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## Exploring the clinical experiences of novice counsellors working with LGBT clients: Implications for training

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### Abstract

*Aim:* This study was designed to explore the clinical experiences of novice counsellors working with LGBT clients. *Method:* Sixteen counsellors participated in semi-structured interviews. As an elicitation technique, they were asked to recall critical incidents in relation to LGBT clients. *Findings:* The interview transcripts were subjected to a thematic analysis. Identified meaning units fell into three superordinate categories, namely, *Engaging with Learning*, *Finding Strategies that Work*, and *Entering the Client's World*. A core category of *Confronting Homophobia and Heterosexism* was also identified. *Conclusions:* Participants felt unprepared by their training but had gained valuable learning from the challenges they had faced. *Recommendations:* Initial counsellor training should include an emphasis on contemporary, inclusive theory and allow trainees opportunities for facilitated, challenging exploration of sexuality issues.

**Keywords:** LGBT; homophobia; heterosexism and heteronormativity; novice counsellors; counsellor training; critical incidents

### Introduction

The medicalisation of individuals who identify as lesbian, gay, bisexual or transgender (LGBT) has been interpreted as the outcome of heterosexism endemic within Western society (e.g. see Haas et al., 2011; Meyer, 2003; Platzer, 1998). A compounding problem is the heterosexism – and arguably homophobia – embedded within variants of counselling and psychotherapy theory, which implies that homosexuality can and should be reversed (King & Bartlett, 1999; Kowszun, 2006; Mair & Izzard, 2001). Unsurprisingly, LGBT individuals can be wary of approaching counsellors and psychotherapists and can have negative experiences when they do so (e.g. King & Bartlett, 1999; Mair & Izzard, 2001; Platzer, 1998). For example, they might be expected to focus on their sexual orientation when it is not, in fact, relevant to the problem they want to resolve (Israel, Gorcheva, Burnes, & Walther, 2008). They might also find themselves under pressure to change it, even though evidence indicates that such reparative therapy is largely unsuccessful (Yarhouse & Throckmorton, 2002). In such cases, clients may

be left devoid of an expressible sexual identity altogether (Daniel, 2009; King & Bartlett, 1999). They may also experience increased guilt, anxiety and low self-esteem (Haldeman, 1994).

Nevertheless, individuals who identify as LGBT are more likely to seek therapy than their heterosexual counterparts (Burckell & Goldfried, 2006; Pachankis & Goldfried, 2004). Evidence indicates that they have an increased risk of suffering from depression and other symptoms of psychological distress, and engaging in self-injurious behaviour, including attempted and actual suicide (Cochran, Sullivan, & Mays, 2003; Grossman & D'Augelli, 2007; Haas et al., 2011; King et al., 2008). Meyer (2003) argues that they are subject to high levels of 'minority stress', founded on continual experiences of prejudice, expectations of rejection, the need for identity concealment, and the inward absorption of heteronormative attitudes, or 'internalised homophobia' (see also Frost & Meyer, 2009; Mohr, 2002; Pachankis & Goldfried, 2004). Gay-affirmative therapists can certainly offer LGBT clients positive outcomes (Israel, Gorcheva, Walther, Sulzner, & Cohen, 2008). However, before this can happen,

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their clients will have had to devise strategies for locating gay-affirmative therapy (Burckell & Goldfried, 2006; Grove & Blasby, 2009; Liddle, 1996; Platzer, 1998).

Gay-affirmative counsellors are comfortable with their own sexuality, have an in-depth understanding of the problems faced by LGBT clients, together with specific knowledge of models of sexual identity development, possess the capacity to monitor and reflect on their own, potentially heteronormative, values and beliefs, and display confidence in working with this client group (Dillon, Worthington, Soth-McNett, & Schwartz, 2008; Rutter, Estrada, Ferguson, & Diggs 2008; Walker & Prince, 2010). However, particularly in the early years of their clinical practice, many counsellors' ability to work with LGBT clients is likely to fall short of this ideal. They may lack sufficient life experience to: appreciate that the difficulties faced by LGBT clients; the coping strategies they use; reflect their experiences of living in a largely homophobic world (Dickey, 1997; Grove, 2003); acknowledge the damage that can be caused by making inadvertent heteronormative assumptions (DeBord, 2007; Walker & Prince, 2010); and be wary of the danger that they could collude with, and reinforce, established heterosexual values (Guth, Lopez, Rojas, Clements, & Tyler, 2005; Milton, Coyle, & Legg, 2005; Mohr, 2002; Mohr, Israel, & Sedlacek, 2001).

The time constraints imposed on counsellor training courses often mean that a primary focus is placed on the imparting of generic knowledge and skills to the detriment of specific competences suited to minority client groups (Connor, 1994). Nevertheless, there is a consensus among writers that counselling and psychotherapy students are not being provided with enough basic competences to work with LGBT clients (Burckell & Goldfried, 2006; Davies, 2007; Evans & Barker, 2010; Grove, 2009; Rock, Carlson, & McGeorge, 2010; Rutter et al., 2008). This is in spite of the fact that suitable strategies for offering gay-affirmative training have been identified (e.g. Buhrke, 1989; Iasenza, 1989; Rutter et al., 2008) and evidence that suitable experiential learning opportunities can counter trainees' negative attitudes towards LGBT issues (Guth et al., 2005; Rock et al., 2010).

Most contemporary counsellors are likely to find themselves working with LGBT clients at an early stage in their careers. In doing so, they are likely to encounter challenges to their personal and professional identity (Mohr, 2002; see also Donati &

Watts, 2005; Wong-Wylie, 2007). Mohr highlights the personal identity-work that therapists must undergo when confronted with sexual orientation issues and stresses the value of gay-affirmative training in fostering positive therapeutic outcomes. He also notes the lack of research in this area, as does Grove (2009).

The research to be described here sought to address this gap in the literature. Its aims were: to explore the clinical experiences of novice therapists working with LGBT clients; and to clarify the extent to which their formal training had prepared them for this client group.

We carried out a qualitative study, collecting data via both face-to-face and email interviews. As our aim was to explore the collective experiences of novice therapists, rather than to look for individual differences amongst them, we analysed the data using the grounded theory method (Strauss & Corbin, 1998). Reference was also made to the generic principles of qualitative analysis outlined by Braun and Clarke (2006).

## **Method**

### *Participant recruitment and selection*

Novice therapists were defined operationally as those who are clinically active but still within five years' completion of formal training. A flyer was used to advertise the research through a study centre and two generalist counselling agencies. The flyer was also emailed to personal contacts with a request that it be forwarded to others.

As potential participants made contact, they were ranked for suitability in terms of the number of LGBT clients they had worked with. As time was limited, it was necessary to prioritise participants, allocating most researcher time to those likely to give the richest information. Consequently, therapists who had worked with two or more LGBT clients were interviewed face-to-face as soon as time allowed ( $n = 9$ ). Therapists who had only worked with one LGBT client were interviewed face-to-face if they had worked with the client for 10 or more sessions ( $n = 3$ ) or via email if this was for less than 10 sessions ( $n = 4$ ).

Sixteen participants were interviewed altogether. Participants varied in terms of age (ranging from 25–57 years), gender (five male, 11 female), ethnicity (13 white British, one African Caribbean, two British Asian), sexuality (13 heterosexual or predo-

minantly heterosexual, one gay, two bisexual), level of training (three trained to further education or higher education undergraduate level, 13 to post-graduate level), theory employed (five described their approach as integrative or eclectic, two as humanistic or person-centred, nine as psychodynamic) and time elapsed since completion of formal training ranged from 18 months to five years. A total of seven previous training institutions were represented. Notably, 10 of the 13 participants who identified as heterosexual, acknowledged social, professional and/or sexual relationships linking them to the LGBT community. Consequently, this was not a naïve sample – rather, many participants appeared to have been sympathetic to and (to varying degrees) knowledgeable of LGBT issues before they commencing counselling practice.

#### *Data collection*

One of us (LB) acted as interviewer. Demographic data were collected prior to each interview. All participants were then asked a series of pre-prepared, open-ended questions, designed to elicit their experiences of working with LGBT clients. They were encouraged to explore these experiences in their own way, with the interviewer's interventions limited to occasional prompts for clarification.

At the beginning of each interview, participants were asked to reflect on how well prepared they had been by their training, and how well supported they felt, for working with LGBT clients. As an elicitation technique, we asked participants to recall and describe up to three critical learning incidents associated with their LGBT client-work. On identifying each one, they were asked to reflect on how it had influenced their subsequent clinical practice, and their personal and professional development. Critical incidents can be understood as developmental turning points in professional careers. Applications to counselling and psychotherapy include Howard, Inman and Altman (2006), Skovholt and McCarthy (1988) and Wong-Wylie (2007). Howard et al. note that critical incidents can have a lasting influence on counsellors' self-belief, their subsequent commitment to their professional role and their conceptualisation of therapy.

Strauss and Corbin (1998) have stressed the importance of coming to qualitative data with an open mind. However, in the present case, one of us (LB) identifies as lesbian and was herself a novice therapist with LGBT clients at the time of the study.

We were therefore conscious of the need to ensure that her personal experiences could be acknowledged but also distinguished from those of our participants. Glaser (1998) has recommended that the qualitative researcher should also interview him/herself, arguing that it is prudent to embrace the researcher's closeness to the subject area rather than try to avoid it. Consequently, LB also composed her own written answers to the interview questions.

#### *Ethical issues*

Ethical approval was granted by the University. An information sheet was circulated to participants in advance of the interviews and they were asked to provide written consent to participate. Those interviewed face-to-face also consented to the use of audio-recording. To maintain participant confidentiality, case material was anonymised during transcription and pseudonyms were adopted for the purposes of data storage and analysis.

#### *Data analysis*

Participants' transcripts were pooled for the purpose of data analysis. They were interrogated for meaning units, which were identified and labelled through an iterative process of cross-comparison (open coding). The meaning units were integrated progressively into lower- and higher-order thematic categories (axial and selective coding) and a final overarching core category. During this process, regular memoing was carried out to record, explore and develop the emerging relationships between the categories and continual reference was made to the transcripts to ensure that the thematic labels selected remained as faithful as possible to participants' meaning. We each interrogated the data independently before reaching a negotiated agreement over the final thematic structure.

LB's written autobiographical account was also subject to this analytic process. In the analysis reported here, her data are presented separately from that of our participant sample.

The analysis of our participant data generated 398 meaning units, which were refined into ten categories and three higher-order categories. The higher-order categories were *Engaging with Learning*, *Finding Strategies that Work*, and *Entering the Client's World*. The separate analysis of LB's data generated 63 meaning units, the thematic structure generated

Table I. The thematic structure.

Categories and sub-categories	No. of participants contributing to theme	Theme echoed in LB's transcript?
I. Engaging with learning	16	✓
Drawing on lived experience	15	✓
Confronting lack of knowledge and skill	16	✓
Feeling challenged	16	✓
Learning from clients	16	✓
II. Finding strategies that work	16	✓
Putting flawed assumptions aside	14	
Working with sexuality	16	✓
Working with internalised homophobia	8	✓
Working with supervision	16	✓
III. Entering the client's world	16	✓
Acknowledging society's oppression	14	
Engaging with LGBT clients	16	✓

closely overlapping with that of our participant sample (see Table I).

## Findings

### *Engaging with learning*

Participants reflected on the value of their past and ongoing learning.

*Drawing on lived experience.* Fifteen participants acknowledged that they had gained valuable transferable skills and knowledge through prior life experience, either as members of the LGBT community, as workers in specialist LGBT agencies or as friends and colleagues of LGBT individuals.

What I had experience of was being a heterosexual female . . . but having a lot of friends who had been [in same-sex relationships] and growing up with a number of people who had been in same-sex relationships, so I was able to use that. (Judy, 'heterosexual')

*Confronting lack of knowledge and skill.* Some participants recalled positive experiences of formal training. However, all felt that their training had

been insufficient to enable them to work with this client-group. A key area of difficulty voiced by 12 participants was their lack of LGBT-specific knowledge and understanding.

I didn't know about having an internal prejudice . . . that came as a bit of a shock and I had to do an awful lot of reading. (Sharon, 'straight')

Five admitted that they lacked knowledge of transgender clients.

Twelve participants acknowledged the inadequacy of the theories in which they had been trained, many seeming unsure how sexuality fitted with these models.

Theory is so based on heterosexual, heteronormative views of the world . . . I feel like rejecting almost all of it because it seems so flawed in its basic assumptions. (Hugh, 'bisexual/queer')

All participants highlighted an unmet need for open discussions exploring sex and sexuality – the absence of such discussions during their training courses was frequently interpreted as avoidance on the part of both tutors and students.

To have open discussions about those experiences and prejudices . . . none were covered in a way that allowed people to thrash these things out and expose themselves and their prejudices . . . it's in exposing them that you get the chance to change. (Lewis, 'heterosexual')

[We needed] something specific about . . . barriers . . . the sorts of things that make you go 'Ouch, I don't want to go there' . . . those things that are quite uncomfortable. (David, 'heterosexual')

Amongst participants who identified as LGBT, two questioned whether their fellow-students had 'self-censored' during training because of their presence in the group, while two referred to either having to find the courage to challenge fellow-students' views or face the personal guilt associated with avoidance.

Eleven participants had felt unable to air their concerns with their tutors.

The centre had a very narrow set of beliefs . . . I didn't fully agree with the approach to this client group . . . I felt that we, as students, should take on

their teaching or we would be seen as 'rebellious' and this would be held against us. (Wilma, 'straight')

*Feeling challenged.* All participants described being challenged.

It feels like a rude awakening and a bit of a jolt . . . like being thrown in the canal and then learning to swim . . . there is a sense of it being the wrong way round . . . and I don't feel like I was well-enough equipped. (David, 'heterosexual')

I don't think that flying by the seat of your pants is OK . . . it's luck that it turned out OK for me and my clients. (Sharon, 'straight')

*Learning from clients.* Nevertheless, all participants acknowledged that their clients offered them valuable learning.

I'd like to learn more about what the struggles are but it feels like the client teaches me that without having to go off and train. (Kelly, 'heterosexual')

#### *Finding strategies that work*

Participants explored the difficulties of finding affirmative ways of working. Their desire to be a source of support and growth was tempered by their limited experience.

*Putting flawed assumptions aside.* Fourteen participants found themselves having to challenge flawed assumptions about LGBT issues: for example, the assumptions that sexual minority clients need sexual minority therapists, and that gay men cannot have successful relationships.

There's assumptions that because of the way you look you're gonna be gay . . . those assumptions are made all the time and we all do it . . . but we can all learn not to act out those assumptions. (Kate, 'living as straight')

Nobody ever phones up [a heterosexual therapist] and says 'you've got to see this kid, he is heterosexual' . . . it's just one of those things. (David, 'heterosexual')

*Working with sexuality.* All participants referred to avoidance of sexuality in clinical practice.

Often their sexuality is displaced onto something else and . . . we've both colluded . . . that's the easier place to go. (Kelly, 'heterosexual')

However, eight acknowledged the need for a balance between focusing on sexuality and other issues – they were unsure when to challenge, press for more, or hold back.

To get too focused on the issue and not look at what might be behind it to do with sexuality etc. . . . it's about keeping that very fine balance. (Kate, 'living as straight')

*Working with internalised homophobia.* Eight therapists had found themselves working with internalised homophobia – this was often a struggle.

I found it difficult to differentiate between supporting and validating his experience of oppression, but at the same time picking up that it's also an internal process and being able to not only side with the victim part of him. (Bronte, 'bisexual')

*Working with supervision.* All participants voiced the need to take cases to supervision and valued the support offered by their supervisors; in particular, eight voiced confusion over erotic transference and turned to supervision in order to understand this better. Nevertheless, all also expressed concerns, in particular, that their supervisor would not understand, or might avoid, the finer details of working with this client group.

I really didn't bring up some things with my supervisor 'cos we would have spent so much [more] time correcting preconceptions than we would have done talking about the client. (Hugh, 'bisexual/queer')

There were times when I felt the issues I was working with were avoided, trivialised a little bit and that didn't help me trust supervision. (Bronte, 'bisexual')

#### *Entering the client's world*

All participants felt challenged by the need to enter their clients' world. Problems cited by many were about having to confront their own heteronormativity and also acknowledging the social oppression faced by this client group.

*Acknowledging society's oppression.* Fourteen participants reflected on the homophobic and heterosexist oppression faced by LGBT clients.

It makes me aware of how fearful we still are of judgment...society really still is a place of prejudice and projection and no amount of intellectual rigour addresses that. (Dorothy, 'heterosexual')

He spiralled into depression, drink and drugs...ways of managing his enormous guilt...what a bad person he was...if he hadn't been made 'wrong', none of this would have happened. (Wayne, 'heterosexual')

*Engaging with LGBT clients.* All informants described how oppression was played out in the therapy room.

She talked about disclosing, coming out...having to keep doing that...on a daily basis...but heterosexuals don't have to...it really showed the difference between us...She had to tell me her sexuality, I didn't tell her mine. (Judy, 'heterosexual')

He got so far down the line of transitioning and never got any further...the system is very difficult to get through and the oppression is very, very great. (Bronte, 'bisexual')

Participants who had identified as LGBT also highlighted additional concerns, including the use of shared space, pressure to perform, and the complexities of self-disclosure.

The discomfort was around issues of shared space...places I feel comfortable to meet friends overlapping with spaces any LGBT clients might wish to use...there might be fewer alternatives than straight therapists might have to choose from. (Norman, 'gay')

Am I disclosing or being unnecessarily disclosing?...a level of personal information which it might be inappropriate to reveal...a dilemma that I didn't expect my heterosexual colleagues would be having to face. (Norman, 'gay')

These participants also acknowledged that it could be beneficial for them to work with sexual minority clients.

There is the potential for the client to have a shortcut to being understood; understanding what it's like for people who feel they don't fit into the world. (Hugh, 'bisexual/queer')

#### *Identifying the core category*

Underpinning our participants' reflections appeared to be a core theme of coming up against internalised homophobia and heterosexism. This was evident in their accounts of past training, in which the LGBT perspective was ignored altogether or relegated to a few 'bolted-on' classes, and tutors appeared anxious to shut down discussion or were reluctant to come out. It appeared in their accounts of therapy, for example, in their ambivalence over whether or not to discuss their clients' sexuality, how to respond to their clients' internalised homophobia, and whether or not to take clients to supervision. It appeared, also, in their frank acknowledgment of the oppression faced by LGBT clients and their self-interrogation about the role they were personally playing in that process. Consequently, we considered that the three higher-order themes we had identified could be united under the umbrella of a single, overarching core category, which we termed *Confronting Homophobia and Heterosexism*.

#### **Discussion**

Many of our findings are echoed in other published work. For example, Pachankis and Goldfried (2004) refer to training curricula steeped in heterosexist values and reliant on heterosexist resources (see also Davies, 2007; Grove, 2009). Russell and Greenhouse (1997) tell us that clinical supervisors can have unacknowledged heteronormative biases that can be manifested as unhelpful countertransference reactions towards clients and trainees. Writers have highlighted the unique dilemmas faced by LGBT therapists in both therapy and supervision (Russell, 2006; Russell & Greenhouse, 1997; Satterly & Dyson, 2008). Grove (2009) has recorded the sense of challenge faced by student counsellors on learning about heterosexist oppression, and their acknowledgement that having LGBT friends and colleagues was an invaluable source of learning (see also Grove, 2003; Guth et al., 2005; Milton et al., 2005; Mohr, 2002). She has also observed that students' gay-affirmative skills and knowledge can remain relatively undeveloped during basic training, even when

their expressed attitudes are highly affirmative (see also Mohr, 2002).

However, one of the most significant findings to emerge from our research was our participants' highly negative evaluations of past training. While this negativity was not universally shared, it was sufficiently powerful to dominate the interviews – we found that references to being under-prepared by their training tended to be offered by participants in relation to all questions asked. It is probably significant that our sample of therapists were novices. Rønnestad and Skovholt (2003) note that, when recently qualified, therapists will seek to confirm the validity of their training and may become disillusioned with it – they may have hoped that their training would be sufficient preparation in itself for their professional role, and are also likely find that the theory they rely on is severely tested in practice. They argue (Skovholt & Rønnestad, 1996) that novices are likely to fall back on personal life experience and lay understandings in the early years of practice, and that developing therapists need to interrogate their personal and professional identities, through personal reflection and adaptation, before they can be integrated in a holistic approach to practice (see also Donati & Watts, 2005). It is possible, therefore, that our participants were inclined to project their perceived imperfections as therapists onto their past course tutors, a form of defence in the face of uncertainty – they were obliged to reflect and adapt, and did not find this comfortable.

However, it is a matter of concern that students should be leaving counselling training with limited LGBT-specific knowledge and understanding. While our participants were clearly able to empathise with their LGBT clients, they were a self-selected sample and relatively LGBT-aware. Despite the challenges they faced, they acknowledged little fear of working with LGBT clients. A random sample of novice therapists would almost certainly have expressed higher levels of fear and avoidance, and we know that homophobia and heteronormativity are negatively associated with therapeutic effectiveness (Henke, Carlson, & McGeorge, 2009; Rock et al., 2010). Is it ethical for our profession to allow students to graduate from training courses without confronting their personal fear of sexual diversity, and the homophobia and heterosexism endemic in society, effectively leaving their LGBT clients to act as instructors? Gay-affirmative training courses would address this problem by offering students

contemporary counselling theory and LGBT-specific development models, and would seek to challenge homophobia and heterosexism through role-plays and discussions (e.g. see Walker & Prince, 2010; Rutter et al., 2008).

It must be acknowledged that improved course design, in itself, will not resolve the problem. To be truly gay-affirmative, such courses need to be underpinned by the gay-affirmative policies of training providers (Bieschke & Matthews, 1996; Miller, Miller, & Stull, 2007). Moreover, not even the most affirmative training will ensure that all counsellors will respond well to LGBT clients. For example, Mohr (2002) argues that heterosexual therapists' capacity to work effectively with LGBT clients will reflect their personal dispositions, underpinned, not only by core values and political allegiances, but by variable levels of social anxiety and self-confidence. This suggests that gay-affirmative basic training cannot be an end in itself. Is there a case for requiring qualified therapists to attend further, gay-affirmative training in the years immediately following qualification? This would help to ensure that competent care is provided to LGBT clients and they do not continue to remain invisible in the face of stigmatisation (Eubanks-Carter, Burckell, & Goldfried, 2005; Gelso, Fassinger, Gomez, & Latts, 1995).

#### *Limitations*

Our participants were predominantly heterosexual, white, and female. However, in these respects, they did reflect the current demographic breakdown of therapists within the UK (Wheeler, 2006). The risk that the data collection may have been inadvertently contaminated by a 'researcher effect' (Cooper, 2008) cannot be excluded. However, our participants displayed considerable unanimity of opinion, and the present findings appear to have much in common with those of other studies. Had time permitted, it would have been useful to have recruited more participants. In particular, there would have been value in increasing the representation of training institutions.

#### *Directions for future research*

This research sought to address issues raised for therapists working with all sexual minority clients. However, it needs to be acknowledged that bisexual and transgender clients also face their own distinct



and separate issues. For example, they may not be accepted by either gay or straight groups (Guidry, 1999). There is a need for further research in this area. Very little research has been conducted to date into the training and supervision requirements of therapists who identify as LGBT.

## Conclusion

Collectively, our sample of novice therapists portrayed themselves as looking to, but failing to find, support in past training. They had to fall back on personal resources to develop therapeutic confidence and effectiveness, and admitted that they found it challenging to acknowledge the oppressive world in which their clients live. Underpinning their reflections appeared to be a core narrative of confronting internalised homophobia and heterosexism. There is a strong case to be made for more gay-affirmative counsellor training.

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## References

- Bieschke, K. J., & Matthews, C. (1996). Career counselor attitudes and behaviors toward gay, lesbian, and bisexual clients. *Journal of Vocational Behavior*, 48(2), 243–255. doi:10.1006/jvbe.1996.0021
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. doi:10.1191/1478088706qp063oa
- Buhrke, R. A. (1989). Incorporating lesbian and gay issues into counselor training: A resource guide. *Journal of Counseling & Development*, 68(1), 77–80. doi:10.1002/j.1556-6676.1989.tb02498.x
- Burckell, L. A., & Goldfried, M. R. (2006). Therapist qualities preferred by sexual-minority individuals. *Psychotherapy: Theory, Research, Practice, Training*, 43(1), 32–49. doi:10.1037/0033-3204.43.1.32
- Cochran, S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress and mental health services use among lesbian, gay and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology*, 71(1), 53–61. doi:10.1037/0022-006X.71.1.53
- Connor, M. (1994). *Training the counsellor*. London: Routledge.
- Cooper, M. (2008). *Essential research findings in counselling and psychotherapy: The facts are friendly*. London: Sage.
- Daniel, J. (2009). The gay cure? *Therapy Today*, 20(8), 10–14. Retrieved from <http://www.therapytoday.net/article/32/categories/>

- Davies, D. (2007). Not in front of the students. *Therapy Today*, 18(1), 18–21. Retrieved from <http://www.therapytoday.net/article/show/1573/>
- DeBord, K. A. (Ed.). (2007). *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed.). Washington, DC: American Psychological Association.
- Dickey, J. (1997, December 10). Before the struggle is won. *Counselling News*.
- Dillon, F. R., Worthington, R. L., Soth-McNett, A. M., & Schwartz, S. J. (2008). Gender and sexual identity-based predictors of lesbian, gay and bisexual affirmative counseling self-efficacy. *Professional Psychology: Research and Practice*, 39(3), 353–360. doi:10.1037/0735-7028.39.3.353
- Donati, M., & Watts, M. (2005). Personal development in counsellor training: Towards a clarification of inter-related concepts. *British Journal of Guidance and Counselling*, 33(4), 475–484. doi:10.1080/03069880500327553
- Eubanks-Carter, C., Burckell, L. A., & Goldfried, M. R. (2005). Enhancing therapeutic effectiveness with lesbian, gay, and bisexual clients. *Clinical Psychology: Science and Practice*, 12(1), 1–18. doi:10.1093/clipsy.bpi001
- Evans, M., & Barker, M. (2010). How do you see me? Coming out in counselling. *British Journal of Guidance and Counselling*, 38(4), 375–391. doi:10.1080/03069885.2010.503698
- Frost, D. M., & Meyer, I. H. (2009). Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. *Journal of Counseling Psychology*, 56(1), 97–109. doi:10.1037/a0012844
- Gelso, C. J., Fassinger, R. E., Gomez, M. J., & Latts, M. G. (1995). Countertransference reactions to lesbian clients: The role of homophobia, counselor gender, and countertransference management. *Journal of Counseling Psychology*, 42(3), 356–364. doi:10.1037/0022-0167.42.3.356
- Glaser, B. G. (1998). *Doing grounded theory: Issues and discussions*. Mill Valley, CA: Sociology Press.
- Grossman, A. H., & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide and Life-Threatening Behavior*, 37(5), 527–537. doi:10.1521/suli.2007.37.5.527
- Grove, J. (2003). Can heterosexual counsellors or generic agencies help same-sex couples? An exploratory study. *Counselling and Psychotherapy Research*, 3(2), 129–137. doi:10.1080/14733140312331384502
- Grove, J. (2009). How competent are trainee and newly qualified counsellors to work with lesbian, gay, and bisexual clients and what do they perceive as their most effective learning experiences? *Counselling and Psychotherapy Research*, 9(2), 78–85. doi:10.1080/14733140802490622
- Grove, J., & Blasby, S. (2009). The therapeutic encounter in same-sex couple counselling: The client's perspective. *Counselling and Psychotherapy Research*, 9(4), 257–265. doi:10.1080/14733140903012903
- Guidry, L. L. (1999). Clinical intervention with bisexuals: A contextualized understanding. *Professional Psychology: Research and Practice*, 30(1), 22–26. doi:10.1037/0735-7028.30.1.22
- Guth, L. J., Lopez, D. F., Rojas, J., Clements, K. D., & Tyler, J. M. (2005). Experiential versus rational training: A comparison of student attitudes toward homosexuality. *Journal of Homosexuality*, 48(2), 83–102. doi:10.1300/J082v48n02\_05
- Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., & ... Clayton, P. J. (2011). Suicide and

- suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality*, 58(1), 10–51. doi:10.1080/00918369.2011.534038
- Haldeman, D. C. (1994). The practice and ethics of sexual orientation conversion therapy. *Journal of Consulting and Clinical Psychology*, 62(2), 221–227. doi:10.1037/0022-006X.62.2.221
- Henke, T., Carlson, T. S., & McGeorge, C. R. (2009). Homophobia and clinical competency: An exploration of couple and family therapists' beliefs. *Journal of Couple and Relationship Therapy*, 8(4), 325–342. doi:10.1080/15332690903246101
- Howard, E. E., Inman, A. G., & Altman, A. N. (2006). Critical incidents among novice counselor trainees. *Counselor Education and Supervision*, 46(2), 88–102. doi:10.1002/j.1556-6978.2006.tb00015.x
- Iasenza, S. (1989). Some challenges of integrating sexual orientations into counselor training and research. *Journal of Counseling and Development*, 68(1), 73–76. doi:10.1002/j.1556-6676.1989.tb02497.x
- Israel, T., Gorcheva, R., Burnes, T. R., & Walther, W. A. (2008). Helpful and unhelpful therapy experiences of LGBT clients. *Psychotherapy Research*, 18(3), 294–305. doi:10.1080/10503300701506920
- Israel, T., Gorcheva, R., Walther, W. A., Sulzner, J. M., & Cohen, J. (2008). Therapists' helpful and unhelpful situations with LGBT clients: An exploratory study. *Professional Psychology: Research and Practice*, 39(3), 361–368. doi:10.1037/0735-7028.39.3.361
- King, M., & Bartlett, A. (1999). British psychiatry and homosexuality. *British Journal of Psychiatry*, 175(2), 106–113. doi:10.1192/bjp.175.2.106
- King, M., Semlyen, J., Tai, S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*, 8(1), 70. doi:10.1186/1471-244X-8-70
- Kowszun, G. (2006). Lesbian and gay affirmative therapy. In C. Feltham & I. Horton (Eds.), *The Sage handbook of counselling and psychotherapy*, (2nd ed.) (pp. 531–535). London: Sage.
- Liddle, B. J. (1996). Therapist sexual orientation, gender, and counseling practices as they relate to ratings on helpfulness by gay and lesbian clients. *Journal of Counseling Psychology*, 43(4), 394–401. doi:10.1037/0022-0167.43.4.394
- Mair, D., & Izzard, S. (2001). Grasping the nettle: Gay men's experiences in therapy. *Psychodynamic Counselling*, 7(4), 475–490. doi:10.1080/1353330110087723
- Meyer, I. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. doi:10.1037/0033-2909.129.5.674
- Miller, K. L., Miller, S. M., & Stull, J. C. (2007). Predictors of counselor educators' cultural discriminatory behaviors. *Journal of Counseling and Development*, 85(3), 325–336. doi:10.1002/j.1556-6678.2007.tb00481.x
- Milton, M., Coyle, A., & Legg, C. (2005). Countertransference issues in psychotherapy with lesbian and gay clients. *European Journal of Psychotherapy, Counselling and Health*, 7(3), 181–197. doi:10.1080/13642530500183887
- Mohr, J. J. (2002). Heterosexual identity and the heterosexual therapist: An identity perspective on sexual orientation dynamics in psychotherapy. *The Counseling Psychologist*, 30(4), 532–566. doi:10.1177/00100002030004003
- Mohr, J. J., Israel, T., & Sedlacek, W. E. (2001). Counselors' attitudes regarding bisexuality as predictors of counselors' clinical responses: An analogue study of a female bisexual client. *Journal of Counseling Psychology*, 48(2), 212–222. doi:10.1037/0022-0167.48.2.212
- Pachankis, J. E., & Goldfried, M. R. (2004). Clinical issues in working with lesbian, gay, and bisexual clients. *Psychotherapy: Theory, Research, Practice, Training*, 41(3), 227–246. doi:10.1037/0033-3204.41.3.227
- Platzer, H. (1998). The concerns of lesbians seeking counseling: A review of the literature. *Patient Education and Counseling*, 33(3), 225–232. doi:10.1016/S0738-3991(98)00022-6
- Rock, M., Carlson, T. S., & McGeorge, C. R. (2010). Does affirmative training matter? Assessing CFT students' beliefs about sexual orientation and their level of affirmative training. *Journal of Marital and Family Therapy*, 36(2), 171–184. doi:10.1111/j.1752-0606.2009.00172.x
- Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, 30(1), 5–44. doi:10.1177/089484530303000102
- Russell, G. M. (2006). Different ways of knowing: The complexities of therapist disclosure. *Journal of Gay and Lesbian Psychotherapy*, 10(1), 79–94. doi:10.1300/J236v10n01\_08
- Russell, G. M., & Greenhouse, E. M. (1997). Homophobia in the supervisory relationship: An invisible intruder. *Psychoanalytic Review*, 84(1), 27–42.
- Rutter, P. A., Estrada, S., Ferguson, L. K., & Diggs, G. A. (2008). Sexual orientation and counselor competency: The impact of training on enhancing awareness, knowledge and skills. *Journal of LGBT Issues in Counseling*, 2(2), 109–125. doi:10.1080/15538600802125472
- Satterly, B. A., & Dyson, D. (2008). Sexual minority supervision. *The Clinical Supervisor*, 27(1), 17–38. doi:10.1080/07325220802221462
- Skovholt, T. M., & McCarthy, P. R. (1988). Critical incidents: Catalysts for counselor development. *Journal of Counseling and Development*, 67(2), 69–72. doi:10.1002/j.1556-6676.1988.tb02016.x
- Skovholt, T. M., & Rønnestad, M. H. (1996). *The evolving professional self: Stages and themes in therapist and counsellor development*. London: Wiley.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed., pp. 57–72). Thousand Oaks, CA: Sage. (chapter 5, analysis through microscopic examination of data)
- Walker, J. A., & Prince, T. (2010). Training considerations and suggested counseling interventions for LGBT individuals. *Journal of LGBT Issues in Counseling*, 4(1), 2–17. doi:10.1080/15538600903552756
- Wheeler, S. (Ed.). (2006). *Difference and diversity in counselling: Contemporary psychodynamic perspectives*. Hampshire: Palgrave Macmillan.
- Wong-Wylie, G. (2007). Barriers and facilitators of reflective practice in counsellor education: Critical incidents from doctoral graduates. *Canadian Journal of Counselling*, 41(2), 59–76.
- Yarhouse, M. A., & Throckmorton, W. (2002). Ethical issues in attempts to ban reorientation therapies. *Psychotherapy: Theory, Research, Practice, Training*, 39(1), 66–75. doi:10.1037/0033-3204.39.1.66

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