get, but I try to.

> I pay particular attention and sensitivity to the fact that nobody is going to beat me up or kill me because I'm a heterosexual man. For folks with same-sex attractions and people with trans identities, it's a very different reality. So really acknowledging that reality and exploring that with them as well, and naming the injustice of it. I ask them what it's like to live in a world where they have to deal with that.

Participant 7 discussed recognizing that nobody is completely free of prejudice:

> It's important to recognize that we all have our stuff to be working on. Even those of us who have really made some concerted effort to be more aware and affirming

> of people who are culturally different from us, we still carry our own implicit biases. We've been raised in a culture where there is still a lot of discrimination and oppression, and to pretend that you've somehow transcended all of that is naive.

DOMAIN C: LGBT-Affirmative Interventions

The third domain includes the approaches and interventions highly skilled LGBT-affirmative psychologists use to enhance a client's movement toward the goals of therapy and increased wellbeing. There were 10 categories: connect clients to a supportive community; directly name external and internalized homophobia; provide support and validation; process spiritual concerns within professional competency; self-disclose about personal identity, experiences, and/or reactions; empower clients to make choices and respond to discrimination; provide psychoeducation about LGBT identities and intimacy; build self-advocacy skills; increase self-acceptance and/or identity integration; and identify sources and manifestations of internalized homophobia.

Category 14: Connect Clients to a Supportive Community

Participants generally (*n* = 11 of 12) discussed the importance of helping students figure out where they can get support and build safe, affirming relationships. On a religious campus that did not allow programming or public support for LGBT students, Participant 4 described identifying sources of support off-campus:

> So one of the things we did [in an interdepartmental staff/faculty group] was figure out that if help and allegiance and support were not openly available on campus, we could connect students with where that's available in the surrounding community.

Participants 1 and 9, respectively, acknowledged the limits of counseling support and emphasized helping clients build an affirming community outside of counseling:

> The biggest thing is knowing resources where clients can go and feel a sense of community. It just helps them in so many aspects of their identity when they build

> the connections they need. I think that's where clients really do their work, especially around identity development. I'm not negating the work that I do, but ultimately at the end of the hour they get up and head out there again. So where can they go to grab lunch?
>
> But I think knowing where students can find community is maybe the most important, because ultimately I am not the best person to support them long-term. My job is to connect them with community beyond me.

Participant 5 noted how building connections can show students how being LGBT connects you to a special community:

> I think connecting with a positive community does so much. The bottom line I tell students is you're not alone, nor should you be alone or remain alone. That's kind of my main thing. Go out and meet people, have fun, and go see the diversity in this community. ... You're in a special group of people and that can be a pretty sweet thing. This is not only tolerable; it can actually be wonderful.

Lastly, Participant 3 captured the meaning of this category with the following:

> I address the emotional piece of how has this affected you and how can you heal from that. Part of that is treating ourselves with kindness and respect, and that's why we need allies so much. We heal ourselves in community with other people. Other people can play an important role in affirming us when we're feeling that need for support and love, so it's working to identify who is your community. We're born into families, and those are our biological families, but there are families by choice, also. You can choose the people who really affirm who you are and accept who you are and love who you are.

Category 15: Directly Name External and Internalized Homophobia

A variant number of participants (*n* = 6 of 12) described explicitly identifying experiences as being related to homophobia in an effort to communicate understanding or help students make external attributions. Participants 2 explained:

> With campus climate, it's also about helping them see this isn't a problem with them. The problem is the negative attitudes or the discrimination. So it's about naming who has the problem here, and it's not them. They can sometimes feel unprotected by the college, so I think it's important to name it and acknowledge it even if they don't.

Participant 9 expressed a similar sentiment:

> I also would say that I would name it right away as discrimination or whatever it was – hatred, prejudice, whatever word is the right word for it. I think having them hear it from me that I see it that way is important.

Participant 1 provided this illustration:

> I talk with students right away about externalizing the stress as being related to homophobia. So it's not uncommon for a student to come in and say, "My issue is that I'm gay and it's not okay in my family to be gay." And I'll say, "Well, maybe it's not because you're gay; it's because you're in a homophobic family."

Category 16: Provide Support and Validation

Participants expressed the importance of letting LGBT students know they support them and want to understand their experience. Three subcategories emerged related to providing support and validation: create a safe and welcoming space; affirm feelings and experiences; and explore their individual experiences as a minority.

Subcategory 16a: Create a Safe and Welcoming Space. A variant number of participants (*n* = 6 of 12) emphasized communicating support and acceptance through a warm presence and physical space. For example, some mentioned providing LGBT-friendly reading material, literature, and resources in the waiting room and in their personal office. Participant 7 spoke of conveying safety in initial meetings through using a client's preferred name and asking about whether they're dating (rather than resorting to heteronormative assumptions, e.g, asking if a male client has a girlfriend). He also described being intentional about providing a warm, welcoming presence and highlighted the idea of radical hospitality:

> For me, the notion of radical hospitality is that when people have been part of a marginalized community where there is this question going into an unfamiliar space about "Am I going to be recognized here? Am I going to be welcome here?", it's going the extra mile to convey to members of that group that yes, you are welcome here. That can be really important. It's placing the onus on the host rather than the guest, so the guest doesn't have to force their way into a space, but they're already being welcomed in. I think that happens for many people in

> marginalized cultures; they're left with sort of an ambiguity about whether they're welcome. So to me, radical hospitality is about even just a warm greeting, a welcoming handshake, whatever that might be, but really trying to create a warm and welcoming presence. And there's this sort of balance because I hope I'm greeting all of my clients warmly, but I think I'm just a little more mindful if I'm anticipating that this person is from a group that has been historically marginalized. I maybe make an extra effort or try to be particularly attuned to the possibility that this person might take a little bit longer to warm up or to feel safe here.

Participants 2 and 4, respectively, spoke of how they try to communicate safety and make their office welcoming for LGBT students on a religiously-affiliated campus:

> We need to be welcoming. We need to be a safe place for students to explore sexual identity or gender identity, and a safe place for students to be an LGBT person who comes in to talk about something else. We need to let them know this is a place they can find support on campus. This office is safe. Sometimes they might make the assumption that we won't be supportive or they might wonder about it, so we have to be clear that everything they tell us is confidential and that this is a safe place to talk about that. And I also have to convey that I myself don't have biases or judgments about that.
>
> So the first thing was making a bubble on campus that could be safe, and that's here at the counseling center. Even if you have the experience of being marginalized everywhere else on campus, know that isn't true here. You are welcome here. And if your eye needed to see a pink triangle to know that you were safe, you would have seen them in the office.

Participant 3 provided this succinct summary:

> I try to be as welcoming as I can to help them feel like there is a place for them here.

Subcategory 16b: Affirm Feelings and Experiences. Participants typically (n = 8 of 12) shared that they directly acknowledge the legitimacy of students' feelings and experiences, offer empathy and compassion, and take time to fully explore those feelings and experiences. Participants 7 and 8, respectively, stated:

> I think it's being able to validate and honor experiences. I try to be very affirming of their feelings, and to just offer a lot of care and empathy around that.

> I don't want to minimize the difficulty or the pain of what they're experiencing in any way. I think there can be a desire to move to the solutions or go to that place more quickly, but I think staying in it gives them a chance to feel less alone and to feel understood. I think that's something that I try to do.

Participant 6 described affirming students' feelings and experiences about the campus climate for LGBT students:

> I think it's starting with the stance that if they're feeling the campus climate is unwelcome, those feelings and experiences are valid, no matter what your experience has been or what other students' experiences have been. So it's providing a lot of validation and reflection and empathy and compassion.

Subcategory 16c: Explore Clients' Individual Experiences as a Minority. A variant number of participants (*n* = 5 of 12) talked specifically about asking open questions to explore students' experience as a minority on campus. They discussed how in addition to gathering important information, this can reflect some awareness and sensitivity to students' experience. Participants 2 and 11, respectively, both spoke of directly asking about LGBT students' experience on a religious campus:

> It's about being sensitive to the experience and asking questions of the client. One of the things I often say with students who are LGBT is: "What is it like for you to be on campus?"

> I explore it on multiple levels. What are the day-to-day microaggressions they experience? What are the relational dynamics they experience? How does that impact their student experience? What is it like to be at a [religious affiliation] institution that is sometimes unsupportive or even hostile?

Category 17: Process Spiritual Concerns Within Professional Competency

A variant number of participants (*n* = 6 of 12) discussed helping LGBT students examine questions of faith related to their identity, working to resolve perceived conflicts, and connecting them to resources and referrals as needed. Participant 2 shared:

> It's helping them discern what about their religious faith can they hold on to and what do they need to let go in order to live a complete life.

Participant 11 uses his knowledge of scripture and science to help students explore their faith and identity, and, when appropriate, he refers the student to a spiritual director he trusts will be affirming:

> Here's what scripture says, here's what the science says, here's the stuff that's probably politically-driven, and what do you do with all of that? We talk about it. I say, this is ultimately between you and God. … I can quote this stuff and refer to specific passages that are sometimes helpful for students. Of course, sometimes this moves in a spiritual direction or has a spiritual component that is beyond what I do as a psychologist. So I want to get them to good spiritual directors, but I also want to be very careful about that.

Category 18: Self-Disclose About Personal Identity, Experiences, and/or Reactions

Participants typically (*n* = 7 of 12) described self-disclosing about identifying as LGBT, their own experiences of discrimination and ways of responding, and/or their perspectives about clients' experiences of discrimination. Participant 10 explained:

> And the sad thing is, we're not at a place culturally in our country where they're not going to bump up against this. So again, sometimes honesty and authenticity about that helps, too. I will use personal pronouns. I'm usually pretty judicious about my self-disclosure, but with LGBT clients, in some situations, I tend to be far more open. So I will say, in the years I've been out, which has been like 25, I still bump up against discrimination, so I have to learn how to find a voice in it, figure out what to do with my feelings, figure out if there's something I can take forward. And you know, especially for college students, that idea that you can have a career and be out and successful is important. You don't have to do much disclosure for that expect to say I'm an out, lesbian-identified professional.

Participant 5 expressed a similar sentiment:

> I think I put more of myself into it than I would with another client, and I really think that's what they're looking for in a sense, especially in this setting where they're talking to somebody older. It's like, look at me, I have a job, and a life, and I'm not being chased out of town with pitchforks and torches. Even doing the LGBT support group on campus, when I was doing that, I ended up doing more self-disclosure than I would have liked or anticipated, but in the end it was almost inevitable because I think they were looking for some lived experience as an out, adult person. When you're young, you're taught to really fear what that's going to be like. Nobody told me I'd be having fun [laughter].

In response to clients' experiences of discrimination, Participant 8 stated:

> I name the injustice of it and I do some self-disclosure, expressing my perspective that it's not fair.

Category 19: Empower Clients to Make Choices and Respond to Discrimination

All participants spoke of working to empower clients and help them identify effective ways to respond to experiences of discrimination. Specific themes that emerged for how to accomplish this include: strengthen inner voice, understanding of values, and/or sense of agency; identify options and resources on campus; navigate family relationships and reactions; and develop coping strategies and/or safety plans.

Subcategory 19a: Strengthen Inner Voice, Understanding of Values, and/or Sense of Agency. Participants typically (*n* = 7 of 12) described supporting clients in developing internal strength, clarifying their beliefs and priorities, and making their own choices about how to respond to discrimination or negative messages. Participant 9 shared:

> I support them in finding voice or power to do whatever they need to do to take care of themselves, and that might mean walking away or it might mean coming back at it.

Participant 3 provided this illustration:

> So I had a client who talked about a comment his mother made when he was a teenager. He already knew at that point that he was gay, and the comment his mother made was very disparaging against gay people. It just stayed with him and was creating a lot of inner turmoil for him. I think through the work of helping him express his own thoughts and feelings about that comment and other kinds of negative prejudice and discrimination and hatred toward GLBT folks, he was able to strengthen his inner voice. So that's one thing I work on first. Here's what this other person thinks, but what do you think? And we talked about choice. You can choose to use your voice. He may not go to his mom and say something, at least not right away. But he has his beliefs and his own values about what's right and what's wrong, and we work to strengthen them.

Subcategory 19b: Identify Options and Resources on Campus. A variant number of participants (*n* = 6 of 12) discussed talking with students about options for

addressing experiences of discrimination or harassment on campus and helping them understand their resources and communities. Participant 12 shared this approach:

> A lot of it is talking to the student about what would be helpful. Are there things I can do? Are there things they can do? Sometimes they want to do something but don't know what or who to talk to, and I probably do because I know everybody they could possibly talk to here. So I might say, "What have you done so far? What kinds of things would you like to see happen?" I support them in making intentional, informed decisions about that, and then I can connect them with people who can help.

Participant 1 stated:

> If they're being harassed, it's talking through options and letting them know there are places they can go on campus to address that.

Subcategory 19c: Navigate Family Relationships and Reactions. A variant number of participants (*n* = 5 of 12) spoke specifically about helping clients make decisions about how to interact with unsupportive family members. Participant 10 shared:

> It can be helping them determine boundaries. Sadly, sometimes the negative social attitudes and prejudice comes from a family environment, so we talk about how to set boundaries, how to have social support when you go into situations like that, how to shut down conversations that are critical about your sexual orientation, and how to increase your support and connection with people who are open, inclusive, supportive.

Participant 3 also described working with students in challenging family situations:

> We really talk about their options with regard to dealing with their family. Sometimes it's a matter of the student being patient with family members and giving them time. Sometimes it's a matter of distancing from the family for a time – it doesn't mean permanently, but if the negative feedback is really taking a toll on the student and being very difficult for the student, it might be in the student's best interests mentally and emotionally to put some distance there.

Subcategory 19d: Develop Coping Strategies and/or Safety Plans. Participants generally (*n* = 11 of 12) discussed helping clients build ways to manage negative experiences and/or identify specific plans for staying safe. For example, when working with clients who are preparing to come out, Participant 8 explained:

> I definitely feel like I take a very supportive role, but also a very solution-focused or pragmatic role, like, "So what if it doesn't go well? Do you have a safe place to be?" So I'm a little more solution-focused in those situations.

Similarly, Participant 2 described preparing students to return home for break:

> If they go home to a place that's not safe or where they're not out, or if home is a place where they're out and nobody likes it, then how do you help them cope with that and how can they get support around that? It's like, let's develop plans for how you can stay safe and respond if they are rejecting or hurtful.

Participant 5 described encouraging clients to pick their battles:

> I try to help students figure out which battles to pick and how many battles to pick, and that they're not responsible to fight all the battles. They need to think of themselves, too, and take care of themselves. They can't just sacrifice themselves for the community. I try to emphasize the self-care piece and let them know it's okay to be discerning about what they take on. That's a coping skill.

Participant 10 talked about helping clients learn to manage arousal:

> A lot of discrimination is experienced similarly to PTSD. It's doing some of that work on how do you manage activation and arousal when you experience some of these negative and prejudicial experiences and attitudes. There's a lot of fight, flight, freeze that can come up because of that, that sense of having their physical safety or emotional safety compromised in some way. So we work on how to manage that before making a decision and what to do in the situation.

Category 20: Provide Psychoeducation About LGBT Identities and Intimacy.

A variant number of participants (*n* = 6 of 12) mentioned connecting LGBT students with information and resources to increase their self-understanding or educate other people in their lives. Some also cited being open about their commitment to supporting diverse identities with all clients, regardless of sexual orientation or gender identity. They noted that with heterosexual and/or cisgender clients, they can provide information that challenges heterosexism and/or the gender binary. Participant 3 discussed ways literature can be helpful to LGBT students:

> I will often provide students with information from our profession that they can share with family members. Like APA has that "Facts and Myths about Sexual

> Orientation” document, and I think that has been so useful to many of my clients when they can say, "This is what the American Psychological Association has to say about sexual orientation." And then PFLAG has all that literature. I especially like that one from PFLAG about “Is Homosexuality a Sin?" that offers perspectives from many different faith traditions and spiritual leaders. There's also "Read This Before Coming Out to Your Parents.” So those pieces of literature are really helpful for students sometimes.

Participant 5 described educating clients about the complexity of intimacy:

> I think it's important to educate students about intimacy and how complex it really is, and how there are so many different kinds of intimacy that exist between people. In a way it's easier here in a college setting because we're encouraging them to think critically and not in these boxes and dichotomies.

Participant 10 encourages clients to learn about and take pride in LGBT history and culture:

> And in all of this, it's a lot of education. I've told clients to go out and do some reading, look at the history of this culture. Like any other culture, this one has a history. Read about Stonewall, see Milk, go to an exhibit about LGBT history. Learn about why you have pride in your history, too.

Category 21: Build Self-Advocacy Skills

Participants typically (*n* = 8 of 12) described supporting students in making decisions about whether and how to be involved in advocacy. Participant 1 illustrated this with the following:

> How do you advocate for yourself in a way that is not aggressive, not passive, but assertive? So I try to help them build good self-advocacy skills and gain perspective about when and how to use them.

Participant 4 stated:

> There's the advocacy by the psychologist in the system of oppression on campus, but there's also supporting the client in their emergence of self-advocacy as part of enduring and living in a system of oppression. It's bolstering their ability to make change in the areas they exist.

Some also discussed helping students weigh possible consequences of advocacy on a religiously-affiliated campus, such as Participants 11 and 12, respectively:

> When and how might they want to advocate or engage publicly, and how does that help and what might that cost them? And what will it mean for them to stay quiet? What is the impact there?
>
> I help students build self-advocacy skills and consider what they want to do in response to their experiences, but we do talk through those decisions and the potential positive and negative consequences. The actions they can take may feel limited on a religious campus like this unless they're able and willing to make the environment even more hostile to them.

Category 22: Increase Self-Acceptance and/or Identity Integration

Participants typically (*n* = 7 of 12) described helping clients build self-acceptance and integrate their LGBT identity with other aspects of self. Participants 9 and 12, respectively, explained:

> We focus on self-acceptance. Acceptance and looking at whether we can work towards integrating these parts of their identities, if that's a possible goal.
>
> Whenever possible, I try to work on helping them integrate these parts of themselves that seem in conflict. Are there ways they can fit together?

Participant 10 emphasized not limiting identity integration work to times of crisis:

> I think identity integration is always helpful. Your sexual orientation or gender identity may not seem like it's related to your academics or how you choose your profession, but you just don't know. So let's look at all parts, all the time; it's not just talking about your identity when you're in a relationship or you're coming out. Sometimes we think about talking about LGBT identity at critical points – you're coming out, you've been bullied, you've experienced discrimination, so let's talk about this part of your identity and really open it up and explore how you feel about it – and my thought is, it's mostly something to be proud of, as all parts of our identity are, so let's open it up when it's not a point of crisis.

Category 23: Identify Sources and Manifestations of Internalized Homophobia

Participants typically (*n* = 8 of 12) discussed addressing both what causes internalized homophobia and ways it might be expressed. Participants 2 and 3, respectively, shared:

> Then there are the LGBT students who are struggling with this part of their identity. They don't like it, and so then there's drinking and drugs, anxiety,

> depression, all kinds of different things, and then you have to deal with that, find the source of that, try to alleviate the shame and the self-hatred and the internalized homophobia, as well as treat the manifestations of that, too.
>
> And with internalized homophobia, I focus a lot on working through the shame they have absorbed and identifying where that comes from for them. Then we're also working on how that shame may be presenting in their lives – we see increased substance use, eating concerns, abusive relationships, depression, anxiety, all of that – and addressing those manifestations.

Participant 10 described both the overt and covert manifestations of internalized homophobia:

> And in all this, it's a constant assessment of the internalized homophobia and the messages they've absorbed. And some of that's a lot of education. It's been the one thing that LGBT students have been surprised about – like, it's common to have your own homophobia, but what that can do sometimes is lead to more overt behaviors, like drinking, drug use, promiscuity, self-harm, that kind of thing. We don't even know it's attached to that sense of self, that idea that I'm wrong in some way. It can also be covert, where maybe we let people talk to us in really negative ways because it taps into that part of us that thinks maybe that is true, maybe I am a lesser person because I'm gay or lesbian. So that balance of how to manage the external influences as well as what's coming up for you in terms of your own internalized homophobia, and to understand the sources of that, the historical trauma.

DOMAIN D: Role of Psychologists in Larger System

In addition to providing LGBT-affirmative services through their direct individual and group counseling work, participants described taking on an advocacy role in the campus community and working for change at broader levels. Five categories emerged in this domain: be visible allies; promote institutional change; provide LGBT-affirmative training and supervision; build connections and coalitions; and engage in social, political, and/or legislative advocacy.

Category 24: Be Visible Allies

Participants spoke of providing support and communicating safety at the individual level when students come to their office for counseling, but they also distinctly

emphasized the need to be active, visible allies on campus to send a powerful message of support to LGBT students and to reach students who may not seek counseling services. Two subcategories were identified: (1) publicly communicate support for LGBT students and (2) make the counseling center known as a safe place on campus.

Subcategory 24a: Publicly Communicate Support for LGBT Students. Participants typically (*n* = 9 of 12) discussed the significance of openly voicing support for LGBT students on campus and in the broader community. They noted that while providing individual support in counseling is meaningful, another key part of their role is taking a visible stand of support in the larger system. Participant 8 stated:

> One of the ways to communicate support is to be visible. It's showing up. Developmentally at this time, for a lot of traditional-age students, it's so important to have allies on campus they can see. For them to see that this person is active in the campus community and cares about LGBT issues is important. I think a lot of times students look to us whether or not they come to see us. If they can see us as a college counseling center being visible and vocal allies, speaking up and working towards some of the common goals, they know that we get it and that we don't just sit in an office without being actively involved. I mean, sitting in an office is important, too, but being visible and engaged is important as well.

Participants 11 and 12, respectively, described publicly supporting LGBT students on a religiously-affiliated campus:

> I think psychologists need to be visible at events and speaking openly in support of LGBT students. We need to be proactive in taking a public stance of support. And at a [religious affiliation] place, you have to be a little more careful with that, but we have as a counseling center written letters to the editor here in response to some pretty negative statements about LGBT issues that were made publicly. I think we have to do that. I think that ethically, it's an essential thing to do.

> We felt as though in this environment, if we don't take a public stand to support LGBT students, then it makes our center unsafe for students who are LGBT. So I disagree that not taking any stands and not making public statements and not engaging in anything that could be seen as advocacy will truly make the counseling center safe for everyone. That only communicates safety to those in the dominant groups and those who already feel empowered on campus. If the general campus environment is not one of affirmation and acceptance, and

> especially if the environment is actually one of hostility and condemnation, then we have to actively do something to communicate support to LGBT students.

Similarly, Participant 4 illustrated the power of being a vocal ally on a religiously-affiliated campus that did not allow open support of LGBT students:

> Seeing certain people in authority – me being one among a group of folks, staff and faculty – actively out on campus saying things that were risky and in direct opposition of oppression was equally powerful and healing and reassuring that even in an environment of open oppression, you're not alone, you're not invisible, you're not hated universally. There are advocates who see you and care about you and recognize your worth and want you to be welcome and be authentic. I had a few students tell me that knowing they had advocates working behind the scenes meant a great deal to them. I think that was powerful. What they were seeing was that I was willing to take the risk and publicly stand up for this.

Subcategory 24b: Make Counseling Center Known as Safe Place on Campus. Participants generally (*n* = 11 of 12) identified the importance of earning and maintaining a reputation as a safe place on campus and sending a clear message of safety to all LGBT students. Participant 9 shared:

> It's making sure the counseling center is a place where students feel like they can come and be safe. I think that can be communicated by very clearly stating we serve all people here, and list sexual orientation and gender identity. Or maybe it's being at campus LGBT events because being seen in the community will raise that visibility and awareness that the counseling center is a place for safety. It lets students know the counselors are safe and care about this – that they're allies. And then if you're at a campus that doesn't have events or an LGBT programs office or that kind of thing, I think it's figuring out where the underground network is and getting connected to that.

Participant 6 noted the need to maintain your reputation as a safe place:

> You have to be really, really clear on campus that there's a place for people in the counseling center. I think you have to be clear that you have a staff that is safe and open, and be really out there and explicit somewhere that they are comfortable and familiar and competent with LGBT issues. I think you can't just assume that students will get that or that they'll feel comfortable here because they might not. I think one of the things people forget is that student turnover keeps happening, so every year you need to be visible and communicate that message of safety to new people. So to be able to do those things, put on the lens of the student who is showing up at the campus counseling center and looking for some

sign that it's safe, and looking online at the counseling center website thinking, where's the part that tells me this is going to be an okay place to go?

Participant 7 described additional ways to convey that the counseling center is safe:

> One example is thinking about the intake paperwork they fill out and putting thought into having different ways for students to express their sexuality or gender. It's also about how those individuals experience each of us when they see us offering programs across campus. Are we being thoughtful about the language we use? If we're presenting hypothetical scenarios in a training or outreach presentation, are we using examples that are really heteronormative or are we displaying some recognition of the broader community?

Category 25: Promote Institutional Change

Participants expressed strong feelings about psychologists' responsibility to influence change in the broader campus community. Four specific themes were identified as subcategories: assess student needs; advocate and/or consult to improve campus climate for LGBT students; provide education, outreach, and prevention programming; and consider how to be most effective in the campus environment.

Subcategory 25a: Assess Student Needs. A variant number of participants (*n* = 4 of 12) specifically encouraged asking, "What do LGBT students need on this campus?" They discussed using a bottom-up (rather than top-down) approach to give LGBT students an opportunity to explain their needs and have their voices heard. Participant 6 stated:

> I would really ask LGBT students what they feel like they need. What's needed on campus? Can you do a needs assessment? Can you do a survey? And then do something with that, whatever that may be – funding, training, whatever it is. Let them guide you. Let them tell you what they need, and then go work for that.

Participant 10 emphasized considering how the counseling center can meet needs and promote the wellbeing of LGBT students before critical points:

> Psychologists can assess needs from a wellbeing perspective. I think sometimes my experience with the different LGBT offices and other departments at a couple of colleges I worked at was this idea that "psychologists are mental health," like, again, they're thinking critical points. If someone needs you, once the discrimination has happened or the depression has settled in, then we know where to send them. But again, hit it before the critical point. As an LGBT student on this campus, what are your needs? How can the counseling center promote the wellbeing of this population before these critical points? I think psychologists should be involved when there are student focus groups on campus. We bring a different perspective on wellbeing and mental health and which needs are not being met, and that's a way we can work upstream.

Subcategory 25b: Advocate and/or Consult to Improve Campus Climate for LGBT Students. Participants generally (*n* = 12 of 12) discussed being advocates in the university community and using their position to provide feedback to administration, share themes they hear from clients, and work to promote a healthier campus climate. Participant 1 shared her thought process:

> What can I be doing to make sure that not just my colleagues in the counseling center, but also those in student affairs and wider across campus, are creating climates that are accepting and caring of our queer students?

Participants 2 and 6, respectively, described how working to make the campus climate more inclusive and affirming is consistent with our field's mandate for social justice:

> We can go talk to Res Life or the Dean of Students' office and bring issues or needs to their attention. There are places where I can be outspoken as an advocate or I can share information about experiences – not identifying individual students, of course – but I can say, "students from the LGBT community have told us this." I think also, if there are issues with administration, that counseling centers can come down on that social justice piece. We're in a position where we can say this is a human rights issue and part of our ethical responsibility is to improve the wellbeing of all people in the community in which we work. Working for that institutional change is part of what we do as university psychologists beyond the one-on-one meetings in our office.
>
> I think beyond the work with individual students, we need to work to make the campus itself more inclusive and affirming, because that will have a direct affect on those students socially and psychologically. We know that. I think that fits with the consultant and advocacy role we can play as counseling psychologists, and that social justice piece that we're supposed to have in our work. We're

> responsible for being an advocate in the counseling center and in the university, and then we have to do that. That's part of our role.

Participant 12 provided this thoughtful reflection:

> We're here to be part of the university community. In some ways it's like the campus is our client. Certainly it's the individuals who come in, too, but it's broader than that. We want to make sure we're having an influence on making this the healthiest place it can be. And I think part of the advocacy role is that we get to see a lot more of students' lives [from the privacy of counseling sessions] than most other people would. It's really important to share that with people above you who are influential.

Subcategory 25c: Provide Education, Outreach, and Prevention Programming. Participants generally (*n* = 11 of 12) described engaging in outreach and prevention work on campus and noted that a significant part of their role involves educating the campus community. Participant 4 captured this category as follows:

> Part of our role involves a public health mandate. We do outreach, we do prevention programming, and we do education trying to reach the broader audience, a lot of whom, for reasons of barriers and cultural imperatives, won't ever find their way into a context like this, a Eurocentric idea of what counseling is. So we try to find alternate means to connect in ways that are more culturally relevant and providing some form of help that will meet those needs. And simultaneously working upstream to address the issues and examining what is causing this harm. Trying to do the education and the prevention programming, and develop human compassion. … And it's not just with the students. It's with the faculty, administration, and all of the cultural drivers of the campus.

Participant 6 expressed a similar sentiment:

> You can address this by helping people who are wounded by discrimination and deal with that on an individual level, trying to repair the psyche. But that seems really inefficient. You have to start asking why are people coming in with these experiences and feeling so bad, and then part of our role is doing something to address that on our campus or in our community, maybe through education and prevention work.

Subcategory 25d: Consider How to be Most Effective in the Campus Environment. A variant number of participants (*n* = 4 of 12) described being intentional

about using approaches and channels that were most likely to be successful in their specific campus environment. Participant 9 reflected:

> Sometimes if you know the community you're embedded in really, really well, you may be more successful in some subtle, less direct, less agitating ways.

Participant 4 incorporated the university's mission statement language into his activism group's description to demonstrate how affirmative values were consistent with the university's stated vision:

> We picked some key pieces out of the mission statement of the university about promoting human dignity, and we just tangled all of their claims back into this, like jujutsu.

When the counseling center staff decided to respond to campus newspaper editorials containing bias and misinformation about the LGBT community, Participant 12 strategically had responses go out under her name so other staff would continue to get referrals from conservative sources on campus:

> Inevitably, at least once a year, someone would write an editorial about the dangers of the gay lifestyle. They almost always contained a lot of misinformation. They were opinion pieces, so often they were not citing sources, but when they were, the sources they cited were who knows what, but certainly not from academic sources – very skewed, not scientific. We talked about it a lot as a staff and decided we couldn't just sit aside. We had to address it. …So we responded to the the editorials about LGBT topics. I cited research articles and APA materials to support our responses. It's really been a collaborative effort, but in consideration of the environment on campus, it's often come out under my name. That was intentional so if people feel like, "I can't go see her" or "I won't send students to her," they can still see other people here.

Category 26: Provide LGBT-Affirmative Training and Supervision

Participants typically (*n* = 8 of 12) shared a focus on training graduate students in LGBT-affirmative practice and teaching them how to be in a social justice advocacy role as a practitioner. Participant 2 stated:

> If we're working at a training center, we need to train practicum students and interns in affirming practice with LGBT clients and educate them on the social and political issues. We have a really influential role, I think, particularly in Minnesota because we have so many training programs and we train a lot of psychologists. We really have a responsibility in training not just how to do therapy, but how to do therapy effectively with specific populations, and in infusing psychologists with a sense of social justice and social responsibility.

In addition to training in LGBT-affirmative practice, Participant 9 articulated the importance of creating an environment that is supportive of LGBT-identified trainees:

> If the counseling center trains students, they have a strong role in training students how to work well with that population and also creating an environment within the counseling center that is affirming for all students. That's for students coming in as clients and also so that if you have trainees who identify with that community, they feel safe and supported at work.

Participant 12 spoke of encouraging trainees to consider their role in the context of a religiously-affiliated university:

> Training is a huge part of this center. And part of what we're always thinking about and talking about as a staff is the kind of training we're providing to our prac students and our interns around LGBT work at a religiously-affiliated school. We want them to work well with this population and also gain some understanding of the role we have here in supporting these students.

Category 27: Build Connections and Coalitions

Participants noted that developing relationships across campus supported them in doing effective LGBT-affirmative work, both in strengthening their efforts through collaboration with allies and creating a helpful referral network. Two subcategories emerged: (1) identify and collaborate with allies and (2) develop a network and reputation that foster direct referrals.

Subcategory 27a: Identify and Collaborate with Allies. Participants typically (*n* = 8 of 12) discussed working to identify allies on and off campus and collaborating with other departments, offices, and student groups. Participant 4 shared:

> A key thing I was doing was fostering coalitions and networks. That was on and off campus, with allies, trying to find networks and places where our students could go to get support because it was not available on our campus.

Like many participants, Participant 9 emphasized the importance of connecting with the LGBT Programs Office and combining efforts for programming and services:

> Having a relationship with the LGBT Programs Office or whatever the name on any campus is, having those connections is really important, and having collaborative efforts and programming is really important. There can be visible collaboration – presence at events, doing groups together.

Participant 12 described her connection to a student group on campus:

> It's also about working with like-minded people on campus and helping students know where they can get support. For many years, I've been involved with this "allies" student group. We had to call it "allies" because we weren't allowed to say LGBT. The group has shifted over the years based on the climate and safety on campus; it's been more public and it's been underground.

Subcategory 27b: Develop a Network and Reputation that Foster Direct Referrals. Participants typically (n = 9 of 12) discussed being well-connected to a referral network and having a positive reputation for affirmative work on campus. For example, Participants 1 and 7, respectively, shared how they get referrals through word-of-mouth:

> I think I've been fortunate to have worked with enough trans people on campus that I'm known as a trans-friendly counselor, so I've gotten enough folks who come to see me because they've heard that I'm okay to talk to.

> We've been fortunate because a lot of our referrals come from word of mouth. A lot of times members within that community talk to their friends or their partners and put in a good word for us, kind of vouch for us. I think that as a result, we do see pretty significant numbers of LGBT-identified students here, despite the fact that we're not doing as much outreach as I would like to.

Participant 9 described building a referral network on campus:

> I think it's developing a network and connecting with faculty who are supportive or part of that community because that's usually where students are going to make

> those first connections, I would say, is in the classroom. Then those relationships and connections can build a referral base to the counseling center.

Category 28: Engage in Social, Political, and/or Legislative Advocacy

A variant number of participants (*n* = 5 of 12) discussed promoting human rights and social justice through involvement in rings of systems, including engagement in social or political advocacy and work on a legislative level. Participant 10 brought what she learned through her policy work to the counseling center:

> During the marriage equality vote, during that time period, I was on the APA's Marriage Equality Task Force. So in terms of policy work, my role was fairly small with the time that I had, but just to be on those phone calls and understand what was happening at a higher level, like what the APA was doing and their commitment to the wellbeing of the LGBT community, and what they were putting out in terms of their statement of support. … So it's about having that connection and bringing that knowledge to your work in the counseling center.

When she hears painful stories in session, Participant 8 considers how she can affect change on a broader level:

> I think that involvement can extend beyond into the broader community as well by showing up in other ways with events or organizations or policy stuff in the city or even at the state level. One example was being involved in the Vote No work when that marriage amendment came up. It's taking the pain that I hear about in sessions and then doing what I can to help with things like that.

Research question 2: What is challenging about LGBT-affirmative counseling in a college or university setting and what helps support this work?

DOMAIN E: General Challenges to LGBT-Affirmative Work

The fifth domain includes challenges to LGBT-affirmative work that are universal and cut across settings, as opposed to challenges specific to a university or college site. There are nine categories: managing emotional reactions; monitoring values, biases, and/or blind spots; attention to terminology and language of affirmation; navigating the generation gap in social experience and/or use of technology; uncertainty of role in

advocacy; complex work without clear answers; lack of resources and training; making decisions about self-disclosure and boundaries; and providing supervision to trainees who are not LGBT-affirmative.

Category 29: Managing Emotional Reactions

Participants typically (*n* = 7 of 12) shared that LGBT-affirmative work can be painful, heavy, and intense, especially with clients who are experiencing discrimination, rejection from family or loved ones, or conflict over parts of their identity they perceive to be incompatible. In addition, some participants reflected on feeling guilt or responsibility as part of the dominant culture. Participant 1 spoke of the intensity involved in sitting with clients who are in pain:

> One thing that's often challenging for me is that some of these stories that these students tell – I mean, they're not stories, they're their lives, right? – they are very, very painful. And they need to share that and get in touch with that pain, and so sometimes you have to sit with a lot of pain. It's intense and can be pretty challenging.

While he recognizes students are on their own journey, Participant 11 described experiencing sadness and frustration about negative messages that cause harm:

> It can be painful and heavy. People walk around with burdens that shouldn't be there. The burden that most of these GLBTQ students are carrying, we – the collective we – we put on them. That's so upsetting to me. The challenge is that the [church] teaches, and a lot of my clients believe, that it's intrinsically disordered because it's ordered away from procreation. Some of that belief is intractable. Sometimes there is such a profound sadness and I have to let the student work through that in their own time and in their own way. That can be sad and hard for me at times. I can get upset with some of the negative messages out there that can be so hurtful.

Participant 9 acknowledged a tendency toward feelings of responsibility and the need to separate them from the clinical work:

> When people experience discrimination or painful oppression of any kind, that's a challenge for me. I can end up feeling very helpless or responsible as a part of

> dominant culture. So for me, part of it is also managing my own tendency toward feeling responsible. I have to get really clear so it doesn't become about my own guilt or shame because of what the larger community is doing, because then we've lost track of what's going on in this session or with this client. I have to be able to recognize that that may be happening and take that out of the room and find places [like consultation] to talk about that.

Category 30: Monitoring Values, Biases, and/or Blind Spots

A variant number of participants (*n* = 4 of 12) identified that their values, perspectives, and biases can sometimes present challenges in LGBT-affirmative work. Participant 9 noted that it is important to identify our values and consider how they influence our work:

> We aren't values-neutral people, so we better know what our values are and how they influence our work and be able to talk about that. To me, the safest place is to know where we live in our own hearts and to then be able to talk about that with people and try to assess how that may be impacting things.

Participant 5 shared that even as a gay-identified psychologist, he still needs to work on his own biases and blind spots:

> Even with our intake form for counseling services, the irony is that it was actually my straight and cisgendered colleagues who were more sensitive to the need for having a questionnaire item that had different ways of asking about gender. … Just because I'm gay-identified doesn't mean I'm so enlightened about all gay, lesbian, bisexual, and trans issues, or that I'm not going to have biases that come up. I need to be aware that I'm still dealing, not just with my own internalized homophobia, but with my biases about the other people under that LGBT umbrella. I had to ask myself, "wow, how come your straight, cisgendered colleagues were more sensitive to that than you?" It made me think that when you're a member of the group that you're serving, you can become rather complacent. Because you put so much of your personal database into it, it might actually blind you.

Category 31: Attention to Terminology and Language of Affirmation

A variant number of participants (*n* = 2 of 12) noted that preferred language and labels in the LGBT community change over time and sensitivity to terminology can be challenging. Participant 1 explained:

> And the other thing I think, too, in terms of affirming work, is that the message of affirmation changes over time, especially around language. There was a time when you couldn't use the term queer and now you can. Some students have a negative reaction to the word gay. It used to be that dyke was the word to use, but now you can't use it at all. So just some of the nuances of the culture can be a little confusing. I know especially if I'm working with trans folks, I need to be really attentive to pronoun use.

Category 32: Navigating the Generation Gap in Social Experience and/or Use of Technology

A variant number of participants (*n* = 4 of 12) noted that it can be a challenge to understand and stay current with how young adults are using technology, particularly apps and social media, and how this impacts their social experience. Participant 3 shared:

> There are so many ways for people to hook up through social media and apps now. It's a totally different world than the one in which I grew up. So part of that is keeping up with what the experience is like, what the social experiences are like for gay men these days. Not only gay men, but all the GLBT students. It's different from what I experienced. That's just a generational thing for me, a generational difference that can be challenging sometimes.

Participant 5 expressed a similar sentiment:

> The thing that's challenging for me now is that the whole social experience young people have around this is different from when I was younger. Now it's about the apps. I didn't know what these apps were, and I had to learn a lot because students were using them to meet people or to hook up. And I wanted to stay current with what they are using and how it's helpful for them, but there's something about that I don't feel good about. I think it means they are only connecting with one person, rather than with a community, and I think they need a community.

Category 33: Uncertainty of Role in Advocacy

A variant number of participants (*n* = 3 of 12) articulated working through initial hesitation when their role in advocacy felt unclear. They expressed a thoughtfulness about wanting to make sure their involvement was welcome or appropriate, but noted that this has sometimes resulted in them being cautious about contributing to social justice and advocacy efforts. Participant 7 reflected:

> There is a tentativeness that I've experienced at times about whether people are going to want me in their space if they're part of the LGBT community, a marginalized community, and I'm the one holding the privilege around some of those identities. Am I going to be welcome? Do people want me to be involved? Do they want my support, or will it feel like I'm an interloper?

Noting historical differences in the level of activism between the fields of social work and psychology, Participant 9 described her initial uncertainty about whether she could be involved in social justice advocacy as a psychologist:

> I remember saying, "I don't know if I'm allowed to do that because it might betray neutrality or objectivity." And my supervisor was just like, "That is the most absurd thing I've ever heard; why would you ever think you could be completely neutral and objective, anyway, and why wouldn't it be okay to fight for what you think is right when people are being subjugated?" I think that very first practicum challenged me to start thinking about how to incorporate advocacy. She was just so clear in her stance; she saw no problem in not being values-neutral. I do think social work has more often seen their role as advocacy because they've been more involved in the systems and seen the intersections with systemic oppression, so I think that's been easier or more clear for them, whereas psychology has been more about measurement and objectivity at times. Maybe that's part of it, too. So that was an initial challenge for me.

Category 34: Complex Work Without Clear Answers

Participants typically (*n* = 7 of 12) described how LGBT-affirmative counseling, particularly with clients experiencing deep conflict or distress about their identity, is complicated and challenging work. Several participants noted that there is often no clear path to resolution. Participant 4 provided this illustration:

> So they've got these two non-compatible core identity elements that are somewhat at war [i.e., religious identity and sexual orientation]. And then they share, "So the other thing is I'm trying not to kill myself, but I keep thinking about it. If I tell my parents I'm gay, or if my pastor finds out, it's all over. And I'm going to hell." So what do you do with that? There isn't a simple answer. I've made mistakes.

Participant 11 shared:

> The work is meaningful to me, but it doesn't always go well, quite frankly. There aren't easy answers. And clients are not going to get the answers they want sometimes.

Category 35: Lack of Resources and Training

A variant number of participants (*n* = 6 of 12) identified lacking information or resources for aspects of their work with LGBT clients. Like others, Participant 3 expressed a need for additional training on emerging issues and therapy with specific populations:

> With regard to the LGBT-affirmative work challenges, I think the things I mentioned were the new issues at the forefront, like working with international students and with trans students, and feeling like I maybe need more expertise and training in those areas.

Participant 8 stated:

> There's not a lot of visibility or resources for bisexuality. As a therapist, it's hard to seek out more information on helping people who identify as bisexual when there isn't much out there. That's the challenge. Even for me wanting to become a better therapist for bisexual clients, I have trouble finding anything. And I'm looking! I'm actively seeking it! I think that's hard.

Category 36: Making Decisions About Self-Disclosure and Boundaries

A variant number of participants (*n* = 3 of 12) described reflecting on the amount of self-disclosure they use in LGBT-affirmative work, particularly around their own LGBT identity, and determining boundaries about the personal information they share with clients. They expressed a desire to model openness and comfort with their identity, but also acknowledged challenges associated with self-disclosure. Participant 6 shared:

> You have to make a philosophical decision about that, I think. But then, you really are...like, you don't get to put the toothpaste back in the tube once students are thinking about your sexuality or relationship status. There's not really one right answer, which is why it's challenging to navigate.

Participant 10 discussed learning to use self-disclosure with LGBT clients and making intentional decisions about where her boundaries will be:

> I think the other thing I've had to learn is my approach, being more of an attachment-focused therapist, with attachment work you don't do a lot of self-disclosure. But with this population, and I think a lot of minority populations, I think they are looking for sameness and to feel understood, especially at times of vulnerability. They really do want to know that you've experienced something similar or that you speak from a place of understanding. So I've learned that it does take a little more self-disclosure. It's like CD work in that way. There's a sense of safety and trust that builds faster when you do some self-disclosure in this kind of work. So for me, that involves making decisions about how much I am willing to share of my own experience. I will always share that I have a partner. I will share when I came out. I will share that I have experienced discrimination. But I don't tell intricacies of my life, my relationship. I try to be really cautious of those boundaries. That's something I think about with this work.

Category 37: Providing Supervision to Trainees Who Are Not LGBT-Affirmative

A variant number of participants (n = 4 of 12) identified challenges involving providing clinical supervision to graduate trainees who do not share LGBT-affirmative values. Some described finding it challenging to explain the nuances of LGBT-affirmative work to trainees who do not have an affirmative perspective. As discussed by Ronnestad and Skovholt (2013), it can be difficult for those with a deep internal expertise to describe their work in simple terms to a novice. All of the participants in this category acknowledged that trainees may hold diverse religious and social views, but emphasized that an affirmative approach is consistent with professional practice guidelines. They often described using the ethical standards of the counseling psychology field to support LGBT-affirmative therapy practices. Participant 9 explained:

> I think about what do we do with those hard conversations? Let's say I'm working with a group of trainees and they don't all agree about being LGBT-affirmative. I go back to what our field has said and I feel very clear that if you want to be a psychologist, you have to be affirming. If I have a trainee who says I'm not comfortable working with a client from the LGBT population and I can't support that, I would really want to have a lot of open conversations, but I would be saying in the end that it is not an acceptable stance to say you're not going to work with that group, or any group, because of your belief system. That is where I land with this.

Participant 11 discussed balancing respect for trainees' right to their own beliefs with the ethical mandate to practice affirmation:

> We've had trainees who because of their own faith backgrounds are adamantly opposed to gay marriage or some much more broadly GLBTQ issues, and then we just have to be really, really careful of how we respect their right to have different faith or political views than we do, but then also be consistent with what we believe we are ethically called to do here as psychologists. That can be tricky to navigate.

DOMAIN F: Challenges Specific to a College or University Setting

The sixth domain consists of challenges participants experienced in their LGBT-affirmative practice related to their college or university setting. There are four categories: administration and/or campus climate are not LGBT-affirmative; small LGBT community on campus; session limits in short-term model; and limited time for outreach.

Category 38: Administration and/or Campus Climate Are Not LGBT-Affirmative

Many participants, particularly those practicing at religiously-affiliated institutions, described facing difficulties in providing LGBT-affirmative services on campus due to an unsupportive administration or campus climate. Experiences ranged from participants noting the need to find underground channels when overtly supportive outreach is discouraged to a participant who lost employment as a result of continued advocacy efforts to support LGBT students. Four subcategories were identified: supportive programming is restricted; difficulty communicating safety to all students; engaging in advocacy risks systemic backlash; and affirmative psychologists may experience controversy and/or hostility.

Subcategory 38a: Supportive Programming is Restricted. A variant number of participants (n = 5 of 12) discussed working with administrators who resisted, placed

limits on, or completely prohibited campus programming in support of LGBT students. Participant 4 described his efforts to educate his boss on why campus outreach was part of his role as a psychologist:

> No GSAs allowed on campus. You can't even say the word "gay" in public. That's what I was told on my first day of the job. … My boss kept telling me, "your job is just to sit in that chair and talk to students," so I had a lot of educating to do about why outreach and community education was part of my role as a psychologist. Even included in my job description, it says I should be doing campus programming. It was just the kind of campus programming he wasn't comfortable with, so there was a lot of direct effort to educate him.

Participant 2 shared similar struggles:

> We couldn't even have a group that was called "gay and lesbian student group." It couldn't have those words. There was even resistance about an ally group. I remember early on wanting to do a GLBT support group and it had to go all the way to the Dean of Students and the Vice President of Student Affairs, and they were concerned because they did not want the counseling center to be seen as advocating.

Subcategory 38b: Difficulty Communicating Safety to All Students. Participants typically (*n* = 7 of 12) mentioned the challenge of communicating that the counseling center is a safe place for all students. One dimension of this challenge involved awareness that efforts to demonstrate clear support and safety to LGBT students might lead students with different beliefs to distance themselves from the counseling center or question if they are welcome there. Participant 12 succinctly captured this concern: “So it's like, who do you alienate? Or do you just not take a stand?” An additional challenge in communicating safety is that when the general campus climate is not one of affirmation, LGBT students sometimes associate the counseling center with administration and are hesitant to seek support. Participant 2 described this challenge, including that students may wonder if psychologists will bring up religious doctrine:

> I think another challenge might be to let the student know that this is a safe place for them. That's one challenge. Students might view us as part of the administration, and we talk about that when we discuss confidentiality. I always say, and I know my colleagues do, that we can't tell anybody in the administration that they come to counseling or what they talk about here. They might worry we're going to tell their hall director, for instance, or their parents. And in particular because we're a [religious affiliation] school, they don't know if it's okay for them to talk to a person in a position of authority here about "I'm gay" or "I'm bisexual" or "I'm lesbian" or "I'm transgender" because this is a [religious affiliation] school and we're not supposed to be supportive of that. I think some students wonder if a counselor here might bring up [religious affiliation] teachings or views about it. Student might think that and I have to clarify it.

Participant 12 also discussed how the campus climate resulted in LGBT students sometimes feeling guarded about disclosing their identity at the counseling center:

> It's certainly not a given that someone would be a safe person to come out to on this campus. I think students here are probably a little more cautious based on the campus climate. What people would say is "you go with the party line." Students would say, "well, I was afraid to come out to you because I didn't know if you would take the party line or not."

Participant 7 discussed the tension involving LGBT-affirmative visibility on campus:

> There's a bit of a tension there. There's one school of thought that suggests college counseling centers should be "administratively neutral" – that's the term that I've heard – and there's a lot about that that makes sense to me. For example, not being involved in conduct proceedings or things like that where the counseling center can be perceived as taking a side. So I think some of that comes out of a belief that the counseling center should be a service to all and that anyone who wants the support should see that there's a place for them at the counseling center. I think about one of my supervisors on internship years ago and he was sharing with me a conversation that the staff had about posting door signs indicating that the office was a safe space for LGBT students. He had elected not to put up a sign and his rationale was that he felt really strongly that he wanted the student who may be struggling with some homophobia of their own to feel like they could still come in because he felt in some ways working with an LGBT-affirming therapist, even if that wasn't explicitly part of the conversation, might actually help.

Subcategory 38c: Engaging in Advocacy Risks Systemic Backlash. A variant number of participants (*n* = 4 of 12) discussed challenges related to their administration's response to LGBT-affirmative advocacy. Some expressed sadness about losing the

opportunity to help students who are experiencing conflicts regarding their sexuality after religiously-affiliated departments on campus, opposed to affirmative approaches, decided to stop referring students to the counseling center. Others described how providing feedback to administration about the needs of LGBT students or making public statements of support felt “risky” at their institution. Participants also noted that engaging in advocacy sometimes puts employment in danger at religiously-affiliated institutions. Participant 2 stated:

> We're staff; we're not tenured faculty, so we sometimes might risk our employment when we engage on that level.

Participant 12 described how the counseling center’s support of LGBT students resulted in conservative departments on campus refusing to refer students:

> Who we see ends up being determined by which administration likes us or doesn't. So for many years, they saw us as the tool of the devil and would not send students to us.

In addition, Participant 12 shared that when she responded to a newspaper article about conversion therapy to explain that the research data and professional organizations do not support this practice and the newspaper published her university affiliation without her consent, her first reaction was one of alarm:

> I thought, "Oh great, shit's going to hit the fan over this. I better call my boss.”

Participant 4 illustrated how LGBT advocacy can lead to precarious job security:

> There's legislation in place that allows for discrimination in the workplace based on religion. You're openly allowed to fire somebody, and [institution] does it with comfort. If somebody is hired who is known to not be hetero or to not check one of those two boxes on gender identity, they're going to kick you out. So the first thing they did when they got upset with my support of LGBT students was investigate me because only my friends on campus knew my sexual orientation, so that was their first effort, like, "let's see if we can get rid of him this way." And one of my administrative allies told me later that she said to them, "we're not doing this *again*, are we?"

Subcategory 38d: Affirmative Psychologists May Experience Controversy and/or Hostility. Participants typically (*n* = 7 of 12) discussed facing controversy over their LGBT-affirmative practices or recognizing that the environment can be hostile to those working for institutional change. After Participant 4 did not comply with administrative instruction to remove his door sign that welcomed all identities, his employment was in jeopardy. He described how administrators investigated staff and faculty who were LGBT allies and promoted a culture of fear:

> Following that, a lot of people were very frightened. It was like, oh no, now it's on. Nobody is safe. Everyone was being checked out, like, are you an ally of this? I was required – I did not comply – to provide a list of people who were at a meeting. I thought, "What is this? Are you Joe McCarthy now?" They were trying to intimidate me and let my allies and colleagues know they were trying to find out who might be on my side.

Participant 12 had to assert that she will not do conversion therapy even though some in campus leadership request it:

> I had this one-on-one with the [administrative position] when he first started and it was sounding like he was saying that he could maybe send students over to us and we could help them change if they're not that entrenched in the lifestyle. I said, "Are you talking about conversion therapy?" And he said, "Reparative therapy – there is some evidence that it works." And I said, "Um, I haven't seen anything that's credible. I don't know if you know this, but ethically, I couldn't do that even if I wanted to. Even if I thought it worked, which I don't, the American Psychological Association has looked at this carefully and says it's unethical to do. It doesn't work and it in fact damages people." So I said, "Don't send people to us if that's what you want because it's not going to happen. We are certainly happy to support whatever religious views people have and will try to support them as students and people, but we're not going to try to convert anyone." And he said, "Why don't I send you this book about it?" I said, "Well, you can do that if you want, but it goes against everything I know as a licensed psychologist." And he never did send that book.

Category 39: Small LGBT Community on Campus

A variant number of participants (*n* = 6 of 12) described experiencing challenges related to the small LGBT community on campus. Participants often noted that a college campus is already a small community, so a specific group within that community feels particularly small. Participant 1 discussed inevitable connections or multiple relationships due to working with a small community:

> So that's another part that's challenging; you're working with a very small community on campus where inevitably somebody probably knows somebody who knows me [laughter], and so I navigate that.

Participant 8 shared that on a small campus, attending LGBT events and being visible can sometimes feel like invading a student's area:

> Yeah, well, thinking about being visible on campus – I think it's hard sometimes as a psychologist on a college campus because when you play a role in some of the things going on around campus, it can sometimes feel like invading a student's area. Like, "Why is my therapist here?" If I know I have some clients who will be there, I think about whether they might feel I'm invading their space. I think about what it says if I show up and what it says if I don't show up, too.

Category 40: Session Limits in Short-Term Model

A variant number of participants (*n* = 4 of 12) identified challenges related to practicing LGBT-affirmative therapy within the short-term model used at some college or university counseling centers. Participant 10 discussed the challenge of doing identity work in a short-term model and emphasized the importance of having good community referrals:

> I think identity work and identity development tends to be longer-term stuff, so the short-term model that most university counseling centers have just doesn't lend itself easily to this work. We do end up seeing more of the crisis times. So having good resources and referrals in the community is going to be really important. You may not come upon those core identity issues until halfway through your 12 sessions.

Participant 3 articulated how session limits can be a problem, especially for students with needs that are best served on campus:

> And I think the other challenge with some of that, particularly with international students, is that these students are less likely to go out into the community for services. They're less likely to seek help off-campus, so then session limits can become a problem. I try to make a case for why some of these situations should be exceptions to the session limits. Also, the people off-campus may not be as knowledgeable about the issues facing our international students as people on campus are.

Category 41: Limited Time for Outreach

A variant number of participants (*n* = 4 of 12) discussed how their busy schedules and full appointment calendars often leave little time for outreach in the university community. Some participants also noted that when outreach happens, it may be done by trainees rather than staff, so there is less consistency from year to year and staff psychologists may have limited involvement in developing programming or community education. Participant 7 described how the demand for direct service limits time to do outreach and provide opportunities for LGBT students to meet staff in informal settings:

> For me, the biggest challenge is time. It's the demand for direct service here. It impacts our ability to do outreach to lots of different communities, including the LGBT community, because a lot of times we're hunkered down here just trying to get everybody in for appointments. But I think as a result of not being able to attend as many meetings or events as I would like to, students in the LGBT community are not getting as many opportunities as they should, or as they deserve, to meet us as a staff in informal settings. We're not connecting with members of that community in those informal ways that allow for building rapport or making connections that sometimes pave the way for people to get to our office.

DOMAIN G: Sustaining Energy and Commitment

The final domain covers sources of support that fuel participants' LGBT-affirmative work, help them provide high quality care to students, and offer encouragement and relief to them as both psychologists and people. This domain includes

seven categories: working in an affirming campus environment; access to helpful resources; consultation and support from personal and professional connections; new leadership improving campus climate; social and political progress; personal safety and privilege; and enjoying and finding meaning in affirmative work.

Category 42: Working in an Affirming Campus Environment

A variant number of participants (*n* = 5 of 12) discussed how working at an affirming institution supports their work by providing access to resources, a strong network of allies, and a welcoming campus climate. Additionally, some expressed appreciation that instances of discrimination are appropriately addressed when they occur and that they can engage in advocacy without fear of negative repercussions, which they acknowledged is not the case at all colleges and universities. Participant 1 stated:

> There are all kinds of campus resources here. It's an incredibly affirming environment – not just for students, but for staff, too – and that's why I love working here.

Participants 3 and 7, respectively, shared:

> I think there are a lot of people here who are advocates for the GLBT community. We can always find allies and find people who support us in our work. I believe the university is really, really committed to having a safe environment here, you know, that we don't condone hate speech, and that anything that is a violation of the conduct code or university policy is taken seriously. You can make a report and then there is an investigation. You can initiate that process.
>
> I think it works a little better here at this school because we are explicitly about being a welcoming and affirming community, and so if anyone is feeling there's something the institution is doing that is pushing them out, that's a problem. With LGBT-affirmative work, I don't have to look over my shoulder. I would still do it anyway, but it's easier because I feel like what I'm doing is in accordance with our stated mission. I can be an advocate without any worry about the political consequences of that.

Category 43: Access to Helpful Resources

Participants generally (*n* = 11 of 12) mentioned using a diverse range of resources

to support and improve their affirmative work. These included the campus LGBT Programs Office; affirming spiritual directors; APA publications, especially resources from Division 44 and APA practice guidelines; bibliotherapy such as LGBT autobiographies; DVDs, including “Fish Out of Water” and “For The Bible Tells Me So,” that address religion and homosexuality; research literature; professional conferences and trainings, particularly those focused on multicultural issues or college counseling; teaching an elective course on counseling diverse sexual orientations; and organizations like PFLAG, OutFront Minnesota, and the Human Rights Campaign. Participant 9 shared:

> You have to choose conferences that have programming related to doing affirmative work, but then conferences can be really helpful. The National Multicultural Conference and Summit is great, and the Big 10 College Counseling Center conference is a good place for those topics to be addressed, too.

Participant 1 described referring to a campus mentorship program for LGBT students:

> It’s a program where a student can go in and request a queer-identified mentor, and they really do try to match them based on what they need. They’re set up with someone from faculty, staff, alumni, or someone in the community associated with the university or identified as a good role model, and then they develop a mentorship relationship. I think that’s huge. In some ways, once a good mentor/mentee relationship is established after I’ve been working with someone, they rarely need me much longer, which is so great. I really think those relationships where there’s actual give and take, you know, and mutual sharing, they can be what is most helpful to a lot of students. So that’s a big resource I use.

Category 44: Consultation and Support from Personal and Professional Connections

Participants generally (*n* = 12 of 12) emphasized the value of processing their work and receiving feedback, ideas, and encouragement. They described both learning from and feeling inspired by their connections with others. Participant 4 described how

connections with allies helped fuel his work and decrease feelings of isolation while he worked in an intensely challenging environment:

> One of the ways I survived on a campus like this for as long as I did was by reaching out to like-minded colleagues, both on and outside of this campus. Right after that first staff meeting, if I hadn't found connections and built networks with people who shared my values for social justice, I would have died. The way I kept my energy up was by finding my allies. I had an off-campus group with colleagues from other universities and we would host this meeting once a month. It was like a support group and it was very helpful.

Participant 6 noted that in addition to providing support, consultation leads to more ethical practice:

> I think people need a really good consultation group. You gotta have a place where you have people who understand the challenges of the environment you're in and also share some of your values. It's great to have outside perspectives on how to navigate challenges, as well as the support. You get with good people and you do good work. Discuss your work, find support, learn from what others are doing. I think that's just exceedingly important. All the research shows it leads to better ethical practice. You need more sets of eyes.

In addition to helping his practice, Participant 7 reflected that his personal and professional connections have influenced his development as an ally:

> I think that friends and colleagues who are members of those communities have been really great sources of information and perspective. I think those connections have also shaped my identity as an ally.

Participant 11 expressed appreciation for the support and perspective he gains from his colleagues and trainees:

> I think my colleagues and our trainees are phenomenal resources in terms of learning more, learning language, understanding at a deeper level. I'm a middle-aged White guy; I do not understand what it's like to be an 18-year-old lesbian woman. So my colleagues and our trainees are just a huge resource because a lot of them know this from different perspectives than I do. That's why consultation is so great. I get a lot of support from my colleagues and I just so value what I learn from everyone here.

Category 45: New Leadership Improving Campus Climate

A variant number of participants (*n* = 4 of 12) identified that administrative changes led to tangible improvement in the environment on campus, including increased openness and support for LGBT-affirmative programming. Participant 2 discussed the impact of leadership changes:

> It was a huge, huge administrative shift. It was noticeable. People were ecstatic. [The new administrator] set the tone for things to be much more open and affirming here. It goes back to what we were talking about earlier about being visible; with the previous administrative climate, we had to be really careful. … This new leadership made a big difference.

Participant 11 shared a similar sentiment:

> And quite frankly, it's a different world now; [name of institution] has become so much more open after our new president came in and was vocally supportive of the GLBT community. I can't even begin to tell you what a shift that was from what it was like before. I think that has opened the doors for a lot of conversations that people are having.

Category 46: Social and Political Progress

A variant number of participants (*n* = 4 of 12) described feeling energized and excited by cultural progress involving awareness and support for LGBT rights. They shared feeling hopeful that our culture is moving in a more affirmative direction.

Participant 5 stated:

> And I think now, especially, attitudes are changing in our culture. I can't believe how mainstream gay/lesbian identity has become. I never thought I'd see the day when we could get married, actually.

Participant 3 also noted:

> I think more students now, compared to decades ago, more students now assume that counseling is going to be a safe place for them to come, which is very cool. A lot of that is probably due to the social and political progress of the LGBT movement. It’s great to see.

Category 47: Personal Safety and Privilege

A variant number of participants (n = 4 of 12) discussed recognizing that they were able to advocate for LGBT students from a place of relative safety and privilege, and they acknowledged how this made their work easier. Participant 12 identified that her background may help her be heard at her institution:

> I do think I can speak out about some of these things because I know I'm the [religion] poster child, and that gives me some privilege and credibility here.

Participant 4's network connected him with job offers and backup practicum sites for his trainees if needed, so he felt secure in pursuing a challenging advocacy situation:

> I had the privilege of knowing I was going to be fine and my practicum students were going to be fine, so then I decided, "Okay, I can really advocate." I decided, "It's on."

Some participants also shared that awareness of their own privilege and how that might shape their hopes for clients sustained their affirmative efforts by helping them have healthy separation and manage emotional reactions to clinical work. Participant 9 described recognizing that her perspective comes from privilege and she may not always know what is best for someone else:

> I struggle with the tension between my desire for people to live freely and the limits they may experience or the choices they may want to make or need to make, depending on what they privilege as important in their own lives. … I also have this sort of – in all the work I do – this skepticism about my own knowledge about what's right or best for someone. So part of me is like, well, just because I think this might be the best or that's what my hope would be for all people, who says that's the right way or what's best for this particular person at this time. I kind of hold onto that. I don't know what it's like to live that experience, I don't know what it feels like, and I don't know that my ideas would feel better. My ideas come out of privilege; I really do believe that. I also think there's probably some sort of spiritual letting go or belief that everyone is on their own path. It's their journey, not mine. I try to remember that part, too.

Category 48: Enjoying and Finding Meaning in Affirmative Work

Participants typically (n = 10 of 12) discussed believing LGBT-affirmative work is valuable, engaging, and rewarding. They spoke of fueling their energy and commitment by drawing meaning from their work and by experiencing progress and success as a result of their efforts. Participant 7 described how positive feedback has reinforced his LGBT-affirmative efforts:

> The positive responses I've received from students have made me feel like I have something important to contribute. I find it really meaningful. … So I think to the extent that members of those communities have at times explicitly said, "We appreciate your contributions" or "We really value the work that you're doing to support our students or friends or colleagues," for me, that has been a really important signifier that I can be helpful as an ally.

Participants 5 and 11, respectively, stated what LGBT-affirmative work means to them:

> I love doing it. In fact, it's actually very special and meaningful to me.

> I enjoy it and I find it meaningful and engaging. For a lot of our clients who are struggling with their GLBT identity, they can make some shifts and all of a sudden there's a freedom. I mean, the systemic oppression will continue and that will continue to be a problem, but they find a freedom and they find their people and communities of support. That's just, wow. We don't always get to see that in the work we do. That's just wonderful for me. Very rewarding and exciting.

Participant 4 shared that a student from the theology program sought him out to explore incongruences she perceived between what she was taught about LGBT people being evil and going to hell and what she observed herself in a part-time job in which she interacted with a diverse mix of people. He described being affected by hearing how his efforts to create safety in the counseling center were successful:

> I remember she said this next thing and it was one of the best things in the whole year. She said, "I know I want to talk about this and this is the only place on campus that's safe." My hair still stands up when I think about that. So she's in the theology program, and she knows that this counseling office is a safe place to come be authentic.

Participant 8 discussed finding this work to be a privilege and using what she learns and the sadness she feels in response to painful stories to create positive change as an activist:

> Being with someone's pain can be intense, but it's also one of the most rewarding things about my job. I get to help people in those times. They tell me these things. That's such a privilege. Even though it's hard to hear about people facing discrimination and experiencing pain, I really do view it as such a privilege that they can talk to me about it and that hopefully I can help. It's like even when it's sad or draining, it's also fueling because it feels rewarding. In some ways, it feels like it's creating some change in the culture because I can take what I feel and what I've learned from people's stories and continue to try and do good work in the community, like being an activist and being involved in causes that help LGBT folks.

Chapter 5: Discussion

Introduction

Lesbian, gay, bisexual, and transgender individuals cope with a variety of ongoing stressors related to their sexual minority status, including fear of rejection and victimization, the need to manage a stigmatized identity, and the challenges of developing a positive identity in a climate of hostility or marginalization (Sheets & Mohr, 2009). Researchers have linked LGBT minority stress to a variety of negative health outcomes, including increased risk for suicidal behavior, depression, anxiety disorders, substance abuse, and body image problems (e.g., Hamilton & Mahalik, 2009; Mays & Cochran, 2001). As a result, it is essential for psychologists to provide services that enhance the wellbeing of LGBT individuals and help them navigate the challenges of developing a positive identity in a climate of hostility and marginalization.

Prejudice and discrimination toward LGBT students in college and university settings has been well documented by research, with students reporting harassment, exclusion, hostility, threats of violence, and physical attacks on campus due to their sexual orientation or gender identity (e.g., Oswalt & Wyatt, 2011; Reed, Prado, Matsumoto, & Amaro, 2010; Silverschanz, Cortina, Konik, & Magley, 2008). Given this, it is not surprising that LGBT college students have more negative perceptions of campus climate than non-sexual minority students (e.g., Rankin, 2003; Rankin et al., 2010). However, counselors in college and university counseling centers are uniquely positioned to provide support to LGBT college students, help them increase coping and resiliency, and connect them to affirmative communities and resources.

The present study investigated the approaches and experiences of highly skilled LGBT-affirmative psychologists in college and university counseling centers to better understand their work and identify recommendations for LGBT-affirmative practice in higher education settings. Twelve psychologists completed in-person, semi-structured interviews to aid in the examination of two overarching research questions:

(1) What characterizes highly skilled LGBT-affirmative counseling in a college or university setting?

(2) What is challenging about LGBT-affirmative counseling in a college or university setting and what helps support this work?

Interviews were analyzed by a team of three researchers and a study auditor using Consensual Qualitative Research methodology (Hill et al., 1997; Hill et al., 2005). A total of seven domains and 48 categories were identified in the data to address these research questions. This chapter will provide a summary of the results, strengths and limitations of the present study, recommendations for future research, and practice implications.

Summary of Results: Research Question 1

The first research question was: What characterizes highly skilled LGBT-affirmative counseling in a college or university setting? Responses to this question were coded under four domains. In Domain A, Characteristics of LGBT-Affirmative Psychologists, participants shared the personal qualities, professional training and experience, aspects of their identity, and values that contribute to their effectiveness. Domain B, LGBT-Affirmative Conceptualizations, consists of the key understandings, theories, and lenses participants identified using in their practice. In this domain,

participants described the ways they think about their work and what they attend to in their conceptualizations of clients and client experiences.

Domain C, LGBT-Affirmative Interventions, encompasses the approaches and techniques participants used to help clients move toward positive change. This domain focuses on describing the "work" of individual therapy and what participants actively do in their sessions. In the final domain related to question one, Domain D, Role of Psychologists in Larger System, participants highlighted the LGBT-affirmative work they are engaged in outside of direct individual and group counseling services. This domain involves the ways participants advocate for LGBT students in the university community and work for change at institutional or broader community levels.

Summary of Results: Research Question 2

The second research question was: What is challenging about LGBT-affirmative counseling in a college or university setting and what helps support this work? Responses to this question were grouped into three domains. In Domain E, General Challenges to LGBT-Affirmative Work, participants shared areas of difficulty involving affirmative work that are common to all settings. This domain contains challenges such as managing emotional reactions to intense client work and monitoring values, biases, and blind spots that may influence practice. Domain F, Challenges Specific to a College or University Setting, examines obstacles participants faced related to their higher education setting. Participants cited issues like limited time for campus outreach with their direct service demands and operating with a university administration that is not LGBT-affirmative.

Lastly, Domain G, Sustaining Energy and Commitment, consists of sources of support that helped participants be more effective in their LGBT affirmative work.

Major Findings by Research Question

Research Question 1: What characterizes highly skilled LGBT-affirmative counseling in a college or university setting?

Domain A: Characteristics of LGBT-Affirmative Psychologists

The first domain, Characteristics of LGBT-Affirmative Psychologists, presents how psychologists bring their personal qualities, experiences, and identities – as therapists and as people – to their affirmative work. When discussing their nominations and reflecting on what they do that others might consider effective, participants often described how it was aspects of who they are, what they believe, and their way of being with clients that perhaps had the biggest impact. The essential foundation of skilled affirmative work involves the interpersonal connection: a warm, open, engaged style of interaction; an authentic, respectful, and grounded presence; and the ability to develop a safe, trusting relationship.

Research suggests that LGBT clients also highly value the interpersonal connection in therapy. Notably, in Hunt et al.'s (2006) research on sexual minority clients with physical disabilities, clients emphasized that it was more important for a counselor to be warm and accepting than to share cultural characteristics (e.g., be lesbian and/or have a disability). Clients in Israel at al.'s (2008) study of LGBT therapy experiences reported that their most helpful therapy situations were defined by a positive therapeutic relationship, including therapist warmth, respect, trustworthiness, caring, and listening.

Participants in the present study additionally spoke of LGBT-affirmative work being consistent with their personal and professional values and their commitment to social justice. Therefore, an affirmative approach felt natural, integrated, and important to them. Several participants also cited their own experience with a marginalized identity as a meaningful contributor to their effectiveness with LGBT students. Some noted that this personal insight helped them deeply empathize with experiences of discrimination and the challenges of navigating a culture of oppression. Participants who identified within the LGBT community frequently discussed how this connection and shared experience helped them quickly build trust with and communicate understanding to LGBT clients. Out psychologists also spoke of modeling identity integration and comfort of self to students. This aspect of LGBT-affirmative work is especially relevant for psychologists who work in college and university counseling centers as the typical-age, young adult student population may particularly benefit from this modeling.

Lastly, participants highlighted the importance of staying up-to-date on LGBT culture and issues facing the community. Highly skilled affirmative psychologists are informed, knowledgeable, and experienced with this population. Participants discussed paying attention to current events; continuing to learn through engagement with research literature, professional organizations, trainings, and conferences; and developing an expertise in affirmative therapy through many years of working with LGBT clients. This finding is consistent with the cumulative research on LGBT clients' therapy experiences which suggests that clients' perceptions of therapists' level of experience and knowledge regarding LGBT issues are associated with ratings of helpfulness, progress, and

satisfaction (e.g., Hunt et al., 2006; Israel et al., 2008; Liddle, 1996; Page, 2004), and this is particularly true for transgender clients (e.g., Bess & Stabb, 2009; Rachlin, 2002).

Domain B: LGBT-Affirmative Conceptualizations

The second domain, LGBT-Affirmative Conceptualizations, addresses the key understandings that characterize highly skilled LGBT-affirmative counseling. Some of these understandings are particularly relevant for counseling in a college or university setting: recognizing generational differences in lived experience, using a developmental lens to examine how clients' LGBT identity development might intersect with general college student development issues or other developmental trajectories, recognizing the fluidity with which the current college student generation sometimes views sexual orientation and gender identity, and considering the impact of identity labels in a specific institutional climate.

Other findings that emerged in this domain are less specific to work in college or university settings, but they still meaningfully characterize highly skilled LGBT-affirmative counseling. Most psychologists interviewed described paying careful attention in their conceptualizations to clients' social context. Some participants described how using a feminist lens aids them in understanding the impact of power and oppression in clients' lives, as well as the power dynamics and issues of privilege present in the therapeutic relationship. Many of the highly skilled psychologists noted recognizing the intersectionality of multiple marginalized identities and considering how different layers of identity may influence students' experience (e.g., how being a racial/ethnic minority, having a disability, etc. in addition to identifying as LGBT may

compound experiences of marginalization or isolation on campus or in the broader culture).

All participants discussed considering the potential influence of students' LGBT identity on their presenting concern(s) without assuming it must be connected. They described understanding how experiences related to managing a stigmatized identity could impact students' mental health, coping strategies, and sources of support both on and off campus. However, participants emphasized that LGBT students also come to counseling for issues unrelated to their identity and cautioned against automatically making their identity a focus of counseling. Some pointed out that students' LGBT identity may be well integrated or a source of pride. This finding is consistent with previous research (e.g., Garnets et al., 1991; Israel et al., 2008; Liddle, 1996; Page, 2004) that underscored the importance of not focusing on clients' LGBT identity when it is not relevant.

Domain C: LGBT-Affirmative Interventions

The third domain, LGBT-Affirmative Interventions, contains the strategies and techniques that characterize highly skilled LGBT-affirmative counseling in a college or university setting. Psychologists discussed providing support and validation to clients through creating a safe and welcoming space in their office and the counseling center; affirming clients' feelings and experiences, particularly those involving experiences of discrimination or marginalization; and attending to their individual stories regarding coming out, disclosing to others, and navigating the campus and larger community. Participants described connecting clients to a supportive community as a primary intervention, as this helps them heal from experiences of judgment or rejection and

allows them to build safe, accepting relationships that will continue after therapy is terminated.

Some participants discussed coming out to clients and sharing select aspects of their personal experiences with a marginalized identity. Previous research suggests this can be a delicate balance; for example, clients in Lebolt's (1999) study reported valuing a sense of authenticity and self-comfort in the therapist, but clients in Israel et al.'s (2008) study frequently cited excessive self-disclosure as an ineffective intervention that resulted in an unhelpful therapy situation. Most participants in the present study who identified using self-disclosure described doing so judiciously and with specific therapeutic intention.

Another primary finding in this domain involved empowering clients to make their own choices about how to manage their identity (e.g., whether and to whom to disclose) and respond to instances of discrimination. This is consistent with Bess and Stabb's (2009) study, in which clients reported that an ideal therapist does not presume to make decisions for clients or push clients into decisions or behaviors. Participants in the present study tailored interventions to strengthen clients' inner voice, help them better understand their personal values and the values of their communities, cultivate self-acceptance and identity integration, increase their sense of agency, and build self-advocacy skills.

The LGBT-affirmative psychologists in this study also described skillfully working with homophobia both internal and external to the client. They directly name these influences to clients when they come up in session, help them identify both the sources and manifestations in clients' lives, and assist them in developing coping

strategies and/or safety plans for responding to homophobia. These results build on the studies by Garnets et al. (1991) and Liddle (1996), which identified that helpful psychologists for LGBT clients are skilled in addressing internalized homophobia and societal prejudice.

Domain D: Role of Psychologists in Larger System

The fourth and final domain relevant to the first research question is the Role of Psychologists in Larger System. Participants emphasized that psychologists in a college or university counseling center are part of a campus community. Participant 12 memorably stated that in some ways, the campus is the client. There are many ways for an LGBT-affirmative psychologist to influence change in the broader campus community, including providing education, outreach, and prevention programming on topics related to discrimination or development human compassion (e.g., presentations on microaggressions, ally trainings); visibly communicating support for LGBT students through attendance at LGBT events and expressing support for LGBT students in public forums; and building connections and coalitions of allies across campus to strengthen and expand support for LGBT students, offer collaborative programming, and develop a referral network.

Participants especially highlighted advocating and/or providing consultation to improve campus climate for students as a key function of psychologists in college and university counseling centers. Many described how their role as psychologists gave them access to information about students' experiences and needs that other professionals on campus likely do not have, and they noted being able to use this knowledge and understanding, while maintaining client confidentiality, to share themes or bring issues to

the attention of colleagues across campus. Particularly if working at a non-welcoming institution, participants emphasized psychologists' responsibility to challenge oppression and work to make the campus climate safer for all students.

Research Question 2: What is challenging about LGBT-affirmative counseling in a college or university setting and what helps support this work?

Domain E: General Challenges to LGBT-Affirmative Work

The fifth domain is the first to address the second research question regarding challenges to LGBT-affirmative counseling and sources of support. This domain is not specific to a college or university setting, but rather consists of more general, universal challenges to LGBT-affirmative work. One of these challenges is making decisions about when to use self-disclosure and where to set boundaries about how much of their own experience to share with clients. Several participants described using self-disclosure with LGBT clients, particularly to come out to clients and/or discuss an element of their LGBT experience. Others noted they try to limit self-disclosure because it is inconsistent with their theoretical orientation or general approach to therapy in that it can take the focus off the client.

Another challenge is managing emotional reactions to what can sometimes be intense, heavy clinical work. Particularly when clients were experiencing discrimination, rejection from family or other significant communities, and/or painful conflicts with their faith or other cultural identities, participants described feeling sadness; guilt and responsibility for being part of dominant culture; and frustration with people or societal messages causing harm. They acknowledged the need to recognize and attend to these

emotional reactions through reflection, self-care, and support from colleagues so they do not disrupt the therapeutic process. A related challenge involves the ambiguity and complexity of helping clients navigate these painful situations. Participants spoke of not having clear or simple answers and sometimes feeling uncertain of how to be helpful. Additionally, participants described needing to be aware of how their own personal values might influence their wishes for clients or ideas about what is right or best. Some also shared how growing up and living in a discriminatory culture has led them to develop biases and prejudices that they need to monitor and manage.

A few of the challenges participants noted were related to staying informed. As the LGBT community continues to evolve and new issues come to the forefront, providing skilled affirmative therapy requires attention to and understanding of changes and emerging issues. Participants described sometimes lacking desired resources and training, particularly around topics involving specific populations in the LGBT community (e.g., bisexual or transgender clients, international LGBT clients, LGBT clients with a disability) or treatment of specific concerns (e.g., eating disorders in the gay male community, same-sex relationship violence). Some participants also cited a generation gap in social experience that can be challenging to navigate with younger clients, particularly regarding the use of social media and apps to meet people.

Finally, participants discussed how the language of affirmation changes over time, so psychologists need to stay informed about the terminology currently used in the LGBT community as well as what is preferred by a particular client. This attention to language is important given that Dorland and Fischer (2001) found that using language free of heterosexist bias resulted in more positive counselor ratings, expression of a high

likelihood of returning to see the counselor, and expression of greater comfort in disclosing sexual orientation to the counselor (even when controlling for clients' degree of outness), and clients in Hunt et al.'s (2006) study identified that heterosexist language on forms and in clinical interactions influenced their decision to not self-disclose their sexual orientation.

Domain F: Challenges Specific to a College or University Setting

The sixth domain, Challenges Specific to a College or University Setting, focuses on areas of difficulty related to providing LGBT-affirmative counseling services in a campus counseling center. These challenges include doing identity development work in a short-term therapy model, as many campus counseling centers now have session limits in place to meet the demand for services; navigating a small LGBT community on campus, which presents difficulties such as potential multiple relationships and concern over invading clients' space by attending campus LGBT events; and limited time for campus outreach given the direct service demands for individual appointments, which results in less opportunity for informal connections with LGBT students.

The dominant category by far, however, involved doing this work when the administration and/or campus climate are not LGBT-affirmative. Participants described having supportive programming restricted (e.g., not being allowed to hold an ally training for the university community, offer an LGBT student support group in the counseling center, or have an LGBT student organization on campus) and facing controversy or hostility related to their affirmative work (e.g., psychologist prohibited from attending a campus convocation on sexual orientation so misinformation regarding psychological research could not be corrected; suggestions from campus leadership to offer conversion

therapy). Perhaps most strikingly, engaging in LGBT-affirmative advocacy at some religiously-affiliated institutions also put psychologists at risk for losing their employment or other negative repercussions, such as the counseling center losing referrals from conservative departments on campus. Depending on the current administrative climate, some participants on religiously-affiliated campuses noted that making public statements of support for LGBT students felt "risky" at their institution.

Domain G: Sustaining Energy and Commitment

The seventh and final domain, Sustaining Energy and Commitment, consists of sources of support for LGBT-affirmative psychologists that strengthen vitality and make it easier to do affirmative work. One of the most-cited categories was consultation and support from personal and professional connections. Participants valued being able to process their work and receive feedback, ideas, and encouragement, and they described both learning from and feeling inspired by their connections with others. Some highlighted the importance of finding a supportive consultation group, particularly one with colleagues who understand the dynamics of their college or university setting, and they noted that outside perspectives on their work leads to more ethical practice. In addition to support from professional connections, participants often shared learning and gaining motivation from their personal relationships.

Participants also noted a wide variety of helpful resources that support their work, such as conferences, professional organizations, and trainings related to LGBT issues or college and university counseling work; campus offices, local community groups, and organizations like PFLAG, OutFront Minnesota, and the Human Rights Campaign; and APA publications, especially resources from Division 44 and APA practice guidelines.

Another area of emphasis for LGBT-affirmative psychologists involved enjoying and finding meaning in providing affirmative services. Participants used the following words to describe it: fun, special, rewarding, meaningful, fueling, engaging, exciting, wonderful, important, and a privilege. They clearly felt passionate about their work. Participants also described being touched and inspired by receiving positive feedback about their affirmative work and seeing evidence that their efforts were successful in some way.

Study Strengths

A primary strength of this study involves the quality and experience level of the sample. This sample consists entirely of doctoral-level counseling psychologists with an average of over 14 years of post-doctorate experience, which indicates that participants had a high level of education, training, and practice to draw on. The sample was also relatively balanced in terms of gender and sexual orientation (seven participants identified as female and five identified as male; six identified as heterosexual and six identified as LGBT). This balanced representation is particularly important when the present study involves working with those dimensions of identity.

Notably, all 12 people who received three or more nominations from colleagues in the recruitment stage agreed to be interviewed and describe their work. The participants' obvious dedication and passion for the topic likely provided motivation for them to share thoughtful and meaningful interview responses. In addition, that all 12 nominees who were invited to interview participated suggests that this sample does a good job of comprehensively capturing the experience of highly skilled LGBT-affirmative psychologists practicing at college and university settings in the state of

Minnesota. This description of not one person but many people serves as a control of qualitative error variance. This is not an N = 1 study where the reflections of one person who meets the criteria is of extensive importance. With categories identified by most of the sample, this study provides a composite or combined portrait of an LGBT-affirmative psychologist.

Another key strength of this study is that it is the first known study to examine the work of LGBT-affirmative psychologists specifically in a college or university setting. The use of qualitative methodology allowed participants to share a detailed and in-depth description of their work, and this provided a significant amount of rich material to use in developing recommendations for LGBT-affirmative practice in a college or university counseling center.

Study Limitations

This study also had several limitations. One limitation may have been that the sample of highly skilled psychologists was peer-nominated rather than client-nominated. Although peer nomination is consistent with previous research on master therapists and exemplars of social justice in psychology (e.g., Jennings & Skovholt, 1999; Sumner, 2013), it is important to acknowledge that fellow psychologists may have a different idea than clients of whether someone is a helpful and effective therapist. Participants in this study often noted that psychologists have limited knowledge of what our colleagues' therapy work looks like when the door closes, and we may not always see the outcomes for clients. Tracy, Wampold, Lichtenberg, and Goodyear (2014) questioned the validity of peer nomination as a selection method for defining expertise in psychotherapy, noting

that psychologists’ reputation with peers is not necessarily connected to their performance or client outcomes.

Another limitation is that in order to facilitate in-person interviews, the sample was limited to Minnesota. The results may have been strengthened by including voices of LGBT-affirmative psychologists in other geographic regions with potentially different challenges and approaches to their work. Additionally, while having a sample of doctoral-level psychologists offered some strengths, it may have been valuable to also include other credentialed mental health practitioners, particularly those with social work training. Some participants discussed how in contrast with psychology, the field of social work has a greater history of engagement in social justice work and more often sees advocacy as an essential part of their professional role. Clinical social workers in Minnesota-based college and university counseling centers are often employed as case managers, and practitioners in this role may have had additional insights to offer.

Lastly, this study relied on psychologists' self-report about how they approach their work. However, they may not recall or recognize all the notable aspects of the services they provide. Some participants noted that LGBT affirmation was so integrated into their perspectives and practices that it was initially challenging to tease apart specifics and consider what might lead colleagues to view them as highly skilled. Experts in a field often have deeply internal constructs which guide their work, and this can make it hard for them to articulate, in simple terms, how they proceed in the fluid reality of counseling (Ronnestad & Skovholt, 2013). It is also possible that using psychologists' self-report about how they approach their work more accurately captures their intentions than observable therapy practices.

Research Recommendations

As noted above, the present study relied on peer nominations to build the sample. Lambert and Shimokawa (2011) discussed the usefulness of client feedback, and it would be interesting for future studies in this area to use client nominations or ratings to identify highly skilled affirmative psychologists. To build on the existing literature regarding general helpful and unhelpful therapy practices with LGBT clients, future research could involve interviewing LGBT-identified college and university student clients about their helpful and unhelpful therapy experiences. It would also be beneficial to examine affirmative work in university settings located in other geographic regions of the country or even in international locations.

Participants in the present study often commented on how religious college and universities were a more challenging work environment to navigate as an LGBT-affirmative psychologist. This is consistent with previous research (e.g., Yarhouse et al., 2009) that suggested the campus climate for LGBT students is generally negative at religiously-affiliated institutions. Taken together, it seems likely the LGBT student need for affirmative services and LGBT-affirmative psychologist need for support are both greatest at religiously-affiliated colleges and universities. Therefore, continued exploration of LGBT-affirmative therapy should focus on religiously-affiliated campuses (e.g., recommendations for how to be effective in this specific setting, strategies for managing the challenges of working in a religiously-affiliated environment, ideas on how to strengthen and expand resources that support affirmative work there). It could be particularly helpful for future research to investigate strategies for communicating and

navigating difficulties with non-affirmative administration on religiously-affiliated campuses, as this emerged as a primary issue in participant interviews.

Practice Implications

The APA Guidelines for Psychological Practice with Lesbian, Gay and Bisexual Clients (reviewed in chapter two) address attitudes toward homosexuality and bisexuality, relationships and families, issues of diversity, economic and workplace issues, education and training, and research in an effort to inform psychological practice and the education and training of psychologists regarding LGB issues (American Psychological Association, 2012). The guidelines include empirically-based rationale and a discussion of application. The authors noted it may be helpful for future efforts in LGBT-affirmative psychology research to focus on developing recommendations for specific settings or client populations. The present study sought to further illustrate and build on some of these guidelines by understanding the work of highly skilled LGBT-affirmative psychologists in college and university counseling centers. The following practice implications provide suggestions tailored to the challenges and opportunities of LGBT-affirmative counseling in a college or university setting.

(1) Engage in Self-Reflection and Learn from Resources. Being a skilled affirmative therapist involves consistently engaging in self-reflection and working to increase self-awareness. Participants described examining how aspects of their own identity and their attitudes, beliefs, and values influenced their work. They also acknowledged their areas of privilege and ways it might limit their understanding. Several spoke of recognizing the biases they hold stemming from living in a

heteronormative, binary-gendered culture. However, some participants noted that working on a university campus provided access to resources and connection to a culture of learning that supported them in their growth. Those who work at a training center often described increasing their awareness and understanding through the supervision they provide to graduate students.

(2) Develop a Warm, Welcoming Space and Presence on Campus. Participants noted that being welcoming to sexual minority students involves conveying both warmth and familiarity with LGBT issues. Counselors can communicate sensitivity and competency in initial sessions through using correct terminology, not making heteronormative or gender normative assumptions, and asking questions that suggest an understanding of their experience (e.g., "Are you out to your family?" or "This campus has a small LGBT community; what is that like for you?") There are also meaningful ways to communicate safety to LGBT students through creating an affirmative setting in your office and the counseling center. For example, participants described using inclusive language on all paperwork; providing LGBT-friendly material, literature, and resources in the waiting room; and explicitly welcoming diverse identities on the counseling center website or in office signage.

(3) Actively Engage in the Campus Community. A key part of a psychologist's role on a college or university campus involves engaging with the broader campus community. This includes collaborative efforts with other offices, departments, and student groups; providing education and prevention programming on campus; attending LGBT community events and activities; giving feedback to colleagues and administrators about improving the university climate for LGBT students; making public statements of

support for LGBT students; and building and maintaining a reputation as a safe place on campus.

(4) Understand Global and Specific Minority Experiences. It is essential for affirmative psychologists to be informed about LGBT history, culture, and identity development models, and to understand the dynamics of common issues for LGBT students (e.g., coming out, family reactions, romantic relationships, conflict with faith or other cultural identities). Additionally, psychologists in a college or university setting are responsible for knowing what the environment is like for LGBT students on their particular campus; what are the specific challenges and where are the sources of support? It is also critical for psychologists to explore a client's individual experience and recognize that while there are some common experiences and environmental influences, each person has a unique narrative related to personal discovery and disclosure of their sexual orientation and/or gender identity.

(5) Consider the Influence of Developmental Levels, Social Context, and External and Internalized Homophobia in Conceptualizations. Participants described the importance of understanding how LGBT identity development intersects with general college student development and other developmental trajectories. They also emphasized tuning into social context, including how issues of power and oppression are playing out in students' lives; how having access to privilege or multiple marginalized identities might impact their experience on and off campus; and ways that students' age and generation may impact their lived experience. Additionally, it is critical that clinical assessment and treatment planning attend to how external and internalized homophobia may be influencing presenting concerns.

(6) Focus on Empowering Clients. The results in this study include several ways psychologists can work to empower clients on a college or university campus. A foundational part of helping clients feel stronger and more confident, especially in claiming their rights, is validating and affirming their feelings and experiences. Next steps involve encouraging them to make choices about how to respond to discrimination, which can involve: strengthening their inner voice, understanding of values, and sense of agency; identifying options and resources (both on and off campus); developing coping skills to use in managing reactions; and building self-advocacy skills.

(7) Know the LGBT Resources in Your Local Community. While participants noted that connecting clients with literature and online resources can be helpful, they emphasized that developing connections and building an affirming community were a key part of clients' healing and ongoing support. Psychologists should be familiar with the resources available on their university campus and in the broader community in order to help clients make these connections.

(8) Seek Support, Consultation, and Training. Participants identified that emotional support and consultation from colleagues and loved ones improved the quality of their work and were instrumental in their ability to sustain energy and commitment. Many recommended that practitioners join consultation groups and professional organizations with other affirmative psychologists, particularly those familiar with the dynamics of a college and university work setting. Additionally, as some participants noted a lack of desired resources and training, psychologists should work to increase access to information and provide education to other psychologists in their area(s) of expertise. Developing consultation networks may also help facilitate the sharing of

information about LGBT-affirmative continuing education trainings, conference presentations, and resources for clinical practice.

Figure 1: Domain and Category Structure Chart

Research Question 1: What characterizes highly skilled LGBT-affirmative counseling in a college or university setting?
Domain A: Characteristics of LGBT-Affirmative Psychologists 1: Expertise in LGBT Issues 2: Foundation in a Humanistic Approach 3: Personal Experience with a Marginalized Identity 4: Committed to Social Justice
Domain B: LGBT-Affirmative Conceptualizations 5: Use a Developmental Lens 6: Use a Feminist Lens 7: Consider Influence of LGBT Identity Without Assuming Connection to Presenting Issue(s) 8: Examine Impact of Internalized Homophobia and Discrimination 9: Attention to Common Struggles 10: Recognize Generational Differences in Lived Experience 11: Recognize Intersectionality of Marginalized Identities 12: Recognize Fluidity and Impact of Labels 13: Awareness of Their Own Privilege, Biases, and Limitations
Domain C: LGBT-Affirmative Interventions 14: Connect Clients to a Supportive Community 15: Directly Name External and Internalized Homophobia 16: Provide Support and Validation - Subcategories: Create a Safe and Welcoming Space; Affirm Feelings and Experiences; Explore Clients' Individual Experiences as a Minority 17: Process Spiritual Concerns Within Professional Competency 18: Self-Disclose About Personal Identity, Experiences, and/or Reactions 19: Empower Clients to Make Choices and Respond to Discrimination - Subcategories: Strengthen Inner Voice, Understanding of Values, and/or Sense of Agency; Identify Options and Resources on Campus; Navigate Family Relationships and Reactions; Develop Coping Strategies and/or Safety Plans 20: Provide Psychoeducation About LGBT Identities and Intimacy 21: Build Self-Advocacy Skills 22: Increase Self-Acceptance and/or Identity Integration 23: Identify Sources and Manifestations of Internalized Homophobia
Domain D: Role of Psychologists in Larger System 24: Be Visible Allies - Subcategories: Publicly Communicate Support for LGBT Students; Make Counseling Center Known as Safe Place on Campus 25: Promote Institutional Change - Subcategories: Assess Student Needs; Advocate and/or Consult to Improve Campus Climate for LGBT Students; Provide Education, Outreach, and Prevention Programming; Consider How to be Most Effective in the Campus Environment 26: Provide LGBT-Affirmative Training and Supervision 27: Build Connections and Coalitions - Subcategories: Identify and Collaborate with Allies; Develop a Network and Reputation that Foster Direct Referrals 28: Engage in Social, Political, and/or Legislative Advocacy

Research Question 2: **What is challenging about LGBT-affirmative counseling in a college or university setting and what helps support this work?**
Domain E: General Challenges to LGBT-Affirmative Work 29: Managing Emotional Reactions 30: Monitoring Values, Biases, and/or Blind Spots 31: Attention to Terminology and Language of Affirmation 32: Navigating the Generation Gap in Social Experience and/or Use of Technology 33: Uncertainty of Role in Advocacy 34: Complex Work Without Clear Answers 35: Lack of Resources and Training 36: Making Decisions About Self-Disclosure and Boundaries 37: Providing Supervision to Trainees Who Are Not LGBT-Affirmative
Domain F: Challenges Specific to a College or University Setting 38: Administration and/or Campus Climate Are Not LGBT-Affirmative - Subcategories: Supportive Programming is Restricted; Communicating Safety to All Students; Engaging in Advocacy Risks Systemic Backlash; Affirmative Psychologists May Experience Controversy and/or Hostility 39: Small LGBT Community on Campus 40: Session Limits in Short-Term Model 41: Limited Time for Outreach
Domain G: Sustaining Energy and Commitment 42: Working in an Affirming Campus Environment 43: Access to Helpful Resources 44: Consultation and Support from Personal and Professional Connections 45: New Leadership Improving Campus Climate 46: Social and Political Progress 47: Personal Safety and Privilege 48: Enjoying and Finding Meaning in Affirmative Work

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Appendix A: Consent Statement

CONSENT STATEMENT

A Study of Highly Skilled LGBT-Affirmative Counselors in College Settings

You are invited to participate in an interview regarding LGBT-affirmative therapy practices in a college or university setting. You were selected as a possible participant because you were nominated by your colleagues as being highly skilled at this work. We ask that you read this form and ask any questions you may have before agreeing to complete the interview.

This study is being conducted by Nicole Park, M.A. for her doctoral dissertation in the department of Educational Psychology at the University of Minnesota. She is advised by Dr. Thomas Skovholt at the University of Minnesota.

Background Information

The goal of this study is to identify ways we can strengthen and expand recommendations for LGBT-affirmative therapy practices in a college or university setting. Your input will help us provide guidance to psychologists in their work with lesbian, gay, bisexual, and transgender students.

Procedures

If you agree to participate, you will be asked to schedule a semi-structured, in-person interview and respond to a brief demographic questionnaire. The interview consists of open-ended questions and is expected to take approximately 45-60 minutes. The interview will be audio-recorded and transcribed.

Risks and Benefits of Participating

Potential risks:
This study has minimal risks. Participants will be asked to provide personal demographic information as well as potentially sensitive information about challenges they may encounter in their work settings and how they approach work with a minority population. A potential risk includes the possibility of a breach of confidentiality.

Benefits to participation:
There are no direct benefits to participating in the study.

Confidentiality

The interview and records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a participant. All identifying information will be removed from the transcript of the interview and audio recordings will be destroyed at the conclusion of the study. Research records and

materials will be stored securely and only researchers will have access to the transcripts and audio recordings.

Voluntary Nature of the Study

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

Contacts and Questions

The researcher conducting this study is Nicole Park, M.A. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at 612-568-7473, erspa008@umn.edu or her advisor Dr. Thomas Skovholt at 612-625-3573, skovh001@umn.edu.

If you have any questions or concerns regarding the study and would like to talk to someone other than the researchers, you are encouraged to contact the Research Subjects' Advocate line, D528 Mayo, 420 Delaware Street S.E., Minneapolis, Minnesota 55455; telephone 612-625-1650.

You will be given a copy of this information to keep for your records.

Statement of Consent

I have read the above information. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study. I understand that if I have any additional questions about my rights as a research participant, I may call 612-568-7473 or email Nicole Park, erspa008@umn.edu.

By completing the survey, I agree to take part in this study as a research participant. In doing so, I affirm that I am at least 18 years old and that I have received a copy of this Consent and Authorization form.

Researcher Contact Information:

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Appendix B: Email to Prospective Participants

Dear XXXXX,

Based on your expertise and reputation, you have been identified by your colleagues as a psychologist with valuable insight regarding LGBT-affirmative counseling practices. I would like to request your assistance with my doctoral dissertation.

Our goal is to identify psychologists who are highly skilled at LGBT-affirmative counseling in a college or university setting. For this study, LGBT-affirmative counseling is defined as assisting LGBT individuals in (1) understanding and accepting their sexual orientation or gender identity as a natural part of themselves, (2) forming a positive sense of identity, and (3) developing strategies for coping adaptively with the impact of negative social attitudes, prejudice, and discrimination (adapted from Garnets, 2007). I ask that you please nominate five psychologists whom you (a) believe are highly skilled at LGBT-affirmative counseling in their work with college students and (b) would recommend to an LGBT student seeking counseling services.

You may submit your nominees by responding to this email. Eligible participants will be doctoral-level counseling or clinical psychologists who have worked in a college or university counseling center for at least one year post-degree and practice in the state of Minnesota. You may nominate yourself. Please include an email address for each nominee.

Participants who are nominated multiple times will be asked to complete a 60-minute interview about their practice with LGBT college students.

Your response to this email will be kept completely confidential. Nominees will not be informed of who nominated them.

Thank you for taking the time to participate in this study. Your input will contribute to providing recommendations for LGBT-affirmative counseling practices in a college or university setting. Please contact me if you have any questions. You may also contact my advisor, Dr. Thomas Skovholt, by email at skovh001@umn.edu or by phone at 612-625-3573.

Thank you for your consideration,

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Appendix C: Demographic Questionnaire

Professional title:

Highest degree completed:

Total years of post-degree clinical experience:

Years of post-degree clinical experience in a college or university counseling center:

Work setting:	(1)	a. Public	b. Private
	(2)	a. Religiously-affiliated	b. Independent/secular

Age:

Sex:

Sexual orientation:

Race/ethnicity:

Primary theoretical orientation (e.g., humanistic, cognitive-behavioral, integrative):

Appendix D: Interview Protocol

(1) You've been nominated as being highly skilled in working with LGBT college students. What are the ways you work with students that others consider so effective?

(2) What role should psychologists in college and university counseling centers play in addressing the needs of LGBT students?

(3) What are common concerns LGBT students bring to counseling? How do you approach working with these concerns?

(4) In your counseling practice, how do you address the negative social attitudes, prejudice, and discrimination experienced by LGBT students? How can psychologists be helpful to LGBT students who do not feel the campus climate is respectful and inclusive of their identities?

(5) What are the challenges associated with LGBT-affirmative counseling work? Are there challenges specific to doing this work in a college or university setting? How do you navigate these challenges?

(6) What resources have been helpful for you in providing LGBT-affirmative therapy in a college or university counseling center?