
A Different Kind of *Outing*: Training Counsellors to Work with Sexual Minority Clients

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ABSTRACT

Past research indicates sexual minority training provided to graduate students of counselling psychology is minimal and inadequate. Graduates feel unprepared to work competently with sexual-minority individuals, yet Canadian and American professional associations require their members to be knowledgeable about sexual orientation and to be competent in providing counselling services to diverse clientele. Results from a four-item questionnaire e-mailed to 14 Canadian universities suggested that minimal training is offered to counselling graduate students concerning gay and lesbian psychology and counselling. Following a literature review, a flexible curriculum is suggested for counselling psychology graduate programs that conforms to theorized requirements for both multicultural competency and effective lesbian, gay, and bisexual affirmative counselling practice.

RÉSUMÉ

Les recherches indiquent que la formation aux minorités sexuelles fournie aux étudiants diplômés en psychologie du counseling est minimale et insatisfaisante. Les diplômés ne se sentent pas prêts à travailler de façon compétente avec des individus appartenant à des minorités sexuelles, bien que les associations canadienne et américaine exigent que leurs membres connaissent les orientations sexuelles et aient les compétences voulues pour fournir des services de counseling à une clientèle diverse. Les résultats d'un questionnaire de quatre questions envoyées par courriel à 14 universités canadiennes donnent à penser qu'une formation minimale est offerte aux étudiants diplômés en counseling dans les domaines de la psychologie et du counseling auprès de clients homosexuels. Après révision de la documentation, il est suggéré d'établir, pour les études supérieures en psychologie du counseling, un programme d'études souple qui soit conforme aux exigences théorisées pour les compétences en multiculturalisme et pour la pratique d'un counseling efficace et positif auprès des lesbiennes, des gais et des bisexuel(le)s.

Canada, the United States, and many other countries around the world have increasingly become multicultural societies. The increased recognition of this multiculturalism has created what Pedersen (1999) termed the "fourth force" in psychology, and it has also resulted in what he regarded as the biggest professional change in counselling practice over the past 20 years (Pedersen, 1991). Psychologists will encounter diversity "in their clientele, research participants, and students" (Hall, 1997, p. 642). However, few counsellors and psychologists have been adequately prepared to provide effective counselling to sexual minorities (Bahr, Brish, & Croteau, 2000; Morrison & L'Heureux, 2001; Murphy, 1991).

Fassinger and Richie (1997) argued that ignorance and lack of awareness are severely detrimental to providing effective counselling to diverse clients. "When prevailing ideologies are rooted in oppression and advantage one cultural group over another, the negative effects of those ideologies become the 'isms' (e.g., sexism, heterosexism/homophobia) that a multicultural perspective seeks to eradicate" (Fassinger & Richie, p. 85). Recent Canadian research has also provided evidence regarding the efficacy of multicultural counselling training (i.e., previous coursework and attending professional development seminars) in improving multicultural counselling competence (Arthur & Januszkowski, 2001).

Consequently, there is a great need for training pre-service and in-service counselling professionals in multicultural counselling techniques. Although counselling training programs have increased coursework related to multicultural issues (Bidell, Turner, & Casas, 2002), this article will demonstrate that they have done a less impressive job of providing counselling training in working with sexual minorities. Based upon a careful review of the literature in this area, a curriculum for teaching counselling psychology trainees about sexual minorities will be suggested as well.

DEFINING SEXUAL MINORITIES

The various sexual minorities are defined in this section. It is important that counsellors be aware of terminology that is considered respectful and reflective of the particular sexual minority included by the term. For example, the term *queer* was once levied against gay men as an insult. Some people from sexual minorities have reclaimed the term and given it a positive connotation today. However, the author's experience suggests that the reaction to this word is variable, and unless the client uses it first, the counsellor would be advised to use a term that is not revived from the painful past of gay history.

Where the term *queer* is used, the following applies: *queer individuals* are those people who have adopted "an identity that celebrates differences within a wider picture of sexual and social diversity" (Watney, 1994, p. 15). In effect, queer individuals are those who refuse to be classified on the basis of sexuality (Herdt, 1997), and the term "encompasses lesbians, gay males, bisexual males and females, transgender persons, and even those heterosexual allies who support liberation efforts for sexual minorities and who actively struggle against the limited societal notions of 'normalcy'" (Blumenfeld & Raymond, 1993, pp. 350–351).

Sexual minorities include individuals who have a gay, lesbian, bisexual, transgendered, transsexual, or queer identity. *Gay individuals* are defined as males who have come to identify themselves as having primarily homosexual cognition, affect, and/or behaviour, and who have adopted the construct of "gay" as having personal significance to them. *Lesbian individuals* are females who have come to identify themselves as having homosexual cognition, affect, and/or behaviour, and who have adopted the construct of "lesbian" as having personal significance to them.

Bisexual individuals are defined as those who have come to identify themselves as having primarily bisexual cognition, affect, and/or behaviour. Bisexual individuals have not established a substantive bisexual community (McKirnan, Stokes, Doll, & Burzette, 1995), so many define themselves as gay, lesbian, or heterosexual (McKirnan et al.). *Transsexual individuals* are those who believe “that they are really a member of the other gender trapped in bodies of the wrong gender” (Herring, 1998, pp. 161–162), while *transgendered persons* refer to “individuals who do not comply with the either/or, female/male construction in society” (Ormiston, 1996, cited in Herring, 1998, p. 162).

THE CALL FOR PROFESSIONAL COMPETENCE

The first principle mentioned in the Canadian Counselling Association Code of Ethics (CCACOE; Sheppard, Schulz, & McMahon, 1999) is “respect for the dignity of persons.” It is also the highest order principle described in the Canadian Code of Ethics for Psychologists (CCOEFPP; Canadian Psychological Association, 2000). The CCOEFPP acknowledges respect for diversity, including those of differing sexual orientations (see CCOEFPP, p. 8).

Both codes also require their members to be professionally competent, and this competence includes having knowledge of the client’s particular form of diversity. For example, the CCACOE has a special section called “Sensitivity to Diversity” that states: “Counsellors strive to understand and respect the diversity of their clients, including differences related to age, ethnicity, culture, gender, disability, religion, sexual orientation and social-economic status” (p. 4).

The call of the CCACOE and the CCOEFPP is for counsellors and psychologists to neither condone nor engage in discrimination based on the client’s diversity, again including sexual orientation (see CCACOE, p. 6; CCOEFPP, pp. 10–11). For example, the CCOEFPP, section I.2, specifically states that psychologists would “not engage publicly (e.g., in public statements, presentations, research reports, or with clients) in degrading comments about others, including demeaning jokes based on such characteristics as culture, nationality, ethnicity, colour, race, religion, sex, gender, or sexual orientation” (p. 10). The American Psychological Association began this call in 1975 when it charged its members with removing the stigma associated with homosexuality (Conger, 1975).

How far have Canadian counsellors and psychologists come? Are counselling psychologists and trainees receiving adequate training to work without bias and discrimination with sexual minorities? Have they received training to help them become sensitive to the needs of this clientele? Are they provided training so that they can provide competent counselling practice in this area? The next section will review the current state of empirical research regarding current practices in training, including a look at (a) the invisibility of sexual minorities, (b) a review of how sexual minorities are perceived and treated in academia and academic settings, and (c) the preparation of counselling graduate students to work with this clientele.

CURRENT PRACTICES IN TRAINING

The Invisibility of Sexual Minorities

Although the number of actual gay men and lesbian women in the population is unknown for many reasons, estimates have ranged from 4% to 17% (Gonsiorek, Sell, & Weinrich, 1995), with research from Calgary, Alberta, suggesting that approximately 13% of males between 18 and 27 years of age living in suburban areas identify as gay or bisexual (Bagley & Tremblay, 1998). This percentage may underestimate the actual percentage of young gay and bisexual men living in Calgary, as a higher percentage of them live in areas immediately surrounding the city centre (Bagley & Tremblay).

Despite their significant numbers, many people from sexual minorities live with a code of silence that makes them invisible (Fassinger, 1991; Siegel & Lowe, 1994). For example, few dentists, engineers, and grade school teachers disclose their sexual minority status to their patients, employers, and students, respectively. Most people can appreciate why this is, and the fact that they can underscores the reason why so many live deeply closeted lives. The fear of enduring consequences for disclosing are not unjustified. Homophobia, homonegativity, and heterosexism remain pervasive throughout Canada and the United States (Banks, 2003; Fassinger & Ritchie, 1997; Sapp, 2001).

Homophobia is a term coined by Weinberg (1972) and refers to the fear, dislike, or intolerance of gay individuals. *Homonegativity* is a more specific term than homophobia and refers to having negative views of gay people, regardless of the reason. *Heterosexism* refers to the many ways individuals in our society consciously or unconsciously minimize gay people, either by assuming that they don't exist or by projecting a belief that they are somehow inferior compared with their heterosexual counterparts.

Not only have sexual minorities created their own invisibility (e.g., most lesbian, gay, and bisexual (LGB) individuals do not disclose their sexual identity to employers and coworkers [Nauta, Saucier, & Woodard, 2001]); much of society, including academic institutions, has helped to keep them invisible as well (Alderson, 2000; Blumenfeld & Raymond, 1993). "The classroom climate, whether at the elementary level, or in higher education, is currently viewed as 'chilly,' and even detrimental to gays, women and ethnic minorities" (Vasquez & Eldridge, 1994, p. 13).

Academic Settings

As suggested in the previous section, academia and academic settings have not been inclusive or welcoming of sexual minorities. Betz (1991) suggested that many instructors believe gay and lesbian lifestyles are neither legitimate nor valuable, despite the increased support these groups are receiving in professional organizations. Wallick, Cambre, and Townsend (1992) received responses from 82 of 126 American medical schools and found the mean number of hours of training that medical students received regarding homosexuality was 3 hours and 26 minutes.

The coverage of homosexuality, gay men, lesbian women, homophobia, and heterosexism is minimal in introductory psychology textbooks (Hogben & Waterman, 1997; Simoni, 1996), and rarely is bisexuality given more than a single mention of the word. A recent review of six major counselling psychology journals (*Journal of Counseling Psychology*, *The Counseling Psychologist*, *Journal of Consulting and Clinical Psychology*, *Journal of Counseling and Development*, *Journal of Vocational Behavior*, and *Journal of College Student Development*) revealed that from 1990 to 1997, only 1.6% of the published articles focused on gay and lesbian issues (Bieschke, Eberz, Bard, & Croteau, 1998).

Sexual orientation is addressed in fewer than 25% of graduate courses for students in clinical, counselling, or school psychology (Pilkington & Cantor, 1996). Another study (Bahr et al., 2000) reviewed school psychology training programs and reported that sexual orientation was included in only one or two graduate courses on average.

Students in both counselling and clinical psychology report that they are unprepared to work with LGB clients (Bahr et al., 2000). Although between two to four times as many gay people compared to nongay people seek out counselling (Betz & Fitzgerald, 1993), many LGB individuals are suspicious of psychological practice (Dworkin, 2000).

Post-secondary institutions are still described as homophobic and heterosexist environments (Bieschke et al., 1998; Phillips, 2000; Vasquez & Eldridge, 1994), which means that many gay students do not feel safe in them (Vasquez & Eldridge). Heterosexist bias is found in the treatment of patients and in the education and training of mental-health professionals (Group for the Advancement of Psychiatry, 2000). Many students who are training to become mental-health professionals are actively discouraged from pursuing research about LGBs (Phillips).

Pilkington and Cantor (1996) surveyed 64 graduate psychology students in clinical, counselling, or school psychology from the American Psychological Association's Division 44 (i.e., Society for the Psychological Study of Lesbian and Gay Issues) regarding their perceptions of heterosexism and discrimination in their graduate programs. Instances of heterosexist bias were reported in textbooks, course materials, instructor comments, research supervision, clinical practica and internships, interactions with program administrators and other faculty, teaching assistantships, and course content.

Heterosexist and homophobic attitudes continue to be prevalent with psychologists (Morrison & L'Heureux, 2001), and empirical research has demonstrated heterosexist bias in therapy (Phillips, 2000; Phillips & Fischer, 1998). The American Psychological Association (APA) study of bias in therapy (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991) reported that "psychologists vary widely in their adherence to a standard of unbiased practice with gay men and lesbians" (p. 964). Another type of bias has been levied against bisexual individuals by both the gay and lesbian communities and by counselling psychologists: neither have historically accepted bisexuality as a legitimate sexual orientation (Phillips & Fischer).

On a more positive note, Phillips and Fischer (1998) surveyed 69 counselling psychology and 38 clinical psychology students at the doctoral level about LGB issues prior to commencement of their internships and found that respondents scored in the nonhomophobic range on the *Index of Homophobia Scale*. Also, it appears that students and graduates of school psychology possess relatively positive attitudes toward LGB people (Bahr et al., 2000). Furthermore, despite the lack of preparation that graduate students of applied psychology are receiving in their graduate programs, gay and lesbian clients are generally providing ratings of between *fairly helpful* and *very helpful* in evaluating their therapist's helpfulness (Liddle, 1999).

Preparation of Counselling Graduate Students

Despite these positive trends, however, counselling graduate students report feeling unprepared to deal with LGB clients and credit some of this with not receiving adequate course work in the area (Phillips, 2000; Phillips & Fischer, 1998). Bahr et al. (2000) criticized the training of school psychologists for similar reasons, which they suggested may result in school psychologists being unknowledgeable and unskilled in dealing with both sexual minority students and their parents. Counsellors and counsellor trainees have received little to no training or exposure to counselling gay and lesbian clients (Buhrke & Douce, 1991). Many therapists are unprepared to deal with sexuality in general, but especially with gay and lesbian issues (Murphy, 1991).

COUNSELLING PSYCHOLOGY TRAINING IN CANADA

To explore the current practices in Canadian counselling programs, the author composed a list of 14 Canadian universities offering counselling psychology programs. The list of schools and initial contacts was generated by acquiring a list of graduate programs in counselling from the Canadian Counselling Association website <www.ccacc.ca/ltoGrads.htm>, the Graduate Schools.com website <http://www.gradschools.com/listings/Canada/edu_counsel_canada.html>, and the Graduate Guide prepared by the Canadian Psychological Association <<http://www.cpa.ca/graduate/guide.pdf>>. The initial contacts derived from these lists were sent an e-mail requesting that the message be forwarded to the individual who coordinates their graduate program in counselling psychology. These individuals were asked to respond to four questions in October 2002:

1. How many hours of graduate training are offered in your master's level programs in counselling psychology concerning gay and lesbian psychology (e.g., gay and lesbian awareness, issues specific to gays and lesbians)? Do not include counselling practice here, as this is asked in the next question.
2. How many hours of graduate training are offered in your master's level programs in counselling psychology concerning counselling gays and lesbians?

3. How many hours of graduate training are offered in your doctoral level programs in counselling psychology concerning gay and lesbian psychology (e.g., gay and lesbian awareness, issues specific to gays and lesbians)? Do not include counselling practice here, as this is asked in the next question.
4. How many hours of graduate training are offered in your doctoral level programs in counselling psychology concerning counselling gays and lesbians?

A second e-mail reminder was sent a week later to those schools that had not responded.

Responses were received from either a department head or a faculty member from within the department offering counselling psychology from 10 of the 14 universities (71%) with five of these schools situated in eastern Canada and five in western Canada. Five of the 10 schools did not offer doctoral level training in counselling psychology.

The results should be viewed only as suggestive owing to the simplistic methodology followed. Nonetheless, this is the first attempt, to the author's knowledge, to compile this information from Canadian universities. A few respondents found the questions difficult to answer because they did not specify (a) whether such training was required or optional, (b) whether the term *graduate training* included counselling placements in settings with large gay and lesbian clientele, and (c) whether active research was occurring at their school regarding gays and lesbians.

Given these notable limitations, the modal responses to question (a) hours of master's level training concerning LGB awareness, (b) hours of masters level training concerning LGB counselling, (c) hours of doctoral training in LGB awareness, and (d) hours of doctoral training in LGB counselling, was 3, 3, 0, and 0 hours, respectively. The range of responses was from a low of 0 hours to each question to a high of 24, between 3 and 20, 24, and "no data" to each of the four questions, respectively. The content is usually offered in courses in multicultural counselling, ethics, or both. Responses also indicated that a multicultural counselling course is not currently required in all counselling psychology graduate training programs.

These results should give us pause for concern. Clearly, counselling competence with sexual minorities is not going to occur in graduate school for counselling psychology students when three hours or less of training in LGB issues is normative for most Canadian universities offering such training. An expanded curriculum needs to be incorporated if something even close to counselling competence is a desired outcome of training.

THE SOLUTION

Research has demonstrated that training in gay and lesbian issues is effective in both reducing heterosexism and in increasing competence to work with gay and lesbian clients (Rudolf, 1989). Several studies have shown that personal

contact with gay and lesbian individuals has a positive effect on changing attitudes toward this population (Herek, 1994; Herek & Glunt, 1993; Waldo & Kemp, 1997). Furthermore, research has indicated that a single course in homosexuality can dramatically change the attitudes of undergraduate and graduate students toward gay and lesbian individuals (Morin & Garfinkle, 1978).

Although some schools offer specific courses in homosexuality (Bohan, 1997; D'Augelli, 1991), many writers in this area have suggested that a better approach is to infuse content about LGB individuals across all graduate courses for mental-health professionals generally (Murphy, 1991) and counselling psychology students specifically (Buhrke & Douce, 1991; Norton, 1982). Many who need this content the most are perhaps the least likely to enrol in a course devoted entirely to homosexuality (D'Augelli; Hall, 1997).

A curriculum is proposed (see Appendix) that could be incorporated into a single course about sexual minorities (the combined total number of hours equals 36), but preferably the content would be distributed across the curriculum in preparing graduate counselling psychology trainees. The curriculum is based on an extensive review of literature in this area and the author's experience and research (Alderson, 2000, 2002a).

The curriculum is arranged in descending order of priority. The priority was determined by the importance of these topics in the literature combined with the author's knowledge in this area. Consequently, if only three hours can be provided toward instruction in this area, then the first three items listed are best included and latter items excluded.

The curriculum is also set up as 13 topic areas, each of three hours' duration. If the content is delivered as a single course devoted to sexual minorities, the structure offered would work best with either a three-hour weekly class, or two 90-minute weekly classes.

The objectives of each section of the proposed curriculum are organized according to two published taxonomies of counselling competency. First, the suggestions made by Sue, Arrendondo, and McDavis (1992) regarding multicultural counselling competencies are incorporated. By intersecting three characteristics of effective multicultural counsellors by three dimensions of cultural competency, they created nine competency areas. Each section of the proposed curriculum begins by indicating which of the nine competencies it intends to develop, listed as competencies 1a to 3c. These are shown in Table 1.

Second, Dillon and Worthington (2003) offered a taxonomy that was specifically focused on LGB individuals. They created their classification scheme after carefully reviewing recent conceptualizations of LGB affirmative therapy. They came up with the following five competencies: (i) knowledge of LGB issues, (ii) advocacy skills, (iii) sexual identity development, (iv) working alliance with LGB clients, and (v) assessment issues with LGB clients. Each item in the proposed curriculum begins with the competencies it is intended to develop in the Sue et al. (1992) taxonomy (i.e., 1a to 3c), followed by the competency, or competencies, in the Dillon and Worthington taxonomy [i.e., (i) to (v)]. Wherever

an item doesn't fit into the Dillon and Worthington scheme, the competency is listed as (0).

Table 1
The Nine Competency Areas of Sue, Arredondo, and McDavis (1992)

		Characteristics of Multicultural Counsellors		
		Insight into one's own assumptions, values, and biases	Understanding the client's worldview	Acquiring suitable intervention strategies
Dimensions Of Cultural Competency	Beliefs and attitudes	1a	2a	3a
	Knowledge	1b	2b	3b
	Skills	1c	2c	3c

Following the listing of each curriculum item is the suggested time allotment. Finally, one or more references are included that pertain to the curriculum item. These references are not necessarily the most seminal works regarding the curriculum item, but they will provide sufficient content to help instructors or professors prepare adequate course content.

BARRIERS TO IMPLEMENTATION

Without question, many counselling psychology programs are already stretched to provide their current curriculum, particularly those that are meeting accreditation requirements. Adding another required course may not be currently feasible or practical. As indicated earlier, segments of the curriculum can be added to existing courses, and that may be the best short-term solution. Implementation of an actual course dedicated to sexual minorities may be premature in most universities.

If Pedersen (1991, 1999), however, is correct that multiculturalism is the fourth force in our profession, our curricula will eventually need to reflect the pluralism of our country. The aboriginal community is currently estimated at about 3% of the Canadian population, while visible minorities represent approximately one in nine Canadian residents (Arthur & Stewart, 2001). Although it is impossible to provide accurate estimates of the sexual minority population, the percentage could be higher than 10% (Bagley & Tremblay, 1998).

Such high percentages of multicultural clients cannot be minimized in our training of graduate students. Our codes of professional ethics are clear: multicultural counselling competence is not merely recommended—it is expected. How counselling training will meet the demands of the profession is beyond the scope of this article. Nonetheless, the time may soon arise when we can no longer ignore or minimize these demands.

SUMMARY AND CONCLUSIONS

The research clearly demonstrates that few counselling psychology graduates will be adequately prepared to counsel clients in the area of human sexuality, especially those who belong to sexual minorities. The amount of training most students receive is minimal in both Canada and the United States. It is also apparent that some counselling psychology trainees will receive no training whatsoever in counselling sexual minority clients, particularly in programs where multicultural-counselling courses are optional.

The significant size of the sexual minority population and their overrepresentation as recipients of psychological services can no longer be overlooked or minimized. Counselling psychologists will have a difficult time avoiding work with sexual minority clients, and referring them to other psychologists on the basis of inadequate preparation will become an increasingly tenuous practice. According to our professional codes of ethics, psychologists are expected to understand diversity and to work without prejudice.

Given that dislike of sexual minorities is still widespread, it is a leap of faith to believe that counselling psychology trainees will be naturally predisposed favourably toward them when others continue to struggle with their homophobic and heterosexist attitudes and beliefs. To the author's knowledge, demonstrating an appreciation for and an understanding of diversity is not a prerequisite to entering any of the counselling psychology programs currently offered. Therefore, we can neither assume that our graduate students have worked on overcoming their own negative attitudes toward sexual minorities, nor assume that they are well-informed about this minority group and that they intrinsically or instinctively know how to help them.

Consequently, it is time that our graduate counselling curricula incorporate increased training and counselling practice with sexual minorities. A flexible and comprehensive curriculum is offered in this article that conforms to the multicultural counselling competencies as suggested by Sue et al. (1992) and to the taxonomy of effective lesbian, gay, and bisexual affirmative counselling as formulated by Dillon and Worthington (2003). The time is long overdue for this different kind of *outing*: our counselling graduate training programs can no longer be deficient in this important area of multiculturalism.

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APPENDIX

A PROPOSED CURRICULUM FOR TEACHING ABOUT SEXUAL MINORITIES

Week 1 – Introduction to Sexual Minorities

1. [Competency 1a, 1c, 2c (0)] – Have students complete the *Heterosexual Attitude Questionnaire* (Rochlin, 1972) found online at <<http://www.mun.ca/the/heterosexattitudes.htm>>. Then have students discuss their answers in small groups (1 hour).
2. [Competency 1a, 1c (0)] – Ask students to discuss whether they would feel any differently if their son or daughter was gay or lesbian instead of heterosexual. Would they view this sexual orientation status as equal to being heterosexual? Why or why not? Also have them discuss how they would feel if their son or daughter developed a bisexual or transsexual/transgendered identity (0.5 hour).

3. [Competency 2b (i)] – Terminology (e.g., the various sexual orientations, homophilia, coming out [i.e., self-identifying as a sexual minority], disclosing, heterosexism, homophobia, homonegativity, internalized homophobia, gay-affirmative therapy, glossary of jargon in the sexual minority communities) (0.5 hour). (Bohan, 1996; Perez, DeBord, & Bieschke, 2000).
4. [Competency 3b (i)] – Difference between sexual orientation, sexual behaviour, sexual identity, gender identity, and gender role identity (1 hour). (Bohan, 1996; Garnets & Kimmel, 1993).

Week 2 – Meeting People From Sexual Minorities

5. [Competency 1a, 1b, 1c, 2a, 2b (i)] – Organize a lecture discussion with a gay male and a lesbian speaker (1.5 hours).
6. [Competency 1a, 1b, 1c, 2a, 2b (i)] – Organize a lecture discussion with a bisexual male, a bisexual female, and a transsexual speaker (1.5 hours).

Week 3 – Basic Knowledge About Sexual Minorities

7. [Competency 1a, 1b, 1c, 2b (i) (v)] – Basic knowledge about sexual minorities (prevalence; common myths and stereotypes; effects of heterosexism, homonegativity, and externalized homophobia on sexual minorities) (1.5 hours). (Garnets & Kimmel, 1993).
8. [Competency 2b, 2c (i) (iv)] – The unique and over-represented psychological problems and issues faced by sexual minorities (e.g., coming out to self; disclosing one's identity to others; family issues; feelings of isolation and rejection; internalized homophobia [Alderson, 2000, 2002a]); increased incidence of mood disorders and anxiety disorders with gays and lesbians (Cochran, 2001; Mays & Cochran, 2001); increased incidence of substance abuse disorders (Ratner, 1993); heightened risks of suicide attempts (Milton & Coyle, 1999; Morrison & L'Heureux, 2001) (1.5 hours).

Week 4 – Identity Development and Moderating Factors

9. [Competency 2a, 2b (i)] – The invisibility of sexual minorities and its effect on human development (0.5 hour). (Alderson & Jevne, 2003; Garnets & Kimmel, 1993).
10. [Competency 3b, 3c (i) (v)] – Helping people decide if they have a homosexual orientation (0.5 hour) (Alderson, 2002a).
11. [Competency 2b, 2c, 3b, 3c (i) (iii) (v)] – Sexual identity development of gays and lesbians using three different models (Alderson, 2003b; Cass, 1996; Troiden, 1979) (1 hour).
12. [Competency 2b, 2c, 3b, 3c (i) (iii) (v)] – “Impact of race, ethnicity, gender, religion, locale, and other cultural variables on sexual identity development” (Dillon & Worthington, 2003, p. 237). (1 hour). (Blumenfeld & Raymond, 1993; Garnets & Kimmel, 1993).

Week 5 – Therapeutic Alliance

13. [Competency 1b, 3c (iv)] – Teach students to use gender-neutral terms when referring to *all* clients (e.g., “*romantic partner* instead of *girlfriend* or *boyfriend*” [Phillips, 2000, pp. 350-351]); Ways to show clients that you are gay positive (e.g., have gay and lesbian books on your bookshelf, mount a small rainbow flag where it is visible) (0.5 hour). (Morrow, 1997).
14. [Competency 2b, 3a, 3b, 3c (i) (iv) (v)] – Appropriate and inappropriate therapeutic goals (1 hour). (Alderson, 2002a; Perez et al., 2000; Ritter & Terndrup, 2002).
15. [Competency 1a, 1b, 1c, 2a, 2b, 2c (iv)] – Transference and counter-transference issues in working with sexual minorities (1 hour). (Stein & Burg, 1996).
16. [Competency 3b (i) (ii)] – Ethics of counselling sexual minorities (American Psychological Association, 2000) (0.5 hour).

Week 6 & Week 7 – Counselling Sexual Minorities

17. [Competency 3a, 3b, 3c (iv)] – Strategies for helping sexual minorities with their psychosocial problems (e.g., helping individuals create a positive sexual minority identity [NOTE: unlike other minority groups, most individuals from sexual minorities do not have parents who share their minority group status. Consequently, many will have trouble, especially after first self-identifying, with loving themselves and finding needed support]; reducing internalized homophobia; overcoming myths and stereotypes; overcoming denial; improving self-esteem; dealing with spiritual and religious conflicts; becoming authentic). Include practice role-playing exercises (6 hours) (Alderson, 2002a; Perez et al., 2000; Ritter & Terndrup, 2002).

Week 8 – Relationships

18. [Competency 2a, 2b, 3b, 3c (i)] – Relationship issues of sexual minorities (e.g., relationship development depending more on gender than on sexual orientation; monogamy versus polygamy; commitment ceremonies and same-sex marriage; creating sustainable relationships without reliance on gender roles or traditional heterosexual relationship scripts) (1 hour). (Alderson, 2002a; Berzon, 1988; Lahey & Alderson, 2004).
19. [Competency 2a, 2b, 3b, 3c (i)] – Dating concerns of sexual minorities – where to meet others, how to date, and how to enjoy safe and guilt-free sex (1 hour). (Alderson, 2002a).
20. [Competency 1a, 1b, 1c, 2a, 2b, 2c, 3a, 3b, 3c (i)] – Gay parenting and same-sex adoption (0.5 hour). (Bohan, 1996).
21. [Competency 3b, 3c (i) (iv)] – HIV/AIDS – how it is contracted, prevention, and treatment (0.5 hour). (Centers for Disease Control and Prevention, 2001).

Week 9 – Youth Issues

22. [Competency 2a, 2b, 3b, 3c (i)] – The special problems of sexual minority youth (e.g., feelings of isolation and alienation; family problems and rejection; emotional difficulties and compromised mental health; increased risk of suicide attempts, substance abuse, physical and sexual assaults, running away; school problems; prostitution; sexual orientation uncertainty; lack of role models) (1 hour). (Goldfried & Goldfried, 2001; Hart & Hemberg, 2001; Radkowsky & Siegel, 1997).
23. [Competency 1a, 1b, 1c, 3a (i) (iv)] – Legitimacy of bisexuality and its many meanings (e.g., bisexual behaviour, bisexual orientation, and bisexual identity) (0.5 hour). (Weinrich & Klein, 2002).
24. [Competency 3b, 3c (i) (iv)] – Helping clients to place their sexual identity into the context of it being only one aspect of their overall identity (0.5 hour). (Cass, 1996).
25. [Competency 2a, 2b, 3b, 3c (i)] – Stigma management strategies and protecting oneself from violence (0.5 hour). (Alderson, 2002a).
26. [Competency 3b, 3c (i)] – Domestic violence and sexual abuse (0.5 hour). (Ritter & Terndrup, 2002).

Week 10 – Heterosexism/Career Issues

27. [Competency 1a, 1b, 2a, 2b (i) (ii)] – The pervasiveness of heterosexism throughout society (0.5 hour). (Fassinger & Richie, 1997).
28. [Competency 1a, 1b, 1c, 2b (ii)] – Have students discuss *heterosexual privilege*. “Heterosexual privileges are societal rights and privileges enjoyed by heterosexual people but not by LGB people” (Phillips, 2000, p. 347). A few examples include the global right to legal marriage, showing affection in public (e.g., hand holding and kissing) without fear of harassment or violence, media personalities talking about their spouses but sexual minorities needing to keep quiet about their significant others on the air, and exposure of children in schoolbooks to positive examples of sexual minority characters (0.5 hour). (Phillips).
29. [Competency 2a, 2b (i) (ii)] – Discussion of harassment, prejudice, discrimination, and violence against sexual minorities (0.5 hour). (Garnets, Herek, & Levy, 1990; Sapp, 2001).
30. [Competency 3b, 3c (v)] – Heterosexual bias in psychological test materials (Prince, 1997) (0.5 hour).
31. [Competency 2a, 2b, 2c, 3b, 3c (i) (ii) (iv) (v)] – The career development of sexual minorities and how this is affected by the interaction of identity development and workplace discrimination (1 hour) (Alderson, 2002b, 2003a).

Week 11 – Etiology

32. [Competency 1c, 2b, 3b, 3c (i) (iii) (iv)] – Complexity of sexual orientation (0.5 hour). (Alderson, 2003b).

33. [Competency 1b, 2b (i) (iii)] – Etiology of sexual orientation (1 hour). (Bohan, 1996; Byne, 1997; Money, 1993).
34. [Competency 1b, 2b (i) (iii)] – Etiology of gender roles and gender identity (1 hour). (Garnets & Kimmel, 1993; Money, 1993).
35. [Competency 1b, 2b (i) (iii)] – Etiology of transsexuality (0.5 hour). (Money, 1986, 1993).

Week 12 – History of Homosexuality, Cross-Cultural Expressions, and Homosexual Behaviour

36. [Competency 2a, 2b, 3b, 3c (i)] – The history of the sexual minority subgroups. For example, homosexuality was decriminalized in Canada in 1969 (Wood, 2003) and was declassified as a mental disorder in the DSM classification system in 1973 (Bayer, 1981, pp. 121–142) (1 hour). (Duberman, 1991; Marcus, 1992).
37. [Competency 1c, 2b, 3b, 3c (i) (iii) (iv)] – Homosexuality as it is expressed in other cultures (1 hour). (Herdt, 1997).
38. [Competency 1b, 2b, 3b (i)] – Common homosexual practices (1 hour). (Laumann, Gagnon, Michael, & Michaels, 1994).

Week 13 – Special Topics

39. [Competency 2a, 2b, 2c, 3b, 3c (i) (iv)] – Aging and its impact on sexual minority individuals (1 hour). (Bohan, 1996).
40. [Competency 2b (i)] – Legal rights of sexual minorities (0.5 hour). (Cain, 2003; Lahey & Alderson, 2004).
41. [Competency 1a, 1b (i)] – The concerns of gay mental-health professionals (e.g., disclosing to others, including clients and colleagues; role modeling) (0.5 hour). (Isay, 1996).
42. [Competency 3b, 3c (i)] – Suggestions for helping sexual minorities network with their respective communities (0.5 hour). (Alderson, 2002a).
43. [Competency 3b, 3c (iv) (v)] – Special problems in conducting research with sexual minorities (0.5 hour). (Bohan, 1996; Hillier & Rosenthal, 2001).

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