ABSTRACT

Title of Document:	TRAINEES' USE OF SUPERVISION FOR WORK WITH LESBIAN, GAY, AND BISEXUAL CLIENTS: A QUALITATIVE STUDY
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Most studies considering lesbian, gay, and bisexual (LGB) clients and their

therapists have primarily focused on the clients' experience in therapy (Israel,

Walther, Gorcheva, & Sulzner, 2007; Liddle, 1996) or on the therapist's experience

of the client (Bieschke & Matthews, 1996; Garnets, Hancock, Cochran, Goodchilds,

& Peplau, 1991). However, the role that clinical supervision plays in therapists'

development in working with LGB clients is rarely studied. Not enough is known

about how supervision is perceived from the perspective of the supervisee who is

developing skills in working with LGB clients.

The current study examined 12 interviews with randomly selected predoctoral

interns at APA-accredited counseling centers around the country, to explore how they

made use of the clinical supervision they received for their work with LGB clients.

The single previous qualitative investigation of this topic (Burkard, Knox, Hess, &

Shultz, 2009) examined interviews with LGB advanced doctoral students. The current

study extends the investigation of this topic by interviewing six heterosexual-identified trainees in addition to six trainees who identified as LGB or queer (Q), and by investigating a more geographically heterogeneous sample. The interviews explored various aspects of the supervision experience, including trainees' expectations of their supervisor for supervision of their work with their LGB client, the contributions of trainees and their supervisors to the supervision process, and the impact of supervision on work with the LGB client and other clients. The data were analyzed using Consensual Qualitative Research (CQR; Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005; Hill, Thompson, & Williams, 1997).

All participants valued their supervision relationship, and found their supervisors helpful in assisting them in their therapeutic work with their LGB client. Trainees typically experienced their supervisors as multiculturally sensitive, and some felt that their supervisors helped them with LGB-specific interventions and case conceptualizations. Some differences between how heterosexual and LGB-identified trainees used supervision for their work with their LGB clients. All participants reported gains from their supervision experience with their LGB client that positively affected their work with other clients, regardless of these clients' sexual orientation.

TRAINEES' USE OF SUPERVISION FOR CLINICAL WORK WITH LESBIAN,
GAY, AND BISEXUAL CLIENTS:
A QUALITATIVE STUDY

By

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CHAPTER 1

Introduction

There is little known about the supervisory experiences of therapists in training regarding their work with lesbian, gay, and bisexual (LGB) clients. Since LGB clients are known to seek therapy at relatively high rates (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000), it is likely in most settings that trainees will be paired with LGB clients at early points in their development as therapists. Most studies considering LGB clients and their therapists have primarily focused on the clients' experience in therapy (Israel, Walther, Gorcheva, & Sulzner, 2007; Liddle, 1996) or on the therapist's experience of the client (Bieschke & Matthews, 1996; Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). However, the role that clinical supervision plays in therapists' development in working with LGB clients is less often studied. Given the potential impact on therapists' development that supervision can have, this lack of more focused attention is surprising.

Supervision is a process that consists of three people: the supervisor, the supervisee, and the client (Bernard & Goodyear, 2004). The supervisor monitors the training and development of the supervisee, as well as oversees client welfare to ensure that adequate care is being given. The supervisee is the counselor in training who sees the client in therapy. Supervisors act as teachers, counselors and consultants in their supervision of counselors, and monitor the skills, knowledge, attitudes, and behavior necessary for therapeutic competence (Ladany & Inman, 2008). It can be concluded that supervision is a complex process due to the tripartite nature of the roles involved.

Investigations of supervision have tended to focus on characteristics of the supervisee (e.g., experience level) and of the supervisor (e.g., theoretical orientation), which have contributed to the supervisory relationship (Holloway, 1992). Supervisees have been largely surveyed for their perceptions of what makes for a good supervisor. Interpersonal attractiveness, trustworthiness, and expertise are all found to be important qualities (Anderson, Schlossberg, & Rigazio-DiGilio, 2000). The "best" supervisors are rated as being open and encouraging, fostering communication, attending to supervisees' personal growth, and providing guidance and direction.

While there is knowledge about general attributes of the supervisor that contribute to positive supervision experiences on the part of the supervisee, less is known about how supervisors handle supervision of clinical work with specific topics and populations. The work that has been done has examined supervision from the perspective of the supervisee or beginning counselor on such topics as sexual attraction to clients (Ladany et al., 1997) and cultural responsiveness of the supervisor (Burkard et al., 2006).

Regarding LGB issues in supervision, to date the literature available continues to be largely theoretical or anecdotal (e.g., Bruss, Brack, Brack, Glickauf-Hughes, & O'Leary, 1997; Buhrke, 1989; Buhrke & Douce, 1991; Gautney, 1994; Halpert & Pfaller, 2001; Russell & Greenhouse, 1997; Schrag, 1994; Woolley, 1991). This literature has made suppositions about the risks inherent to supervisees who are training under homophobic supervisors. However, only a few empirical studies have considered the topic of LGB issues in supervision. Murphy, Rawlings, and Howe (2002) found that only 46% of clinical psychologists who had worked with LGB clients identified supervision as a place where training for work with this population occurred. Furthermore, only 50% of

those who had worked with LGB clients found their supervisors to be knowledgeable about the concerns of LGB people.

With the exception of the study by Murphy et al. (2002), the other studies that could be found that examined LGB issues in supervision did so from the perspective of the LGB trainee. Pilkington and Cantor (1996) surveyed students in psychology and found that LGB trainees were likely to have experienced discrimination in the clinical supervision that they received. Messinger (2007) also examined supervision experiences of LGB trainees; she looked at dyads of social work students and their heterosexual field instructors in the students' field placements. Messinger found that disagreements were common, and were usually affected by the following factors: the field instructor's supervisory style, the quality of the student-field instructor relationship, field instructor comfort with addressing LGB development and practice issues, the student's perception of the agency as gay-friendly, and the student's level of disclosure and stage of coming out. While the perspective and experience of LGB trainees in supervision is important due to their own marginalized position, there is a need for more research on the topic of LGB issues in supervision for trainees in general. Heterosexual and sexual minority trainees are likely to work with LGB clients, and both groups can benefit from competent supervision of their clinical work with LGB clients.

There is very little research on supervising trainees in their work with LGB clients, despite the fact that therapy for LGB clients has many unique considerations. While LGB clients face particular challenges related to coming out, developing an identity, and being perceived in larger society, therapists and clinicians are often left without specific knowledge, training, and supervision about how to work with this

population (Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force, 2000). Division 44 of The American Psychological Association (2000) has released specific guidelines for working with LGB clients, one of which encourages psychologists to use supervision to increase their knowledge and understanding of homosexuality and bisexuality. Given that supervision and training on LGB issues has historically been outdated or unavailable, it is likely that differences between supervisors and supervisees may arise regarding the conceptualization and treatment of LGB clients. It is also likely that trainees may rely on supervision as a guide for their work with LGB clients, just as they do for other aspects of their clinical development. Little is known about how this process looks from the position of the developing therapist.

There is much that could be gained by focusing on trainee's experience in supervision of their work with LGB clients. Therapists' reactions to the client, feelings about material brought up by the client, thoughts about their own efficacy to handle clinical issues, and perceptions of the impact of the supervisor can all be investigated in this manner. Because such a study takes interest in the subjective internal experience of trainee-level therapists in supervision, a qualitative investigation would be helpful. Information gained from a qualitative inquiry has the potential to extend knowledge on what is seen as helpful and hindering in supervision of therapists' work with LGB clients, as well as to illuminate other aspects of the trainee experience when working with these clients.

This study sought to explore trainees' experience in supervision for an LGB client whom they have seen in therapy. I conducted 12 interviews of intern-level trainees who were willing to discuss this experience. Through these interviews, I attempted to

investigate how these trainees used supervision, how they reacted to their LGB client and

to their supervisor, how they felt about their supervision, how supervision may have

impacted their work with their client, and how supervision impacted their work with

other clients. It is hoped that gathering data qualitatively will allow for a more thorough

understanding of this phenomenon.

CHAPTER 2

Review of the Literature

Therapists who are training to work with specific populations use supervision as a primary tool in which to improve their clinical work and foster their professional development as clinicians. Supervision involves three people: the supervisor, the supervisee, and the client. The supervisor and supervisee typically discuss the supervisees' work with clients, and what gets accomplished in supervision has the goal of affecting the supervisee's work with his or her clients in the therapy (Bernard & Goodyear, 2004).

For therapists who are working with lesbian, gay, and bisexual (LGB) clients, supervision could bean important way to ensure that the clients are receiving adequate and competent care. The supervisees' awareness of the typical concerns and obstacles of LGB clients can be heightened in supervision. Furthermore, supervision is a venue in which therapists can improve their skills in providing sensitive and appropriate interventions for LGB clients (Bruss et al., 1997).

While supervision is an integral component of therapist training in general, there is not enough known about how supervision prepares therapists to work with LGB clients. There is little known about how supervision is perceived from the perspective of a supervisee who is working with an LGB client. There has been very little empirical investigation into what trainees expect from their supervisors, and what the supervisor and supervisee actually accomplish in supervision regarding their work with LGB clients. Furthermore, empirical investigations rarely explore how supervision affects therapists' work with LGB clients.

The first part of this review will discuss the roles of supervision in clinical training in general and more specifically, its role in managing difficult clinical situations for supervisees. Next, the literature on trainees' experience of multicultural topics in supervision will be examined, such as supervisor and supervisee discussions of cultural considerations for clients. The next section will address the role of supervision in fostering changes in trainees' clinical work. The need for an understanding of trainees' use of supervision specific to clinical work with LGB clients will be addressed. This section also demonstrates why competence in working with LGB clients is important for therapists. It includes a review of several studies on what is believed to be helpful and unhelpful in therapy with lesbian, gay, and bisexual (LGB) clients. In the final section, a rationale for utilizing qualitative methods for examining the constructs of interest in the current study is presented.

<center>Role of Supervision in Clinical Training</center>

Supervision is a process that allows the supervisor to use clinical acumen to monitor the training and professional development of the supervisee, while simultaneously addressing the needs and welfare of the client (Bernard & Goodyear, 2004). While there are many different theoretical models of supervision, it is generally agreed that the overarching goal of supervision for therapists is to assist them in their development into more fully-functioning professionals. This happens by facilitating and monitoring the skills, knowledge, attitudes, and behavior necessary for therapeutic competence (Ladany & Inman, 2008).

Supervision is a distinct intervention which is different from teaching, counseling, and consultation. However, supervision contains certain aspects of all three of these roles.

Interventions should be tailored to the needs of the individual supervisee and the supervisee's clients. Supervision is typically received from a more experienced member of the supervisee's profession, is evaluative, and occurs over time (Bernard & Goodyear, 2004).

Conclusions that can be drawn from the supervision literature (Barnard & Goodyear, 2004; Ladany & Inman, 2008) suggest that supervision is a complex process that can be affected by many factors, all of which can have an effect on the supervisee's development. Studies of supervisees' perceptions of what is helpful in supervision suggest that supervisor attributes of openness and trustworthiness are essential. For example, Anderson, Schlossberg, and Rigazio-DiGilio (2000) surveyed 160 family therapy trainees and found that supervisors' levels of interpersonal attractiveness, trustworthiness, and expertise were important in determining their best supervision experiences. Key behaviors perceived to be enacted by these participants' "best" supervisors were: creating an open supervisory environment, fostering regular communication and encouragement, attending to personal growth of the supervisees, and providing guidance and direction.

Much of what is known from the early supervision literature comes from quantitative investigations of aspects of the supervisee (e.g., experience level, cognitive constructs), aspects of the supervisor (e.g., experience level, theoretical orientation), aspects of the interaction between the two, and aspects of the supervisory relationship (Holloway, 1992). Recently, more studies have utilized qualitative methods, to allow for a more complex examination of the ways in which participants can respond to complex supervision issues.

The body of research on critical incidents in supervision sheds light on the important roles and functions of supervision. This form of research was first introduced by Flanagan (1954) to gather observations of human phenomena from which broad psychological principles could be derived. Critical incidents as they relate to the supervision process can be defined as meaningful interpersonal experiences, which significantly impact a supervisee's effectiveness as a therapist (Heppner & Roehlke, 1984). Working through critical incidents is an important role of supervision because it provides an opportunity for supervisees to learn from the encounter, and to become more effective as therapists.

Critical incidents that have emerged from research inquiries include remediating skill difficulties or deficits, heightening multicultural awareness, negotiating role conflicts, working through countertransference (e.g., reactions toward the client), managing sexual attraction, repairing gender-related misunderstandings, and addressing problematic supervisee emotions and behaviors (Ladany & Inman, 2008). One classic example is a study by Ladany et al. (1997). These researchers interviewed predoctoral psychology interns about their experience of sexual attraction toward a client and their use of supervision to address it. They found that only half of the supervisees disclosed their sexual attraction to supervisors, and supervisors seldom initiated the discussion regarding this difficult clinical topic. For supervisees who were able to discuss the attraction, it was typically found to be helpful. Supervisors who were able to normalize the sexual attraction and who were seen as open, supportive, and complimentary were seen as contributing to a positive supervision experience.

The literature on critical events has focused on three distinct phases: the marker, the task environment, and the resolution (Ladany et al., 2005). The marker is the supervisee statement or behavior that signifies to the supervisor that there is a need for intervention. The task environment phase consists of interaction sequences whereby supervisor and supervisee focus on the critical event in therapist development of the supervisee. The final phase involves a resolution in which changes in the supervisee's self-awareness, knowledge, skills, or the supervisory alliance occur. This view of working with critical events seems especially suited for therapists who work with clients from stigmatized backgrounds, as it focuses on the trainees' awareness, skills, and deficits in working with these clients and their therapeutic issues. What is not known is the extent to which supervisors are able to negotiate work around this type of critical incident in supervision, what this work looks like, and its impact on the supervisee.

For therapists who work with clients who occupy marginalized positions in society, supervision is an important vehicle for fostering therapeutic competence because supervision equips the supervisee with the necessary skills and tools to use in order to be sensitive to the clients' needs and the unique marginalization experiences likely to have been encountered by these clients. It is important, then, for supervisors themselves to be competent in their supervision of cultural issues. Supervisor attention to issues of race, ethnicity, sexual orientation, social class, and spirituality is suggested to have a positive impact on the experience of supervisees (Burkard et al., 2006; Duan & Roehlke, 2001; Fukuyama, 1994; Gatmon et al., 2001; Gloria, Hird, & Tao, 2008; Hird, Cavalieri, Dulko, Felice, & Ho, 2001; Messinger, 2007; Toporek, Ortega-Villalovos, & Pope-Davis; 2004). As one of the primary roles of supervision is to ensure competent care for clients,

supervisor cultural competence seems especially important and necessary in order to help foster the cultural awareness, knowledge and skills of supervisees in their clinical work.

What is known from the literature on supervision is that therapists in training are perceptive of the attributes of their supervisors that foster a positive supervision experience (Bernard & Goodyear, 2004). Having a positive experience in supervision is important, as supervision is likely to have an impact on trainees' work with clients. An area that warrants more research is the role of discussing cultural topics in supervision. The next section of this literature review will focus on the trainees' experience of multicultural topics in supervision; most studies focus on the cultural interaction between the supervisor and the supervisee. Then, trainee competence in working with LGB clients will be considered, and a rationale for the current study will be presented. A topic that has not been fully considered in the supervision literature is the extent to which supervisees perceive supervision as preparing them to work competently with their LGB clients.

Role of Culture in Trainees' Experience of Supervision

Much of the work focusing on multicultural issues affecting the supervisor and supervisee has considered instances where they have differed in terms of race, ethnicity, and sexual orientation and the impact of these differences on participants' experience in supervision (Burkard et al., 2006; Duan & Roehlke, 2001; Fukuyama, 1994; Gatmon et al., 2001; Hird et al., 2001; Messinger, 2007; Toporek et al., 2004). While these studies highlight important issues in supervisee satisfaction and experience of supervision, they do not directly address the manner in which supervision might be expected to enhance supervisees' cultural competence with clients. Also, many of these studies have focused on minority trainees and have not considered cultural topics in supervision for trainees

who are not marginalized, or who are not marginalized in the same ways as their clients. Supervisors typically monitor trainee competence in working with clients who are similar as well as different from them, focusing on awareness, skills, and deficits of these trainees in their clinical work. Such an emphasis is needed in order to examine supervisees' perceptions of how supervisors work with them regarding their own clinical work with clients from marginalized backgrounds.

This section of the literature review will consider cultural discussions in supervision, mainly from the perspective of the supervisee. Conclusions that can be drawn from this literature base suggest that supervisor competence, openness, trustworthiness, and flexibility are all important factors in setting the stage for culturally competent counseling.

Literature on Cultural Discussions in Supervision

A large majority of the studies examining cultural discussions in supervision has examined supervision of minority trainees. Most of these studies have focused on the race and ethnicity of supervisees (Burkard et al., 2006; Duan & Roehlke, 2001; Fukuyama, 1994; Hird et al., 2001), although one study included gender (Toporek et al., 2004), one study included gender and sexual orientation (Gatmon et al., 2001) and another study focused on LGB trainees and their supervisors (Messinger, 2007). This section will review this literature base.

Fukuyama (1994) carried out one of the earliest studies examining the perceptions of ethnic minority supervisees. Interviews were conducted with 18 visible ethnic minority interns who had completed an APA-accredited predoctoral internship at a university counseling center. Respondents were asked to describe a positive and a negative critical

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incident related to multicultural issues that happened during individual supervision on their internship. Critical incidents were defined as turning points in supervision that resulted in change in the supervisees' perception of their counseling effectiveness.

The general categories of positive support from Fukuyama's (1994) study were openness and support, culturally relevant supervision, and opportunities to work on multicultural activities. For example, supervisors were perceived as open and supportive when they showed that they were not stereotyping supervisees, and when they showed encouragement for working with culturally different clients. Culturally relevant supervision was perceived when the supervisor provided guidance for the supervisee on culture-specific issues. For example, one supervisor helped an intern work with a client's "machismo," which was impacting threats he was making to cause harm to his girlfriend. Opportunities to work on multicultural activities were also considered positive by respondents. Examples included being invited to facilitate an ethnic student walk-in hour, and receiving group supervision on cultural diversity issues.

The negative incidents reported by respondents clustered into two categories: lack of supervisor cultural awareness and questioning supervisee abilities. When supervisors were perceived as lacking specific knowledge about cultural differences, they were seen as insensitive to the cultural considerations explaining the clients' perceived problems or the supervisee's style in working with the client. For example, one supervisor told his Latina supervisee that she had an issue with countertransference because she was warm and caring with her client, failing to acknowledge Latino cultural norms regarding close personal contact in relationships. Another critical incident occurred when supervisors questioned the abilities of the supervisees. One supervisor felt the interventions an intern

used with ethnic minority clients were inappropriate. In this case, the supervisor was perceived as lacking the understanding that the supervisee had in framing culture-specific interventions.

Fukuyama's (1994) study was important in highlighting supervisees' perceptions of multicultural critical incidents that happened during supervision on their internship year. One main limitation of Fukuyama's study was that there was no time span set for remembering these incidents. Thus, one participants' incident happened 12 years prior to the study, and some other participants' incidents also happened several years previously. A shorter time frame may have allowed for more accuracy and consistency among participants.

Ladany et al. (1997) examined the role of culture in the supervision relationships of 105 doctoral- and master's-level counselor trainees from counseling psychology, counselor education, clinical psychology, and school counseling programs. Specifically, the researchers were interested in the racial identity development of the supervisor and supervisee, and how this impacted perceptions of the supervisory relationship. They found that the supervisory working alliance was stronger when supervisors were perceived to be equal to or higher than their supervisees in racial identity development, as measured by the White Racial Identity Scale and an inventory created for the study to assess supervisees' perceptions of their supervisor's racial identity (PSRI). The authors explained the results by suggesting that supervisors who were more advanced in their racial identity than supervisees may have had a greater capacity to promote multicultural competence in the practice of their supervisees. When supervisees were more advanced in their racial identity development than their perceptions of their supervisors' racial

identity, their perceptions of the supervision relationship was more likely to be negative. One critique of this study is that supervisors' racial identity development was rated by the supervisees and not by the supervisors' themselves. However, it is the supervisees' perceptions that are important in fostering their own ideas about the strength of the supervision relationship. Furthermore, the assessment given to assess supervisees' perceptions was developed and validated for supervisees who were unfamiliar with racial identity theory.

Burkard et al. (2006) wanted to examine instances of cultural responsiveness and unresponsiveness in cross-cultural supervision. They wondered if supervisees who were trained to be sensitive to cultural issues might expect supervisors to discuss such issues. They felt that the supervisee may be confused, conflicted, and frustrated when the supervisor was unwilling or incapable of addressing culture. Consensual qualitative research was used to interview 13 supervisees of color and 13 European American supervisees.who were doctoral students in clinical and counseling psychology programs. Results suggested that both supervisees of color and European American supervisees were equally likely to report initiating discussions of cultural issues in supervision. In reports of culturally responsive supervision, all supervisees shared a feeling of being supported for exploring cultural issues, which was seen as positively affecting the supervisee, the supervision relationship, and client outcomes. Culturally unresponsive supervision was defined as supervision in which cultural issues were ignored, discounted, or dismissed by supervisors. These instances were seen as having a negative effect on the supervisee, the supervision relationship, and client outcomes. Supervisees of color were significantly more likely to experience culturally unresponsive supervision than European

American supervisees, and with more negative effects. These findings suggest that supervisees are likely to be attuned to cultural responsiveness on the part of their supervisor. Unresponsive supervision experiences are seen as having negative effects on the supervisee, the supervision relationship, and the client. A strength of this study is that Burkard et al. asked about participants' perceptions of the impact of culturally responsive and unresponsive supervision events on client outcomes. However, responses tended not to be indicative of work with specific clients and were based on perceptions' of the positive impact on clinical work in general. By asking directly about how cultural discussions in supervision impact work with a specific client, there is the potential to learn more about perceptions of how therapy that is already in progress is impacted by what happens in supervision.

Hird et al. (2001) also conducted in-depth interviews with four doctoral students in counseling psychology who were working with clients at a university counseling center and who were diverse in gender, racial and ethnic background, and level of counseling experience. These diverse supervisees were asked about the role of culture in supervision, and their experience and conception of a multicultural supervision relationship. They believed that cultural interactions greatly affected the dynamics of supervision, and that a lack of discussion regarding cultural issues in supervision reinforced power dynamics such that those with the least amount of sociocultural power experienced negative feelings in supervision. Supervisees were likely to agree that discussion of clients' culture was most powerful when initiated by the supervisor, when the supervisor integrates these issues into the supervision work, and when the supervisor revisits cultural issues and conversations throughout supervision.

Like Burkard et al. (2006), Hird et al. (2001) focused on the supervisees'
perceptions of how multicultural supervision affected the supervisee and the supervision
relationship, but Hird et al. did not ask about how multicultural supervision events
impacted work with clients. Another main limitation is that there was no mention made
of a specific qualitative interview method. The article refers to the method of gathering
responses as discussions about supervision. While references to participant answers were
given in analyzing responses to the questions asked, no developed or validated qualitative
method appears to have been used. With a larger sample size and a demonstrated method
of qualitative inquiry, responses to the questions asked about culture and supervision may
have been different.

Duan and Roehlke (2001) conducted a study of cross-cultural critical incidents in
supervision by studying 59 cross-racial supervision dyads. Both supervisors and
supervisees were asked about experiences they felt had contributed to their satisfaction
with supervision. A survey developed for the current study consisted of open- and closed-
ended questions asking participants to rate aspects of their supervision experience on a 7-
point Likert scale. Results from analysis of the open-ended questions indicated that
supervisors felt openness, willingness, and commitment to learning were the main
supervisee qualities that contributed to supervisors' satisfaction with supervision. Only a
few supervisors noted that open discussions of cultural differences between them and
their supervisees contributed to their satisfaction. For supervisees, discussion of cultural
differences was perceived as more important. Satisfaction was fostered when supervisors
initially raised and discussed the topic of cultural differences, when supervisors were able

to show interest in the supervisee's culture, when supervisors were respectful and supportive, and when supervisors were able to impart their expertise.

Other interesting findings from chi-square analyses of the questions asked by Duan and Roehlke (2001) were that supervisees tended to rate sensitivity to racial and ethnic issues as more important than their supervisors, and that supervisors reported making more attempts to address cultural issues than supervisees perceived. These findings highlight aspects of the supervisee and supervisor that contributed to conceptions of satisfactory cross-racial supervision, and demonstrate that supervisors and supervisees can differ regarding their perceptions of the importance of addressing cultural differences between supervisor and supervisee in the supervision context.

While the majority of studies examining cross-cultural supervision events focused on racial and ethnic differences between the supervisor and supervisee, only a few studies have examined gender or sexual orientation as multicultural variables that affect the supervisory relationship. For example, one study included gender (Toporek et al., 2004), one study included gender and sexual orientation (Gatmon et al., 2001), and one study focused exclusively on sexual orientation (Messinger, 2007).

Toporek et al. (2004) interviewed 17 supervisees and 11 supervisors about critical incidents in multicultural supervision, of which five supervisees and five supervisors were matched dyads. The supervisees were master's-level students in school, rehabilitation, career, and community counseling programs who were completing a practicum at a university counseling center. The supervisors were doctoral-level students in counseling psychology, counselor education, and rehabilitation counseling. All participants varied in gender, age, and racial background. In all dyads, the supervisor and

supervisee differed in terms of race/ethnicity or gender or both. Overall, positive

multicultural experiences in supervision (e.g., theoretical discussion initiated by

supervisor, supervisee self-disclosure, contact with cultural differences, encouragement

from supervisor) influenced supervisees' perceptions of multicultural awareness, skill

development, knowledge of multicultural competency, exposure to multicultural

situations, confidence in ability to do multicultural counseling, and recognition for more

training. Six participants (both supervisees and supervisors) reported that supervision was

not helpful, that there was no change in their multicultural competency, or that the

supervision experience was negative. These supervisees and supervisors reported conflict

in the supervision relationship, negative communication around cultural issues, and lack

of supervisor intervention around cultural variables.

Within-dyad comparisons were also made in the study by Toporek et al. (2004),

to investigate whether supervisors and supervisees who were matched together

experienced supervision differently from one another. In one dyad, no critical incident

was reported by supervisor or supervisee. In another dyad, both the supervisor and

supervisee reported the same incident and discussed similar influences. In the remaining

three dyads, supervisors and supervisees reported different critical incidents, but similar

effects of multiculturalism on the supervision experience. In contrast to the Duan and

Roehlke (2001) study, supervisors in the Toporek et al. (2004) study were more likely to

describe incidents in terms of multicultural variables, and discussed these variables to a

greater extent than did their supervisees. Supervisors and supervisees were likely to agree

about the importance of increasing awareness on the part of the supervisees, but

disagreed on the importance of exposure to cultural differences. Supervisors were likely

to believe that exposure to cultural differences was influential in their supervisees'
development, but supervisees did not raise this as a source of influence.

Results from Toporek et al.'s (2004) study suggest that there are likely to be both
similarities and differences between how supervision is perceived by supervisors and
supervisees. The supervisory relationship and the manner in which cultural issues are
addressed seem to be of fundamental importance in terms of fostering competency and
contributing to a positive supervision experience. Furthermore, Toporek et al.'s study is
one of the only studies from this literature to show that supervisors can be multiculturally
competent, and also sometimes possess higher levels of multicultural competence than
supervisees. This finding is hopeful in suggesting that many supervisors can possess (or
perhaps learn to possess) the skills and knowledge to conduct competent multicultural
supervision. Unfortunately, Toporek et al. recruited student participants from only one
university counseling center placement; inclusion of multiple geographic areas (e.g.,
urban, suburban, rural) and other counseling center placements would have allowed for
more diversity in participant experiences of multicultural supervision.

Gatmon et al. (2001) included gender and sexual orientation in their exploration
of cultural variables in supervision discussions, and the impact of such discussions on
supervisory satisfaction and working alliance. They also wanted to know if trainees who
discussed supervisor-supervisee similarities and differences reported higher satisfaction
rates with supervision and enhanced supervision working alliance, whether the quality of
supervision discussions impacted supervisory working alliance and supervisee
satisfaction with supervision, and whether cultural match between supervisor and
supervisee made a difference in the working alliance and satisfaction with supervision.

Gatmon et al. (2001) surveyed 289 predoctoral psychology interns. Measures of supervisory working alliance and satisfaction with supervision were given, along with additional questions about supervision in which the participant was asked to respond based on a 7-point Likert scale. Participants were also asked to provide demographic variables for themselves as well as for their supervisors, to the extent that their knowledge allowed. Results indicated that discussion of cultural events occurred infrequently in supervision. When these discussions did occur, they were associated with increased ratings of the supervisory alliance, but not with supervision satisfaction. Perceptions of a strong supervisory alliance were also related to frequency and length of discussions, feelings of safety in discussions, satisfaction with discussions, and integration of cultural variables in internship training. Negative aspects of supervision were perceived as supervisor's expression of hostility regarding discussion of multicultural issues, the supervisor's expression that homosexuality was pathological, and the participants' own feelings of being misunderstood and being seen as pathological for their beliefs about cultural variables.

Furthermore, contrary to findings from other studies, results from Gatmon et al.'s (2001) study indicated that cultural match between supervisor and supervisee had no bearing on supervisees' satisfaction with supervision or on their perception of the supervisory working alliance. Gatmon et al. suggested that future inquiries illuminate variables that foster successful cultural discussions in supervision. This study could also have benefitted from further investigation of how cultural discussions affect the supervisee's development, including how work with clients may be affected. One main benefit of Gatmon et al.'s study is the quantitative survey design used and the large

sample size. This diversity of methods adds to the strength of qualitative studies reviewed suggesting that supervisees perceive cultural discussions in supervision to be important to their satisfaction with supervision and the supervisory relationship.

Messinger (2007) conducted a qualitative study of LGB social work students in one southern state and their heterosexual field instructor supervisors. A grounded theory approach was used to assess each of 13 dyads for level of agreement between supervisor and supervisee regarding the student's experience in the field placement. The factors that were assessed were friendliness of the agency climate, the students' choices regarding disclosing sexual orientation, and the quality of the relationship between field instructors and students. Results indicated that disagreements in characterizing the student's experience were common; over 50% of the dyads had 2-5 areas of disagreement. Grounded theory analyses suggested that level of agreement seemed to be influenced by: the field instructor's supervisory style (i.e., whether the field instructor maintained strict boundaries), the quality of the supervision relationship (i.e., whether the field instructor was viewed as engaged and willing to talk), field instructor comfort with addressing LGB development and practice concerns (i.e., whether field instructors had training and experiences with LGB acquaintances and clients), the student's perception of the agency climate as gay-friendly, the student's level of disclosure (i.e., whether the student had self-disclosed sexual orientation status), and the stage of the student in the coming out process (e.g., whether supervisees were in the early stages of awareness regarding their sexual identity).

Most disagreements were about the training agency's climate as gay friendly. Another common area of disagreement was whether the students experienced sexual

orientation-related issues in their placement. For instance, many field instructors did not know about students' concerns related to coming out, experiencing heterosexism at the placement site, disclosing to the supervisor or others at the agency, and disclosing to clients. It is interesting to note that the least common area of disagreement was over comfort with the supervisory relationship. Despite disagreements in aspects of the students' experience, many students and supervisors were still in agreement about having a positive supervisory relationship. Those dyads that were not in agreement, and the dyads which agreed on having a negative relationship, were likely to be characterized by more overall disagreements than the other dyads.

Due to the students' perceptions of agency homophobia and feeling uncomfortable disclosing sexual orientation in their field placement, Messinger (2007) concluded that LGB trainees need assistance integrating aspects of their sexual identity with their professional identity. Messinger discussed that this was also important for understanding the impact of these issues with professional colleagues and with clients. She pointed out that improved communication is key, and that field instructor supervisors must educate themselves about sexual-orientation issues in practice, and become more comfortable having these conversations with all trainees. One of the main limitations of Messinger's study is that all dyad participants were recruited from agencies in the same southern state. The experience of LGB trainees may differ depending on geographic region. Another limitation is that all but two of the participants in the 13 dyads were White. Future investigations should allow for a more diverse sample, in order to be more applicable of the experience of supervisees.

Findings from the studies reviewed in this section on cross-cultural supervisor and supervisee interactions suggest that there are many positive incidents in cross-cultural supervision, such as openness and support on the part of the supervisor, culturally-relevant supervision interventions, and multicultural discussions that are prompted by the supervisor. Conversely, cross-cultural supervision was viewed as negative when there was lack of supervisor cultural awareness, when supervisors seemed to question supervisees' abilities, when supervisors lacked specific knowledge about cultural differences, and when the supervisor was seen as uncomfortable with cultural topics or unwilling to discuss cultural issues in supervision. Specific qualities seen as helpful on the part of the supervisee in cross-cultural supervision included openness and willingness to explore cultural issues in supervision, ability to consider cultural explanations for clinical phenomena, and commitment to learning more about the role of culture in clinical work and supervision.

While these studies have shed light on helpful and unhelpful cultural events regarding supervisors and supervisees in the supervision dyad, what is missing from the literature is a focus on supervisees' perceptions of how cultural events in supervision impact what happens in therapy with clients. The next section will review the scant literature base on how culture is discussed in supervision specific to trainees' work with LGB clients, and advocate for further study in this area.

Role of Culture in Trainees' Clinical Work with LGB Clients

As noted, missing from the supervision literature is an in-depth understanding of the impact of cultural supervision discussions on trainees' work with clients. Can it be expected from the research base reviewed that processing cultural differences between

supervisors and supervisees translates into similar processes between trainees and their clients? What do these discussions look like? When cultural considerations and discussions are not a part of supervision, or are experienced negatively on the part of the supervisee, what is the impact on trainees' work with specific clients? These are the questions that the research does not currently address empirically.

The remainder of this section will focus on clinical work with LGB clients. This is one population likely to utilize therapy, but about which mental health professionals continue to lag behind in understanding (Bernard & Goodyear, 2004). First, the importance of LGB competence for therapists will be addressed. Background, prevalence rates, and key concerns of LGB clients will be presented. Next, the role of supervision in preparing trainees to work with this population will be addressed.

LGB Competence

There have been numerous articles highlighting the importance of competent practice for therapists who work with LGB clients. Gay men and lesbians have relatively high rates of therapy usage compared to the general population (e.g., Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000). Furthermore, LGB clients experience certain risk factors associated with their sexual minority status, such as increased risk for suicide, experiences of victimization and discrimination, and depression (Cochran & Mays, 2000). The American Psychological Association (APA) calls for psychological practices that are responsive to the needs of LGB clients (Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force, 2000).

LGB clients have identified factors that are helpful for them in therapy. Having gay-affirming attitudes seems to be of fundamental importance. Liddle (1997) found that

LGB clients were more likely to rate their therapists as helpful when they were able to prescreen them for gay-affirmative attitudes. Another study by Liddle (1999) found that LGB clients had more positive therapy outcomes when they prescreened the therapist for gay-affirming attitudes. These results suggest that LGB clients are attuned to the sensitivity of their therapists regarding LGB-related concerns.

Israel, Gorcheva, Burnes, and Walther (2008) conducted qualitative interviews with a diverse sample of 42 LGBT clients. They found attitudes toward client sexual orientation and gender identity to be important to clients' view of helpful therapy, in addition to basic counseling skills and a strong therapeutic relationship. Clients who were further advanced in their sexual identity development were also more likely to view therapy as helpful, as were clients who were psychologically healthier and who perceived having more social support.

Unhelpful aspects of therapy have also been identified for sexual minority clients. Research suggests that particular risk factors for unhelpful therapy include when the therapist viewed homosexuality as a disorder, when all presenting concerns were attributed to sexual orientation, when there was a lack of knowledge on the part of the therapist about consequences of coming out, when a heterosexual frame of reference was used for a same-sex relationship, and when degrading views were expressed about being gay (Bartlett, King, & Phillips, 2001; Garnets et al., 1991; Hayes & Gelso, 1993; Phillips, Bartlett, & King, 2001).

In an early survey of therapists regarding their practices with lesbian and gay clients, Garnets, Hancock, Cochran, Goodchilds, and Peplau (1991) found gay-affirming attitudes to be helpful in productive therapy. They also found other helpful aspects of the

therapist, such as understanding the effects of homophobia, being able to work with clients on internalized homophobia, not focusing too much on the client's sexual orientation unless the client wanted this, and having knowledge of resources in the LGB community.

A more recent study examined the therapists' point of view in determining helpful and unhelpful experiences in therapy for LGBT clients (Israel, Gorcheva, Walther, Sulzner, & Cohen, 2008). Qualitative phone interviews were conducted with a sample of 14 psychotherapists who had master's or doctorate degrees in social work, marriage and family therapy, psychology, health promotion, human sexuality, and counseling. Participants differed in terms of race and ethnicity, gender identity, and sexual identity. Results suggested that the therapeutic relationship, the therapists' response to the client's sexual orientation, the type of presenting concern, and the therapy environment were all factors that were likely to influence whether therapy was helpful for LGBT clients. The authors discussed the importance of the therapeutic relationship in situations rated as helpful. Instances where presenting concerns were related to sexual orientation or gender identity were more likely to be rated as helpful than situations where presenting concerns did not have to do with sexual orientation or gender identity. This could reflect therapists' tendency to not know how to work effectively with LGBT clients on concerns other than gender identity and sexual orientation. The type of agency seemed to influence therapist ratings of helpfulness, with counseling center settings more likely to have helpful situations than any other setting.

It is also important to note in this study that having an unsupportive supervisor was predictive of unhelpful therapy situations for LGB clients. Unfortunately, Israel et al.

(2008) did not seem to investigate what was unsupportive about supervision or how clinical work was negatively affected. Israel et al. (2008) concluded that factors such as ethnicity, gender identity, individual therapeutic needs, and SES especially need to be considered by therapists when providing services for LGB clients. Practitioners were likely to have more difficulty working with clients when they were marginalized in multiple ways.

These findings suggest that therapists play a key role in whether therapy is helpful or unhelpful for LGB clients, and highlight the importance of therapist competence. Phillips and Fischer (1998) wanted to examine aspects of graduate training that promote therapist competence and prepare therapists to work with LGB clients. They examined the doctoral LGB training experiences of 69 counseling and 38 clinical psychology graduate students before they embarked on their pre-doctoral internship. The authors found that most students did not feel their graduate training programs prepared them adequately to work with LGB clients. Since this study took place over a decade ago, perhaps the more important implications of this study for LGB training were the predictors of therapist preparation to work with LGB clients. Multiple regression analyses determined that formal training experiences, encouragement to explore heterosexist biases, and gaining personal experience and contact with LGB persons were seen as most helpful. One limitation of Phillips and Fischer's study is that it was not possible to know how much access to LGB clients the trainees had experienced. Even with good didactic training in the classroom, lack of access to certain client populations would leave one feeling unprepared.

A more recent study by Murphy, Rawlings, and Howe (2002) surveyed a random sample of practicing psychologists to identify their training needs in working with LGB clients. It is noteworthy that LGB clients were present in most of these psychologists' caseloads, yet most of those surveyed felt their work could be improved. The topics of coming out, feeling estranged from family members, developing a support system, and dealing with internalized homophobia were those that were most commonly cited as areas where psychologists perceived that they needed more training and information. The most frequent training activities utilized for these psychologists included reading articles, receiving supervision, and getting continuing education.

This section has examined aspects of helpful therapy for LGB clients, in an attempt to highlight the importance of therapist competence and sensitivity regarding work with these clients. As can be seen, competent therapy is more than just being able to discuss LGB concerns. For example, clients are likely to differ in the extent to which they want to talk about their sexual identity depending on their presenting problem and where they are in their sexual identity development. All of the factors that influence helpfulness contribute to a bigger picture of therapy for LGB clients which suggests that unhelpful situations may occur, therapeutic ruptures can happen, and clients may have negative experiences. The therapist is likely to perceive that he or she plays some role in these happenings. While ruptures may occur in all therapies, developing therapists may perceive a need for knowledge and skills regarding working with LGB clients in particular due to limited training in graduate programs and limited knowledge on the part of supervisors regarding issues of concern for LGB clients. Supervision is one important avenue where competence concerning therapy in general is addressed, but where

therapists can develop their counseling skills and interventions for working with specific

populations, such as LGB clients.

<u>Role of Supervision</u>

Therapists working with LGB clients often look to supervision as one place in

which to foster their therapeutic competence with this population (Gatmon et al., 2001).

At the very least, Buhrke and Douce (1991) believe that supervisees should enter

supervision with a general understanding of LGB identity development stages (including

an ability to distinguish these from psychopathology), a readiness to explore intimacy

concerns for clients in a gay, lesbian, or bisexual relationship, and an openness to

confronting their own heterosexist biases.

Obviously, then, supervisors must have done their own work around these topics,

and must be prepared to initiate these dialogues with supervisees. Bruss et al. (1997)

advised that supervisors be clear about the expectations of supervisees who are working

with LGB clients, to make it clear that competency is important. They discuss the

importance of supervisor self-awareness in modeling competence for the trainee. They

encourage supervisors to share their own developmental struggles in working with LGB

clients. Eventually, the supervisee can gain more independence. Once his or her own

sexual identity development has advanced, the supervisee can use self as a catalyst to

facilitate this exploration on the part of his or her clients.

Buhrke (1989) theoretically discussed several potential supervision scenarios,

depending on the sexual orientation of the supervisor, counselor, and client.

Nonconflictual situations occurred when neither the supervisor nor the supervisee was

homophobic. When the supervisee was homophobic but the supervisor was not, the stage

was set for training the supervisee to work productively with the sexual minority client. When the supervisor was homophobic but the supervisee was not, the power differential may make it difficult for the supervisee to challenge the supervisor's biases, and supervision and counseling work with the client may be negatively affected. Buhrke noted that the worst possible scenario was when both supervisor and supervisee were homophobic. In this case, both would reinforce each other's biases. Sexual minority clients may be underserved (e.g., the client's references to sexual identity will be ignored) or will be badly served (e.g., the client's sexual identity will be viewed as pathological).

While the ways that LGB-affirmative supervision maps onto therapists' LGB competence in working with clients can be speculated, there is only one empirical study to investigate this. Burkard, Knox, Hess, and Shultz (2009) conducted a qualitative inquiry of 17 advanced LGB doctoral students in psychology regarding their experience of LGB affirmative and LGB non-affirmative supervision events. Participants identified as 6 lesbian women, 8 gay men, 2 bisexual men, and 1 bisexual woman. In addition to asking each LGB participant about an LGB affirming and non-affirming event, they asked about how these events affected both work with their LGB clients and their own professional development.

Burkard et al. (2009) found that most of the supervisors whom participants had worked with were heterosexual, although sexual orientation of the supervisors directly discussed by participants in the study was not assessed. The reports of LGB-affirming supervision were characterized by perceptions of supervisors' support of LGB-affirming work with clients. Some supervisors supported the supervisee's LGB identity, and made efforts to not pathologize or oversimplify LGB-related concerns. The LGB-affirming

events were generally perceived as having positive effects on supervisees, positive effects on the supervision relationship, and positive effects on the supervisee's clinical work with other LGB clients.

In examining LGB non-affirming supervision events, Burkard et al. (2009) found that supervisees generally perceived their supervisors to be biased or oppressive toward the supervisee or her/his client, based on LGB concerns. For example, one supervisee shared that his client was in a heterosexual marriage but having sex with other men. The supervisor felt the client should adopt a gay identity and insisted that the supervisee encourage the client to do so. The supervisee did not agree with the supervisor's perspective, and shared this with the supervisor. However, the supervisor still urged the supervisee to confront the client about his sexual identity. The supervisee was frustrated with the supervisor's demands, but decided to obey his wishes. The client did not react positively to this confrontation, and did not return to therapy again. This left the supervisee feeling a loss of respect for the supervisor, and the supervisee monitored what he shared about case conceptualizations in future supervision sessions.

Furthermore in Burkard et al.'s (2009) study, some supervisors were perceived as being uncomfortable with or unresponsive in discussing LGB issues during supervision. Some supervisors were also perceived as having minimal experience working with LGBT clients, or demonstrating lack of knowledge about LGBT concerns. Participants reported that the non-affirming supervision events were perceived as having negative effects on themselves, on the supervision relationship, and on their work with LGB clients. Regarding the effect on clinical work, it was typical for supervisees to feel as if they were

unavailable to their clients or that they had to monitor their interventions based on what the supervisor believed would be appropriate.

The LGB non-affirmative supervision events were also likely to result in supervisees not discussing the event with the supervisor out of fear of receiving negative evaluation. Participants reported that they would have been more satisfied had their supervisor initiated an open exploration of the event with the supervisee during supervision, or acknowledged their error and bias, and its emotional impact on the supervisees.

Burkard et al.'s (2009) study is important because of its inquiry into how supervision events impact supervisees' work with clients. While their method of interviewing LGB supervisees was important to gaining perspective on how non-affirmative supervision might be damaging to the supervisee as well as to the supervisees' work with clients, their study does not consider the effect of non-affirming supervision of clinical work with LGB clients for non-LGB-identified supervisees. As non-LGB supervisees are more common than LGB supervisees, and as they are also likely to work with LGB clients, there is just as much a potential for harm to clients and to supervisees' professional development in LGB non-affirming supervision with non-LGB supervisees.

Another limitation of Burkard et al.'s (2009) study is that participants ranged widely in their experience level. Some had completed just several graduate program practica, while others had finished their degree and were awaiting licensure. There is likely to be variability in the experiences of supervisees depending on their level in training, so there are benefits to controlling point of training for participants.

Furthermore, all but one of Burkard et al.'s 17 participants were White; supervisees of color who are LGB are doubly stigmatized. Their perception of LGB competence in supervision and their perception of how supervision affects work with LGB clients may differ, depending on the potential for differing cultural norms surrounding how sexual orientation is viewed, discussed, and approached.

With the exception of the study by Burkard et al. (2009), research on multicultural topics in supervision has tended to focus on the role of cultural variables in the relationship between supervisors and supervisees, but has rarely tackled the added dimension of what happens in these trainees' clinical work as a result of supervision. Sherry, Whilde, and Patton (2005) conducted a survey of training directors of counseling and clinical psychology programs. They found that sexual orientation issues were believed to be readily discussed in program practica and in supervision, although specifics regarding how this was done and whether it was sufficient for fostering competent work with clients were not addressed.

The current study attempts to address the lack of research on how trainees use supervision to work with LGB clients. This type of inquiry provides opportunities to learn more about supervision processes surrounding LGB and non-LGB trainees' own development in understanding issues of sexual identity, but it also provides insight into how trainees perceive that their clinical work is affected by what happens in supervision.

A Qualitative Approach to Studying Trainees' Use of Supervision

The current study utilized a qualitative approach to studying trainees' use of supervision for their work with LGB clients. By studying the perspective of the supervisee, one gets a window into his or her perception of what happens in supervision,

as well as his or her perception of how this influences the work with the LGB client and other clients. As there is little known about how supervision influences counseling, the current study represents an attempt to get trainees' perception of this relationship. Next, some background on qualitative research will be covered, and an explanation of the CQR method chosen for this study will be given.

Qualitative Research

Qualitative research refers to methods of gathering data through various exploratory methods (e.g., interviews) and deriving meaning based on the themes that are found (Heppner, Kivlighan, & Wampold, 1999). It is useful for understanding people's descriptions of their lived experiences, exploring constructs that are not easily identified or addressed in the literature, facilitating theory-building, and providing an in-depth picture of phenomena (Morrow, 2007).

Qualitative research attempts to understand the social constructions of participants. It explores the complexity of people's lives by examining their experiences in context (Heppner et al., 1999). The focus is on process and meaning rather than on quantifying data. Types of qualitative research include grounded theory, phenomenological investigations, ethnography, life histories, and consensual qualitative research, or CQR (Hill et al., 2005; Hill, Thompson, & Williams, 1997; Strauss & Corbin, 1990).

The philosophical foundations of qualitative research differ greatly from those in quantitative research. While quantitative research tends to have elements of positivist and postpositivist paradigms, qualitative research tends to be more aligned with constructivist and critical theory perspectives (Heppner et al., 1999). Since the CQR method proposed

for this study has elements of only the constructivist and postpositivist paradigms, these are the two that will be described in this review.

Constructivism holds that ideas about the world are constructed in the minds of individuals. Notions of "truth" and "reality" are abandoned, because it is believed that the experience of individuals is constructed through everyday interaction with the physical and social environment. It is recognized that events occur, but these events are not as important as the meaning ascribed to them by participants (Heppner et al., 1999). The interaction between researcher and participant is what creates research findings. Values are assumed to exist on the part of the researchers, and subjectivity is seen as normative to research. Researcher trustworthiness is essential, and consists of the components of credibility, transferability, dependability, and confirmability. These concepts respond to the quantitative criteria of internal validity, external validity, reliability, and objectivity, respectively (Highlen & Finely, 1996).

The postpositivist paradigm holds that there is one true reality, but one can never fully know it. In postpositivism, theories lead to conjectures, and statements of truth are altered to recognize that inferences are based on probability. Data that emerges are compared to the conjecture; if data are consistent, confidence in the theory as an accurate portrayal of truth is increased. The ultimate goal in postpositivist research is to use successive inquiries to produce descriptions that more closely approximate the truth (Heppner et al., 1999). Researchers strive to be objective, but acknowledge that researcher and participant interaction affects the data.

Consensual Qualitative Research

The CQR method (Hill et al., 1997) is a good approach for the current study because it allows for the participant to be the expert on the topic of interest, and it allows for discussion of complicated topics that are difficult to study with other approaches. The semi-structured interview format and the consensual decision-making process attempt to make CQR more parsimonious than other methods, and make it easy to use. A recent update by Hill et al. (2005) reviewed CQR studies that had been conducted up to that point. Hill and colleagues revealed that it appeared CQR had been used appropriately in 27 studies, attesting to its utility for research in counseling.

As mentioned previously, CQR has theoretical underpinnings of the constructist and postpositivist domains. It is mainly constructivist, but also has some postpositivist elements. CQR assumes that reality is constructed, and that there are multiple realities; at the same time, commonalities among participants are also sought. Hill and colleagues believe that both researcher and participant have an effect on one another. The interviewer serves in the role of reporter, while the participant is the expert and teaches the researcher about the topic of interest. While 8-15 semi-structured interviews are conducted, a few cases are examined in great depth, which contributes to the richness of the data gathered.

The researchers' values should be discussed openly and at length, because bias is seen as inevitable in this method. Open discussions of values and biases are seen as minimizing their effects on meaning-making. Interviews are conducted based on consistent protocols to minimize the impact of expectations and biases. Open-ended questions are used so as not to constrain the responses of participants. During interviews, researchers summarize participants' statements while attempting to stay close to the

original data; the goal is to be as objective as possible. Patterns and themes are sought across participants, as researchers are interested in applicability to the population.

A key component of CQR is the consensual aspect of decision-making. During this process, members of the coding team (called judges) discuss disagreements, expectations, and biases. Agreement is not forced; the idea is that judges are allowed to use their clinical wisdom to enhance data through their multiple perspectives. Biases and expectations are discussed openly and frequently, and team members cycle back to the data repeatedly to clarify results. A full summary of the CQR method will not be provided here, as CQR will be described in more detail in Chapters 4, 5, and 6.

A qualitative design such as CQR lends itself well to the current study, which attempted to foster an in-depth exploration of the experiences of supervisees in using supervision for their clinical work with LGB clients. Investigating what happens in supervision and how it maps onto supervisees' clinical work is not easily accomplished by quantitative designs. Further, supervision for clinical work with LGB clients is a phenomenon which has rarely been addressed by existing research endeavors. The comparison of experiences of heterosexual and LGB-identified supervisees has not been made. The current study attempted to explore the supervision processes that facilitate competence on the part of the supervisee working with LGB clients.

CHAPTER 3

Statement of the Problem

Supervision is the primary vehicle to train therapists in their clinical development, and is one way in which values and beliefs about working with client populations are imparted to those in training (Bernard & Goodyear, 2004). The many cross-cultural investigations of supervision have demonstrated that supervision is one avenue in which multicultural awareness can be heightened (Ladany & Inman, 2008). Most of this research is qualitative, and it has been limited in its scope. While many of the qualitative studies of cross-cultural supervision have assessed the experience of the supervisee in supervision (Burkard et al., 2006; Duan & Roehlke, 2001; Fukuyama, 1994; Gatmon et al., 2001; Hird et al., 2001; Messinger, 2007; Toporek et al., 2004), they have tended to focus on the cultural interaction between the supervisor and supervisee, to the neglect of investigating how this cultural interaction may influence work with clients.

Not enough is known about how supervision is perceived from the perspective of the supervisee who is developing skills in working with specific populations. For example, what do supervisees remember as helpful or unhelpful from these supervision experiences, and how do they perceive the values and beliefs of their supervisors? In what ways do supervisees perceive that supervision influences their understanding of the client, and do they view supervision as influencing their work with other clients? These questions are important, as supervision is a primary tool in training. Supervision has the potential to foster multicultural competence on the part of supervisees (Ancis & Ladany, 2001).

The current study examined how trainees perceive their supervision for work with LGB clients and the ways they made use of this supervision. Only one other study could be found that examined this issue (Burkard et al., 2009). Unlike the current study, which examined the experiences of supervisees in their clinical work with LGB clients, Burkard et al. examined only the perceptions of LGB supervisees and the impact of supervision on work with LGB clients. There is a need for research examining how LGB and non-LGB trainees use supervision with LGB clients, given this group's representation as clients at college and university counseling centers, and given that little is known about how supervision influences clinical work with LGB clients. Through qualitative investigation of the supervisee's experience in supervision, there is the potential to glean rich information about the supervisor's perceived actions, values, and beliefs, as well as those of the supervisee. Studying the perspective of supervisees in general provides a unique window into supervisees' perceptions of how supervision is received, and also considers their perception of how supervision affects work with LGB clients.

Based on the gaps in the existing literature, the following research questions were explored for examining the trainees' perceptions of a supervision experience they had when working with an LGB client:

1. How do intern-level trainees' feel that their work with LGB clients compares to their work with non-LGB clients?

2. What are trainees' expectations for supervision regarding work with LGB clients?

3. What are the contributions of trainees and supervisors to supervision for clinical work with LGB clients?

4. What are the outcomes of supervision for clinical work with LGB clients?

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CHAPTER 4

Method

Participants

   Interviewees. Participants were 12 randomly-selected psychology predoctoral interns from 12 different APA-accredited counseling centers, who were selectedduring the 2008-2009 academic year. Nine were women, and three were men. Six identified their sexual orientation as heterosexual, three as lesbian, one as gay, and two as queer. Nine identified as White, two as African American, and one as Latina. They ranged from 25 to 33 years of age.

   Interns at counseling centers were targeted for this study for several reasons. To qualify for an APA-approved internship, interns need to have completed a minimum number of individually-supervised clinical hours, which means their level of preparation will be more uniform than if students at earlier points in their doctoral training were selected as participants. Typically, internship is seen as the last major requirement before trainees are considered ready for competent autonomous practice, so it is likely that interns receive high-quality, regular, intensive supervision and have received training in multicultural issues. Since a fairly large sample of clients at counseling centers tends to be LGB-identified, and since counseling center interns tend to carry a caseload of different clients each week, it was believed that a number of those selected to participate would qualify based on having the experience of working with an LGB client during their internship year. The selection procedure is described in detail below under *participant selection*.

Interviewers/Judges/Research team. Interviews were conducted by three doctoral students in counseling psychology, including the primary investigator. All three doctoral students also served as the judges and research team for the study. From this point forward, they primarily will be referred to as the research team. The research team included a 25-year-old, White, gay, male advanced doctoral student, a 27-year-old, Asian, gay, male first-year doctoral student, and a 25-year-old, White, heterosexual, female first-year doctoral student. All team members were enrolled in the same counseling psychology program at a large, mid-Atlantic state university.

It was required that members of the research team be enrolled in or have completed a basic practicum in individual counseling, and have experience with clinical supervision. It was also expected that they have experience or interest in working with LGB clients. It was believed that these stipulations were important, so that research team members could have familiarity with counseling and with sexual identity issues, which was thought potentially to help in understanding the data. All members of the research team were assigned background reading on the CQR method (Hill et al., 1997; 2005), as well as one study on supervision that used the CQR method (Ladany et al., 1997).

The doctoral student interviewers each interviewed three participants, and followed a semi-structured format for interviewing. They also served as the data coding team. They followed the guidelines of Hill and researchers (1997), to make efforts to ensure that power was balanced as much as possible, and that members of the research team got along, were committed to and involved in the study, negotiated differences fairly, and addressed potential conflicts openly.

Before conducting interviews, research team members were required to write about and discuss their biases and expectations about the outcomes of the study, as a way of monitoring and attempting to control these biases. In regard to their views about therapy, two members discussed the need for LGB clients to have an affirming therapy experience. All members talked about struggles that LGB clients face. Two mentioned facing discriminatory messages from society, while one talked about difficulty being accepted by family members. One member believed in the importance of the coming out process for LGB clients, while another talked about the importance of LGB clients being able to accept themselves. Two research team members talked about the cultural influences on sexual identity and the coming out process. One member shared his belief that LGB clients may or may not see their presenting concerns as related to sexual identity.

In terms of supervision, one member expected that detrimental effects could occur for LGB clients when a supervisor is non-affirming. Another member believed that supervision should not focus too much on sexual identity to the neglect of other issues. Two members felt that the supervisor should help the therapist attend to matters of risk and concerns for safety before attending to sexual identity development. One member felt that an affirming supervisor could model acting as an LGB advocate to clients for the therapist.

Research assistants. Three undergraduate students seeking research experience were recruited from psychology courses at a large, mid-Atlantic, state university. Research assistants were required to demonstrate interest in LGB issues, counseling, and supervision. The research assistants helped with various aspects of the research process,

such as compiling a spreadsheet of APA-accredited counseling centers, searching for interns' contact information at the various placements, and transcribing interviews. The primary investigator supervised the research assistants through all phases of their association with the project. The primary investigator also transcribed three participant interviews on his own.

Auditors. It is an important component of the CQR method to have at least one auditor. The current study had two. The role of the auditors is to review the coding and cross analysis of the research team, but to otherwise stay outside of the analysis process. One auditor was a 59 year-old, White, heterosexual, female faculty member who also served as the primary investigator's dissertation advisor. She has been involved with several CQR studies. The other auditor was a 31-year-old, White, lesbian, Jewish, female faculty member who is experienced with the CQR method.

Measures

Semi-structured interview. The interview protocol was developed in several stages. First, an initial set of interview questions was developed based on the theoretical and empirical literature on counseling, training, and supervision for LGB clients. These questions were presented to the faculty member who serves as the dissertation advisor for this study. She helped in refining the questions, and in coming up with additional questions. Then, the questions were reviewed by a current intern at an APA-accredited counseling center, to get his feedback on the questions, and to get an idea of whether and how he could answer them. One of the questions in particular (i.e., the question about negative feelings about the client) was reworded as a result of this meeting, to appear less value-laden. After this, the primary investigator consulted with the author of the CQR

method, for help in refining the questions. Based on feedback that came from this meeting, questions were amended to be more open-ended, less leading, and less pejorative in nature. She also suggested during this meeting that interviewers ask specifically about information or reactions that were kept from the supervisor.

Next, the dissertation advisor conducted the interview via telephone to the primary investigator to do an initial pilot the interview and to use as a training model for the research team (e.g., how to use probes). Feedback from the interviewer was that some of the questions could be ordered in a way that made sense and flowed better to mimic the therapy and supervision process. As a result of this feedback, several questions were placed in different parts of the interview protocol, to make the questions of the interview flow better.

The next round of revisions came after the dissertation proposal meeting. Several of the questions about the supervisor and supervision process were seen as too open-ended. From this meeting, it was determined that some specific questions could be asked in addition to open-ended ones, to ensure that enough information was gathered in order to make comparisons among participants. These changes to the interview protocol were made.

The final round of revisions to the interview protocol came after two pilot interviews. One was held with an advanced doctoral student in counseling psychology, and another was held with a practicing post-doctoral fellow who had recently completed her internship at an APA-accredited counseling center. Interviewing people who are similar to those who are to be recruited is a recommendation of Hill and colleagues (Hill et al., 1997; 2005). Feedback from both of these pilots was to include more probes and

follow-ups as part of the interview. As a result, the research team added several semi-structured common probes and follow-up questions to the interview questionnaire, to help generate more discussion and depth of conversation. After this, no more changes were made to the interview protocol.

The participants completed two audiotaped, semi-structured interviews that took place over the phone. The first interview was approximately one hour. The second interview was a follow-up interview lasting approximately 15 to 30 minutes. The interview protocols can be found in Appendices C and D. The first interview began by asking participants to describe their LGB client and the therapy with that client. Then, they were asked information about their supervisor, such as the length of time they had worked with that supervisor, what their supervision relationship was like, and what their expectations for supervision were. Next, participants were asked for information about the process of supervision, such as the perceived contributions of the supervisor and participant, and their perceived values and beliefs. Then, participants were asked about outcomes of their supervision experience for that LGB client and for other clients. Participants were asked to compare their work with LGB and heterosexual clients. The first interview culminated by asking participants about their training experiences in and out of graduate school, for working with LGB clients. Then, demographic information was collected about participants.

The follow-up interview took place one week later. The focus of this interview was to see if any new thoughts or feelings regarding the questions of their comments during the initial interview had come up since the first interview. Participants also were asked to compare their supervision experience with their supervisor for this client to their

supervision experience with other supervisors. They were asked about their countertransference feelings or reactions toward the client. Finally, they were asked about what it was like to participate in the study. Participants were given the option to have written transcripts of the interviews, and were thanked for their participation. Throughout the entire interview process, participants were reminded to be as specific as possible and to give as much information as they could. This was also accomplished through probes, which asked participants to elaborate on their answers and give examples.

Procedures

   Participant recruitment. A list of all APA-accredited counseling center internships was available through the Association of Psychology Postdoctoral and Internship Centers (APPIC) website. The research assistants helped to find information about these placements, including websites for the counseling centers and names and contact information for the interns who were placed there at the time. The completed list had 108 APA-accredited counseling centers. Of these 108 sites, 27 did not list contact information for their current interns. Therefore, only 81 sites were used in recruiting participants. Potential participants at each internship site were numbered. A random number generator was used to select one intern at each counseling center and to place him or her in a queue to email with the call for participation. Twelve interns were contacted in the first round, to ensure that too many participants did not respond. After the first round of participants responded, there were not enough interns who consented to reach the desired sample size of 12. Therefore, a random number generator was used again to generate a list of the next group of participants to email the call to participate. In all, a total of 119 interns were emailed the call for participation, in rounds of

approximately 12 to 25 at a time, about one week apart. When an individual consented to participate, no other individuals from the same counseling center were contacted. Please see Appendix A for a copy of this email.

The email that potential participants received described the study as an exploration of their use of supervision for their work with LGB clients. The email required that those interested in participating had seen an LGB client during their internship year for whom they received supervision for at least part of one individual supervision session. This email explained that there would be an initial telephone interview that would be approximately one hour long, and a shorter follow-up interview which would take place about one week after the initial interview. Potential participants were told that the interviews would be taped and transcribed, and that all identifying information would be removed from the transcripts. It also clarified that participants would receive a copy of the transcript, and would have the ability to correct or clarify any of their statements. Those who received the request for participation were asked to reply to the researcher by email if they were interested in participating, and a time was then arranged for them to be interviewed. One follow-up request for participation was sent approximately one week after the initial email was sent, to remind potential participants about the study and to ask them to reply to the primary investigator within one week if they were interested in participating. Please see Appendix B for a copy of the follow-up email.

Of the 119 participants who were emailed the call for participation, three emails were returned with error messages indicating that they could not be delivered because the email addresses were invalid. Sixteen interns replied to the call for participation to say

that they did not meet the inclusion criteria for the study. Therefore, the total number of interns who were believed to have received the email and who may have qualified for the study was 100. Since twelve participants out of those 100 interns who were emailed responded affirmatively to the call for participation, the response rate was 12%. However, it is not possible to determine how many of the 100 interns who were sent emails actually met the criteria for inclusion yet chose to not respond to the solicitation for this study.

    Conducting interviews. Telephone interviews are preferable for topics about which participants may feel vulnerable or confused (Hill et al., 2005). Given the sensitive nature of disclosing experiences in supervision and aspects of clinical work, telephone interviews were selected over face-to-face interviews for the current study. These interviews were conducted by members of the research team, at mutually agreed-upon times that were arranged after participants consented to the study. At the start of each interview, participants were reminded about the purpose of the study, and told that the interview would be taped and transcribed. They were informed that all identifying information would be removed from their transcript. Approximately one week later, the follow-up interview occurred. At the culmination of this interview, the participants were told that they would receive a copy of the transcripts for both interviews by email, in case they wanted to correct or amend any of their responses. Members of the research team recorded their impressions of the interview and the interviewee, upon the recommendation of Hill and researchers (1997). All 12 of the participants completed both interviews.

CQR process. When both interviews were completed for participants, the research assistants and primary investigator transcribed them. The primary investigator also checked them for accuracy. All identifying information was removed from the transcripts, to ensure confidentiality. This included names of the participants, clients, supervisors, internship sites, and doctoral programs.

When coding began, research team members met to get familiarized with each other and with the CQR process. The team held several initial meetings to talk about qualitative research, as well as to discuss team dynamics. The principal investigator made attempts to control any dominating contributions to the team by stressing the importance of all team members feeling comfortable and safe to express their opinions and argue their points. He was careful to notice when power imbalances occurred in the group, and tried to give a voice to a member whose perspective was not heard as loudly as other members. He encouraged research team members to bring up any issues that arose in the process, so that the group could maintain an open and ongoing discussion of dynamics. Through the entire project, consensus had to be achieved before final decisions about results could be made.

In the first step of CQR, responses for each participant were segmented into domains (i.e., topic areas). These domains were revised as each new participant response was coded into domains. This sometimes involved returning to participant responses which had already been coded into domains, and recoding. After segmenting domains for the first two or three participants together in a group, research team members segmented domains for the remaining cases individually. Then, they came together to arrive at consensus about how they determined the domains.

Next, the information for each domain for a particular participant (also known as a "case") was summarized into what was called a core idea (Hill et al., 1997). The idea is for the core ideas to remain as close to the original text and meaning of participants' responses as possible, while at the same time remaining concise. The team did this independently, then came together to reach consensus. They worked collaboratively to make sure they agreed on core ideas, and discussed core ideas thoroughly until all team members felt satisfied. A consensus version of core ideas for each participant was created, which included domain titles, core ideas, and all the raw data for each domain. An attempt was made to keep double-coding to a minimum, and domains were still being revised to reflect the actual data, once core ideas were determined.

The auditors' first task was to review the team's consensus version of core ideas for each domain of a specific case. The process of using two auditors consisted of sending the material to be reviewed to the first auditor, who edited and returned the data. Then, the research team could decide to accept or reject the audits from the first auditor, and send the amended version to the second auditor for review. After the audits from the second auditor were reviewed and a decision was made by the research team, a final consensus version was generated and saved. The auditors took turns being first to review any data from the research team.

The next step of the CQR process was called the cross-analysis. The team looked at the data in each domain to determine similarities in the sample of participants. This was accomplished by creating new documents that contained all the core ideas for each participant within each domain. Team members came up with categories, which served the purpose of characterizing the core ideas within domains across all cases implicated in

that category. The team discussed the categories they derived from the data together, and came to consensus before sending their version to the auditors. The auditors paid special attention to the wording of categories, their representativeness of the data, and whether or not they could be combined with other categories or further subdivided. All data had to be placed into a category. Even at this phase of the analysis, decisions were sometimes made to revisit wording of overall domains, or move core ideas to another domain entirely. The auditors took turns reviewing each change that was made. The team continued to meet to come to consensus, until no more changes were needed.

Upon completion of the cross-analysis, each category in each domain was labeled to represent the degree to which they represented the sample of participants. Following the recommendation of Hill et al. (2005), the labels "general," "typical," and "variant" were used. General results included all or all but one of the cases (i.e., 11 or 12). Typical results included more than half of the cases, up to the cutoff point for general (i.e., 7-10). Variant results included at least three cases, up to the cutoff for typical (i.e., 3-6). Findings that were only demonstrated in a single case or two were placed in a separate category and are not reported in the results.

CHAPTER 5

Results

Domains (i.e., the topics or themes used to cluster the interview data) were
identified in the first step of the data analyses. The 13 domains were: (1) client
description and counseling process; (2) supervision relationship; (3) supervision
expectations; (4) supervisor's contributions to supervision and therapy; (5) participant's
contributions to supervision; (6) participant's feelings, values, and beliefs about client;
(7) supervisor's feelings, values and beliefs about client; (8) impact of supervision on
work with other clients; (9) additional supervision for work with client; (10) comparison
of work with this client and work with other clients; (11) LGB issues in training; (12)
comparison of this supervision experience with other supervision experiences; and (13)
feelings about participating.

The listing of categories, subcategories, frequencies, and illustrative quotations
for all 13 domains can be found in Table 1 (please see Appendix E). Each of these
domains is described below in further detail. For analysis of all domains, the guidelines
of Hill and researchers (2005) were followed. Categories were considered general if they
applied to 11 or 12 cases (i.e., allowing for one outlier), typical if they applied to seven to
10 cases, and variant if they applied to three to six cases. Categories containing just one
or two participants were not included in the results.

The results will be broken down into five parts. First, background data will be
provided, including information about the LGB clients that each participant described
(e.g., demographics, presenting problems, personality), the main supervisor from whom
they received supervision for this client and the structure of that supervision, the

supervision relationship, and the participants' training on LGB issues. Next, each of the four research questions will be addressed: (1) How did trainees' therapy with their LGB client differ from their therapy with other clients?, (2) What are intern-level trainees' expectations for supervision regarding work with their LGB client?, (3) What are the contributions of trainee and supervisor to supervision for clinical work with LGB clients?, and (4) What are the outcomes of supervision for clinical work with LGB clients? Then, participants' feelings about being interviewed for the current study will be provided. When addressing results for all research questions, brief illustrative quotations will be provided in text. Finally, four prototypical cases will be described, which will include a brief background about the participant, client, and counseling process, along with a brief description of what happened in supervision and how it was applied to clinical work for the LGB client and other clients.

Background Data

In addition to responding to the main research questions, participants described their LGB client and the counseling process with this client and gave a description of their supervisor, the structure of the supervision, and their supervisory relationship. They also addressed LGB training they had received in their graduate program, during their internship, or in other ways.

Information about LGB clients and counseling process

Information that was collected about the LGB client with whom the participants worked included demographic data and other information about the counseling process, information about the clients' personalities, presenting problems, and therapy focus and interventions.

Demographic information. Participants each chose one client to discuss for the research interview; therefore, there were twelve total clients whom participants discussed in their supervision and described for the current study. Four clients were women, and eight were men. Two identified as lesbian women, six as gay men, and three were questioning their sexual identity. One client preferred to identify as a homosexual, instead of gay. Six of the clients discussed by participants were between the ages of 19 to 22, while four were between the ages of 23 to 30. Age was not known for two clients. In terms of racial and ethnic background, six clients were White, one was Asian, one was African American, one was Latino, and one was Middle Eastern. Race and ethnicity was not known for two clients, as the participants did not share that information, and interviewers forgot to ask. Five of the twelve clients described being raised in a strong religious tradition. Two were Christian, one was Jewish, one was Catholic, and one was Muslim. Three clients were known international students or immigrants. One was from China, one was from Puerto Rico, and one was from Saudi Arabia. Four clients were known to have had at least one previous or simultaneous therapy experience in addition to working with the participants in therapy. Seven clients were still being seen at the time of the interviews, and five had terminated therapy, at least for the time being.

Information about the counseling process. Generally, all participants provided some background about clients' presenting problems and concerns raised in therapy. It was a typical finding that clients presented with depression or with mood fluctuation. Variant clinical problems included relationship difficulties, suicidal ideation, coping with a negative life experience (e.g., abuse, violence, discrimination), feeling conflicted between religious and sexual identity, anxiety or stress, and concerns about gendered

behaviors. Information about clients' personality style was typically presented. It was a variant finding that clients' personalities were described as cognitive, or that clients had difficulty expressing their feelings. As one participant said, "Her inability to kind-of express feelings is obvious...So we've talked about how that is for her in therapy, and talked about…how that plays out in our relationship." (P1). It was a variant finding for clients to be viewed as very emotional or dramatic, or to have boundary issues. As a participant said, "She tends to dramaticize situations, and catastrophize small little upsets here and there. That plays into her anger management issues. She'll use very dramatic language to describe her conflicts with her parents, for example." (P6). Variantly, some clients were described as motivated, engaged, and talkative. It was also a variant finding for clients to be perceived as confrontational, cynical, or defensive.

All participants provided information about the therapy focus and interventions with their clients. It was a general finding for participants to be working on exploring, integrating, or affirming multiple aspects of their clients' identities. It was typical for participants to be working with clients on interpersonal, family, or relationship issues. Variantly, some participants were doing crisis management and safety planning with clients. For example, one participant said, "When he came in to see me, he had expressed some concerning suicidal ideation. And so much of our initial work was developing a plan for safety, and discussing coping strategies." (P12). It was also a variant finding for participants to be working with clients on alleviating or coping with their symptoms. Other variant findings about therapy foci for participants' clients include coming out to family or others, understanding and building the therapy relationship, and using self-disclosure to facilitate the therapeutic process. It was a typical finding for participants to

report a positive therapy relationship, and no participants reported a poor or negative relationship.

Description of supervisor and structure of supervision

The participants described the supervisor from whom they received supervision and the structure of the supervision for their work with the LGB client they discussed. It was typical for participants to never have worked previously with their supervisor before the described supervision experience. It was also typical for supervisors to be the interns' primary supervisor during the described time period. It was a variant finding that the supervisor they discussed was a secondary supervisor for them. It was variantly reported that supervisors had additional roles with the intern, such as training director or seminar facilitator.

Participants were also asked about their supervisor's sexual orientation. Two participants did not know how their supervisor identified his or her sexual orientation. Two participants knew that their supervisor identified as heterosexual. Four participants assumed that their supervisor was heterosexual. Four participants knew that their supervisor was LGB-identified. Regarding gender, seven participants reported that their supervisor was female and five reported that he or she was male. Unfortunately, no other demographic information outside of sexual orientation and gender was intentionally collected about supervisors, which is a limitation of the current study. However, three participants volunteered the information that their supervisor was a racial/ethnic minority.

Participants were asked about the length of time they had been working with their supervisor at the time of interview. Seven participants had worked with their supervisor for 3 to5 months, while three participants had worked with the supervisor for 6 to 8

months. There were two participants for whom the length of time they had worked with their supervisor was unknown, as they did not mention this when describing the supervision and the interviewer forgot to ask them.

Supervision relationship

This domain described participants' views about their relationship with their supervisor. It was a general finding that participants reported a positive, strong, or supportive overall relationship between themselves and their supervisors. It was also a general finding for participants to share specific positive aspects of the supervision relationship. For example, participants typically felt that they connected with their supervisor in terms of values, identity, personality, or counseling approach. One participant said, "I kind of look forward to our meetings once a week because I felt like, you know, we connected on a supervision level, but also we, I was able to see him as a, a person, and he was able to see me as a person as well." (P2). It was also typical for participants to report feeling safe in supervision, and comfortable talking openly with their supervisor. Participants typically felt that their supervisor provided interventions that facilitated the supervisory experience. It was variantly reported for participants to feel cared for or trusted by their supervisor. It was also a variant finding for participants themselves to trust or respect the supervisor's knowledge, judgment, or experience. As one participant reported, "I think I admire my supervisor a great deal. I think she's a pretty vast store of clinical experiences upon which to draw and I think she knows what she's talking about. So I think it just strengthened my ability to trust what she says." (P10).

Participants variantly felt that the supervision relationship helped them grow as counselors. Another participant shared, "She has been really good about encouraging me to develop my own autonomy. This being the second semester of my final year of internship, I think she's done a really good job of that." (P9). It was also variantly reported that supervisors used the supervision relationship to help participants understand how their sexual orientation impacts work with clients. One participant said, "I wanted to have that experience…not just in—in having a gay supervisor but also just really understanding what my own sexual orientation means in—in the way that I do therapy with clients, so I thought it'd be cool to have somebody that could model that for me to some extent, too." (P5).

Disagreements between participants and their supervisors were typically reported. It was typical that any disagreements between participants and supervisors were characterized as minor, and were accepted or resolved through open communication. As one participant offered, "And I—and that was a small, minute kind-of thing that came up and I just said that and then we went on with it. We resolved it…so it was so minor I can't even say that we've really had a disagreement." (P1). It was a variant finding for participants to report having no disagreements between themselves and their supervisors. It was also a variant finding that participants did not feel they received enough feedback or collaboration from their supervisors. One participant stated, "The only kind-of caveat is…that I think sometimes he could give more…more like critical feedback, but it's just not his tendency." (P4).

Overall, findings from the domain regarding the supervision relationship suggest that participants felt they had a strong, supportive relationship with their supervisor, and

typically felt safe to talk openly about their clinical work. Having disagreements in supervision was a normative experience for participants, but these disagreements were described as easily resolved. There were only a few examples of participants feeling they did not receive enough feedback or collaboration from their supervisors.

Interns' LGB Training

Participants were asked about their LGB training experiences in and outside of graduate school. It was generally reported that interns received some training in their doctoral programs related to LGB issues. Generally, all participants had taken at least a general multicultural course which addressed LGB issues. It was a variant finding for interns to have had a specific course or training module on LGB issues in their graduate programs. It was also variantly found that LGB issues had been interwoven in various graduate classes that participants had taken.

Regarding their other LGB training experiences, it was typically found that interns had gained experience working with multiple LGB clients on internship. It was also typical for interns to have received LGB training outside of their doctoral program and internship. Variantly, some interns reported receiving little to no training to work with LGB clients in their doctoral program or on their internship. It was a variant finding for participants to have provided training for others on LGB issues.

Participants were asked about LGB-identified students, faculty, and supervisors in their graduate program or on their internship. It was a general finding for interns to have LGB-identified students in their program and on internship. It was variantly found that interns had openly LGB-identified faculty or supervisors in their graduate program or on internship.

Research Question 1: How does trainees' clinical work with LGB clients differ from their

clinical work with heterosexual clients?

Comparison of Therapy with LGB Client and Therapy with Heterosexual Clients

The first research question explored the overall comparison between participants' clinical work with the LGB client they discussed for the current study and their clinical work with heterosexual clients. It was a general finding for participants to report similarities between their work with this LGB client and with heterosexual clients. Generally, participants reported that work with their LGB client was similar to work with other clients in terms of the theoretical orientation they used, their clinical values, or their counseling approach. As a participant said, "I think that my end goal is always that they feel good about who they are, so to some extent, acceptance, but also affirmation of identity, and I think that I do that with all of my clients." (P5). It was a variant finding for participants to report that work with the LGB client and heterosexual clients was similar in its focus on problems that clients wished to talk about, rather than focusing on sexual orientation alone. In other words, some participants felt that clinical work with LGB clients was similar to clinical work with heterosexual clients in that it did not focus primarily on sexual orientation. In one participant's words, "It's just sort-of one other detail of their life, so I guess in that sense, just like if I was working with a straight client on test anxiety, we…wouldn't discuss their sexual orientation a lot, so same thing with an LGB client." (P4).

Nevertheless, it was a general finding for participants to report differences between their work with their LGB client and with heterosexual clients. Typically, participants felt that work with the LGB client was different because it considered the

impact of the societal context and oppression on LGB clients. As one participant put it, "I think that within my conceptualization, thinking about…the effect that discrimination has on LGBT clients, keeping that within my conceptualization and just thinking about how interventions can be useful or not useful based on more systemic issues that are faced that are not of the clients' own doing." (P7). There were also several variant findings concerning differences. Participants variantly found that they were more cognizant of how their LGB clients perceived them, and more aware of how to intervene appropriately in therapy. A participant said, "I think there is an increased awareness on my end of some of the differences that exist between myself and my client…particularly my identity as a Christian, and being heterosexual. And the concerns and the ways with which that could potentially affect the therapeutic relationship." (P12).

It was a variant finding that work with the LGB client was different because it examined sexual identity development and the impact of LGB identity on the client. An example comes from a participant who shared, "And making sure I pay attention to how their sexual orientation might affect all other areas of their life, whether it's in their occupational functioning, their relationship with their family, things they might do or say outside of those environments, and their relationship history." (P9). It was also a variant finding for participants to feel more connected to their LGB client due to having a shared LGB identity. In one participant's words, "I think that because I am part of the LGB community myself, I tend to feel a connection with a lot of my LGB clients the way that I might not with clients who are from a different background than my own. Who have a different sexual orientation than my own." (P8). In sum, participants found many similarities between their work with the LGB client and their heterosexual clients, but

found differences due to the unique identity and position in society that LGB clients have.

Research Question 2: What are trainees' expectations for supervision regarding their clinical work with their LGB client?

The second research question asked participants about their expectations for supervision regarding their work with their LGB client. One domain from the current study emerged from inquiry about this area.

Participants' Expectations for Supervision Regarding Therapy with LGB Clients

This domain dealt with participants' expectations for supervision with the LGB client they discussed. It was typical for participants to expect their supervisors to address their LGB client's issues, assist with overall case conceptualization, and give feedback on interventions and on the direction of the therapy. It was also typical for participants to expect their supervisor to be knowledgeable and supportive of the client's LGB identity as a way of helping them conceptualize and work with their client. Typically, participants felt their expectations for supervision about their LGB client were similar to their supervisor's expectations. It was a variant finding for participants to report expecting to spend time exploring the various aspects of their client's cultural identity in supervision. As one participant put it, "I just expected him to be open and accepting of the client's cultural background and his sexual orientation, and just kind of support me in trying to figure out, 'Okay, what are our cultural differences and similarities, and how is that impacting our work?'" (P11).

It was also a variant finding for participants to report that they expected to address the therapeutic dynamic, boundaries, and countertransference in supervision. Another

participant said, "I expected her to ask me a lot about any countertransference issues that I would have because this is part of what we would call developing cultural competency, working with clients that fall into the LGBT category." (P9). Participants also variantly reported expecting to identify their own biases and heterosexual privilege in supervision for their work with the LGB client. One participant is quoted as saying, "I would just sort-of openly bring up these topics…like, for example…he's coming in and sitting down with a male that's heterosexual and he expressed concerns about other people…being not able to relate to him, especially other heterosexual men, and so I want to talk about how that may be playing out in therapy." (P12).

Participants expressed similarities between their expectations for work with the LGB client and expectations for their work with other clients, regardless of sexual identification. It was a typical finding that participants reported their expectations of supervision to be similar for their LGB client and other clients in addressing client issues, assisting with conceptualization, and getting feedback about therapy direction and interventions. Variantly, participants expected supervisors to address the multicultural context for this client and for others. As one participant put it, "I would expect that any presenting issue that came up or cultural issue or therapeutic issue that ever came up would be addressed in the same way by me and therefore I would probably have similar expectations for my supervisor." (P6).

Participants were asked how they communicated their expectations for supervision with their supervisor. It was typically reported that supervision expectations were explicitly stated, or time was made to openly discuss them. One participant said, "It's become this running joke where she always has a list of things she wants to get

through and then I have my own little list of things that I want to get through as well…so I feel like…there's already time made for that, to talk about it openly." (P5). Variantly, some participants reported that expectations for supervision were not explicitly stated, but were more of an understanding between participants and their supervisors. As another participant shared, "I don't think there was ever an explicit conversation about comfort level, right? Or necessarily me conveying, 'I expect you to have a lot of knowledge in this area.' But I think that there was probably a conveyance of these expectations in a more subtle way of bringing up the conversation and carrying on that dialogue." (P8).

In sum, findings from this domain suggest that participants typically expected their supervisors to be knowledgeable and supportive about their clients' LGB identity. Some participants expected to address therapeutic dynamics, boundary issues, countertransference, and biases in supervision. In addition, participants had a number of general and specific expectations for supervision of their work with their LGB client, which were similar to their expectations for supervision of work with other clients.

Research Question 3: What are the contributions of trainee and supervisor to supervision for clinical work with LGB clients?

The third research question dealt with the actual process of supervision, or what occurred for supervisor and participant in supervision, from the participant's point of view. There are multiple domains which make up this research question: the participant's feelings, values, and beliefs about the client; the supervisor's feelings, values, and beliefs about the client; the participant's contributions to supervision; the supervisor's contributions to supervision and therapy; the comparison of this supervision experience to other supervision experiences; and additional supervision for work with the client.

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Participant's Feelings, Values, and Beliefs About Client

Participants were asked about their feelings, values, and beliefs about their LGB client, as a way to better understand their subjective impressions of the client. It was also hoped that a comparison could be made between participants' impressions of the client, and their supervisor's impressions, as this might identify how they used supervision and what they did in their clinical work with the client.

It was a general finding that participants expressed positive feelings toward their LGB clients. A distinction was made between *specific* positive countertransference reactions and *overall* positive impressions of the client. Positive countertransference reactions were typically reported by participants. For example, one participant said, "I had something like a mothering reaction to him initially just because he's very soft spoken, very shy. So he just brought up that, 'Oh I want to take care of you and make everything all better,' and I think that continued throughout a lot of our work." (P11). Participants variantly reported positive impressions of the client that may have had less to do with countertransference. An example comes from a participant who shared, "I was really kind of, 'Wow, you know this, this young woman has her life together. She's got her values kind of lined out.' For a nineteen year old woman, that was impressive." (P3).

Half of the participants reported having negative feelings or negative countertransference reactions toward the client, which made it a variant response. The common theme among these responses was feeling that aspects of the clients' behaviors either inside or outside of sessions made it difficult for participants to understand them or feel connected to them. As one participant shared, "At times I've felt exhausted, particularly when the client comes in multiple times a week and additionally is seen in

group psychotherapy. At times I felt sort of wishing for this client that this client could find what she needs in the therapy relationship and then also in other relationships." (P6). Another participant talked about how he struggled to understand some of the choices that his client made outside of session. He said, "Sometimes it made me really frustrated with him…Sometimes when he would just continue to make choices that were not beneficial, I would struggle with that." (P10).

Two common findings emerged when participants were asked about their specific values and beliefs about their LGB clients. It was a typical response that participants valued affirming their client's identity, self-expression, or self-acceptance. As one participant put it, "My value would be for the client to be able to express himself and to fully acknowledge that part of himself without having to minimize it or, or set it aside." (P2). It was a variant finding that participants valued providing a strong therapeutic alliance and a safe therapy environment for LGB clients. One participant shared, "With him, it was really important for me that he felt understood and supported and encouraged, and that this was an environment very different than how he experienced other Christian, heterosexual men in his life." (P12).

It was a typical finding that participants believed they shared feelings, values, and beliefs about the client which were similar to those of their supervisor. As one participant shared, "My beliefs are very similar to my supervisor actually, which is probably why our supervisory relationship is as comfortable as it is." (P8). No participants discussed specific differences between themselves and their supervisors in feelings, values, and beliefs about clients.

In sum, the domain on participants' feelings, values, and beliefs suggests that participants almost universally expressed *overall* positive impressions or reactions about their LGB client. Half of the participants discussed *specific* ways that they struggled to understand or connect with their LGB clients, based on aspects of the clients' personality, identity, or behaviors. Most of them took these struggles to supervision in an effort to understand and learn how to better connect with clients. Participants typically felt their supervisor shared similar reactions to them toward their client.

Supervisor's Feelings, Values and Beliefs About Client

Participants were asked about their supervisor's specific feelings, values, and beliefs about the participant's LGB client. Participants also were asked how supervisor's feelings, values and beliefs were communicated or perceived by the participant in supervision. It was thought this might shed some additional light on how the supervisor's actions were perceived by the participant.

It was a typical finding for participants to feel their supervisors valued that their LGB client experience an open and affirming counseling environment. As one participant shared, "She comes from a very feminist perspective…She doesn't like to pathologize people…I think that she tries to meet people where they're at." (P8). Several other variant findings emerged. Participants variantly felt that their supervisor valued the client's safety. One participant said, "I think in her approach to working with [the client], she has a value of…deal with the crisis first…look at safety first essentially. So I think that's a value, of not looking at more of the insight-oriented questions until we deal with the crisis at hand." (P1). Participants also variantly felt that supervisors were impressed by client's courage, strength, and autonomy in life experiences. One participant revealed, "I

think that her beliefs about him would be that he is definitely a survivor. That he has had some pretty hurtful things happen in his past. For him to be where he is now is quite impressive." (P7).

Variantly, some participants believed that their supervisor wanted the client to gain more self-acceptance, or a stronger sense of identity. One participant said, "I think she would want to value…a stronger sense of self…That he would explore his identity, so if that meant sexuality or ethnicity or immigration, how all those things combine together." (P5). Participants also variantly reported that their supervisor valued understanding the cultural and contextual   influences on the LGB client. As a participant put it, "I mean she openly expressed her stance   towards gay rights, and how she herself has struggled with how religion has tended to be incredibly prejudicial in this area…she openly used self-disclosure in order for me to know what those values were." (P12).

It was a typical finding for participants to perceive that their supervisors openly communicated feelings, values, and beliefs about the client to them, while it was a variant finding that participants merely perceived their supervisor's feelings, values, and beliefs without openly discussing them. One participant shared, "He's really open and kind of matter-of-fact with things like that…He just kind of lays it out there for you to do what, do with what you need to do…So it's pretty apparent." (P3). Another participant said, "I think it was more of an implicit understanding." (P10).

In summary, the domain on supervisor's feelings, values, and beliefs suggests that supervisors either directly or indirectly conveyed that their supervisees should provide their LGB clients with an open, affirming therapeutic environment. Some supervisors

were perceived as valuing that participants understand the cultural and contextual influences on the LGB clients and that they help their clients gain self-acceptance and a stronger sense of identity.

Participant's Contributions to Supervision

Findings from this domain pertain to the individual contributions of participants to the supervision of their work with their LGB client. It was typical that participants used supervision for their work with the LGB client similarly to the way they used supervision for non-LGB clients. It was a general finding that participants processed their clinical work for their LGB client during supervision, and used this time to get feedback and ideas for interventions from their supervisors. It was typical for participants to report using supervision to examine their struggles or concerns with their LGB client. For example, participants typically told their supervisors about their countertransference feelings and concerns. As one participant shared, "I felt aware of it when it was happening in session so then I just brought it up in supervision to talk about it. And then I noticed that I wanted to discuss it because I didn't want my own values and bias to interrupt the work." (P7).

Participants variantly used supervision to share their concerns about differing in some aspects of identity from their LGB client. One participant said, "We probably spent more time talking about some of the demographic differences between he and I, and processing my concerns about how those differences could potentially affect our working relationship together." (P12). It is of note that all four of these participants who used supervision to process differences between themselves and their clients identified as heterosexual. Subgroup analysis of only heterosexual-identified participants makes this a

typical response for the heterosexual participants, according to the guidelines for subgroup analysis put forth by Hill et al. (2005). Participants from the entire sample variantly told their supervisors about other struggles or concerns regarding their work with the LGB client. As one participant revealed, "I think my insecurity was, 'Am I not doing this right? How do I do this right?' and so I felt like that was what I was putting out into supervision, that kind of not feeling as competent as I'd like to." (P2).

It was a variant finding that participants reported using supervision time to explore their LGB clients' identity and culture. One participant said, "Before I read those articles and I talked about it with my supervisor, I'd never really considered that someone wouldn't just identify as gay, that they could just think of it as, 'Well, that's just an act that I do.'" (P11). Another participant said, "One of my concerns was helping this client integrate these different aspects of his identity, because he saw a lot of conflict between them. He saw them as just completely separate ways of being, and that they couldn't mesh in any way. So a lot of my supervision focused on that, and ways to address that with him…ways to talk about that with him." (P8).

There were also findings which emerged from this domain which had to do with participants' withholding from their supervisors about aspects of their work with the LGB client. Typically, participants did not intentionally withhold information from their supervisors about their work with the LGB client. However, some participants variantly reported withholding some information about their reactions to the LGB client from their supervisors. For example, one participant said, "So I identify as a lesbian. I kind of wanted her to feel better, so I like kind of took this like elder role…in kind of connecting

her to the community, the LGBT community…I don't think I talked about that in supervision. I think I was just really aware of it." (P3).

When these participants were asked about their reasons for withholding, they reported that it did not seem beneficial, relevant, or time efficient to share these details with their supervisors. Some of them reported that they did not feel comfortable sharing the information with their supervisor, or felt that it would betray the LGB client in some way. As one participant put it, "I probably would have felt less comfortable talking about it with my supervisor just…just because it's not something you talk about a lot with people. It's nothing about him or nothing about my client…just more those are sort-of things people don't talk about a lot." (P4).

Findings from the domain about participant contributions to supervision for their clinical work with the LGB client reveal rather rich details about the ways that participants felt comfortable sharing (e.g., exploring countertransference feelings), and the reasons that some held back in supervision (e.g., feeling as if it would betray the client).

Supervisor's Contributions to Supervision and Therapy

While the previous domain pertained to the contributions of participants to the supervision process for clinical work with their LGB client, this domain focused on the participants' perceptions of the contributions of their supervisors. Participants were asked about what their supervisors did in supervision, and ways that he or she could have been more helpful.

It was generally found that participants felt their supervisors supported or validated them for their work with their LGB client. As one participant shared, "She's

done everything helpful…I feel…questions that she's asked, her curiosity that she instills, like when [my client] is in crisis, helping me hold that—contain that anxiety so I can contain it for [my client]." (P1). Participants typically shared that their supervisors challenged and encouraged them to become better clinicians. In one participant's words, "I think my supervisor has challenged me to think about this client in a number of ways. In terms of client strengths and particularly in the times when I was feeling more exhausted…then thinking about when I'm doing too much work in the therapy relationship and when to let the client do more work." (P6).

There were a number of findings from this domain regarding the supervisor's role in framing LGB-specific supervision interventions. Typically, participants felt their supervisors were sensitive to multicultural and identity issues in supervision. A participant shared, "She helped reframe that in terms of cultural context. Is his—was his emotionality a function of not being from this country, and was the expression of it culturally relevant or culturally appropriate?" (P10). It was variantly found that supervisors facilitated awareness and processing of LGB-related issues for participants' LGB client. As one participant said, "He helped me explore my own expectations, asked me about what I expected a gay person to respond with, and those kinds of biases." (P11). Another variant finding was that supervisors discussed specific LGB-related interventions and resources for participants' LGB client. An example comes from a participant who shared, "I think whenever you're in a relationship where there's a power differential it can feel, I think, more uncomfortable for the person with less power to bring up something of issue such as multicultural issues, LGBT issues in particular. I think that my supervisor modeled for me taking on the role of being the one to bring the

issue into the room…or to always promote a safe environment to talk about the issue." (P9).

There were also a number of findings from this domain which suggested that supervisors' interventions in supervision were not related to LGB-specific issues. For example, participants typically felt that supervisors facilitated their awareness and processing of clinical issues for their LGB client which were not LGB-related. One participant said, "Some of the insights that she would have on the interpersonal relationship—I mean, I would think a lot outside the sessions with this client." (P12). It was also a typical finding that supervisors discussed interventions and resources for participants' work with the LGB client which were not LGB-specific. An example comes from one participant who said, "One thing that was very helpful that actually happened this week was that my supervisor helped me think of other ways to ask questions about getting information about how the client is feeling in the therapy relationship and how that is impacting our termination process." (P6).

Participants were asked about ways that their supervisors could have been more helpful to them, in their work with the LGB client. It was a variant finding for participants to feel that their supervisors were never unhelpful. As one participant shared, "I actually can't think of anything. It felt like a really good experience from my end." (P2). It was also a variant finding for participants to feel that supervisors could have given more to them, or to the supervision process. Another participant said, "I feel like he didn't challenge me enough to think about it…He just kind of accepted where we were without kind of encouraging me to think about an alternative or go somewhere else with it." (P3).

Findings from this domain suggest that supervisors were perceived as helpful, and provided a number of useful interventions and resources. While most supervisors were characterized as being sensitive to multicultural and identity issues in supervision, only a few participants reported that their supervisors provided specific LGB-focused processing and interventions in supervision for work with the LGB client.

Comparison of This Supervision Experience with Other Supervision Experiences

Another domain which emerged from the research question about supervision processes dealt with participants' comparison of their overall experience with this supervisor to their other supervision experiences. In other words, participants were asked to compare this supervisor to other clinical supervisors they currently have, or have had before.

It was generally found that participants viewed their supervisor for their work with their LGB client as sharing similarities with other supervisors they have had. Typically, participants felt this supervisor was similar to others in supporting and validating them in their work, and providing feedback to them. It was variantly found that this supervisor was characterized as similar to others in focusing on client welfare, clinical issues, treatment, and progress. One participant said, "There has been a big focus on all the different dynamics that go into different issues in strength and resiliency. So I would say that supervisor is similar in that regard to my other current supervisors right now." (P7). Another variant finding was that this supervisor was similar to others in emphasizing self-reflection and self-awareness regarding multicultural issues in clinical work. Another participant shared, "I think that it was similar in that…my supervisor has asked me to explore my own personal feelings, reactions, biases that I may have come to

the table with in working with clients. And I think that past supervisors have also done that." (P9).

It was also a general finding that participants felt there were differences between the supervisor for their work with the LGB client they discussed and other supervisors. Although there were no general or typical patterns to these perceived differences, there were some variant ones. Participants variantly felt that this supervisor was different from others because supervision felt more comfortable and collaborative. As one participant said, "If I had a different supervisor…I would have had a different experience. Particularly I think I feel really comfortable with the supervisor we're talking about right now, and so I think when I'm more comfortable I'm much more open." (P1). Participants also variantly felt that this supervisor made them feel more confident as a clinician than other supervisors had. A participant shared, "I feel like I have a greater awareness and a greater level of comfort...than I did previously." (P6). Another variant difference between this supervisor and others was that this supervisor provided a supervision experience which was seen as richer than others. As one participant put it, "I think that she's really smart and I don't experience all my other supervisors as having been really clearly understanding what was going on, or really able to break down different scenarios and really challenge me in a lot of ways." (P5).

Several differences the participants perceived between this supervisor and others dealt with multicultural issues. It was variantly found that some participants shared aspects of their identity with this supervisor, which was characterized as uncommon in other supervision experiences. As one participant put it, "It was the first time I had another African American person as a supervisor. So it was pretty culturally affirming."

(P10). It was also variantly found that this supervisor was characterized as different from other supervisors because he or she talked about LGB and multicultural issues in supervision, while others have not. One participant shared, "I have had supervisors in the past who don't talk about cultural, sexual, and gender issues. So I think that's different." (P7).

While similarities and differences were likely to emerge between the supervision experience participants had with this supervisor and other supervisors, several key findings emerged for some participants. In particular, this supervisor's emphasis on LGB and/or general multicultural issues variantly was seen as similar to other supervisors for some participants, while it variantly was seen as different from other supervisors for other participants. It appears that there is a range in participants' level of contact with other supervisors who have focused on LGB and multicultural issues. However, it is also possible that some participants had not worked with an LGB client before this one.

Additional Supervision for Work With Client

One last domain pertaining to the process of supervision for participants' work with the LGB client dealt with additional supervision they may have received from individuals other than their supervisor. Participants were asked whether they had received additional supervision for their work with the LGB client, outside of the supervision they received from the supervisor they discussed in the interview. They were also asked about their reasons for seeking outside supervision.

It was a typical finding for participants to have received additional supervision or consultation for their work with the LGB client, outside of their work with this supervisor. Variantly, some participants received additional supervision from other

interns at the internship, some received it from another supervisor, and some received it from other staff members at the internship site. When asked about their reasons for seeking additional supervision, several variant findings emerged. Some participants desired outside help with cultural identity issues from someone other than their supervisor. As one participant shared, "I spoke with another staff psychologist here who is an African American woman and did some consultation with her, and supervision around some of the family of origin issues and cultural identity pieces with this client." (P6).

Some participants sought additional supervision because they felt more ideas for intervention were needed than those that the current supervisor provided. For example, a participant said, "My intern cohort has their own little intern consult meeting, so I talked to them and kind of processed my own reactions and saw if they had any other ideas about ways to connect with him." (P11). Some other participants received additional supervision for their work with the LGB client for reasons outside of their control. For example, one participant discussed how the rules in place on her internship require her to change supervisors halfway through the internship year. Another participant's supervisor for work with the LGB client had to take a leave of absence for a short period of time.

It variantly was reported by participants that they did not receive additional supervision outside of the main supervisor for their work with the LGB client. When asked about their reasons for not seeking additional supervision, these participants felt that there was no need, desire, or time for additional supervision. As one participant stated, "I feel like I have a lot of clients…and like designated supervisors for all of them.

So I kind of keep them very compartmentalized so that I'm clear on what I'm doing, I suppose." (P3).

In sum, findings from this domain suggest that it was typical for participants to receive outside supervision for their work with the LGB client they discussed, but that there was a mix of reasons for doing so. Some participants variantly felt that some additional consultation was needed for cultural identity issues, in particular. Others variantly desired more ideas for interventions. Still others variantly switched supervisors as a requirement of their internship placement.

Research Question 4: What are the outcomes of supervision for participants' clinical work with LGB clients?

The research question on outcomes of supervision for clinical work with LGB clients is broken down into two domains: the impact of supervision on participants' work with their LGB clients and the impact of supervision on participants' work with other clients.

Impact of Supervision on Work with LGB Client

It was a general finding that participants found ways to transfer what they gained from supervision to their work with their LGB client. Further examination of this domain revealed a distinct difference in the way that participants used what they gleaned from supervision. While it was a variant finding that some participants directly applied interventions and ideas from supervision to their work with the LGB clients, it was typical for participants to feel that their work with the LGB client was indirectly informed by the theoretical discussions and modeling that took place in supervision. One example of a direct application of supervision to clinical work is from a participant who stated, "If

my supervisor gives me specific questions to help conceptualize the client's issues and I am not quite sure how to answer them, I will ask them practically word-for-word in the next session." (P9). An example of a more indirect application of supervision to clinical work is demonstrated by a participant who said, "I think it helped me become, just be more vigilant and call out some interpersonal dynamics that I wasn't clear about in session, and get clarity on them and stuff when they occurred." (P10).

It was a variant finding that what participants' gained from their supervision experiences and applied to their clinical work with their LGB client was related to sexual identity issues. For example, one participant stated, "And I did go ahead and…use the analogy about the coming out process of how sometimes initially people feel like things have to come out to everybody and that's not necessarily beneficial in that there can be some discretion used in coming out, whether about your sexual abuse history or your sexual identity. So I was able to use those things sort-of directly." (P4).

Findings from this domain suggest that participants universally were able to find some way to use what they gleaned from supervision in their work with the LGB client. It was typical for participants to feel they found ways to utilize supervision discussions about processes and dynamics, while some participants also reported being able to use direct ideas for interventions with their LGB client. Some, but not all, participants discussed how what they applied from supervision was informed by sexual identity considerations for their LGB client.

Impact of Supervision on Work with Other Clients

Just as participants commented on the impact of the supervision they received on their clinical work with the specific LGB clients they discussed in the interview,

participants also discussed the effect of their supervision experiences on their work with other clients – both LGB and heterosexual. It was typical for participants to report having a heightened awareness and a deepening of therapy considerations for other LGB clients. One participant stated, "I think that was important, particularly with LGB clients, to just keep in mind that how often our own kind-of heterosexual—heterosexist—views shape things that we kind-of take for granted." (P4).

It was also a typical finding for participants to report a heightened awareness and a deepening of therapy considerations for all clients, regardless of LGB identity. As one participant shared, "I think in terms of having a greater variety of questions to ask, in terms of understanding what the therapy relationship means to clients, I guess most of these things transfer to the LGB population as well as the heterosexual population." (P6).

In sum, results from this domain suggest that participants typically found ways to apply what they gleaned from supervision for their work with the LGB client to other therapeutic situations. Some commented on the unique benefits of their supervision experience to work with other LGB clients, while some felt that their supervision heightened their awareness of therapy considerations that could be applied to all clients, regardless of sexual identity.

Participants' Feelings About Participating

All participants expressed some feelings or reactions about participating in the interviews for the current study. Typically, participants felt that participating was a good experience. It was a variant finding that some participants valued specific aspects of the interview process. As one participant said, "I think it was really helpful to have the questions beforehand. Because I think that they're difficult questions to answer." (P8). It

was also a variant finding for participants to feel that participating gave them a chance to reflect on their supervision experience. One participant said, "I suppose it's made me think about the process I have with the one supervisor, because I think internships get really busy and you just kind of go to the next thing there is to go to without time to reflect in between. So I think it's given me a chance to do that. So it's really been nice." (P3).

Variantly, some participants reported experiencing difficulties in the interview process. Some participants felt uncertain that they were giving the interviewer enough of what was needed for the study. As one participant stated, "I felt like I was trying to cover a lot of ground, but I don't know if I answered your questions specifically enough." (P1). It was also a variant finding that some participants reported difficulty articulating the supervision experience. One participant said, "It's hard to really capture the…the supervisory experience." (P4).

While participants typically commented on positive aspects of participating, some participants perceived difficulties with aspects of the interview process, or difficulty explaining the complexities involved in the supervision experience.

Subgroup Comparisons

Given that the current study was also interested in potential differences between heterosexual and LGB-identified participants in their experience and use of supervision for their work with LGB clients, the recommendations of Hill et al. (2005) were used to do subgroup comparisons of heterosexual and LGB-identified participants. Hill et al. recommend that when analyzing subsamples within a larger sample, findings must differ by at least two frequency categories (i.e., general vs. variant) in order to be considered

evidence for differences between the subgroups. Subgroup analysis of all findings was performed. The only significant difference that was found based on Hill et al.'s guidelines was a finding from the domain Participants' Contributions to Supervision. Four heterosexual participants discussed using supervision to explore countertransference concerns about having different aspects of identity than the client, while no LGB-identified participants discussed using supervision in this way. Therefore, this was a typical finding for the heterosexual subgroup. This finding was presented above in the section Participants' Contributions to Supervision. No other significant subgroup findings between heterosexual and LGB-identified participants were found. Subgroup analyses of supervisors and clients based on identified sexual orientation were not possible for the current study, because subgroups were not all big enough to make reliable comparisons based on the Hill et al. recommendations.

Prototypical Cases (4)

The following four case examples are provided to offer a deeper, more contextual picture of how findings from the domains applied on a case-by-case basis. Because the current study considered three roles (i.e., client, participant, and supervisor), and each of the people in these roles had multiple aspects of identity (i.e., sexual orientation, racial/ethnic identity, and gender identity, to name a few), there are many intersections that could be examined. Four cases were examined for this reason, and each of the intersections above is represented in some way. The organizing framework for the prototypical cases presented here, however, is along the lines of match between participant and supervisor in identified sexual orientation. This may highlight the similarities and differences involved in how both heterosexual and LGB-identified

participants made use of their supervision experience for their LGB client, and the role that the supervisors played.

One case will be presented in which the participant and supervisor both identified as heterosexual. A second case will be reviewed in which the participant identified as heterosexual and the supervisor identified as LGB. In the third case, the participant and supervisor both identified as LGB. A final case will be presented in which the participant identified as LGB, but the supervisor identified as heterosexual.

It is important to note that sexual orientation is just one of many variables that may affect the supervisor-supervisee dyad, but sexual orientation is the salient variable most focused on in the following examples because supervision with an LGB client was the focus of this study. Other differences (e.g., gender, racial/ethnic background, age, religion, and other aspects of identity) among the three roles (i.e., client, participant, and supervisor) present in each case will be demonstrated as well. In the interest of space, information about these four participants' graduate programs and LGB training experiences will not be provided here. Each of these four participants had LGB-identified students in their graduate programs, and all had had some form of LGB training in their graduate programs and on internship. Differences in these variables were not discernable in a manner that distinguished the four cases from each other.

Heterosexual-identified participants

Participant A. (P12). A was a 27-year-old, White, Christian, man, who identified as heterosexual. A felt that his work with LGB and non-LGB clients had both similarities and differences. He noticed that it was similar in theoretical orientation and fundamentals of counseling, but that work with LGB clients was different because of his increased

awareness of the difference between his sexual orientation and theirs. He was attuned to the ways that this difference could affect the therapeutic relationship.

A's client was a 27-year-old, White, gay, male that he saw for six sessions of individual therapy. The client presented to treatment after a relationship break-up. He was struggling with his identity as a gay male and as a masculine man. He expressed some suicidal ideation, as a result of the grief associated with the loss of his relationship. He struggled with feeling as if he would not have another relationship with someone who understood him again. He did not feel comfortable with others knowing about his identity, and had fears of prejudice. He had difficulty expressing his emotions in relationships and in therapy. The client was not sure he could trust A, because of previous negative experiences with heterosexual, Christian men.

A's supervisor was a heterosexual female, who identified as Catholic. A characterized his supervision relationship with her as good, and felt she was someone he could trust to discuss personal and professional issues. He did not feel that there were any conflicts in their relationship, just minor differences in their theoretical approach to conceptualizing and working with clients. They talked openly about their own differences, which A appreciated. His expectations from his supervisor for his work with the client were to get help with case conceptualization, and to discuss transference, countertransference, and his reactions to the client. He also expected to openly discuss the role of cultural differences between himself and his client in their therapy. In particular, he wanted to share about his insecurities about how the client was connecting to him given that he was a heterosexual, Christian, male.

In supervision, A was able to talk about transference and countetransference issues with the client. In particular, he shared his insecurities about connecting to the client given the client's negative reactions to straight, Christian men. He felt his supervisor had an open and gay-affirming stance. She openly stated these values in supervision, and told him that she struggled with her own religion's history of prejudice toward sexual minorities. A's supervisor helped him with case conceptualization for his client. She also helped him think of ways to bring therapy conversations back to the relationship between the participant and client in the room, and how their relationship mirrored the client's interpersonal issues.

A felt comfortable openly discussing religion and spirituality simultaneously with issues of sexual orientation with his supervisor. He felt he would have been less comfortable discussing religion and spirituality with other supervisors, because they were not as welcoming of discussions about religion and spirituality as they were about sexuality. In terms of receiving supervision for the work with this client outside of this supervisor, A said that he presented the client in a larger staff meeting in which higher-risk clients are often discussed. He was looking to get additional consultation on the risk factors for the client; in particular, he was concerned about the client's suicidal ideation.

Finally, A talked about the ways that he used what he gleaned from this supervision experience. He said that he took his supervisor's suggestions back to his work with the client. He also spent time outside of supervision thinking about how to make use of her insights on the interpersonal relationship between the participant and his client. In this way, he felt that he directly and indirectly applied what was gained from supervision in his work with the client. In his work with other clients, A felt that he

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learned more about the aspects of therapy that he wanted to continue to utilize with LGB clients and heterosexual clients alike.

Participant B. (P4). This participant was a 30-year-old, White, female, who identified as heterosexual. B noticed many similarities and some differences in her work with LGB clients, compared to work with other clients. With all clients, she tried to work from a humanistic, person-centered approach. She asked about partnered relationships in open, generic terms, and would discuss sexual identity with any client, if it was relevant and of interest to clients. With LGB clients, in particular, she might make LGB resources known, or mention that she is an ally. However, she tended to do this only if it seemed relevant to that therapeutic situation.

B's client was a 21-year-old, gay, male client who was struggling with a childhood sexual abuse experience. At the time of the interview, B was still seeing the client for individual therapy, and had been meeting with him bi-weekly, for approximately seven months. Their work focused on understanding the client's sexual abuse experience, specific traumatic memories, and his struggles with sexual intimacy. B felt they had a strong therapeutic alliance, and that the client trusted her. The participant liked her client as a person, and felt that she genuinely cared for him. Her positive countertransference reactions were wanting to protect him, to give him a hug, and to point out the many positive things in his life. She was concerned that she would not know how to help the client, given that she was a heterosexual female, and given that she had not worked with many survivors of childhood sexual abuse.

 B's supervisor was a gay male. She felt that they had a good supervision relationship. She said that her supervisor was very laid back, and that it was easy to share

her concerns about her work with him. When asked about what could be different, B felt he could give more critical feedback to her. Her supervisor tended to be trusting of her instincts and judgments, which made her feel comfortable and confident in her abilities. Her primary expectation from her supervisor for her work with this client was to get feedback about her ideas for interventions around the clients' sexual abuse history. B believed that her supervisor was concerned for her client's safety in disclosing his sexual abuse history. She also felt her supervisor believed that gay relationships may not follow the same norms as heterosexual ones.

In supervision, B asked her supervisor if it would be beneficial to help the client understand the similarities between coming out about his sexuality and coming out about his sexual abuse history. She shared her concern that he might not use discretion about who to tell and how to come out about his sexual abuse experience, which might threaten his safety in certain situations. She also discussed with her supervisor whether she should tell her client that she was heterosexual, because she was concerned about how he might respond to her interventions given that she was not gay. B felt uncomfortable talking to her supervisor about the client's concerns and extensive details about sexual intimacy, as such concerns are not typically discussed openly in supervision. Also, she felt that it would seem like a betrayal of her client or like gossiping to disclose such intimate details.

She and her supervisor processed her ideas for interventions, and what they might look like. He helped her see a broader perspective, taking into account the importance of the various stages of the coming out process, and discussing the parallels to coming out about sexual identity and coming out about having a sexual abuse history. The supervisor helped B see how heterosexist norms may be shaping how she and the client were

discussing relationships, and they came up with alternative ways of viewing relationships. Additionally, he helped her think beyond sexual identity to the client's development as a 20-year-old college student.

B discussed the ways that this supervisor differed from others, and her reasons for seeking outside supervision. She felt that this supervisor was different from others because he was more collaborative and less authoritative. B said that with other supervisors, she would censor what she brings to supervision and would be less likely to bring up her mistakes, because they would not have been as supportive as this supervisor. When asked about seeking additional supervision for her work with the client, B said that she had sought additional supervision about her work with this client in a multicultural seminar, where she got feedback from fellow interns and staff members. She felt that it would be useful to have a specific focus on the cultural component of the client's sexuality.

B found ways to apply what was gained in supervision to her work with the LGB client and to other clients. She felt that she was able to provide an open atmosphere for her client, due to the modeling which her supervisor provided. She felt that she used many of her supervisor's suggestions or interventions in some way. She also asked some of her supervisor's questions in therapy, such as wondering what her client hoped to get out of disclosing his sexual abuse. She felt that she was able to talk to her client about how coming out about sexual identity was different than coming out about sexual abuse; this was a therapy intervention which evolved from supervision conversations. B noticed differences in her work with other LGB clients after that. She was more aware of the heteronormative views that exist about relationships in general, and the ways that

heterosexist models put a good deal of pressure on LGB clients. She was also more likely to notice when other people in general make assumptions from a heterosexist cultural lens.

LGB-Identified Participants

Participant C. (P5). This participant was a 31-year-old, Latina, woman who identified as queer. C felt that her work with LGB and non-LGB clients had similarities and differences. She felt that she expected all of her work to be ethically, clinically, and culturally relevant. She said that her goals for all clients were for them to feel good about who they are, and accepted and affirmed in their identities. She also considered historical and political influences on all of her clients. In terms of differences between her work with LGB and non-LGB clients, C felt that she was less likely to do research on her LGB clients, because she identified with them in an important way already. She felt that her work with LGB clients was more personal, due to the sexual orientation connection she felt with them.

The client C worked with for individual therapy was a 23-year-old, gay manwho was Taiwanese in decent but whose parents emigrated from China. C met with the client for nine sessions of individual therapy over the course of three to four months. The client presented with social anxiety and insecurity with his masculinity. The client was not out as gay to the participant until around the fourth session, and C was the first person he had told. Their work focused on his family's ethnic heritage and how that impacted his ideas about masculinity, sexuality, and what it meant to be a good son. C shared that she wanted the client to explore his identity, and feel good about himself and his sexuality, regardless of whether he chose to identify as LGB. She felt that she identified with the

client because her parents were immigrants, too. She noticed some similarities in the coming out process. She often self-disclosed about her sexual identity and family experiences in her work, when she felt it was relevant. She asked the client to let her know how his experience was different from hers.

C's supervisor was a lesbian, ethnic minority woman. C felt she had a strong relationship with her supervisor, characterized by connection, support, and humor. The participant had never had an LGB-identified supervisor before, and hoped that her supervisor could model for her how to understand what her sexual orientation meant in the way that she did clinical work. C felt her supervisor respected their differences. Their relationship was characterized by open communication. C expected this supervisor to be respectful of her client's sexuality, and to support her attempts to affirm the client's multiple identities in therapy. C felt her supervisor shared similar values as herself. She felt the supervisor valued that the client have a positive identity around sexuality, ethnicity, and immigration, and that he explore his identities in a way that was comfortable for him.

C felt that she used supervision to explore her countertransference, and to talk to her supervisor about how to come out to clients. She specifically remembered asking her supervisor how often she came out to clients. She did not feel she held back any reactions from her supervisor, and she tried to be really transparent. C said her supervisor shared that she came out to some clients, when she felt it was important to their development. She challenged C to consider how coming out would impact their therapeutic relationship, and whether it would be clinically relevant. C felt that her supervisor normalized her countertransference reactions to the client, and told her that it was hard

not to have countertransference when you share aspects of the same cultural identity with a client. C's supervisor also talked about her own experiences as a lesbian woman, and how they have impacted her as a therapist.

C felt that, as a lesbian, her supervisor understood aspects of the sexual identity piece of her work with the client which heterosexual supervisors might not have understood so easily. C felt that some supervisors have not challenged her in a way that this supervisor did, which was something she appreciated. She felt that she benefitted from her supervision relationship with this supervisor more than with other supervisors. C said that she did not seek additional supervision or consultation outside her supervision relationship with this supervisor because she did not feel she needed additional supervision, and she did not feel that there was enough time in her schedule to do so.

C noticed differences in her work with the LGB client and other clients, as a result of her supervision. She felt that supervision made her more conscious of her countertransference and other therapeutic issues, which reminded her to check into these areas in her therapy sessions. She used what she received from her supervisor by taking notes during supervision, which helped her make sure that supervision conversations got indirectly translated into therapy. With other clients, C felt more thoughtful about whether and when to come out in therapy after her supervision experience for this client. She became more careful about making sure she delivered self-disclosure about her sexual identity at clinically relevant times.

Participant D. (P10). This participant was a 33-year-old, African American male, who identified as gay. D felt that there were similarities and differences in his work with LGB clients compared to work with non-LGB clients. With all clients, D felt that he

helped clients consider and address distressing issues. He tried to be authentic and transparent with all clients, and felt that he could be more invested in his work with clients who shared demographic characteristics with him. With LGB clients, he could get more attached to the outcomes, and could worry about fixing them and making sure they were better. He might not feel this way with non-LGB participants who did not share demographic characteristics with him.

D's client was a 22-year-old, gay, Latino man whose family emigrated from Puerto Rico. The participant worked with this client in individual therapy for about ten sessions, across approximately six months. The client presented to individual therapy with depression and acculturation issues, which he felt were affecting his relationships. He had a strong religious upbringing and was trying to negotiate his religious, ethnic, and sexual identities. He did not like the White-identified model of gay identity, and was struggling to find a model that fit for him. He was talkative, engaging in session, and psychologically minded. D liked working with him. He valued his client's honesty and willingness to talk. As a fellow gay male of color, D felt invested in the client's progress. He felt frustrated when the client made non-beneficial choices.

D's supervisor was an African American woman, who was assumed to be heterosexual by the participant. D felt they had a warm, collegial relationship. He was comfortable disclosing to her, and admired her a great deal for her clinical knowledge. He only reported minor disagreements in their supervision, about the therapeutic approach to take with clients. In cases where that happened, he felt comfortable disagreeing and trusting his own instincts. For his work with this client, the participant expected his supervisor to help him with conceptualization, and during times when he felt blocked

therapeutically. He also expected her to help him manage his countertransference, as both he and his client were gay men of color. D felt that his supervisor affirmed his client's experience, and valued the diversity and richness that came with that experience. However, he felt that her values were more implicitly understood, rather than explicitly stated.

In supervision, both D and his supervisor played an active role. D looked to his supervisor to learn more about the role of culture in his client's conceptualization. He also used supervision to explore how his countertransference may have come across to his client. He felt very open with his supervisor, and did not tend to hide any of his reactions. D's supervisor helped him reframe his diagnosis of the client in terms of the client's cultural context. She felt the client's emotionality was relevant to the client's cultural background, even though it was not seen as appropriate in the United States. She also helped D consider that the client might be attracted to him, which D had not previously considered. In terms of her suggestions for therapy interventions, D did not think that his supervisor necessarily had a good understanding of gay culture. Some of these suggestions did not seem like the most relevant, based on the client's gay identity. However, D did not feel that this affected the supervision or therapy sessions, as he felt comfortable framing other, more affirming interventions on his own.

D noticed similarities and differences between this supervisor and others. He felt his supervision was similar in terms of the structure and fundamentals of supervision. However, he described his experience with this supervisor as profoundly different from other experiences in supervision overall. He felt culturally affirmed because it was the first African American supervisor he had. This helped him see himself more as a therapist

than he had before, as he did not feel he fits into the typical socially-identified model of what a therapist looked like. The only person with whom D consulted outside of this supervisor about his work with the client was a staff member who facilitated a group to which D decided to refer the client.

This participant noticed changes in his work with this client and others, as a result of his supervision experience. He felt that he was able to get more clarity on interpersonal dynamics with his client that were not immediately clear. He gave an example of not noticing that his client may have been attracted to him in their sessions, which his supervisor had pointed out to him. As a result, D felt that he was able to become more vigilant of boundaries in his therapy session and more aware of the interpersonal dynamics between himself and his client. This participant felt that he was also able to be more present with the client, as a result of his supervisor's efforts to help him take the client's context into consideration. This helped to strengthen their therapeutic relationship. In his work with other LGB clients, D felt that he was more aware of alternative ways of viewing the model of being gay that was socialized by the White, gay community. He was more aware of the struggles of racial and ethnic minority clients who were also sexual minorities.

Summary of Prototypical Cases

The cases presented here were meant to illustrate how diverse participants made use of supervision for their work for LGB clients. As demonstrated in the cases, both heterosexual and LGB-identified participants used supervision to learn about themselves as therapists and their clients. Both heterosexual-identified participants in the cases above used supervision to talk about their insecurities about connecting with their LGB clients

due to differences in their sexual identity. They expressed some concern about whether their client would believe that they could understand them. For example, they seemed unsure whether they would be perceived as sufficiently helpful to their clients due to not sharing or understanding their experience of having an LGB identity.

Both of the LGB-identified participants seemed more confident that they could help their client but noticed feeling overly connected to the clients due to shared aspects of their identity. They used supervision to share countetransference feelings and to explore times when they felt *too* connected to clients, or too invested in them. All participants noticed positive gains from what they shared in supervision, which they felt helped them become more effective in their work with LGB clients.

Additionally, there seemed to be some differences between supervisors in what they contributed to supervision for participants. Two pairs of participants and supervisors matched in terms of their sexual identity. In the case of A and his supervisor, both identified as heterosexual. They were able to connect about their shared concerns with their religion's history of being discriminatory toward sexual minorities. In the case of C and her supervisor, both identified as sexual minority females. They were able to connect around the struggle of trying to figure out when it would be appropriate or helpful to come out to LGB clients. The other two pairs of participants and supervisors did not connect on sexual identity status. However, D and his supervisor did connect on racial identity, which he found very helpful to his development. Even though he felt that his supervisor did not have a good understanding of gay male culture, he found her able to help him understand other cultural explanations for his client's concerns, based on the client's racial identity.

In sum, the prototypical cases provided here suggest that there were differences in how participants made use of their supervision experiences. It seemed that the two heterosexual participants may have been more concerned with a perceived lack of connection between themselves and their clients, while the LGB participants may have been concerned with overidentifying, or connecting too much to their clients. All supervisors were able to provide supervision interventions that considered sexual identity, regardless of their own sexual minority status. However, sexual minority supervisors may have been perceived as having more specific knowledge about LGB culture, as evident in participants' reports of their supervision interventions. Regardless of the match between participant and supervisor on sexual identity, participants found their supervision experiences to be affirming of their LGB clients' identities, and helpful in their work with them.

CHAPTER 6

Discussion

The purpose of this study was to extend research on trainees' competence working with LGB clients to the study of trainees' supervision experiences with these clients. Participants were 12 pre-doctoral interns at APA-accredited university counseling centers. Interviews were conducted with them, to study this topic. Using consensual qualitative research, 13 domains emerged from the data: (1) client description and counseling process; (2) supervision relationship; (3) supervision expectations; (4) supervisor's contributions to supervision and therapy; (5) participant's contributions to supervision; (6) participant's feelings, values, and beliefs about client; (7) supervisor's feelings, values and beliefs about client; (8) impact of supervision on work with other clients; (9) additional supervision for work with client; (10) comparison of work with this client and work with other clients; (11) LGB issues in training; (12) comparison of this supervision experience with other supervision experiences; and (13) feelings about participating. Categories were formed representing the common themes across participants in each domain. The guidelines of Hill and researchers (2005) were followed. Categories were considered general if they applied to 11 or 12 cases (i.e., allowing for one outlier), typical if they applied to seven to 10 cases, and variant if they applied to three to six cases. Categories which applied only to one or two participants were not included in the results.

Discussion of the study's findings is organized in the following manner. First, background data will be discussed, such as information about the client and counseling process, the supervisor and the structure of supervision, the supervision relationship, and

issues related to LGB training for participants. Then, each of the research questions will be discussed, incorporating findings from each of the relevant domains: (1) How does interns' clinical work with LGB clients differ from clinical work for other clients?, (2) What are interns' expectations for supervision regarding their work with LGB clients?, (3) What are the contributions of trainee and supervisor to supervision of clinical work with LGB clients?, and (4) What are the outcomes of supervision for clinical work with LGB clients? Then, participants' feelings about participating in the current study will be addressed. The four prototypical cases from Chapter 5 will be discussed. Finally, limitations of the current study will be addressed, in addition to implications for practice, training, and future research.

<div align="center">*Background Data*</div>

Information About LGB Clients and Counseling Process

The findings from this domain show that the participants' LGB clients were diverse in multiple regards. Two-thirds (i.e., 8) of the clients were men. Half of the participants (i.e., 6) identified as gay or homosexual men, two identified as lesbian women, and three were questioning their sexual identification. Two-thirds of participants' clients (i.e., 8) were typical in age compared to most college students (i.e., 18 to 22), while the remaining clients were older. At least one-third of the sample (i.e., 4) was a racial or ethnic minority. Having a religious identification was a salient piece of identity for nearly half of the sample, and all of these clients perceived conflict between their religious and sexual identity, according to participants. The most typical presenting concern was depression, which reflects one of the most typical presenting concerns at college counseling centers across the country (Pennsylvania State University Center for

the Study of Collegiate Mental Health, 2009). Other common presenting concerns of the clients included relationship difficulties, coping with a negative life experience, conflict between religious and sexual identity, anxiety or stress, and concerns about gendered behavior.

In terms of therapy focus, there were a number of findings that were related to issues of sexual identity. For example, all participants had in common that they were involved in helping their clients explore, integrate, and affirm their identities. Variantly, some clients were working on coming out to family or others. Participants and their clients were also engaged in exploring other therapeutic issues, which may or may not have been related to sexual identity. For example, it was typical for clients to be working on interpersonal, family, or relationship issues. It was variantly reported that participants were working on helping clients cope with psychological symptoms, building the therapy relationship, or using self-disclosure to facilitate therapy. The fact that all participants were helping affirm their clients' identity, but that many of them were working with clients on other clinical goals, suggests that issues about sexual identity make up only one piece of the clinical picture for clients. Although it is known that participants were working with clients on identity issues, the proportion of time devoted to these issues versus other issues is unknown.

Description of Supervisor and Structure of Supervision

Many of the findings from this domain for participants seem representative of the way that supervision is structured at APA-accredited internships. For instance, the clinical internship is usually, though not always, a year-long position characterized by new supervision relationships. Clinical supervision is regarded as a key component of the

training environment. Internship supervisors can have multiple roles in an agency, such as training director or seminar facilitator (Association of Psychology Postdoctoral and Internship Centers, 2009). Therefore, many of these findings are not surprising and will not be discussed when they seem representative of the manner in which counseling center internship experiences are structured, regardless of client characteristics.

What stands out from this domain is the variability in interns' knowledge of their supervisors' sexual orientation. Only about half of the participants knew how their supervisors identified their sexual orientation. One might think that supervisors would be more likely to disclose their sexual orientation when supervising clinical work for LGB clients, as a way of letting the supervisees know the lens that they might be using to view the client. However, this did not seem to be the case. The other half of participants either claimed to not know or made assumptions that their supervisor identified as heterosexual based on their perception, such as the supervisor being in a relationship with a partner of the opposite sex. It seems possible that supervisors are not likely to disclose how they identify their sexual orientation to supervisees, and that supervisees are left to make assumptions about the sexual orientation identity of their supervisors using other clues.

Supervision Relationship

Findings from this domain show that participants tended to view the supervision relationship as a positive one. Generally, interns reported a strong, supportive relationship with their supervisors. It was typical for interns to state that they connected with their supervisors, and for interns to report feeling safe and comfortable in supervision. These results support the findings of Anderson, Schlossberg, and Rigazio-DiGilio (2000), that good supervisors are perceived as being open and encouraging, fostering communication,

attending to supervisees' personal growth, and providing guidance and direction. Interns from the current study not only highlighted the importance of receiving guidance in contributing to the supervision relationship, but also the importance of connecting on a personal level.

It is important to note that results also support Gatmon et al.'s (2001) finding that cultural match between supervisor and supervisee was not found to have any bearing on the level of satisfaction of the supervisee with the supervision relationship. Five pairs of supervisors and supervisees were known to differ on sexual orientation, six pairs differed on gender, and at least one pair was known to differ on racial/ethnic background; all supervisees reported having a positive supervision relationship.

It is also not surprising that interns reported experiencing some minor disagreements with their supervisors. According to Bernard and Goodyear (2004), supervision disagreements are normative. What is important in facilitating a positive supervision experience is how disagreements are handled. An atmosphere of open communication and mutual respect are found to be helpful in this endeavor. This fits with the typical finding from the current study that the minor disagreements that were experienced by interns were resolved through open communication. There was a variant finding that some participants felt they could have received more feedback or collaboration from their supervisors. It is unknown what this finding reflects, because these participants also reported feeling satisfied with their supervision relationship. It could reflect a difference in style or approach between supervisee and supervisor, as suggested by Bernard and Goodyear (2004) and Messinger (2007). It is possible that this

difference in approach may not have had a major effect on the overall satisfaction with the supervisory relationship.

LGB Issues in Training

Interns' reported training experiences for working with LGB clients suggest larger training issues and trends. While all participants reported having taken at least a general multicultural course in graduate school that addressed LGB issues, it was only a variant finding to have had specific courses related to LGB issues or to have had LGB issues interwoven throughout graduate classes. This may contradict the significant finding from a survey of graduate training directors in psychology (Sherry et al., 2005) that sexual orientation issues were believed to be openly discussed in various graduate practicum and supervision experiences. It was a variant finding for the current study that some interns reported receiving little to no training at all to work with LGB clients in their graduate program or on internship.

Regardless of what LGB training experiences were provided in interns' graduate programs, it was a typical finding for interns in the current study to have received LGB training in some way on their own, outside of their doctoral program or internship. These activities were usually in the form of attending conferences or trainings, and conducting research on LGB issues. This seems to support findings from Murphy and researchers (2002) that psychologists' typical training activities for working with LGB clients include getting continuing education and learning on their own.

The lack of a specific course or seminar devoted to training in LGB issues is also interesting in light of the fact that interns from the current study generally reported having LGB identified students in their graduate program and on internship. Despite the

presence of openly-identified students and the variant finding that interns had LGB-identified faculty or supervisors, there is a lack of specific training attention to sexual orientation, outside of general multicultural courses. However, it is important to note that it cannot be concluded from the current study how participants *felt* about the amount of training they received, as this was not assessed. It is just known that some participants felt they had little to no specific training in graduate school.

Research Question 1: How does trainees' clinical work with LGB clients differ from their clinical work with heterosexual clients?

Comparison of Therapy with LGB Clients and Therapy with Other Clients

Generally, participants found similarities and differences between their work with the LGB client they discussed and their work with heterosexual clients. The finding that work was generally the same in terms of theoretical orientation, clinical values, and counseling approach was important because much of the literature focuses on the ways in which therapeutic work can be more sensitive to the needs of LGB clients (Bartlett et al., 2001; Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force, 2000; Garnets et al., 1991; Hayes & Gelso, 1993; Israel et al., 2008; Liddle, 1999). Those factors which are similar across clients are largely ignored. The variant finding that participants felt work with LGB clients focused more on whatever issues clients wanted to talk about rather than focusing on sexual orientation alone suggests that these therapists might be attempting to let the client set the agenda for their sessions rather than overemphasize sexual orientation with their LGB clients. Furthermore, they reported that not overemphasizing sexual orientation with LGB clients seemed to make their work more similar to their clinical work with heterosexual clients.

Participants in the current study did not comment on their reasons for focusing more on what clients wished to talk about than focusing on sexual orientation alone. However, it can be surmised that they felt this would be more helpful for the work in some way, such as assessing the issues on which their LGB clients wished to work. Indeed, this seems to coincide with findings from the literature, which suggest that overemphasizing sexual orientation in therapy may be unhelpful for clients (Garnets et al., 1991; Phillips, Bartlett, & King, 2001).

Differences between work with LGB clients and heterosexual clients also highlighted some of the clinical issues specific to having a sexual minority status. For example, it was a typical finding for participants to feel that work with LGB clients was different because this work considered the impact of the societal context and oppression on clients. This finding suggests that considering societal context and oppression may be less likely to be indicated in clinical work with heterosexual clients. This difference that participants reported in their work with their LGB client versus their clients in general is not surprising in light of the findings of Cochran and Mayes (2000) that LGB clients are at increased risk for experiences of victimization, discrimination, and oppression than are heterosexual clients. It was a variant finding that participants viewed their work with their LGB client to be different from their work with clients in general because it focused on sexual identity development and the impact of sexual identity on the client. This suggests that even though heterosexual clients have their own process of sexual identity development, this may be less of a focus in therapy because their sexual orientation may not be as salient for them as other issues that concern them.

Variantly, both LGB and heterosexual-identified participants reported being cognizant of their LGB clients' perceptions of them. Most of these participant comments focused on their desire to give their LGB clients a positive therapy experience that was sensitive to their sexual orientation or other aspects of their identity. Many wondered whether their identity (e.g., sexual orientation, gender, religion) would impact the therapy in a positive or negative way. Perhaps this can be taken as a sign of these participants' positive therapy intentions for their LGB clients, and their sensitivity to the fact that their sexual orientation or other aspects of their identity might be a factor in clients' comfort in therapy. It was also a variant finding for LGB participants to report feeling more connected to their LGB clients than to heterosexual clients due to having a shared LGB identity. It appears that having a similar sexual orientation to clients contributes to a greater sense of connection on the part of the therapist.

Research Question 2: What are trainees' expectations for supervision regarding their clinical work with LGB clients?

Participants' Expectations for Supervision Regarding Therapy with LGB Client

Many of the findings from this domain are similar to statements made in theoretical discussions of supervision experiences found in the literature. For instance, supervisees varied in the extent to which their expectations for supervision were explicitly stated, even though it was a general finding that all participants had expectations for supervision. It is also not surprising that participants typically reported that they expected to address client issues and conceptualizations, and to get feedback from their supervisors. These are all seen as common supervision events (Ladany & Inman, 2008).

Some participants expected their supervisors for this LGB client to be knowledgeable and supportive of the client's identity. Some expected to explore cultural identity in supervision, and to address therapeutic dynamic, boundaries and countertransference. Some also expected to identify their own biases and heterosexual privilege in their work. These findings can be taken as evidence that these participants had specific expectations for supervision concerning the LGB client's identity or to their therapeutic stance or response to their client concerning his or her sexual identity. These participants seem to have come to supervision with an expectation that their supervisors be knowledgeable concerning LGB identity issues. These expectations can be viewed as supervisee expectations of their supervisors regarding sensitivity or competence concerning LGB issues. They are seen as important components of effective supervision for work with LGB clients by scholars as well (Bruss et al., 1997; Buhrke & Douce, 1991).

When comparing expectations for supervision for their work with their LGB client to work with other clients, similarities such as addressing client issues, assisting with conceptualization, and getting feedback about therapy were typically reported. These expectations concern common events in supervision, so perhaps this finding is not surprising. However, some participants also talked about how their expectations for supervision with their LGB clients were similar to their expectations for supervision regarding work with other clients in addressing the multicultural context. Specifically, they expected their supervisors to be knowledgeable and comfortable addressing sexual identity. In other words, just because other clients did not happen to be LGB-identified did not mean that these participants' expectations for supervision would be any different.

These participants expected their supervisors to be comfortable addressing all clients' sexual and cultural identity, regardless of how clients identified their sexual orientation.

Research Question 3: What are the contributions of trainee and supervisor to supervision of clinical work with LGB clients?

The third research question involved exploration into participants' perceptions of what actually happened in supervision when it focused on their LGB client. Rich information was gained about participants' contributions, supervisors' contributions, the role of feelings, values, and beliefs in supervision, the similarities and differences between this supervision experience and others, and additional supervision participants' received for their work with the LGB client.

Participant's Feelings, Values, and Beliefs About Client

Participants' feelings, values, and beliefs about their LGB client were explored with an effort to understand whether and how these manifested in supervision and how these affected therapy with their LGB client. Contemporary definitions view countertransference as the therapist's emotional reactions to the client, which can be positive or negative in nature (Frawley-O'Dea & Sarnat, 2001). Countertransference is an empirically-supported element of the therapeutic process (Gelso & Hayes, 2001), which is crucial to manage in supervision so that the therapist's self-understanding can be deepened, and in order to move the client's therapy forward in a positive direction (Ladany et al., 2005). Therefore, it was important to examine the feelings, values, and beliefs of participants about their clients.

The general finding that participants reported more positive impressions of their LGB clients than negative ones is at first glance surprising, especially given the questions

about countertransference in the interview probes. Several potential reasons for this finding are provided. It might be that participants who did not share negative feelings about their client did not do so due to social desirability and the wish to create a favorable impression. Perhaps they felt that discussing negative perceptions of their clients (i.e., in supervision or in the interviews for the current study) would reflect negatively on them or would be counter to the types of attitudes and perceptions regarding LGB clients that were expected in their field.

There are other explanations for the finding that participants did not express many negative feelings toward their client. It could be true that participants were able to work through negative impressions on their own, and they were no longer salient at the time of the interview. It could be true that negative impressions were unconscious all along, and never expressed or realized. This would fit with some traditional psychoanalytic views of countertransference (Hedges, 1992), in which reactions toward the client can be below the level of awareness of the supervisee. Or perhaps some participants genuinely did not have negative impressions of their client, or were able to empathize with any problematic behaviors to the point that they did not create a negative effect on participants.

For the six participants who did describe negative feelings toward the client, they often were expressed as having difficulty understanding or accepting a client's choices or behaviors, either inside or outside of therapy. For example, one participant felt exhausted when her client kept pulling for more therapeutic contact from her outside of their individual sessions once per week. Two other participants felt frustrated when their clients were viewed as making what they viewed as non-effective choices in their life, such as being interpersonally demanding of others, or investing in a relationship that was

deemed unhealthy. These participants were able to share their frustration toward the client, and all of them reported that they processed these feelings in supervision. A few other participants' negative feelings had to do with difficulty connecting with their client due to perceived differences in identity or value systems between themselves and their client. For example, one participant felt she struggled to connect with her client because she identified as heterosexual and felt she could not understand her client's experiences as a sexual minority. Another participant felt her value system differed from her client's, who viewed sexuality more as an act than as an identity.

Participants' attitudes and behaviors in bringing their countertransference to supervision fit with current tenets of relational models of supervision, which hold that identifying and understanding countertransference has the potential to improve clinical work (Frawley-O'Dea & Sarnat, 2001). The general process of supervision consists of supervisor and supervisee working collaboratively within each other's subjective realities to create meaning, which can then be used by the supervisee to create a positive experience for the client. The current study's participants made choices to bring their countertransference reactions to supervision, particularly in regard to perceived differences in value systems, culture, or identity with their LGB client. These choices reflect a certain level of multicultural competency, as defined by Constantine and Ladany (2001).

In sum, participants' feelings, values and beliefs about their clients were largely affirming, and showed a desire to provide a positive, safe, and productive therapy experience. These findings also illuminate the way that participants used supervision, and the choices they made with their clients, as discussed in subsequent domains.

Supervisor's Feelings, Values and Beliefs About Client

Just as exploring participants' feelings, values, and beliefs during the interview was utilized to understand how they used supervision, and the type of therapy experience they provided for their clients, exploring participants' perceptions of their supervisor's feelings, values, and beliefs contributed to understanding the supervisors' role in influencing the therapeutic work. Previous research has shown that supervisors play a powerful role in facilitating change on the part of the supervisee and the client (Bernard & Goodyear, 2004).

Supervisors were similar to participants in typically valuing that clients have an open and affirming environment. Supervisors were perceived as promoting a stronger sense of self-acceptance for participants' LGB clients. Some participants also felt supervisors valued helping them understand the cultural and contextual influences on the LGB client. These findings are encouraging in their potential for promoting and modeling these supervisor values to supervisees, which could go a long way in promoting culturally sensitive and affirming therapeutic environments for clients (Constantine & Ladany, 2001). Even though feelings, values, and beliefs were not remembered as being explicitly stated by all supervisors, findings suggest that they were still clearly perceived by participants.

Participants variantly reported being impressed by their clients' strengths and resiliency in facing life obstacles, many of them due to having a sexual minority orientation. Supervisors were variantly perceived as sharing the same positive impressions of their supervisees' client strengths and courage. Multiple participants shared how their supervisors had commented on the courage clients demonstrated in the

face of adversity, in their specific situations. At the same time, participants variantly felt that their supervisors valued clients' safety first and foremost, over other advanced needs and clinical goals (e.g., insight). For these participants, supervisors were remembered as valuing client welfare as a priority.

Supervisors were not perceived by any participants as expressing or holding negative impressions or reactions about their LGB clients. Some supervisors were reported to express negative views toward societal institutions which are deemed harmful to LGB clients by these supervisors. An example is the participant who shared that his supervisor shared her frustrations and struggles with certain religious institutions that have demonstrated prejudicial beliefs and practices against LGB individuals. Perhaps in this way, supervisors were more likely to use self-disclosure of their reactions to promote empathy in their supervisees for clients' experiences.

In sum, participants believed they were aware of their supervisors' feelings, values, and beliefs about their LGB client, which were either explicitly expressed or implicitly perceived by the participant. Supervisors were described as valuing affirmation, openness, cultural and contextual understanding, a stronger sense of identity, and safety. The next two sections of this domain will discuss the individual contributions of participant and supervisor to the supervision process, from the perspective of the participant.

Participant's Contributions to Supervision

There were a number of findings from this domain that suggest that participants were using supervision in a culturally-affirming manner to benefit their work with clients. For example, participants typically reported using supervision to examine personal

struggles and concerns that arose in their work. This included feeling comfortable telling their supervisors about their countertransference feelings and reactions and their willingness to share concerns about differing in some aspect of identity from their client. Participants also reported using supervision to explore and learn about their LGB client's identity and culture.

Constantine and Ladany (2001) discuss a framework for conceptualizing supervisees' multicultural therapy competence. It consists of self-awareness, general knowledge about multicultural issues, multicultural psychotherapy self-efficacy, understanding of unique client variables, development of an effective working alliance, and multicultural psychotherapy skills. In the current study, participants' responses to the domain that described their contributions to supervision showed supervisee openness along many of these areas of multicultural competence regarding sexual identity in particular, but also including other aspects of client's identities (e.g., race, nationality, gender, religion).

It is important to note that both heterosexual and LGB-identified participants described an openness to learn about their LGB client in supervision , with only minor differences in their expressed interest in wanting to learn more about their role in the counseling dyad. For instance, several LGB participants wanted to use supervision to gain ideas about whether or how to come out to their clients, or about the impact of differences in their sexual minority development on clients. At the same time, the heterosexual-identified subgroup of participants typically wished to use supervision to discuss differences in identity between themselves and their clients, usually with the intent to make sure they were not explicitly or inadvertently reinforcing heterosexism in a

harmful way in the therapeutic encounter. These findings suggest that participants displayed an understanding of LGB identity development stages, a willingness to explore intimacy concerns for LGB clients, and an openness to confronting heterosexual bias and privilege, qualities that Buhrke and Douce (1991) believed were necessary for all supervisees working with LGB clients.

At the same time, some participants did not mention using supervision to explore their countertransference, address issues of culture, or to learn more about their clients' identity. Does this mean that those participants were not conducting affirmative therapy, or were not open to processing and learning about the impact of identity and culture? The protocol for the current study did not specifically ask about considering aspects of clients' identity and culture in supervision, because it was semistructured in nature and many questions were open-ended. Instead, participants were asked in a general way to share their countertransference reactions and feelings about clients. Therefore, it cannot be assumed that participants did not use supervision in these ways just because they did not bring these issues up in the interview. However, the fact that some participants did not address multicultural awareness, knowledge, and openness to learning in their discussion of their contributions to supervision, given the nature of the study, may say something about these participants. It could be that they are not as attuned to issues of culture, bias, and power as were the other participants.

There was also a variant finding that some participants withheld some information about their LGB client from their supervisors. Usually, this information was withheld because of the restrictions in place due to the demands of the internship, such as having limited time and managing a large caseload. However, some participants variantly felt

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uncomfortable disclosing certain client behaviors to their supervisors, or felt that disclosing might stigmatize the client in an unnecessary way. What was withheld usually had to do with participants' reactions to client material or to the intimate details about their clients' sexual lives. Whether or not this says more about the supervisee or supervisor, or whether it speaks to the societal stigma associated with sexuality, is unknown.

It is suggested that withholding information from supervisors is perhaps a normative part of the supervision experience for supervisees. As Burkard and researchers (2009) found, non-LGB-affirming supervisor behaviors typically resulted in supervisees not sharing their reactions with supervisors. They found that reasons for withholding included lack of familiarity with the supervision process, fear of negative evaluation, and belief that the supervisor would dismiss or not understand the supervisee's perspective. Lack of familiarity with the supervision process is less likely for the current study's participants, but fear of negative evaluation and fear that the supervisor would misuse the information seem to reflect reasons why participants' reasons for withholding in the current study.

In sum, the domain about participant contributions revealed that participants typically used supervision for their work with the LGB client in a similar way to the way they used supervision for other clients. Generally, processing and getting ideas for feedback and interventions were reported. While participants typically explored countertransference in supervision, it was only a variant finding for participants to explore multicultural considerations, or to share concerns about having different aspects of identity than their clients. Some participants withheld information from their

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supervisors. For some, they withheld due to logistical considerations, such as time. Others felt uncomfortable addressing certain issues with their supervisor.

Supervisor's Contributions to Supervision and Therapy

Supervisors' contributions to supervision and therapy for participants' LGB client suggest that they generally provided support and validation, and typically facilitated awareness and processing for participants for clinical issues that were not related to sexual identity. It was also typical for participants to feel challenged by their supervisors to be better clinicians, which reflected the supervisors' role in remediating clinical skill difficulties and deficits discussed by Ladany, Friedlander, and Nelson (2005). These researchers characterized interpersonal, technical, and conceptual skills that needed to be developed by supervisees. For example, building the therapeutic relationship, addressing therapeutic ruptures, and conceptualizing clients from a theoretical framework were all examples of these advanced skills.

It was only a variant finding for participants to say that supervisors facilitated processing and ideas for interventions and resources that were specifically tailored to clients' LGB identity. However, it was a typical finding that supervisors' displayed sensitivity to multicultural and identity issues more broadly. This usually came across in supervisors' considerations of LGB clients' worldviews, and national, racial, gender, religious, and sexual identities. It appears that supervisors were aware of the larger multicultural context in which LGB clients existed, and that sometimes other aspects of identity were more salient than sexual identity in the current clinical picture. These results may suggest that supervisors' main focus may be promoting understanding and awareness of the entire multicultural context for clients, rather than just on sexual identity

alone. The fact that supervisors were characterized as possessing multicultural

competencies likely resulted in positive development for the supervisee and the client.

Research suggests that the less multiculturally-adept the supervisor is, the more likely

there is to be conflict in the supervisory relationship with potential for negative client

experiences (Ladany et al., 2005; Ladany et al., 1997).

Findings from the current study regarding supervisors' perceived multicultural

competence reflect other definitions of multicultural competence for supervisors found in

the literature. Fukuyama (1994) discussed culturally relevant supervision, which occurred

when the supervisor provided guidance for the supervisee on culture-specific issues.

Ancis and Ladany (2001) identified six domains of supervisor multicultural

competencies, including supervisor-focused personal development, supervisee-focused

personal development, multicultural conceptualization, multicultural skills/interventions,

multicultural process, and outcome/evaluation. Numerous other researchers have

suggested positive effects for supervisees and for clinical work when multiculturally-

affirming supervisor interventions are perceived (Burkard et al., 2009; Burkard et al.,

2006; Duan & Roehlke, 2001; Gatmon et al., 2001; Hird et al., 2001; Toporek et al.,

2004). The current study adds to the body of research suggesting that participants

perceived supervisors' multicultural competencies. Numerous participants felt that a

strong supervision relationship helped them feel safe and comfortable having discussions

about culture, which frequently happened in supervision. The impact on clinical work for

participants in the current study will be discussed in the domains on outcomes below.

It is important to note the variant finding that some participants felt that their

supervisor could have given more feedback or suggested more interventions to the

supervisee or to the supervision process. Participants' responses about desiring more feedback or interventions were varied. For instance, one participant wanted more criticism from her supervisor, which she felt would help her improve her work. Another participant wanted the supervisor to be better at arriving on time, so that she could receive more in supervision.

However, two participants commented on LGB-specific deficits they perceived on the part of their supervisors. One participant felt that she would have benefitted from more self-disclosure about her supervisor's own experience in her work with LGBT clients. As Bruss and researchers (1997) suggest, supervisors should share their own developmental struggles in working with LGBT clients; this is viewed as an important component of supervisee learning. Another participant felt that his supervisor did not have a very good understanding of gay male culture, which he saw as reflective of some of the suggestions she made to the participant. Both of these participants reported that their perceptions did not affect supervision or clinical work in a negative way, and both reported positive supervision relationships. This contrasted with the findings of Burkard and researchers (2009) which suggested that non-affirming supervision events had negative effects on the supervisee, the relationship, and work with the client. Perhaps in the current study, these deficits were seen as minor infractions by participants, and not reflective of supervisors' overall multicultural or supervisory competence.

The domain on supervisor's contributions to supervision provides information about the general and LGB-specific processes and interventions that supervisors facilitated for participants' work with LGB clients. Various kinds of multicultural competencies were demonstrated by supervisors, such as displaying sensitivity to broad

multicultural and identity issues, and providing specific process and interventions in supervision based on LGB identity. Participants felt that supervisors' supported and validated them in their clinical work with LGB clients.

Comparison of This Supervision Experience with Other Supervision Experiences

Participants saw similarities and differences, when comparing their supervision experience with the supervisor for their LGB client to their other supervisors. Perhaps it is not surprising that these participants typically felt that supervision with this supervisor was similar to others in providing them support, validation, and feedback on their work. Indeed, these are common roles of the supervisor (Bernard & Goodyear, 2004), and participants had various supervision experiences prior to internship. Some participants also mentioned that their experience was similar to others in focusing on client welfare, clinical issues, and treatment progress. It was also perhaps not uncommon for some participants to address multicultural issues with other supervisors, although other participants felt this was a difference. It appears that participants varied in the extent to which they addressed LGBT and multicultural issues in supervision before the current supervision experience. This may be in part due to the fact that most were seeing this supervisor for an extended period of time, or because they were more advanced in their own clinical training and skills in benefitting from supervision given their status as advanced doctoral students on their internship year.

Other variant differences included feeling more comfortable with this supervisor, and sharing aspects of their identity in supervision. Some participants felt that the supervisor they described in the interview provided a more comfortable environment, which was more collaborative in nature, felt richer than other experiences, and increased

their confidence as clinicians more than had other supervisors. Some of these findings are similar to those found by Burkard and researchers (2009), who examined the effect of LGB-affirming and LGB-non-affirming events on supervisees. They found that affirming events had positive effects on supervisees, such as feelings of support and validation, enhancement and strengthening of the supervision relationship, and an increase in confidence in general, and in work with LGB clients in particular. However, it cannot be concluded that other supervisors were non-affirming, since work with other supervisors was not explored in the current study. Also, this may have been the first time that some of the participants had worked with an LGB client.

Some participants felt their supervision experience with this supervisor for the LGB client they discussed was different, because they shared aspects of identity with him or her. All participants who reported this were racial or sexual minorities, and had not had the experience of working with a supervisor who shared an aspect of identity along these lines before. These participants tended to comment on the modeling, self-disclosure, and insights gained when supervisors shared aspects of identity with them. Participants felt that these factors could not necessarily be gleaned from supervisors who differed from them, even though other supervisors still could be viewed as multiculturally-aware and affirming. However, these participants' perceptions of their overall supervisory relationship were no stronger than participants who did not match with supervisors along the lines of identity. This is similar to the quantitative finding from Gatmon and researchers (2001) that cultural match had no bearing on supervisees' satisfaction with the supervision relationship or satisfaction with the supervisor in general. However, in the current study, it appears that cultural match between supervisor

and participant were associated with some positive outcomes, such as benefitting from the insights and modeling regarding their shared identity.

Additional Supervision for Work with Client

It was typically found that participants received additional supervision beyond their main supervisor for their work with their LGB client, although their reasons for doing so were varied. For those who had personal reasons for seeking supervision outside of their main supervisor for the client, the common theme expressed by participants was the need to seek additional cultural perspectives that could not be provided by the main supervisor for the LGB client. The fact that participants sought additional supervision did not seem to be a negative reflection of their supervisor, but rather could be a sign that these participants were demonstrating the openness and ability to reflect that Constantine and Ladany (2001) viewed as necessary ingredients in multicultural competence.

For example, several participants felt that more ideas for interventions were needed, so they may have consulted with interns or other staff members to gain additional ideas. Several other participants sought additional opportunities for supervision to consult and get insight around cultural issues in play with the client. One participant talked about presenting this client in a multicultural case seminar, for the purpose of having a culturally-focused conversation to learn more about the role of culture in clinical work. Another participant sought out a staff member who shared a specific aspect of identity with her client (i.e., African American), and who was seen as knowledgeable about issues affecting clients of that background. A third participant wanted to vent to his intern cohort about aspects of the client's religious identity, and wanted to see how they had worked with similar clients.

Some participants received additional supervision due to the structure in place at the internship site. For example, it may have been a requirement to switch their supervisor(s) midway through the internship year, while participants were still working with their LGB client. In another case, one participant's supervisor took a brief leave of absence for personal reasons. Therefore, some participants felt a personal need to seek additional supervision, and made the choice to seek this out on their own. Other participants received additional supervision because of the nature of the structure of their internship experience (e.g., transferring to a different supervisor midway through the internship year).

There was a variant subset of participants who did not seek additional supervision for the LGB client, because they felt their needs were already met in supervision. Perhaps a bit troubling is the variant finding that some participants did not seek outside consultation because there was no time to do so or because it would create too much of a burden for them. While the demands of the internship for these participants were likely great, as they were for all participants, it is unknown whether these participants' clients could have benefitted from having their therapist seek additional perspectives about how to improve the work. There is no evidence that clinical work suffered for these clients, but perhaps their therapists were not as open and active as they could have been.

The domain on seeking additional supervision demonstrates that participants typically felt a desire to seek additional supervision, which may or may not have been related to cultural issues. Some participants did not have this interest, or did not feel that it was in their ability to seek outside supervision for their work with the LGB client.

Research Question 4: What are the outcomes of supervision for participants' clinical work with LGB clients?

Impact of Supervision on Work with Client

While it was a general finding for participants to report that the supervision they received impacted their work with their LGB client, the ways that they applied what they gained from supervision varied. One important finding from this domain was that participants were more likely to apply what they gained from supervision in an indirect way rather than a direct one. In other words, it was a typical finding for participants to feel that their clinical work benefitted from the case conceptualizations or modeling that took place in supervision. It was a variant finding for participants to report using direct ideas for interventions in their work. This seems to fit with what was written about developmental models of supervision. Bernard and Goodyear (2004) discuss how supervisees develop over time, from a novice supervisee to an expert practitioner. Over time, supervisor interventions may become less direct, encouraging supervisees to engage in active reflection on their own about how to improve their clinical work. At the same time, supervisees become less likely to seek active guidance and direction from their supervisors over time and instead may seek unstructured supervision, which approaches consultation. As the participants in the current study were at the end of their doctoral training, it is likely that the ways that they have learned to use supervision have developed over time.

Another finding from this domain was the variant result that the interventions which participants applied to their clinical work from supervision were informed by consideration of LGB issues. In other words, some participants felt that the interventions

and recommendations which were provided to their LGB clients based on supervision discussions or supervisor suggestions demonstrated sexual identity considerations. This speaks to the level of awareness of LGB issues that the supervisors of these participants had, and the LGB-affirming nature of the interventions and suggestions they made in supervision. This finding is interesting given that it was a variant finding in the domain on supervisor contributions that supervisors provided interventions in supervision which were specific to LGB issues. It seems that LGB-specific supervision and therapy interventions were discussed by only half or less than half of the sample.

That participants' discussions of applying LGB-specific interventions gained through supervision to therapy with clients is a variant finding in the current study does not mean that the other participants were not providing LGB-sensitive interventions for clients. It could be that many participants had received LGB training prior to the internship year (e.g., as indicated by their interviews) and were providing LGB-informed interventions for clients already, without much assistance from their supervisors. Or it may be that the clinical issues of the LGB clients did not necessitate LGB-specific interventions at all, at least enough for participants to comment on them.

As the domain on the impact of supervision on participants' work with their LGB client suggests, all participants felt that their supervision experience influenced their work with the client in some way. What they took from their supervision experiences differed, as did the extent to which their applied interventions and recommendations for their LGB client were informed by sexual identity considerations.

Impact of Supervision on Work with Other Clients

Participants typically reported that supervision for their work with their LGB client affected their work with other clients as well. It was typical for participants to report having a better understanding of sexual identity, and it was typical for them to report benefits that carried over to work with both other LGB clients and with heterosexual clients. This suggests that some of the benefits from supervision may have been related to growth in understanding issues regarding sexual and minority identities.

At the same time, interns also perceived benefits having to do with non-LGB-specific events, such as strengthening the therapeutic relationship and engaging clients more deeply in therapy. These findings support the literature which suggests that supervision is a complex process that serves a multitude of functions, including assisting trainees in learning about multicultural competence, but helping them develop their knowledge and awareness of general therapeutic topics as well (Bernard & Goodyear, 2004; Ladany et al., 2005).

The current study suggests that LGB-affirming supervision does not stop at benefitting one client, but is believed to have a positive impact on other LGB clients as well.

Participants' Feelings about Participating

The final domain involved participants' feelings and reactions about participating in the current study. It was a typical finding for participants to report that participating was a positive experience. This suggests that asking trainees to talk about their supervision experiences in regard to their clinical work with LGB clients is beneficial. Some participants spoke about appreciating the chance to reflect on the supervision experiences, especially since the demands of the internship year did not often offer such

time for reflection. These findings suggest that most interns saw benefits of reflecting on such a training experience as this one.

Reactions to the interview were not universally positive, however. Some participants reported experiencing difficulties with aspects of the interview process. This came across as participants' difficulty answering some the questions, difficulty articulating the supervision experience, and concerns that they were not giving enough information or the type of information the interviewers were seeking. For example, three participants wondered if they were giving the interviewer enough of what he or she wanted or needed for the study. These participants might have been concerned about social desirability, or the "right" way to respond concerning working in supervision or with LGB clients. One participant in particular wondered if the interviewer was looking for negative supervision experiences with this supervisor, which she felt she could not provide.

That some participants expressed difficulties with aspects of the interview process is not surprising, given the nature and length of the interview. Many of the questions for the current study were open-ended, and asked participants to consider supervisory and therapeutic processes that may have been complicated, hard to describe, or difficult to remember. Participants were given the interview questions and probes in advance, but may not have had adequate time to reflect and prepare before the interview, especially given the demands of the internship year.

Taken as a whole, these results suggest that there are advantages and disadvantages to asking trainees to describe their supervision and clinical experiences with LGB clients in an intensive, depth-oriented interview format. While participants are

given opportunities to openly describe their experiences without the leading format that other interview approaches can have, it can be difficult to articulate one's experience of complicated processes. Participants can have concerns about giving enough information, or about giving the "right" information. As with many other topics in research on psychotherapy and training, what happens in supervision and how it affects work with clients is difficult to capture and describe. These conflicts may have resulted in participants having difficulty sharing as openly as they could have, or in their attempts to make their supervision and therapy experiences sound positive. Perhaps this highlights the importance of continued research on LGB issues in supervision, to gain a better understanding of this topic. It also speaks to the need for normalizing difficulties and mistakes for participants in future research endeavors in order to make them more comfortable and open in the interview process.

Prototypical Cases

The prototypical cases presented in Chapter 5 highlighted the experience of four participants from the current study, who were different in terms of match with their supervisor on sexual identity. They were provided to illustrate how participants made use of supervision for their work with the LGB client, but also to highlight the potential differences in the way that supervisees made use of supervision for their work with LGB clients. In all four cases, participants discussed issues of culture and sexual orientation. All of these participants felt satisfied in their supervision relationship, regardless of whether they shared the same sexual identity as their supervisors.

Another striking similarity is that all four cases explored their own countertransference and biases in supervision. For the heterosexual-identified participants

(i.e., Participant A, Participant B), this meant feeling disconnected from their LGB clients due to differences in sexual orientation and associated life experiences. However, for the LGB participants (i.e., Participant C, Participant D), this meant feeling overly connected to their LGB clients due to similarities in their sexual orientation and associated life experiences. As suggested by literature on countertransference (Hayes & Gelso, 2001; Ligiéro & Gelso, 2002), therapist reactions to clients can be varied, and have a range of therapeutic outcomes. One therapeutic outcome of countertransference concerns the level or type of investment on the part of the therapist. While some therapists may become under-involved with clients in therapy due to their reactions to clients or client material, other therapists may become over-involved.

While it cannot be suggested based on the results of the current study that heterosexual participants were under-involved, the two heterosexual participants from the prototypical cases did become concerned with the differences between themselves and their clients they perceived due to having a different sexual identity than them. They used supervision to explore these perceived differences, and their concern that this affected their ability to connect with their clients in some way. The LGB participants, however, felt overly connected due to sexual orientation and the associated perceived similarities between themselves and their clients. They were able to explore these countertransference reactions in supervision. All supervisors seemed willing and able to assist participants in exploring these conflicts in supervision, regardless of the supervisor's sexual identity.

In all four of the cases, participants noticed positive changes in their work with their LGB client and other clients. One heterosexual participant (i.e., A) noted being

more reflective outside of supervision about how he might make use of his supervisor's insights about the interpersonal relationship between himself and his client. The other heterosexual participant (i.e., B) felt more aware of her own potential for heterosexism, and its negative impact on clients. Both LGB-identified participants (i.e., C, D) became more aware of their countertransference reactions of overidentifying with their LGB clients. They also both become more mindful about boundaries, but in different ways. C became more careful and intentional about disclosing her sexual identity to LGB clients, while D became more aware of interpersonal dynamics between himself and his LGB clients, and how to use that awareness in session. As C said, "It made me think a little more clearly about when or why I come out, and how it can be…clinically relevant, or when it should be used as a tool…that I should deliver it at a certain time where it's gonna make the most impact on the client in a positive way." D said, "I want to say it made me state firmer boundaries, but I don't really have diffuse boundaries to begin with…I think it helped me…just be more vigilant and call out some interpersonal dynamics that I wasn't clear about in session and get clarity on them…when they occurred."

A final theme from the four cases presented here is that regardless of supervisor sexual orientation, all supervisors were perceived as providing interventions which were informed by an awareness of cultural issues, and sexual orientation in particular. For example, A's supervisor was perceived as openly gay-affirming, and helped him explore religion's history of prejudice toward sexual minorities. B's supervisor helped her realize alternative ways of looking at relationships, outside of the heteronormative framework. C's supervisor helped her consider the appropriateness of disclosing sexual orientation to

clients. D's supervisor helped him to consider cultural explanations to psychological symptomotology for his clients.

It is of note, however, that not all supervisors in the four prototypical cases disclosed their own sexual orientation, or even disclosed about their clinical experience working with LGB clients. For example, D said that he assumed his supervisor was heterosexual, but that she did not ever disclose her sexual orientation to him. It seems that he still felt able to have fruitful conversations with his supervisor about cultural considerations, including sexual orientation. He did question his supervisor's knowledge of resources for gay men, but said that this did not affect his opinion of her overall effectiveness. As a whole, it is unknown how important supervisor self-disclosure of sexual identity as a way of helping the supervisee is perceived to be; the cases provided here were just a brief snapshot of individual experiences, and cannot be generalized to suggest larger trends.

Taken as a whole, the four prototypical cases explored the different experiences of trainees in their use of clinical supervision for work with LGB clients. They suggest similarities and differences in the ways that participants used their supervision to improve work with LGB clients. In the cases provided here, two heterosexual-identified participants used supervision to explore their bias in difference, while two LGB-identified participants used supervision to explore their bias in similarity to aspects of their client's culture. All participants found ways to improve their clinical work with LGB clients and other clients, based on their supervision experience.

Limitations

There are several limitations of the current study that will be discussed. Consistent with limitations of qualitative research in general (Polkinghorne, 2005), the current study relied on self-reports of subjective experiences, which were used to construct the study's findings. Participants reported their *perceptions* of their experience in supervision and their work with an LGB client. It is not possible to ascertain how accurately participants remembered these events, nor to corroborative these perceptions from participants' supervisors and clients.

Furthermore, in part due to the open-ended protocol used for the current study, it cannot be assumed that a perception or an experience did not exist for a participant merely because he or she did not bring it up in the interview. In other words, just because a participant did not share certain information does not mean that he or she did not hold that information, or experience a certain phenomena. This was apparent regarding the incomplete information about clients and the counseling process. Participants were not specifically asked to describe their clients' demographic data such as racial and ethnic background, potential religious background, potential immigrant or international student status, and age. The question that asked them to describe their client was stated in a manner to gain information about the client's presenting concern. Many participants volunteered demographic data when asked to describe their client; however, several did not. Participants may have differed in how they interpreted what was being asked in this question.

When the research team realized that certain limited demographic data on a few clients had not been given, it was too late to gather this information due to the time-limited nature of interns' email accounts (i.e., the email accounts they held on internship

had already expired, because the internship was completed). Additional email accounts for these participants with missing demographic data were not collected, so there was no way of contacting them. However, this was not a major limitation of the current study. The type of information about the clients that was most salient for this study was gathered through the questions. The method allowed for there to be so much additional context for each client about whom participants discussed that specific details were not as relevant. In this way, the meaning participants attached to their experiences with clients and supervisors was considered most important.

Another limitation concerning accuracy and depth of reporting is the variation among interns regarding the time frame of supervision and their work with the LGB client. To provide the best chance of recruiting participants, the current study had inclusion criteria which allowed for some variability in the time that passed since supervision for this client, the amount of time spent working with the client, and the amount of time in supervision spent discussing the client. For example, interns were allowed to participate regardless of the amount of time that had passed since their supervision with this client (although it was within the time frame of the internship year), the length of time they had seen the client (although a minimum of one session was required), and the amount of time devoted to supervision for this client (although a minimum of part of one supervision session spent talking about the client was required). As a result, some participants were reporting about their experience of a supervision session(s) and work with clients that took place during a previous semester (i.e., several months before the interview), while other participants were reporting on supervision and clinical experiences which were currently taking place. It is unknown whether this

variability among participants in time spent *in* supervision and therapy, and in time that

passed *since* supervision and therapy with the LGB client might have affected

participants' recollection or experience of their supervision and clinical work.

A common limitation of psychological research is social desirability. Efforts were

made to minimize the likelihood that participants would only present their clinical work

and supervision in a favorable light. For example, participants were told that procedures

for data transcription included removing explicit identifying information, such as names,

academic programs, and internship sites. However, it is still possible that participants

may have felt that their unique experiences might be identifying in some way. This may

have resulted in participants feeling as if they could not be completely open with the

interviewer. In fact, some participants did comment about feeling that they had difficulty

articulating their experiences, or wondering if they were giving the interviewers the

information they wanted or needed. Additionally, participants knew that interviewers

were graduate students in counseling psychology who were currently learning about and

practicing counseling themselves. This may have made participants feel that their

experiences might be judged in some way by the interviewers. Efforts to reduce this by

the interviewers included normalizing participants' reactions, supporting and encouraging

openness, and validating their experiences.

While the CQR method suggests that providing participants a copy of the

interview questions before the interview is conducted can be helpful in giving

participants time to reflect on their experiences (Hill et al., 1997), the questions and

prompts provided in the questionnaire may have inadvertently resulted in the filtering of

participants' responses in advance. However, there is no way to ascertain whether or not

this happened in the current study. On a related note, findings may have been biased by other aspects of the methodology. For example, interviewers were also research team members. This was both a strength and a limitation for the study. While having the interviewers and research team consist of the same people contributed to consistency and familiarized the research team with background knowledge about the interviews, it may have resulted in interviewers feeling pulled to ask questions based on what they *expected* to find during the analysis. Steps were taken to minimize this effect, by having interviewer-raters write about and discuss their expectations and biases prior to taking each role in the study. Also, having three interviewers as opposed to one minimized the chances of one person's bias influencing all of the data. Further, two of these three members of the research team did not have a primary role in designing the study. Therefore, they may have had less connection to the study in a manner that might have made the results reflect the outcomes they desired.

Additionally, while the random sampling procedure used in the current study increases the generalizability of findings to intern-level doctoral trainees at APA-accredited counseling centers, we cannot generalize findings further than this demographic group and clinical setting. It is not known whether supervisors, trainees, and clients at non-APA-accredited counseling centers and other counseling settings would provide different responses to the interview than did those who participated in the current study. Furthermore, it could be that only those participants who had a strong interest in the topic chose to participate. It is known that some participants had received LGB training on their own (i.e., outside of their doctoral program or internship).

Another sampling limitation was the low response rate for the current study. A total of 119 interns were emailed with the call for participation to get a sample of 12 participants. Of the 119 interns originally emailed the call for participation, three emails were returned with error messages and 16 interns replied to say that they did not meet the inclusion criteria for the current study. Therefore, the total number of interns who did qualify and who were believed to receive the call to participation was 100, making the response rate 12%. It is unknown whether those who did not respond actually viewed the email, or whether it was discarded before reading it or sent to a junk mail folder. Additionally, it is unknown how many of those randomly selected and solicited to participate actually met the criteria for participation. It is also unknown whether there were aspects of their supervisory experience that made some more likely to participate than others. It is hard to compare the response rate for the current study to the response rate to other studies using qualitative methods, as response rate has not consistently been reported. Furthermore, some qualitative studies have used sampling methods (e.g., snowball sampling) that made it difficult to ascertain an accurate response rate.

Due to the low response rate and the possibility that those who did reply were those who already had a special interest or significant experience working with LGB clients, it is not known how these participants compare to the typical intern-level doctoral trainee at APA-accredited college counseling centers, or to the average psychology trainee in general. However, the current study did get an even distribution of heterosexual and LGB-identified participants, which is a strength given the goals for inclusion. Further, the cases participants described seemed fairly typical of the cases which the research team and auditors had seen or supervised in college counseling center settings.

A final limitation are the characteristics and biases of the research team and auditors. Even though biases were documented before the data was collected, it is likely that the team's perspectives influenced their interpretation of the data. One obvious bias is that all team members were gay-affirming and held beliefs about the importance of an affirming therapy environment. Additionally, two members of the research team and one auditor were LGB-identified. Therefore, the team was high on sensitivity to the needs and interests of LGB people, which may be different from the experience of other therapists. It is unknown how a team with less affirming views, or different experiences in general, would interpret the results.

Implications for Practice and Training

It would be premature to suggest that findings from one study could have major implications for practice and training. However, the current study does suggest several important implications for practice and training for therapists working with LGB clients. All participants reported benefitting from receiving supervision for their work with LGB clients. They found it helpful when supervisors demonstrated good clinical guidance in general, as well as when they provided interventions and support that were affirmative to their clients' cultural identities. It was typical for participants to use supervision to get support for difficult aspects of their work, ideas for interventions, and room to explore their biases and to talk about countertransference.

These findings suggest that participants generally report that their supervisors are helpful when they perceive them as open and supportive. The supervision relationship for all participants was rated as positive, and many commented on its importance to them being satisfied with their supervision experience. Findings of this study suggest that a

positive supervision relationship is important to supervisees' feeling the support that is necessary to explore issues of countertransference and bias, admit mistakes, and receive feedback on their clinical work.

Many researchers suggest that counseling for LGB clients can be most helpful when it is responsive and affirming of clients' unique identities. For example, Liddle (1999) found that when therapists have gay-affirming attitudes, positive therapy outcomes are more likely for clients who are sexual minorities. Israel et al. (2008) found that positive therapist attitudes toward sexual and gender minority identity, basic counseling skills, and a strong therapeutic alliance were all rated as important in LGB client reports of helpful therapy experiences. The current study supports these findings, and suggests that there may be perceived benefits to LGB clients when supervision is affirmative as well.

Specifically, participants in the current study reported that their supervision experiences enhanced their self-knowledge, case conceptualization, and clinical skills in a manner that made them more effective in their work with their LGB client. For example, one participant learned how he can be overly affirming as a therapist, which could have negative consequences for a client who is not ready for that affirmation. Other participants reported that they became aware of important aspects of their client's identity of which they were previously unaware. One participant shared that before her supervision experience, she was not aware that homosexuality could be viewed as an act more so than an identity, in her client's culture. Participants also reported becoming more aware of how clients perceived them, which was useful for framing interventions, building the alliance, and repairing therapeutic ruptures. This is evident in the participant

who learned more about the possible effects of disclosing her own sexual minority status to LGB clients, and when this might be useful in therapy.

Taken as a whole, results suggest that clinicians in training benefit from receiving positive, affirming supervision experiences. This study supports other findings (Burkard et al., 2009) about the importance of affirming supervision experiences for trainees. The current study suggests that both LGB and heterosexual supervisees benefitted from their supervision of their LGB client, although the processes involved may be different. For example, heterosexual supervisees were more likely to use supervision to become aware of potential heterosexist biases, while LGB supervisees were more likely to explore whether and how to self-disclose their LGB identity to their clients. Clinicians working with LGB clients can receive multiple benefits from receiving supervision from knowledgeable and experienced supervisors, which can be helpful in professional development and in providing affirming counseling services.

For supervisors and other professionals in training roles, this study suggests the importance of making it safe for therapists to explore their struggles in working with lesbian, gay, and bisexual clients. Participants were likely to feel more comfortable exploring their biases when there was a safe atmosphere in supervision. Supervisors and teachers who can normalize countertransference responses, difficult emotions, and mistakes in therapy, and who can self-disclose about their own identities and experiences may be more likely to provide effective training experiences for those learning clinical skills for LGB clients. Further, when supervisors are able to model discussions about culture and identity in supervision, trainees may report more comfort having these discussions with their clients in therapy.

Implications for Research

Division 44 of the American Psychological Association (2000) released guidelines for psychotherapy with lesbian, gay, and bisexual people which call for continuing education and scholarship about the issues affecting sexual minorities. The current study heeds this call, and several implications for future research will be discussed. Because this study only examined supervisees' perspective on the supervision experience in their work with a single lesbian, gay, and bisexual client, other perspectives might be examined in future studies. For example, the supervisor's perspective could be examined, in addition to the client's perspective. Or, all three members of the supervision triads could be interviewed. This could be done separately, as a way of comparing the supervision experience from multiple points of view. This would add to the richness of knowledge about what happens in supervision for LGB clients, and highlight potential differences in perceptions of LGB-related supervision events. It is of note that about one-third of the sample for the current study admitted making an assumption about their supervisor's sexual orientation, because he or she did not disclose that to them. Further, only a few supervisors shared their experiences working with LGB clients. It would be helpful to know why supervisors did not disclose these aspects of themselves or their work in supervision when these types of disclosure seem relevant to the supervisory work , and whether these were conscious choices. Getting the perspective of the supervisor would be helpful in comparing experiences, and learning more about their perspective of what makes supervision for LGB clients effective.

Similarly, it would be useful to explore how supervision for work with LGB clients looks in different settings. Clinical practice settings can differ in terms of

presenting concerns, client demographics, and length of treatment, to name a few. Does supervision of trainees in hospital and community settings for their work with LGB clients look similar or different? Does there tend to be different bases of knowledge in these settings that inform helpful supervision for LGB clients? What aspects, if any, are similar? How does supervision for work with LGB clients look in settings where there might be a greater emphasis on level of psychological symptoms and dealing with crises than on identity issues?

It would also be helpful to consider interviewing participants at various points in their development as clinicians. This would provide more insight into the typical developmental process of trainees who are learning to work with LGB clients. It is not known whether supervisees use supervision for LGB clients differently at the novice, advanced, entry-level, and experienced levels of clinical practice. Further, experience working with LGB clients in particular could be examined at the novice, advanced, entry-level, and experienced levels, to explore differences in how supervision is utilized.

Since the inception of the current study, Division 44 of the APA has changed its name to the Society for the Psychological Study of Lesbian, Gay, Bisexual *and Transgender* Issues. This change reflects over ten years of efforts to include transgender people and issues into discussions about sexual and gender identity issues (Georgemiller, 2009). The current study's inclusion criteria did not allow for transgender clients, because it was believed that opportunities to work with transgender clients is a less common training experience in university counseling centers than learning to work with LGB clients. Supervision would likely be different for LGB versus transgender clients, due to the difference in the constructs of sexual identity and gender identity. However, the

transgender population has a long history of being neglected in research, scholarship, training, and education, even though this population is often included under the umbrella of sexual orientation (Carroll, Gilroy, & Ryan, 2002; Kirk & Belovics, 2008). Further, transgender clients are becoming more common in some college counseling center settings (L. Scott, personal communication, September 15, 2009). For these reasons, it is essential that efforts to promote training in transgender issues and to explore transgender-affirming therapy be made. Future studies that focus exclusively on how therapists learn about how to work with transgender clients are needed.

The qualitative methodology of the current study provided findings that might be further explored in quantitative studies, or mixed-method approaches. For example, it appeared that several of the LGB and heterosexual participants differed in how they used supervision in the current study (e.g., heterosexual participants were more likely to talk about exploring their heterosexist biases, while LGB participants were more likely to talk about overidentifying with their LGB clients). A larger sample size, random sampling, and statistical comparison of groups of heterosexual and LGB-identified supervisees could provide evidence to validate these trends. A quantitative methodology could be used to compare differences in approach to using supervision for work with LGB clients, based on various theoretical models or other therapist factors (e.g., personality traits, attitudes toward diversity, previous contact with LGB individuals). More support could be found for statistically significant differences in a quantitative methodology, which is not the goal of a qualitative approach.

The results of the current study were more heavily weighted toward the positive aspects of clinical supervision for participants' work with LGB clients. However, similar

research has found that negative, non-affirming supervision events are perceived, as well as positive, affirming ones (Burkard et al., 2009). It is unknown why participants in the current study were much more likely to have shared positive experience s than negative ones. One explanation could be that most, if not all, participants and supervisors were gay affirming, which may differ from other supervisory dyads. Also, participants were overwhelmingly satisfied with their supervision relationships, which may have made them more attuned to the strengths the supervision interventions. Another explanation could be the open-ended nature of the call for participation , which allowed for participants who had any experience in supervision for their work with LGB clients to share their experiences. The study by Burkard and researchers asked for individuals who had LGB-affirming and LGB-non-affirming supervision experiences to participate in their study. Future research inquiries could ask individuals to participate if they had a particularly unique experience (i.e., critical incident), or could ask specifically about negative supervision events. This may make for even richer data than that which was currently found.

The current study represents an inquiry into how supervisees view their clinical supervision in their work with LGB clients. Rich data was gathered about the therapists' work with LGB clients, the processes involved in supervision for this client, and the ways that supervision was used to benefit their therapeutic work with LGB clients. It appears that pre-doctoral trainees overwhelmingly valued their supervision relationship, and found their supervisors helpful in assisting them in their therapeutic work with their LGB client. Trainees typically experienced their supervisors as multiculturally sensitive, and some felt that their supervisors helped them with LGB-specific interventions and case

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conceptualizations. Heterosexual trainees were more likely to use supervision to explore their heterosexist biases, and what they perceived as differences between themselves and their clients due to sexual orientation. LGB-identified trainees were more likely to explore their feelings of overidentification with clients, and to explore in supervision how and whether to come out to their LGB clients. All participants reported gains from their supervision experience with their LGB client that positively affected their work with other clients, regardless of these clients' sexual orientation.

This study contributes uniquely to the literature on supervision for clinical work with LGB clients. The use of supervision to improve clinical work with LGB clients is rarely studied. Existing research has sampled individuals at various points of training, and only the experience of LGB supervisees has been explored. The current study focused on the experience of individuals at a specific point of training (i.e., the predoctoral internship year), and at specific settings (i.e., APA-accredited counseling centers). As a result, there is a greater chance for consistency among the sample in training experiences. Further, the experiences of heterosexual and LGB-individuals in supervision was sought, This allowed for a richer exploration of the differences in how supervision is utilized for work with LGB clients. The knowledge and insights gained from this study can inform future training, practice, and research endeavors regarding clinical work with lesbian, gay, and bisexual individuals.

Appendix A

Initial Recruiting E-mail

Subject: Have you received supervision for your work with an LGB client?

Dear _____,

I am writing to invite you to participate in a qualitative study of pre-doctoral interns' experiences in supervision regarding their work with a lesbian, gay, or bisexual (LGB) client during their internship year. Your program was randomly selected from an APPIC list of all pre-doctoral internship programs at college or university counseling centers, and your name and email address were gathered from the college or university website. I am a doctoral candidate in counseling psychology at the University of Maryland, College Park, and I am conducting my doctoral dissertation. It is rare that researchers seek the perspective of supervisees' themselves, and it is also rare to study supervision of work with the LGB population. Your contribution would be extremely important to this endeavor.

To qualify for this study, you must:
- Be a current pre-doctoral intern at a college or university counseling center
- Have seen (or be seeing) an LGB client during your internship year
- Have spent part of at least one supervision session discussing your work with this LGB client

The study involves two telephone interviews, scheduled approximately one week apart at a time that is mutually convenient for you and the interviewer. Your interviewer would be a doctoral student in the counseling psychology program at the University of Maryland, College Park. The first interview would be approximately one hour, and the second interview would be 15-20 minutes. I am attaching the two interview protocols to this email. A semi-structured format will be used; probes and follow-up questions may be asked in addition to the questions listed. I will be tape recording the interviews for the purpose of data transcription, but your name and any identifying information will not be included in the transcript. Further, I will ask that you use a code name when referring to your client instead of using the client's real name.

Unfortunately, I cannot offer monetary compensation for participating. However, I hope you will find the interviews an opportunity to reflect on your work with an LGB client, your experience in supervision, and how supervision influenced your clinical work. There is a slight risk to participating in that reflecting on your experience in supervision might raise discomfort, particularly if your clinical or supervision experience with the client was negative. I want to assure you that my goal is to understand and explore, and not to judge you.

If you decide to participate, you have the right to withdraw at any time. Your agreement to participate in this study serves as notice that you are over 18 years of age and that you

have provided your informed consent. If you have any questions about your rights as a research subject or if you wish to report a research-related injury, please contact the Institutional Review Board at irb@deans.umd.edu, or at (301)405-4212.

It is very important to maintain a high participation rate for this study. If you do qualify for this study, I would greatly value your contribution to this project. Please respond to this email to let me know if you qualify and can participate. Thank you very much!

Sincerely,

Kevin J. McGann, M.A.   Mary Ann Hoffman, Ph.D.
Doctoral Candidate   Faculty Dissertation Advisor
University of Maryland, College Park   University of Maryland, College Park
3214 Benjamin Building   3214 Benjamin Building
College Park, MD 20742   College Park, MD 20742
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Appendix B

Follow-up Recruiting E-mail

Subject: Follow up: Your experience in supervision for work with an LGB client

Hello again,

Just sending one reminder to ask you to consider participating in my dissertation, a qualitative study of pre-doctoral interns' experiences in supervision regarding their work with a lesbian, gay, or bisexual (LGB) client during their internship year. Your contribution would be extremely important, as there is little known about supervision from the perspective of the supervisee, particularly in regard to working with LGB clients. A high participation rate is important, so please let me know if you meet the qualification criteria below, and can participate.

To qualify for this study, you must:
- Be a current pre-doctoral intern at a college or university counseling center
- Have seen (or be seeing) an LGB client during your internship year
- Have spent part of at least one supervision session discussing your work with this LGB client

The study involves two telephone interviews, scheduled approximately one week apart at a time that is mutually convenient for you and the interviewer. The first interview would be approximately one hour, and the second interview would be 15-20 minutes. I am re-attaching the two interview protocols to this email. A semi-structured format will be used; probes and follow-up questions may be asked in addition to the questions listed. The interviews will be tape recorded for the purpose of data transcription, but your name and any identifying information will not be included in the transcript. Further, I will ask that you use a code name when referring to your client instead of using the client's real name.

Unfortunately, I cannot offer monetary compensation for participating. However, I hope you will find the interviews an opportunity to reflect on your work with an LGB client, your experience in supervision, and how supervision influenced your clinical work. There is a slight risk to participating in that reflecting on your experience in supervision might raise discomfort, particularly if your clinical or supervision experience with the client was negative. I want to assure you that my goal is to understand and explore, and not to judge you.

If you decide to participate, you have the right to withdraw at any time. Your agreement to participate in this study serves as notice that you are over 18 years of age and that you have provided your informed consent. If you have any questions about your rights as a research subject or if you wish to report a research-related injury, please contact the Institutional Review Board at irb@deans.umd.edu, or at (301)405-4212.

I would greatly value your contribution to this project. If you are interested in participating and meet the inclusion criteria listed above, please respond to this email. Thank you very much!

Sincerely,

Kevin J. McGann, M.A.	Mary Ann Hoffman, Ph.D.
Doctoral Candidate	Faculty Dissertation Advisor
University of Maryland, College Park	University of Maryland, College Park
3214 Benjamin Building	3214 Benjamin Building
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Appendix C

Interview Protocol One

Thank you for agreeing to participate in my study exploring interns' expereiences in supervision regarding their work with lesbian, gay, and bisexual clients. Both of your telephone interviews will be taped and transcribed, but the tape will be erased after transcription. Your name and all identifying information will be removed from the transcripts, and your name will never be connected with your transcript. Any identifying information of your supervisors and clients will also be removed from the transcript. Please choose a code name to use when talking about your client, and refer to this code name throughout our interviews. The interview today will take approximately one hour to complete, and you may choose to stop participation at any point. Do you have any questions?

Do you feel comfortable and ready to begin the interview now? You've had a chance to review the interview protocols. You know that I will be asking you about your experiences in supervision regarding your clinical work with an LGB client about whom you have spent part of at least one individual supervision session discussing with a supervisor, during the past year. I realize that discussion about this topic may elicit emotional reactions. I'm aware of the intimate nature of revealing supervision processes and discussions, particularly around sensitive topics. I want to let you know that I respect and appreciate your gift of sharing your experiences, so please be as honest as possible. Please respond to the following questions as best you can, with whatever comes to mind.

1. We are going to talk about your experience in supervision in a moment, but first, please describe this client and the therapy.

2. Now, I am going to ask you for some information about your supervisor.
    a. Is this your primary supervisor this year?
    b. How long have you and your supervisor worked together?
    c. Tell me about your relationship with your supervisor.
    d. What were your expectations from your supervisor, regarding your work with this client?

3. Now, I am going to ask you for some information about the supervision of your work with this client.
    a. What did the supervision of your work with this client look like?
    b. What did the supervisor do and say?
    c. What did you do and say?
    d. What were your supervisor's values and beliefs related to this client?
    e. What did the supervisor do that you perceived as helpful?
    f. What did the supervisor do that you perceived as unhelpful?
    g. How did you use what you received from supervision in your work with this client?

  h. How did your supervision for this client have an influence on your work with other LGB clients?

  i. What are the things you didn't tell your supervisor about this client?

  j. Who else did you go to for supervision about this client?

4. Now I am going to ask you some final questions about your experience with LGB clients generally.

  a. How is your work with LGB clients similar to your work with non-LGB clients?

  b. How is your work with LGB clients different from your work with non-LGB clients?

  c. Have you had any training to work with LGB issues in therapy?

    i. [If yes:] What training?

5. Finally, I am going to ask you for some brief demographic information.

  a. Gender: _____

  b. Race/ethnicity: _____

  c. Age: _____

  d. Sexual orientation: _____

  e. Type of degree you are seeking: _____

  f. Years of clinical experience: _____

Thank you for your time spent sharing with me today. I will call you back next week at _____ on _____ as a follow-up to today's interview. I will ask you about your reactions to this interview and whether it stimulated any new thinking about your supervision experience with this client. You will be given a chance to expand upon or amend any comments you made today.

Thanks again, and I will talk to you next week.

Appendix D

Follow-up Interview Protocol

Thank you for your participation in this study, and for the responses you provided last time. Today, I will begin by asking if any new thoughts arose for you since our first interview. Then I will ask you a few more questions about your supervision experience. Finally, I will ask what it has been like for you to participate in this study, and I will collect your preferred email address if you are interested in reading transcripts of your interviews. As a reminder, the interview is being tape recorded and will be transcribed for analysis, but all identifying information will be removed from the transcript. You may choose to withdraw from the study at any time. Do you have any questions?

1. What new thoughts or feelings have you had since our last interview?

2. How was the supervision experience similar to other supervision experiences you have had for your work with other clients?

3. How was the supervision experience different from other supervision experiences you have had for your work with other clients?

4. What has it been like to participate in this study?

5. What are your own countertransference feelings or reactions toward this client?

6. May I email you transcripts of your interviews, so that you can correct any inaccuracies?
    a. If yes: Which email address should I use?

        _____

Thank you, again, for your participation. We appreciate your willingness to share, and we hope that this study will contribute to a deeper understanding of how supervisees experience and use supervision of their work with LGB clients.

Appendix E

Table 1. List of Domains, Categories, Sub-Categories, Frequencies, and Illustrative Quotations

for All Data

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation

Information about LGB Clients and Counseling Process

1. Client's personality	Typ.	-
A. cognitive/difficulty expressing feelings	Var.	"Her inability to kind-of express feelings is obvious…So we've talked about how that is for her in therapy, and talked about…how that plays out in our relationship." (Case 1)
B. dramatic, emotional boundary issues	Var.	"She tends to dramaticize situations, and catastrophize small little upsets here and there." (Case 6)
C. motivated, engaged, talkative	Var.	"He's very talkative and he's quite engaging." (Case 7)
D. confrontational, cynical, defensive	Var.	"I would feel in the room…subordinated by him, or that he was trying to win in an argument…not an argument, but a discussion between he and I." (Case 12)
2. Therapy focus and interventions	Gen.	-
A. exploring, integrating or affirming identity	Gen.	"That allowed us to just…sit and talk about other aspects of her life. And that led to her identity piece." (Case 3)
B. working on inter-personal, family, or relationship issues	Typ.	"We've talked about her family issues, relationship issues, interpersonal patterns and just some of the concerns she has with graduating." (Case 1)
C. crisis management/ safety planning	Var.	"When he came in to see me, he had expressed some concerning suicidal ideation. And so much of our initial work was developing a plan for safety, and discussing coping strategies." (Case 12)
D. alleviating or coping	Var.	"We've used a manual that really goes through specific

	with symptoms		paths related to thinking about the abuse history, and re-experiencing the memories." (Case 4)
E.	coming out to family, others	Var.	"We're just...helping him negotiate disclosure to his parents and trying to deal with their reactions." (Case 10)
F.	understanding or building the therapy relationship	Var.	"The main thing in the beginning was to build an alliance with her and try to create as much of a safe environment as I could." (Case 9)
G.	using self-disclosure to facilitate therapy	Var.	"I was not vocally opposed to the religion…but certain teachings that the client and I would talk about…I let him know where I stood." (Case 2)
3. Positive therapy relationship		Typ.	"I'd say there was a good alliance." (Case 7)

Supervision Relationship

1. Positive aspects of supervision relationship		Gen.	-
A.	positive, supportive relationship	Gen.	"Just really friendly…very comfortable." (Case 11)
B.	P and S connected in terms of values, identity, personality, or counseling approach	Typ.	"I kind of look forward to our meetings once a week because I felt like, you know, we connected on a supervision level, but also we, I was able to see him as a, a person, and he was able to see me as a person as well." (Case 2)
C.	felt cared for or trusted by S	Typ.	"She is very attentive to what I need from her in any particular given time." (Case 9)
D.	felt safe in supervision, and comfortable talking openly	Typ.	"I'm very comfortable speaking with her… She has a very open and engaging supervisory style." (Case 7)
E.	S provided interventions that facilitated supervision	Typ.	"She's really generous in the way that she gives feedback. And I feel comfortable receiving her feedback and integrating that into my work." (Case 8)
F.	P admires S, or trusts S's knowledge,	Var.	"I think I admire my supervisor a great deal. I think she's a pretty vast store of clinical experiences upon which to draw

	judgment, or experience		and I think she knows what she's talking about." (Case 10)

G.	supervision relation-ship helped P grow as counselor	Var.	"She has been really good about encouraging me to develop my own autonomy. This being the second semester of my final year of internship, I think she's done a really good job of that." (Case 9)

H.	S helped P understand how therapist sexual orientation impacts work with clients	Var.	"I wanted to have that experience…not just in—in having a gay supervisor but also just really understanding what my own sexual orientation means in—in the way that I do therapy with clients." (Case 5)

2.	P did not feel there was enough feedback or collaboration from S	Var.	"The only kind-of caveat is…that I think sometimes he could give more…more like critical feedback, but it's just not his tendency." (Case 4)

3.	Disagreements between P and S	Typ.	-

A.	P and S had minor disagreements which were accepted or resolved	Typ.	"And I—and that was a small, minute kind of thing that came up and that I just said that and then we went on with it. We resolved it." (Case 1)

B.	P and S had no real disagreements	Var.	"I can't think of any disagreements actually." (Case 11)

Comparison of Therapy with LGB Client and Therapy with Heterosexual Clients

1.	P reported similarities between work with C and other clients	Gen.	-

A.	work was similar in orientation, values, and approach	Gen.	"I think that my end goal is always that they feel good about who they are, so to some extent, acceptance, but also affirmation of identity, and I think I do that will all of my clients." (Case 5)

B.	work was similar in focus on client, rather than on sexual orientation alone	Var.	"It's just sort-of one other detail of their life, so I guess in that sense, just like if I was working with a straight client on test anxiety, we…wouldn't discuss their sexual orient-ation a lot, so same thing with an LGB client." (Case 4)

2.	P reported differences	Gen.	-

between work with C
and heterosexual clients

A.	work considered impact of societal context and oppression	Typ.	"I think that within my conceptualization, thinking about the effect that discrimination has on LGBT clients, keeping that within my conceptualization and just thinking about how interventions can be useful or not useful based on the systemic issues that are faced that are not of the clients' own doing." (Case 7)
B.	work examined sexual identity development and impact of LGB identity on client	Var.	"And making sure I pay attention to how their sexual orientation might affect all other areas of their life, whether it's in their occupational functioning, their relationship with their family, things they might do or say outside of those environments, and their relationship history." (Case 9)
C.	P is more cognizant of how C perceives P, and how to intervene effectively	Var.	"I think there is an increased awareness on my part of some of the differences that exist between myself and my client... particularly my identity as a Christian, and being hetero-sexual." (Case 12)
D.	P feels more of a connection with client due to shared LGB identity	Var.	"I think that because I am part of the LGB community myself, I tend to feel a connection with a lot of my LGB clients the way that I might not with clients who…have a different sexual orientation than my own." (Case 8)

Supervision Expectations

1. P's expectations particular to LGB client	Gen.	-
A. expected S to be knowledgable and supportive of C's LGB identity	Typ.	"It was my expectation that my supervisor would be familiar with lesbian identity development and some of the…sensitivity towards…awareness of the LGBT community." (Case 1)
B. expected S to address C's issues, assist with conceptualization, and provide feedback	Typ.	"There was some suicidal ideation that came up with this client, and so getting the support that I needed around what to do with that." (Case 6)
C. had similar expectations to S	Typ.	"I think her expectations were similar that she thought I would have a strong understanding…I think she had a high expectation of me or what I was going to be able to do." (Case 7)

D.	expected to explore C's cultural identity in supervision	Var.	"I just expected him to be open and accepting of the client's cultural background and his sexual orientation, and just kind-of support me…" (Case 11)
E.	expected to address therapeutic dynamic, boundaries, and countertransference	Var.	"I expected her to ask me a lot about any counter-transference issues that I would have because this is part of what we would call developing cultural competency." (Case 9)
F.	expected to identify biases and hetero-sexual privilege	Var.	"I would just sort-of openly bring up these topics…like, for example…he's coming in and sitting down with a male that's heterosexual…and he expressed concerns about other people being not able to relate to him, especially other heterosexual men…." (Case 12)
2. Similarities to expectations for work with other clients		Typ.	-
A.	addressing client issues, getting help with conceptualization and feedback from S	Typ.	"I was looking for someone to help me understand where I was and kind of what I was doing, where the client was and what he was doing, and how those two things met or didn't meet in this particular case." (Case 2)
B.	expected supervision to address clients' multicultural context	Var.	"I would expect that any presenting issue that came up, or cultural issue…be addressed in the same way…" (Case 6)
C.	expected S to be knowledgeable and comfortable address-ing sexual identity	Var.	"I guess around LGB issues. I do have that expectation with this supervisor." (Case 8)
3. Communication of expectations with S		Typ.	-
A.	expectations were explicitly stated or openly discussed	Typ.	"It's become this running joke where she always has a list of things to get through and then I have my own little list… so…there's time made for that, to talk about it openly." (Case 5)
B.	expectations were not explicitly stated, but were understood	Var.	"I don't think that there was ever an explicit conversation... but I think there was probably a conveyance of these expectations in a more subtle way…" (Case 8)

Participant's Feelings, Values, and Beliefs About Client

1. Positive feelings toward C	Gen.	-
A. positive connection or countertransference	Typ.	"I had something like a mothering reaction to him initially, just because he's very soft spoken, very shy…" (Case 11)
B. positive reactions or impressions	Var.	"I was really kind of, 'Wow, you know, this young woman has her life together. She's got her values lined out…that's impressive.'" (Case 3)
2. Negative feelings toward C	Var.	"Sometimes it made me really frustrated with him…I would struggle with that." (Case 10)
3. Values and beliefs about C	Gen.	-
A. affirming C's identity, self-expression, and self-acceptance	Typ.	"My value would be for the client to be able to express himself and to fully acknowledge that part of himself without having to minimize it, or set it aside." (Case 2)
B. having a strong therapeutic alliance and safe therapy environment	Var.	"It was really important for me that he felt understood and supported and encouraged, and that this was an environment very different than how he experienced other Christian, heterosexual men in his life." (Case 12)
4. P and S shared similar feelings, values, and beliefs about C	Typ.	"My beliefs are very similar to my supervisor, actually, which is probably why our supervisory relationship is as comfortable as it is." (Case 8)

Supervisor's Feelings, Values and Beliefs About Client

1. Communication of values and beliefs about C to P	Gen.	-
A. values and beliefs were communicated openly to P	Typ.	"He's really open and kind of matter-of-fact…So it's pretty apparent." (Case 3)
B. values and beliefs were perceived by P	Var.	"I think it was more of an implicit understanding." (Case 10)

2. Values that C have open and affirming environment	Typ.	"She doesn't like to pathologize people…I think that she tries to meet people where they're at." (Case 8)
3. Values C's safety	Var.	"I think…she has a value of…deal with the crisis first… look at safety first…not looking at the more insight-oriented questions until we deal with the crisis at hand." (Case 1)
4. Values understanding cultural and contextual influences on C	Var.	"She openly expressed her stance toward gay rights, and how she herself has struggled with how religion has tended to be incredibly prejudicial in this area." (Case 12)
5. Values that C gain self-acceptance, or stronger sense of identity	Var.	"I think she would want to value…a stronger sense of self… that he would explore his identity, so if that meant sexuality or ethnicity or immigration…" (Case 5)
6. Values C's courage, strength, and autonomy in life experiences	Var.	"I think that her beliefs about him would be that he is definitely a survivor. That he has had some pretty hurtful things happen…For him to be where he is now is quite impressive." (Case 7)

Participant's Contributions to Supervision and Therapy

1. Processed work with C, and got ideas for feedback and interventions	Gen.	"I remember in the beginning…asking her…'How often do you come out to your clients?'" (Case 5)
2. Used supervision to examine P's struggles or concerns with C	Typ.	-
A. shared countertransference feelings and concerns	Typ.	"I felt aware of it when it was happening in session, so then I just brought it up in supervision to talk about it." (Case 7)
B. shared other struggles, concerns regarding work with C	Var.	"I think my insecurity was, 'Am I doing this right?' 'How do I do this right?' And so…not feeling as competent as I'd like to." (Case 2)
C. shared concerns about having different aspects of	Var.	"We probably spent more time talking about some of the demographic differences between he and I, and processing my concerns about how those differences could potentially

identity than C		affect our working relationship together." (Case 12)

3. Used supervision to explore C's identity and culture	Var.	"Before I read those articles and talked about it with my supervisor, I'd never really considered that someone would not just identify as gay." (Case 11)
4. Generally used supervision in a similar way for C as for non-LGB clients	Typ.	"I think in many ways there are a lot of similarities, in how I use supervision around working with this client…It continues to have a very collaborative nature, and really focusing on treating the concerns of the client." (Case 6)
5. Did not intentionally withhold information about work with C from S	Typ.	"I can't think of anything that I didn't tell her." (Case 8)
6. Withheld some information about reactions to C from S	Var.	"I kind-of wanted her to feel better, so I…took this like elder role in…connecting her to…the LGBT community. I don't think I talked about that in supervision." (Case 3)
7. Had reasons for withholding from S	Var.	-
A. did not seem beneficial or time efficient to share	Var.	"Like, is it beneficial for me to denigrate…what I was raised in, simply because I don't agree with it? At the time would that have been relevant to the client? I don't think it was." (Case 2)
B. did not feel comfortable sharing with S, or felt that it would betray C	Var.	"I probably would have felt less comfortable talking about it with my supervisor…It's nothing about him or nothing about my client…just more those are sort-of things people don't talk about a lot." (Case 4)

Supervisor's Contributions to Supervision and Therapy

1. Supported or validated P for work with C	Gen	"She's done everything helpful…questions she's asked, her curiosity that she instills…helping me hold that—contain that anxiety…" (Case 1)
2. Facilitated P's awareness and processing of non-LGB-related issues for C	Typ.	"Some of the insights that she would have on the inter-personal relationship—I mean, I would think a lot outside the sessions with this client." (Case 12)
3. Facilitated P's aware-	Var.	"He helped me explore my own expectations, asked me

ness and processing of LGB-related issues for C		about what I expected a gay person to respond with, and those kinds of biases." (Case 11)
4. Discussed general interventions and resources that were not LGB-specific	Typ.	"My supervisor helped me think of other ways to ask questions…about how the client is feeling…and how that is impacting our termination process." (Case 6)
5. Discussed LGB-specific interventions and resources	Var.	"It can feel more uncomfortable for the person with less power to bring up something of issue such as multicultural issues, LGBT issues in particular. I think my supervisor modeled for me…to always promote a safe environment to talk about the issue." (Case 9)
6. Was sensitive to multicultural and identity issues in supervision	Typ.	"She helped reframe that in terms of cultural context… 'Was his emotionality a function of him not being from this country?'" (Case 10)
7. Challenged and encouraged P to become a better clinician	Typ.	"I think my supervisor has challenged me to think about this client in a number of ways…particularly in the times when I was feeling more exhausted." (Case 6)
8. Was never unhelpful	Var.	"I actually can't think of anything." (Case 2)
9. Could have given more to P or to supervision	Var.	"I feel like he didn't challenge me enough. He just kind-of accepted where we were without kind-of encouraging me to think about an alternative or go somewhere else..." (Case 3)

Comparison of This Supervision Experience with Other Supervision Experiences

1. Similarities between S and other supervisors	Gen.	-
A. S supported/validated P, provided feedback	Typ.	"I think it's similar in that I'm getting a lot of feedback on my clinical work. I'm able to bring my concerns into the room." (Case 8)
B. S focused on client welfare, clinical issues, and progress	Var.	"There has been a big focus on all the different dynamics that go into different issues in strength and resiliency. So I would say my supervisor is similar in that regard…" (Case 7)
C. S emphasized self-reflection, awareness	Var.	"I think that it was similar in that…my supervisor has asked me to explore my own personal feelings, reactions,

	about biases and multicultural issues		biases that I may have…And I think that past supervisors have also done that." (Case 9)
2.	Differences between S and other supervisors	Gen.	-
A.	S shared aspects of identity with P	Var.	"It was the first time I had another African American person as a supervisor. So it was pretty culturally-affirming." (Case 10)
B.	Supervision with S felt more comfortable and collaborative	Var.	"Particularly, I think I feel really comfortable with the supervisor we're talking about…I think when I'm more comfortable, I'm much more open." (Case 1)
C.	S provided richer experience in supervision	Var.	"I think that she's really smart, and I don't experience all of my other supervisors as having been really clearly understanding what was going on." (Case 5)
D.	S made P feel more confident as clinician	Var.	"I feel like I have a greater awareness and a greater level of comfort…than I did previously." (Case 6)
E.	S talked about LGBT and multicultural issues	Var.	"I have had supervisors in the past who don't talk about cultural, sexual, and gender issues. So I think that's different." (Case 7)

Additional Supervision for Work with Client

1.	Did not receive additional supervision outside supervision with S	Var.	"In terms of clinical supervision, no." (Case 8)
2.	Did receive additional supervision or consultation	Typ.	"I presented this case to what we call here…peer review, which is basically some of the administration and licensed staff that you bring higher-risk clients to." (Case 12)
3.	No need, desire, or time for additional supervision	Var.	"I feel like I have a lot of clients…and designated supervisors for all of them. So I kind of keep them very compartmentalized…" (Case 3)
4.	Reasons for seeking additional supervision	Typ.	-
A.	for help with cultural	Var.	"I spoke with another staff psychologist here who is an

	identity issues		African American woman and did some consultation with her…around some of the family of origin issues and cultural identity pieces." (Case 6)
B.	because P transferred to a new supervisor as part of internship	Var.	"Well, in my first semester I had another…supervisor, who supervised this particular client." (Case 4)
C.	because P needed more than S was able to provide	Var.	"My intern cohort has their own little intern consult meeting, so I…processed my reactions and saw if they had any other ideas about ways to connect with him." (Case 11)

Impact of Supervision on Work with LGB Client

1.	Found ways to transfer supervision gains to work with the client	Gen.	-
A.	indirectly used theoretical discussions, modeling to inform work with C	Typ.	"I think it helped me to…be more vigilant and call out some interpersonal dynamics that I wasn't clear about in session." (Case 10)
B.	directly applied interventions, ideas from supervision to work with C	Var.	"If my supervisor gives me specific questions and I am not quite sure how to answer them, I will ask them practically word-for-word in the next session." (Case 9)
C.	applications to therapy from supervision were related to LGB issues	Var.	"And I…used the analogy about the coming out process… in that there can be some discretion used in coming out, whether about your sexual abuse history or your sexual identity." (Case 4)

Impact of Supervision on Work with Other Clients

1.	Heightened awareness of therapy considerations, deepening of work for all clients	Typ.	"In terms of having a greater variety of questions to ask… I guess most of those things transfer to the LGB population as well as the heterosexual population." (Case 6)
2.	Heightened awareness of therapy considerations, deepening of work for LGB clients	Typ.	"I think that was important, particularly with LGB clients, to just keep in mind…how often our own…heterosexist views shape things that we…take for granted." (Case 4)

Participants' Feelings About Participating

1. Felt that participating was a good experience	Typ.	-

A. valued aspects of interview process	Var.	"It was really helpful to have the questions beforehand. Because…they're difficult questions to answer." (Case 8)

B. appreciated chance to reflect on supervision experience	Var.	"I suppose it's made me think about the process I have with the one supervisor…So it's really been nice." (Case 3)

2. Experienced difficulty with interview process	Var.	-

A. wondered if s/he was giving enough of what interviewer needed	Var.	"I don't know if I answered your questions specifically enough." (Case 1)

B. reported difficulty articulating supervision experience	Var.	"It's hard to really capture the…the supervisory experience." (Case 4)

Note. N=12. "General" indicates that this category occurred for 11 or 12 participants. "Typical" indicates that this category occurred for 7 to 10 participants. "Variant" indicates that this category occurred for 3 to 6 participants.

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