

ISSUES IN DIVERSITY

Student Perspectives on Training in Gay, Lesbian, and Bisexual Issues: A Survey of Behavioral Clinical Psychology Programs

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Practicing psychologists frequently are asked to provide services to individuals whose backgrounds may differ from their own. Education in multicultural issues increasingly is being considered an important component of doctoral training programs. This article discusses the results of a survey of behavioral doctoral students concerning their graduate training on gay, lesbian, and bisexual (GLB) issues. The results indicate that participants (a) have received minimal training in GLB issues, (b) feel inadequate in working with GLB individuals, and (c) express significantly more favorable attitudes toward gay men than a sample from the general population. Included are recommendations for improving training in sexual orientation issues in behavioral clinical psychology programs.

GAY MEN, lesbian women, and bisexual women and men (GLB) comprise 4% to 17% of the U.S. population (Gonsiorek & Weinrich, 1991). Historically, GLB individuals have lacked support and acceptance of their sexual orientation in U.S. society (Glenn & Russell, 1986; Rudolph, 1989). Further, there are a number of sexual orientation issues that are important for behavior therapists to understand in order to adequately serve GLB people. For example, lesbian mothers and gay fathers often have been denied custody and visitation rights with their children following divorce, solely because of their sexual orientation (Patterson, 1997). Such decisions by family court judges are common throughout the U.S. legal system (Patterson, 1997).

As a result of societal prejudice, an individual's acceptance and disclosure of a GLB identity can be anxiety provoking (Greene, 1993). In disclosing their sexual orientation, GLB persons risk losing the support of their family, friends, and other important people in their lives (e.g., Pilkington & D'Augelli, 1995). Another area that may affect GLB people is violence related to sexual orientation (see Herek & Berrill, 1992). Results of a U.S. survey of more than 2,000 GLB individuals reported that 19% of participants experienced physical attacks related to their sexual orientation. Further, 94% of the sample had experienced verbal abuse, harassment, damage to property, and rejection from loved ones as a result of their GLB identity (National Gay and Lesbian Task Force Policy Institute, 1984). Other aspects that are potential stressors for GLB persons have been discussed elsewhere (e.g., Anhalt & Morris, 1998; Garnets & Kimmel, 1993; Greene, 1994; Purcell, Campos, & Perilla, 1996).

Behavior Therapy With Gay and Bisexual Men

Behavior therapy research and practice with gay and bisexual men until the late 1970s focused primarily on changing sexual orientation (Campos, Bernstein, Davison, Adams, & Arias, 1996; Campos & Hathaway, 1993). Prior to the 1970s, the psychological community as a whole conceptualized same-gender sexual behavior and attractions as deviant (Silverstein, 1991). Treatment goals in the behavioral literature were focused on conditioning more "appropriate" opposite-gender arousal and overt sexual behavior (e.g., Feldman & MacCulloch, 1971; Freeman & Meyer, 1975). Notably, the early research literature in this area focused almost exclusively on gay and bisexual men. Thus, little is known about early therapeutic approaches with lesbian and bisexual women.

In 1974, however, the Association for Advancement of Behavior Therapy (AABT) made one of the earliest progressive statements regarding gay male and lesbian persons, stating that:

The AABT believes that homosexuality is in itself not a sign of behavioral pathology. . . . While we recognize that this long-standing prejudice will not be easily changed, there is no justification for a delay in formally according these people the basic civil and human rights that other citizens enjoy. (Davison, 1991, p. 138)

There was a significant decrease in published research on sexual orientation change techniques after a series of debates appeared in the behavioral literature (Campos & Hathaway, 1993; Campos et al., 1996). However, it is also the case that published research by behavior therapists on any issues affecting GLB persons (e.g., psychological effect of identifying as GLB) has been scarce (Campos & Hathaway). Still, guidelines for behavior therapists to work affirmatively with lesbian and gay individuals have been published (e.g., Bernstein, 1993; Bernstein & Miller, 1995; Purcell et al., 1996; Safren, 1999).

Therapist Approaches and Attitudes Toward Working With GLB Clients

Few descriptive studies have investigated the attitudes of practicing therapists and psychology trainees toward therapy with GLB clients. In one study, Garnets et al. (1991) surveyed a large group of psychologists on issues in psychotherapy with lesbian women and gay men. More than 2,500 psychologists responded out of 6,580 questionnaires mailed. Overall, 58% of the psychologists surveyed reported practicing or knowing of biased, inappropriate, or inadequate care to lesbian and gay clients. In contrast, results also showed that many psychologists, regardless of sexual orientation, were providers of sensitive and appropriate services to gay men and lesbian women.

Attitudes of Trainees Toward GLB Persons

Several studies have assessed the attitudes and training of graduate students with regard to sexual orientation. To illustrate, Thompson and Fishburn (1977) surveyed counseling graduate students and found that participants were well informed about GLB culture and largely rejected common myths surrounding GLB people. Of interest, Thompson and Fishburn found significant differences in the responses of male versus female graduate students, with female students exhibiting more positive attitudes toward GLB persons and more knowledge about GLB issues.

With regard to training in graduate psychology programs, Buhrke (1989) surveyed female counseling psychology doctoral students about the type and extent of their training concerning GLB persons. The study was limited to female participants as it was imbedded in a larger project involving only female counseling psychology students. Buhrke asked questions about all areas of training, including course work, clinical work, research, and overall atmosphere of the program with regard to visibility of GLB issues. Findings revealed little exposure to GLB issues through clinical supervision, courses, or research. Knowledge regarding these issues, if any, reportedly came from informal sources, such as friends and colleagues.

Pilkington and Cantor (1996) surveyed graduate students in professional psychology who were members of Division 44 of the American Psychological Association (the Society for the Psychological Study of Lesbian and Gay Issues). The authors assessed instances of training where participants experienced discrimination based on sexual orientation. Participants responded to questions regarding course material, instructor statements, and faculty advice that discouraged the study of, or showed insensitivity to, GLB issues. Approximately half of the sample reported having negative experiences in the areas surveyed.

Overview of the Study

There is some knowledge, then, of the experiences and attitudes of counseling psychology graduate students toward GLB issues. However, we are not aware of any published study to date that has addressed the training of behavioral clinical psychology graduate students in GLB issues and their attitudes toward GLB people. Further, such information would be helpful in evaluating training experiences in behaviorally oriented programs (Safren, 1999). Therefore, the first goal of this study was to provide the field of behavioral and cognitive-behavioral clinical psychology with descriptive information on formal training in GLB issues. We were specifically interested in behavioral and cognitive-behavioral programs for two reasons: (a) our own training and tenure within such programs, and (b) the less than favorable history of behavior therapy for gay and bisexual men. Descriptive information included reports on the quantity and quality of exposure to sexual orientation issues through course work, clinical work, and research. Further, we assessed participants' opinions regarding the adequacy of training in GLB issues (e.g., helpfulness of supervision on issues of sexuality), and the climate of their department, campus, and city toward sexual orientation issues.

The second goal of this study was to assess graduate student attitudes toward GLB persons. As gender differences in attitudes toward GLB persons have been reported for samples of trainees (e.g., Thompson & Fishburn, 1977), as well as for samples from the general population (e.g., Herek, 1988), we hypothesized that this gender difference would be evident in our sample. Additionally, we sought to systematically compare our participant attitude scores with scores from a sample of the general population in order to provide a norm-based comparison.

Method

Participants

Twenty-one doctoral training programs were identified through the *Insider's Guide to Graduate Programs in Clinical Psychology* (Mayne, Norcross, & Sayette, 1994) as having 70% or more of their clinical psychology faculty endorsing a behavioral or cognitive-behavioral theoretical orientation. The directors of clinical training (DCT) for these programs were contacted by letter and follow-up phone calls, resulting in 10 programs agreeing to participate (48%). The participating programs were Illinois Institute of Technology, State University of New York at Albany, State University of New York at Stony Brook, University of Hawaii, University of Mississippi, University of Nebraska at Lincoln, University of Vermont, Virginia Polytechnic Institute and State University, Wayne State University, and West Virginia University. The DCTs indicated a

and reliable version of the scale (Herek & Gunt, 1993). As the short form is imbedded in the ATLG, comparisons between our sample and the general population could be made.

Procedure

Surveys were sent to the DCTs of the 10 programs, who were asked to distribute them to the full-time doctoral clinical psychology students in their programs. The survey cover letter requested participation, contained a statement regarding the anonymous and voluntary nature of participation, and noted that completion implied consent. Surveys were returned anonymously in business-reply envelopes.

Results

The 200 participants (70.5% female) ranged in age from 22 to 50 years ($M = 28.5$, $SD = 5.3$). Participants were predominantly Caucasian (83.5%), and included Asian Americans (8%), African Americans (2.5%), Hispanics (2.5%), and Pacific Islanders (2%). These gender and ethnic minority rates are highly similar to those of APA doctoral programs (APA, 1999). Over half of the participants (51.5%) were single, and 34% were currently married. The vast majority of students reported being heterosexual (91.5%); 8.5% reported a GLB orientation. With regard to theoretical orientation, the majority (76%) of participants characterized their program as cognitive-behavioral; 22% of participants noted that their program was behavioral. Similarly, the majority of participants reported that a cognitive-behavioral (65%) or behavioral (11.5%) theoretical orientation best described them. Other theoretical orientations reported by students included eclectic (7%), humanistic (3.5%), psychodynamic (3.5%), cognitive-behavioral and humanistic (2.5%), and other (5.5%).

Summaries of course work, clinical work, and research on GLB issues, as well as personal contact with GLB individuals, are presented in Table 1. On average, doctoral students reported that 10% of courses they had taken addressed sexual orientation issues (SOI), with very little time spent actually discussing SOI. Few clients seen were known to be GLB, and SOI was rarely seen as relevant to therapy. It is important to note that these numbers reflect graduate student knowledge of the sexual orientation of their clients; sexual orientation and related issues may not have been assessed. Fifty-seven percent of participants reported that zero faculty or students were engaged in SOI research. Thirty-nine percent of participants reported that at least one faculty member or graduate student was engaged in research

Reports of Formal Training

total of 450 doctoral students enrolled in these 10 programs, 200 (44%) of whom returned the survey. We evaluated possible bias in our sample by referring to the American Psychological Association (1998) *Survey of Graduate Faculty in Psychology Interested in Lesbian, Gay, and Bisexual Issues 1996*. The overall response rate to our survey was comparable to that of APA's survey (53%). Further, our responders and nonresponders did not significantly differ on the proportion completing the APA survey, or reporting faculty or graduate students who are openly GLB.

Measures

Description of the survey instrument. The instrument was divided into three sections: (a) demographic information; (b) information about course work, clinical work, research, and personal contact with GLB issues; and (c) attitudes of participants toward lesbian women and gay men, assessed by questions about therapy with GLB clients and completion of the Attitudes Toward Lesbians and Gay Men (ATLG) scale (Herek, 1988). The survey instrument included a total of 90 items and took approximately 15 minutes to complete.

Development of the survey instrument. The demographic information and the training sections of the survey were adapted from a survey developed by Buhrke (1989). Items pertaining to graduate student attitudes toward working with GLB clients were based on questions asked by Davison and Wilson (1973). The ATLG scale was included exactly as published (Herek, 1988). The initial survey was revised to enhance face and content validity following feedback from 20 clinical psychology graduate students at West Virginia University. A copy of the instrument is available from the first author on request.

The ATLG scale. The ATLG is a 20-item scale with two 10-item subscales, the Attitudes Toward Lesbians (ATL) scale and the Attitudes Toward Gay Men (ATG) scale. Scores on the full scale can range from 20 (*extremely positive attitudes*) to 180 (*extremely negative attitudes*). Items address the perceived rights of gay men and lesbian women, as well as the respondent's views on the morality of same-gender sexual orientations. Herek (1988) reported a high degree of internal consistency for the ATLG, the ATG, and the ATL (coefficient alphas of .95, .91, and .90, respectively) and adequate construct validity for the ATLG (Herek, 1994).

Standard deviations from the validation studies on the ATLG are no longer available (G. M. Herek, personal communication, October 6, 1995), preventing a statistical comparison of our results to the undergraduate student scores obtained by Herek. However, data for a five-item short form of the ATG scale (hereafter ATG-S) from 937 participants from the general population (i.e., $M = 6.0$, $SD = 3.7$) are available for this internally consistent

Table 1
Exposure and Attitudes Toward Lesbian, Gay, and Bisexual Individuals

Variable	<i>M</i>	<i>SD</i>	Range
Course work			
Total number of courses taken in program	17.8	8.9	0-60
Number of courses that addressed SOI	1.7	1.9	0-17
Percent of class time that addressed SOI	5.2	7.2	0-50
Clinical work and research			
Total number of clients seen	36.3	49.1	0-300
Gay/lesbian/bisexual clients (known)	1.8	4.5	0-55
SOI relevant to therapy	1.1	1.9	0-15
Faculty and students conducting research on SOI	1.0	1.7	0-10
Personal contact			
Number of lesbian friends	1.3	2.1	0-20
Number of gay male friends	1.7	1.9	0-10
Ratings of past interactions with lesbians ^a	4.6	.6	3-5
Ratings of past interactions with gay men ^a	4.7	.5	3-5
ATL score for female participants	18.9	10.5	10-64
ATG score for female participants	21.9	12.5	10-71
ATL score for male participants	17.5	8.5	10-57
ATG score for male participants	24.0	12.0	10-56

Note. SOI = sexual orientation issues; ATL = Attitudes Toward Lesbians Subscale; ATG = Attitudes Toward Gay Men Subscale. Lower scores on ATL and ATG indicate more positive attitudes (possible range = 10-90).

^aPast interaction ratings were made on a 5-point scale (1 = *very negative*, 5 = *very positive*).

related to SOI. A small minority (i.e., 5%) of participants reported that five to eight faculty or students were engaged in SOI research.

Ninety percent of participants reported they would benefit from training in SOI; some recommended inclusion of GLB issues into existing required courses. Seventy-five percent of the participants agreed that it is necessary for clinical psychologists to receive training in SOI. However, only 16% felt adequately trained in these issues; many noted they would feel more comfortable with GLB clients if they had additional training. Some participants commented that although ethnicity and gender issues were addressed in their program, little attention had been given to GLB issues.

Comfort in Conducting Therapy and Helpfulness of Supervision

Several analyses were conducted to assess differences between perceptions of level of comfort in (a) doing therapy in general, (b) addressing sexuality issues, and (c) addressing SOI. Comfort ratings were made on a 5-point scale (1 = *uncomfortable*, 5 = *comfortable*). Students reported their level of comfort in doing therapy in general ($M = 4.5$, $SD = 0.9$) was significantly greater than (a) their comfort in addressing sexuality issues in therapy ($M = 4.3$, $SD = 1$), $t(176) = 2.88$, $p < .005$; or (b) their comfort in addressing SOI in therapy ($M = 4.3$, $SD = 1$), $t(167) = 2.31$, $p < .05$. There were no significant differences be-

tween ratings for sexuality and SOI. Although these ratings were statistically significant, their effect sizes were small (i.e., .21; Borenstein & Cohen, 1988) and may not be meaningful. In any case, the scores suggest a generally *high* level of comfort with these issues in therapy.

Further analyses assessed the differences between perceptions of helpfulness of supervision for therapy in general versus for sexuality issues and SOI. Helpfulness of supervision ratings were made on a 5-point scale (1 = *not at all helpful*, 5 = *very helpful*). Students reported that supervision for all clients ($M = 4.4$, $SD = 0.8$) was significantly more helpful than supervision in the area of (a) sexuality issues ($M = 4$, $SD = 1$), $t(145) = 5.74$, $p < .001$, and (b) SOI ($M = 4$, $SD = 1.1$), $t(116) = 5.39$, $p < .001$ (with no differences between ratings for sexuality and SOI). These effect sizes were medium (i.e., .44 and .42, respectively), and likely to be meaningful.

Reports of Informal Training and Contact

In addition to personal contact with GLB individuals (see Table 1), participants reported exposure to SOI outside of their training program, as follows: (a) prior contact with GLB individuals (95%), (b) exposure through the media (95%), (c) independent readings (72%), (d) attendance at workshops or symposia (29%), (e) social or political activism (23%), and (f) participation in a GLB organization (14%).

Past interactions with GLB people were rated on a 5-point scale (1 = *very negative*, 5 = *very positive*). Ratings of past interactions with lesbian and bisexual women ranged from *neutral* to *very positive* ($M = 4.6$, $SD = .6$), as did past interactions with gay and bisexual men ($M = 4.7$, $SD = .5$). Some participants reported that contact with GLB persons in their department had helped them confront their own prejudice toward GLB people. These findings are consistent with previous research by Herek and colleagues (Herek & Capitano, 1996; Herek & Glunt, 1991, 1993) indicating that interpersonal contact with GLB persons is associated with positive attitudes toward GLB persons and related issues.

Climate Regarding GLB Issues

Participants rated the climate of their department, campus, and city with regard to GLB issues on a 5-point scale (1 = *discouraging*, 5 = *supportive*). Climate ratings across settings ranged from *discouraging* to *supportive*, with the department climate being *somewhat supportive* ($M =$

3.8, $SD = 1$) and the campus ($M = 3.1$, $SD = 1.3$) and city climates ($M = 2.8$, $SD = 1.3$) being *neutral* (neither discouraging nor supportive).

In general, participants who identified as GLB reported that disclosing their sexual orientation to people in their department had been positive and resulted in continued support. Further, several departments were reported to have openly GLB faculty members, an aspect that was related to a climate supportive of GLB issues. However, some participants noted negative experiences after disclosing their sexual orientation, and a hesitancy to take such a risk with people they predicted would not be supportive of their identity. Finally, some participants reported a departmental climate that supported incidents of biased practice with GLB clients (e.g., supervisors allowing student therapists to inform clients that GLB issues would not be addressed during sessions).

Findings on the ATLG Scale

Recall that the ATL and the ATG focus on negative attitudes toward GLB persons, with *higher* scores reflecting *more negative* attitudes. On average, this sample of students reported favorable attitudes toward GLB persons on the ATLG scale ($M = 41$, $SD = 20.8$, range = 20 to 135). As a point of comparison, their attitudes were significantly more favorable on the ATG-S ($M = 0.9$, $SD = 1.7$, range = 0 to 10) than the English-speaking American adults in the general population sample by Herek and Glunt (1993; $M = 6.0$, $SD = 3.7$), $t(1,135) = 35.8$, $p < .001$.

A 2 (Gender of Respondent) \times 2 (Gender of Target—ATL vs. ATG) factorial ANOVA was conducted to evaluate gender differences in response to the ATLG. Standardized (z) scores were used to compare group means because the ATLG subscales consist of two different item sets. There was a significant interaction between gender and attitude, $F(1, 198) = 7.85$, $p < .01$. Male participants reported significantly less favorable attitudes toward gay men (standard [z] scores; $M = 0.12$, $SD = 0.97$) than lesbian women (standard [z] scores; $M = -0.10$, $SD = 0.85$), Tukey test, $p < .05$. There were no significant differences on these scales for female participants (see Table 1 for mean scores).

Discussion

Overview of Findings

The formal training in GLB issues that participants in this study reported was surprisingly similar to that noted by doctoral counseling psychology students in Buhrke (1989), in terms of course work and client contact. The majority of graduate students in this study reported that they would benefit from more training on SOI issues, and that they felt inadequately trained to be effective with GLB clients. The feeling of inadequacy of these trainees

may be, in part, related to the lower level of helpfulness of supervision on SOI relative to therapy in general. Despite feeling inadequately trained, the comfort level in addressing sexuality and SOI in therapy was quite high. This may suggest that these students are obtaining information and assistance outside the formal training program, which is partially supported by the data. The most common methods of exposure to GLB issues aside from formal training included contact with GLB individuals, exposure to SOI through the media, and independent readings. The level of comfort in addressing SOI in therapy also may be related to the favorable attitudes toward GLB persons that participants reported. As published norms do not exist, we attempted to show that—for at least attitudes toward gay men—this sample holds a more positive attitude than the general population.

Of interest, previous findings on gender differences in attitudes toward gay men and lesbian women, as expressed through the ATLG scale, were not replicated in this study. Herek (1988) reported that male respondents expressed more negative attitudes on both the ATL and ATG subscales of the ATLG, when compared to females. In the present study, there was no main effect for gender; male graduate students only reported more negative attitudes toward gay men, not toward lesbian women.

Perspectives on Training in GLB Issues

It is important to the field of behavioral clinical psychology to be aware that even in cases where SOI have minimal inclusion in the curriculum, most of the future psychologists who responded to this survey reported favorable attitudes toward GLB persons. However, favorable attitudes do not necessarily correspond to sensitive behavior or adequate skills on the part of clinical psychology trainees.

The fact that attitudes toward GLB persons were generally favorable in this sample does not mean that participants will behave according to their attitudes. Evans (1986) has described how attitudes may have a counterpart in overt behavior, but they are not equivalent expressions of the attitudinal construct. Also, although the majority of participants reported favorable attitudes toward GLB persons, most participants reported that they do not feel adequately trained in GLB issues. It thus behooves the faculty of graduate training programs to take steps that enhance the prospects that these positive attitudes will remain and be expressed in effective and unbiased behavior.

Future research in this area can explore the effects of increased training and exposure to GLB issues on the reports of graduate student adequacy in dealing with those issues in therapy. One way to explore this would be to assess the effects of a workshop or part of a class on GLB issues on the knowledge of these issues by graduate students.

Also, the relation between increased information on SOI and feelings of adequacy in working with GLB persons in therapy can be explored. Finally, Martell (1999) addressed key areas for expanding treatment outcome research to include variables related to sexual orientation. Such research will help maximize the benefits of behavior therapy with GLB clients.

Recommendations for Training in GLB Issues

The focus of this section is to present some initial steps that faculty in graduate programs might take regarding training in sexual orientation issues. Introductory topics discussed here include definition of terms, encouragement of use of sensitive language, activities to dispel myths and stereotypes about GLB people, suggestions to enhance training and continuing education, and aspects to consider in creating environments that affirm GLB people and issues.

It is beyond the scope of this paper to provide comprehensive recommendations regarding training. Readers who wish to further their knowledge of GLB issues, particularly as it applies to behavior therapy, are encouraged to peruse a number of articles that have appeared in the literature (e.g., Bernstein, 1993; Bernstein & Miller, 1995; Campos & Hathaway, 1993; Purcell et al., 1996; Safren, 1999; Safren & Heimberg, 1998; Spencer & Hemmer, 1993).

Practitioners, faculty, and students who wish to access articles from other areas in psychology (e.g., counseling psychology) may want to review the reference section of this article or perform a database search. The following key terms can be used with PsycINFO: *male homosexuality*, *lesbianism*, *bisexuality*, and *attitudes toward homosexuality* (Phillips, 2000). The key words can be paired with specific content areas (e.g., parenting, couples therapy, developmental concerns of adolescents, violence related to sexual orientation).

Definition of terms. In order to effectively communicate with GLB clients and to discuss GLB issues, it is essential for faculty and students to understand key terms that pertain to SOI. Thus, definitions of sexual orientation, homophobia, heterosexism, internalized homophobia, and coming out are provided in the following paragraphs. When appropriate, information relevant to practice with GLB clients is mentioned in the context of each defined term.

The components of a definition of *sexual orientation* have been debated since the term's inception. For example, social scientists have argued whether fantasies and attractions, as well as sexual behavior, are components of sexual orientation (see Gonsiorek, Sell, & Weinrich, 1995, or Gonsiorek & Weinrich, 1991, for a discussion of these issues). Because of their breadth, the following definitions are recommended. A gay or lesbian sexual orien-

tion is a self-label that implies "a preponderance of sexual or erotic feelings, thoughts, fantasies, and behaviors desired with members of the same sex" (Savin-Williams, 1990, p. 3). A bisexual sexual orientation is a self-label that implies sexual or erotic feelings, thoughts, fantasies, and behaviors that may be desired with men and women.

Coming out is defined as "the sequence of events through which individuals recognize their same-gender sexual orientation and disclose it to others" (Garnets & Kimmel, 1993, p. 51). Although many people may experience coming out as a step-like progression (e.g., awareness of same-gender attractions, acceptance of a GLB sexual orientation, disclosure to others), little empirical attention has been given to the stages of coming out (Savin-Williams, 1990). It is important to realize that people may engage in same-gender sexual behavior, or experience same-gender sexual attraction, but not self-label as GLB. Clinicians and researchers should be aware that individuals, not the professionals working with them, determine the label that matches their identity at a given point in time.

Homophobia refers to any or all of the following: prejudice, fear, and negative feelings or attitudes toward lesbian women and gay men (the term biphobia is used when similar behaviors are directed toward bisexual men or women). Homophobic or biphobic behaviors can include acts of denigration and hate (Perez, DeBord, & Bieschke, 2000). *Heterosexism* is a more passive form of prejudice (Perez et al., 2000), and it includes an assumption that all people are heterosexual or a devaluation or disapproval of GLB sexual orientations.

Internalized homophobia refers to issues of shame and self-hatred that many GLB people have to overcome in accepting and affirming their sexual orientation (Purcell et al., 1996). People who are in the coming-out stages and relatives and friends who have found out about a person's GLB sexual orientation may have to challenge stereotypes and prejudices toward GLB people. Internalized homophobia is a construct that could be measured in the psychotherapy process (Purcell et al.). Shidlo (1994) has written a helpful review of conceptual and empirical issues in the measurement of internalized homophobia. Reports of lower levels of homophobia during or after therapy would likely reflect that a client is challenging stereotypes about GLB people. Low levels of internalized homophobia also may reflect progress toward developing a positive GLB identity.

Sensitive language. Another way to increase awareness of sexual orientation issues is through the use of sensitive language. Definitions and illustrations of such language follow, and are based on the recommendations of the Committee on Lesbian and Gay Concerns (1991). Terminology that accurately describes and differentiates sexual behavior from sexual orientation is a characteristic of

sensitive language. To illustrate, the term *lesbian* refers to an identity and should be distinguished from sexual behavior; some women may engage exclusively in same-gender sexual behavior but not identify as lesbian women.

Words that have been associated with negative stereotypes have been discouraged from use, and should be replaced with words that are less likely to promote bias in language. In the past, for example, the term *homosexuality* has referred to a mental illness and deviant behavior. Hence, this word should no longer be used to describe same-gender sexual behavior or a GLB sexual orientation (Committee on Lesbian and Gay Concerns, 1991).

Terminology that reduces heterosexual bias is another component of sensitive language (Committee on Lesbian and Gay Concerns, 1991). Because of their nature, certain terms are only applicable to heterosexual persons, and thus exclude the experiences of individuals who identify as GLB (e.g., marriage). Inclusive language can be used to increase the visibility and acceptance of GLB people. For example, asking about *relationship status* instead of *marital status* in demographic or interview forms would allow people of all sexual orientations to report whether they are in a committed relationship. Such terminological sensitivity is critical in clinical settings where students are learning to apply assessment and interviewing skills.

Researchers also should consider asking participants to self-label their sexual orientation in demographic forms. This may be a nonthreatening question when participants are aware that responses will be anonymous. If sexual orientation is included in demographic forms, investigators could evaluate whether this variable is associated with psychological phenomena being studied.

Awareness of myths and stereotypes. A key component of effective training in GLB issues is becoming aware of potential heterosexist and homophobic ideas (Phillips, 2000). One of the most difficult yet helpful tasks for people to undertake is a self-study of myths and stereotypes about GLB individuals. This task can be achieved through group experiential exercises, private journal entries, etc.

One instructional activity during an initial lecture about GLB issues involves asking participants to list characteristics about GLB people that they have heard from peers or authority figures (e.g., parents, teachers). It is common for people to be misinformed or have misconceptions about the GLB community. For example, some individuals who are just becoming aware of potential stereotypes may realize they think of people who are GLB as obsessed with sex, sexually compulsive, or sexually predatory (Nava & Dawidoff, 1994). There is no empirical support for such ideas. Other common misconceptions include that GLB sexual orientations are indicative of mental health problems, that GLB people can become

heterosexual if they pursue "treatment," and that GLB people have not found the right opposite-gender mate. An activity like the one just mentioned should be facilitated by someone who can create an environment where participants will feel free to report stereotypes. The facilitator also should be knowledgeable of information to dispel myths.

A description of an introductory workshop on GLB issues can be found in the book *Homophobia: How We All Pay the Price* (Blumenfeld, 1992). Other resources for faculty, students, and practitioners include contacting Division 44 of the American Psychological Association (Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues; <http://www.apa.org/divisions/div44/>; hereafter Division 44) or AABT's Special Interest Group on these issues (i.e., Study of Gay, Lesbian, Bisexual, and Transgender Issues; <http://www.aabt.org/sigs/sigs.html>).

If training is taking place in the context of a graduate program and there are few resources to facilitate lectures and experiential activities, faculty and students are encouraged to search for presenters outside of their department or university. Some settings to begin looking for potential speakers include student counseling centers, counseling psychology programs, women's or gender studies centers, and GLB student, staff, or faculty organizations on campus.

Training and continuing education. Another recommendation for training in GLB issues pertains to greater formal instruction on these issues in clinical and course work. In courses related to assessment and therapy for different populations, issues related to GLB individuals could be incorporated where appropriate. For example, Bernstein (1993) recommended that any thorough initial assessment should include questions about sexual orientation and sexual activity. A lecture could be given on how to incorporate these areas into an initial assessment, and clinical supervisors can ensure that graduate students assess for sexuality and sexual orientation issues in their work with clients. It is of critical importance for student clinicians to avoid simply attributing the problems of GLB clients to their sexual orientation (Bernstein, 1993; Buhrke & Douce, 1991).

Murphy (1991) describes a proposed curriculum for educating mental health professionals about GLB issues, focusing on three components: (a) provision of information regarding terminology, lifestyle choices, sexual practices, health issues, and community resources; (b) training on the interplay between the client's presenting problems and the client's sexual orientation; and (c) education on how the therapist's own attitudes and biases interact with those of the client. Training in the conduct of research is an often overlooked area where SOI can be addressed. Instructors might use examples from published GLB research among their models of research design. Thesis

and dissertation chairpersons can be open to and actively support research in SOI.

The American Psychological Association's Division 44 and the Committee on Lesbian, Gay, and Bisexual Concerns (CLGBC) developed an excellent resource to prepare for clinical practice with GLB people. Entitled *Guidelines for Psychotherapy With Lesbian, Gay, and Bisexual Clients* (Division 44/CLGBC, 2000), it is accessible on-line at <http://www.apa.org/div44/guidelines.html>. This document may assist readers in identifying content areas to incorporate into courses and clinical supervision.

Suggestions for creating an affirming environment. Beyond training issues, it is essential that departments foster a supportive and unbiased climate. The creation of a supportive and affirming environment for GLB people may be a factor in the American Psychological Association's accreditation process. To illustrate, the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* expect that programs "engage in actions that indicate respect for and understanding of cultural and individual diversity" (American Psychological Association, 1995, p. 7). Sexual orientation is included in the document as one of the characteristics of diversity. The guidelines note that programs seeking accreditation should reflect a commitment to respect and understand cultural and individual diversity in the policies that guide recruitment, retention, and development of faculty and students, as well as in the curriculum and field placements (American Psychological Association).

Buhrke and Douce (1991) provided specific guidelines to create affirming settings, including refraining from stereotyped comments and humor, and avoiding discussion of SOI that is irrelevant to decisions and evaluations of students and faculty. In addition, Satren (1999) suggested steps that training programs can take to create comfortable environments for GLB people. For example, one behavior to avoid is the discussion of GLB sexual orientations or same-gender sexual behavior in conjunction with information about sexual disorders (e.g., pedophilia, paraphilia). This could send a message that GLB sexual orientations are being conceptualized as dysfunctional or disordered when they are not. In addition, faculty and students should seek consultation regarding GLB issues when that is needed during supervision, courses, and research. Finally, recruitment of GLB faculty and students can assist programs in improving diversity within a department (Satren).

Conclusion

In short, the field of behavior therapy has shown a dramatic shift in attitudes toward GLB persons and in explicit bias in the identification of homosexuality as a disorder to be removed. However, based on the results of

this survey, it seems that addressing these issues in graduate training has moved from a formerly negative position to one of neutral disinterest. It is time to go further and foster the enthusiastic inclusion of GLB issues in training, research, and practice, as this survey of attitudes suggests. As Murphy (1991) noted, "all mental health workers must be taught that unless they can actively affirm gay and lesbian lifestyles, they cannot ethically work with these clients" (p. 240).

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