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Assessing Self-Efficacy of Cultural Competence with Lesbian, Gay, and Bisexual Clients: A Comparison of Training Methods with Graduate Social Work Students

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ASSESSING SELF-EFFICACY OF CULTURAL COMPETENCE
WITH LESBIAN, GAY, AND BISEXUAL CLIENTS:
A COMPARISON OF TRAINING METHODS
WITH GRADUATE SOCIAL WORK STUDENTS

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DISSERTATION

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A dissertation submitted in partial fulfillment of the
requirements for the degree of Doctor of Philosophy in the
College of Social Work
at the University of Kentucky

By
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Lexington, Kentucky

Director: Dr. Melanie D. Otis, Associate Professor of Social Work
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2013

ABSTRACT OF DISSERTATION

ASSESSING SELF-EFFICACY OF CULTURAL COMPETENCE WITH LESBIAN,
GAY, AND BISEXUAL CLIENTS: A COMPARISON OF TRAINING METHODS
WITH GRADUATE SOCIAL WORK STUDENTS

Graduate social work students are mandated to be cultural competent to work with lesbian, gay, and bisexual (LGB) clients. This exploratory study examined how best to teach graduate social work students to be culturally competent in working with LGB clients by assessing their perceived competence of attitudes, knowledge and skills as well as their demonstrated competence through case vignettes.

The study compared a current pedagogical method of infusing LGB material across the curricula with two types of brief trainings (didactic lecture and experiential). This mixed methods study utilized a pretest/posttest design to examine the effects of the trainings as well as qualitative responses from the participants. Results offer suggestions as to which pedagogical approach might be most effective in helping social work students gain competence for working with LGB individuals.

KEYWORDS: Cultural Competence, LGB, Social Work Education, Self-Efficacy,
              Experiential Learning

Steven D. Johnson

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Student's Signature

February 20, 2013

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Date

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This dissertation is dedicated to my cherished family and friends. Most especially to my remarkable life partner, Dan Neil Barnes, whose encouragement and patience made this endeavor possible. You inspire and amaze me with your accomplishments, and because of you, I am a better person.

And to my beloved grandmother, Rebecca Graham Thompson, whose encouragement and love empower me still today.

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Chapter 1

Introduction

The National Association of Social Workers (NASW) adopted a policy statement in 1996 that charges social workers with the ethical responsibility to be culturally competent (NASW, 1996). In 2007, NASW published *Indicators for Cultural Competence in Social Work Practice*, in which Cultural competence was defined as, "the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes affirms and values the worth of individuals, families, and communities and protects and preserves the dignity of each." (NASW, 2007, p.12). Likewise, the Council on Social Work Education (CSWE) through its Educational Policy and Accreditation Standards (EPAS) mandates that social work programs attend to diversity in curriculum and program environment (CSWE, 2008). This includes addressing cultural competence in working with lesbian, gay and bisexual (LGB) clients, as well as other minority groups and populations in a variety of cultural contexts. With the profession's clearly articulated position on the importance of cultural competence for practitioners, questions arise as to how best to ensure that social work students will be competent to work with culturally diverse groups, and in the case of the current study, specifically LGB clients.

Like most helping professions, the social work profession has long espoused the importance of helping those who are marginalized and members of minority groups; however, the profession's focus on diversity and cultural competence has been typically equated with racial and ethnic groups (Van Den Bergh & Crisp, 2004). In the last few

years, the definition of cultural diversity has expanded to include lesbian, gay and bisexual (LGB) individuals based upon their sexual minority status. As social work and other helping professions sought to explore how to best prepare students for work with LGB clients, there has been an accompanying shift in the scholarly literature that moved from conceptualizing LGB individuals as inherently pathological, to espousing the importance of accepting LGB persons, to finally affirming the value of LGB persons (Burckell & Goldfried, 2006; Ritter & Terndrup, 2002). Today, cultural competence is an expectation for most helping professions and encompasses ideas drawn primarily from race theory, feminist theory, gay affirmative therapy, and minority stress theory. This shift to an affirmative approach has helped to spark the development of a framework of cultural competence articulated specifically for work with LGB clients.

Statement of Problem

With practice professions shifting their educational focus to a competency-based approach, social work is faced with how best to teach students the knowledge and skills required for culturally competent practice with LGB clients. Studies show that students will be working with LGB clients, but new graduates not feeling competent to do so (Dillion & Worthington, 2003). Reviewing current practices of how social work programs are addressing this need to prepare students for work with LGB clients reveals an opportunity for new, effective pedagogical strategies.

Cultural competence and social work education.

A survey conducted by the Council on Social Work Education (CSWE, 2009) on sexual orientation and gender expression found that most social work programs did not have a measure in place to assess student's cultural competence for working with LGB

clients. Additionally, only 14% of the 157 programs surveyed had a course designed

specifically to focus on LGB issues (CSWE, 2009). Other programs reported teaching

about LGB-specific topics in sexuality or diversity courses. However, most programs

reported that LGB-specific topics were infused throughout their curricula. Certainly, it

would be impossible to have a specific course for each minority group with whom

students would have contact in future practice. However, because the idea of working

with minority groups is a central tenet of social work practice, having diversity and

cultural awareness infused throughout the curriculum appears to be a logical compromise.

Due to the lack of outcome measures for the infusion approach specific to LGB cultural

competence, it is difficult to ascertain the effectiveness of this commonly utilized

approach. Although a review of the extant literature indicates that no empirical

assessment has been done with social work students, graduate students in other helping

professions similar to social work report that they do not feel prepared to work with LGB

clients following their graduate training (Dillon & Worthington, 2003). Thus social work

educators, similar to educators in other helping professions, are confronted with the

challenge of finding ways to teach cultural competence to students.

Pedagogical approaches to teaching cultural competence.

As a profession, social work has declared that cultural competence is important.

As an educational body, CSWE has mandated students be competent to work with

culturally diverse populations. Despite this mandate, knowing how to best teach cultural

competence with LGB clients has yet to be described in social work pedagogy. However,

preliminary studies in social work and other helping professions have offered some

suggestions about how social work educators might best prepare students for culturally

competent practice with the LGB population. For instance, research suggests that education should include challenging experiences and encounters through role plays, videos and films, and exposure to openly LGB instructors (Dillon & Worthington, 2003; Foreman & Quinlan, 2008; Grove, 2009; Mohr, 2002). While a more traditional didactic or lecture-type format may be beneficial for imparting specific knowledge, it has been suggested that students may more fully comprehend concepts such as heterosexism and sexual minority stress through experiential learning that could lead to a new level of empathy and understanding, and thus, more effective practices for work with LGB clients (Grove, 2009; Riggs & Fell, 2010). The effectiveness of experiential strategies may be particularly true for creating shifts in student attitudes which, in turn, may offer more sustained changes in cultural competence (Loya & Cuevas, 2010).

Acknowledging the challenges of adequately addressing the needs and well-being of the myriad of clients with whom social workers will engage throughout their careers, studies have shown that even one class focusing on LGB content can be effective in increasing LGB-specific knowledge in students (Israel & Mohr, 2004). Guided by this knowledge, the current study utilized a one-time, two-hour experiential learning workshop to explore its potential as an efficient and effective way to teach LGB cultural competence to social work students.

Assessing cultural competence.

Using Sue and colleagues' (1982) model that views cultural competence as a combination of attitudes, knowledge, and skills, educators in social work and other helping professions are faced with how to best assess the competence of students prior to their matriculating into professional practice. One approach that has been used to predict

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competence is to assess self-efficacy (Bidell, 2005; Dillon & Worthington, 2003; Grove, 2009). Self-efficacy, or one's perception of one's ability to perform, has been shown to predict actual ability in future performance situations (Bandura, 1993). In other words, if one feels confident in one's ability or skill level, then one usually performs better. Using this construct, measures have been developed by researchers to capture a practitioner's perception of his/her attitudes, knowledge and skill (the measures of cultural competence) in working with LGB clients (Bidell, 2005). However, to date, no published studies have assessed self-efficacy of cultural competence with LGB clients with social work graduate students.

Demonstrated competence is another measure of student ability. Little empirical information about demonstrated competence exists in the cultural competence literature. This is due, in part, to the difficulty associated with assessing practice competence. Although it is not feasible to observe every student as they work with LGB clients or to video tape these interactions, it is possible to have students respond to clinical scenarios or cases in which they discuss how they would plan to respond if they were in the situation described. This type of assessment demonstrates knowledge and skills from an intellectual perspective and has been used as a measure of demonstrated competence (Constantine, 2001; O'Shaughnessy, 2010).

Focus on LGB Population

Though some of the scholarly literature regarding LGB individuals often includes transgendered persons as sexual minorities, this study addressed only the LGB population. While transgendered persons often share similar experiences of oppression and marginalization with LGB individuals, their experience is also unique in many ways.

Issues of gender and perceived gender have nothing to do with sexual orientation (Brannon, 2008). Also, it should not be assumed that transgendered individuals always experience sexual-orientation-related discrimination (Chavez-Korell & Johnson, 2010). To automatically include gender issues together with sexual orientation issues opens the possibility of misrepresenting one or both populations and may perpetuate an inadequate understanding of sexuality in general (Brannon, 2008). Also, a student may have differing feelings about working with a LGB client versus a transgendered client. Trying to distinguish student responses concerning these two distinct populations would be difficult (Hill & Willoughby, 2005).

As previously noted, cultural competence includes relevant attitudes and beliefs, knowledge, and skills. Some attitudes, knowledge and skills may be transferable to all minorities, and therefore, some conclusions from this study might be applicable to a part of the transgendered community. However, transgendered-specific research that addresses the unique concerns for this population should be explored in future studies.

Theoretical Background for the Study

Cultural Competence is defined as "...the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each" (NASW, 2007, p. 12). The fundamental perspective of cultural competence used in this study is based upon Sue and colleagues' (1982) concept that cultural competence is comprised of attitudes, knowledge and skills.

This construct of cultural competence serves as the framework for defining both

perceived and demonstrated cultural competence in this study.

Experiential Learning Theory serves as a basis for the model developed in this

study. Experiential Learning Theory evolved from the theories of human learning and

development. Theorists such as John Dewey and Kurt Lewin argued that learning is best

facilitated by a process that draws out the students' beliefs and ideas about a topic so that

they can be examined, tested, and integrated with new, more refined ideas (Kolb, 1984).

Social work education has long relied upon experiential learning, both within the

classroom and in the field educational setting, as an effective way to teach social work

skills (Goldstein, 2001). Because of its premise that knowledge is created through the

transformation of experience, experiential learning lends itself naturally to social work's

idea of hands-on practice frameworks (Huerta-Wong & Schoech, 2010).

Of particular relevance to this study, previous work in the area of experiential

learning reveals that students report that their greatest changes in understanding and

attitudes related to sexual minorities come from experiences either with LGB friends and

family, clients, or trainings that contained personal encounters with LGB persons (Grove,

2009; Hans, Kersey, & Kimberly, 2012). In other words, students reported their

perceptions changed most dramatically when they experienced a situation that forced

them to think differently about LGB clients and the client's potentially unique life

experiences.

Purpose of the Study

The purpose of this study is to explore how best to effectively teach MSW

students to be cultural competent in working with LGB clients. Preparing graduate social

work students to be effective practitioners is an ongoing challenge for the academy. Cultural competence is at the very core of the social work profession's values and mission (NASW, 2007). Practitoners are acknowledging their need for competency with this population (Pachankis & Goldfried, 2004). In addition, Ford and Hendrick (2003) found that 42% of practitioners in their sample reported that they commonly worked with LGB-specific concerns. Other studies found that over 90% of practitioners have at some point in their professional careers worked directly with an LGB client (Cochran, Sullivan, & Mays, 2003; Jones & Gabriel, 1999; Liddle, 1997). In addition, social work educational and professional bodies (CSWE and NASW) now mandate that cultural competence include competence with sexual minorities. Despite these professional mandates, there is a gap in the literature concerning the most constructive and efficient way to teach graduate social work students to be effective practitioners when working with LGB clients.

This dissertation addresses this identified gap by exploring effective methods to teach LGB cultural competence. It builds on the body of cultural competence literature that identifies the principles of attitude, knowledge and skills as comprising cultural competence by exploring measures of perceived competence and demonstrated with MSW students. It compares the current pedagogical method of infusing LGB material across the curricula with two types of brief trainings (didactic lecture and experiential) and offers suggestions on how to effectively teach LGB cultural competence. Finally, the dissertation also considers which pedagogical approach might be most effective in helping social work students gain competence for working with LGB individuals.

Chapter 2

Literature Review

This chapter provides an historical perspective on work with lesbian, gay and bisexual clients. It then discusses contemporary practice with LGB clients, particularly the identification of culturally competent practice with LGB individuals. Next, there is a review of the historical development of the concept of culturally competent practice. I then discuss pedagogy and cultural competence in relation to its components of attitude, knowledge, and skills.

The literature review then considers the concept of self-efficacy and how this construct can be used in evaluating cultural competence. Next, Experiential Learning Theory is discussed along with how this pedagogical approach might be advantageous in teaching cultural competence with adult learners. Finally, the chapter concludes with a discussion of unique issues to LGB clients and why an understanding of these ideas might be pertinent in effective LGB cultural competence training with social work students. This review provides the rationale for the empirical study described in Chapter 3 of this dissertation.

The History of Practice with Lesbian, Gay and Bisexual Clients

Social work and other helping professions have changed their perception about how best to work with gays and lesbians many times in the last 100 years. As ideas shifted concerning the ideology, etiology, and moral assumptions of what it meant to be gay, lesbian, or bisexual, so also did social work's conception of how best to help this minority group . The actual concept of having a gay or homosexual identity was first introduced into Western European society in the late 1800's (Eubanks-Carter, Burckell, &

Goldfried, 2005). Prior to that time, all people were assumed to be heterosexual. Same-sex behaviors were seen as not only violations of religious codes, but civil offenses as well (Ritter & Terndrup, 2002). However, the idea of "treating homosexuals" was not yet considered. Although homosexuality was still legally a crime and viewed by the church as a sin, in the early 1900's it began to be seen by some as an illness that needed a cure (Jones & Gabriel, 1999). To that end, in 1935, homosexuality was officially recognized as a mental illness (Krajeski, 1996), even though the church still viewed it as an egregious sin. Mental health practitioners at the time became interested in studying and treating this affliction. Because same-sex attraction was seen as pathology, homosexuals were seen as needing to be "cured". At the time, this historical shift was somewhat progressive as a "sick person" was less blameful than a sinner or criminal (D'Emilio & Freedman, 1988; Duberman, Vicinus, & Chauncey, 1989).

Although many link the first attempts at treating homosexuality to the psychoanalytic tradition, Sigmund Freud had mixed ideas about the nature of homosexuality. Freud believed in the theory of universal innate bisexuality, contending that everyone was born bisexual and that they became heterosexual or homosexual as a result of their experiences with parents and others (Freud, 1962). For some patients, however, Freud linked homosexuality to an arrest in development and the presence of narcissistic traits (Eubanks-Carter, Burckell, & Goldfried, 2005; Lebolt, 1999). Later psychoanalysts were not so inclusive. They rejected Freud's assumption of inherent bisexuality, arguing instead that heterosexuality was natural and that homosexuality was only an attempt to achieve sexual pleasure when normal heterosexual outlets proved too threatening (Lebolt, 1999). Later some analysts argued that homosexuality resulted from

pathological family relationships during the Oedipal period (around 4-5 years of age) and claimed that they observed these patterns in their homosexual patients (Bayer, 1987).

Throughout the first half of the twentieth century, homosexuality was treated by not only the psychodynamic community, but by behaviorists as well. Behaviorists did not see homosexuality as a developmental problem as did the psychodynamic community (Ritter & Terndrup, 2002). Instead, since behaviorists are less concerned with etiology and more concerned with actual behavior, they were focused on how to train homosexuals to be heterosexual. To that end, some behavioral therapists used conditioning techniques such as chemical aversion therapy and electroshock to try and de-program homosexual attractions (Eubanks-Carter, Burckell, & Goldfried, 2005).

In 1952, the pathological view of homosexuality was formalized in the first edition of the American Psychiatric Association's *Diagnostic and Statistical Manual (DSM)*. It remained in the DSM for the next two decades until studies by Hooker (1957) and Kinsey, Pomeroy and Martin (1948), began to challenge prevailing ideas about sexual orientation. In 1973, The American Psychiatric Association removed homosexuality from its diagnostic manual. Ego-dystonic homosexuality (i.e. anxiety or discomfort produced from one's sexual orientation being at odds with one's idealized self concept) was not removed, however, and was included as a way to identify a condition that would later be recognized as more of a psychological response to growing up in a homophobic society than an innate psychopathology (Lebolt, 1999).

In line with the actions taken by the American Psychiatric Association the year before, in 1974, the Association for the Advancement of Behavior Therapy (AABT) issued a gay-affirmative resolution. The president of the organization in an address to his

colleagues encouraged members to stop offering therapy to change sexual orientation of LGB clients (Davison, 1976). This was part of the growing idea among some practitioners that homosexuality, in and of itself, does not imply any kind of moral or psychological deficiency. This perspective, however, was not embraced by all mental health professionals. Accordingly, it would be many years before professional organizations such as The American Psychological Association (APA) and The National Association of Social Workers (NASW) would adopt similar position statements concerning the treatment of lesbians, gays, and bisexuals.

Contemporary Practice with Lesbian, Gay and Bisexuals Clients

In 1985, the American Psychological Association (APA) formed Division 44, The Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues, to support lesbian- and gay male–affirmative research and practice. In 1987, the diagnosis of homosexuality was removed entirely from the DSM. More affirmative approaches to working with LGB individuals began to be published in the research literature as well. One such scholarly work by Fassinger (1991), offered these specific suggestions:

- Work to develop the attitudes, knowledge and skills necessary for effective scientific and therapeutic work with lesbians and gay men. Educate yourself about gay life-styles and concerns, and be familiar with gender-specific socialization and therapeutic issues as well.

- Understand the interactions of other kinds of diversity (e.g., racial/ethnic, gender, age, (dis)ability, socioeconomic, religious, geographical) with the development and maintenance of a positive gay identity. Be aware that the coming-out process and preservation of a healthy life-style differ widely within the gay and

lesbian population, and adjust your research questions and therapeutic

interventions accordingly.

- Be familiar with the treatment of addictive behaviors such as alcohol abuse and

    eating disorders, fairly common in the gay and/or lesbian community and often

    masked by other presenting issues.

- Acquire knowledge and training in AIDS-related issues and death and dying.

- Be particularly sensitive to ethical issues such as confidentiality and, for gay

    lesbian therapists, the difficulties inherent in providing mental health services

    within one's own community of social support. (p. 161)

These suggestions, which could be considered the beginnings of what is now viewed as

gay affirmative therapy, continue to provide insightful guidance for practitioners working

with LGB clients.

In 2000, the APA published guidelines for psychotherapy with LGB clients. This

was an attempt to provide a clear understanding of the minimal level of competence

required to work with LGB clients. The guidelines, developed by Division 44 of the

APA and the Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force, build

upon the APA's Ethical Principles of Psychologists and Code of Conduct (APA, 2000).

The guidelines facilitate the continued development of the practitioner and encourage a

high level of professional practice when working with LGB individuals.

Although not specific to LGB clients, The National Association of Social

Workers (NASW) developed standards for cultural competence the following year in

2001. The specifics of the NASW Standards (NASW, 2001) were drawn from the policy

statement "Cultural Competence in the Social Work Profession," published in the *Code of*

Ethics of the National Association of Social Workers (NASW, 2000) which charges

social workers with the ethical responsibility of cultural competence. There are 10

NASW Standards for Cultural Competence along with interpretive guidelines for each

standard. The 10 standards address the following: (1) ethics and values, (2) self-

awareness, (3) cross-cultural knowledge, (4) cross-cultural skills, (5) service delivery, (6)

empowerment and advocacy, (7) diverse workforce, (8) professional education, (9)

language diversity, and (10) cross-cultural leadership (NASW, 2001 p. 5).

Following NASW's Standards for Cultural Competence, the social work

profession has continued to move toward a gay affirmative approach in their work with

LGB clients. This trend is apparent in most of the helping professions. This approach,

sometimes called Gay Affirmative Therapy, encourages social workers and other helping

professionals to not only work with LGB clients in ways which affirm their sexuality, but

also to understand the possible difficulties LGB clients face due to societal stigma

(Johnson, 2012; Ritter & Terndrup, 2002). The LGB psychotherapy literature contains

much debate on how best to deliver interventions to LGB clients (Murphy, Rawlings, &

Howe, 2003; Pachankis & Goldfried, 2004). However, outcome studies and empirical

data are lacking. Studies are unable to identify what is most helpful, and much of the

research to date has focused upon the clinical experience of therapists and their training

rather than on treatment outcomes (Johnson, 2012; Ritter & Terndrup, 2002). However,

many in the field suggest that those in the helping professions must incorporate into

practice specific issues and stressors that are inherent in living as gay, lesbian, or bisexual

in a heterosexually constructed world. By doing so, social workers and other

professionals will gain a perspective about the environment in which their clients reside,

the conditions of their reality, and the unique problems and dynamics that are inherent in our society for LGB individuals (Garnets, 2007; Ritter & Terndrup, 2002).

While there are still those who oppose a gay affirmative approach based upon their adherence to certain religious or moral ideologies, the professional accrediting bodies of social work and other professions have clearly asserted that, as a whole, the professional community must be culturally competent to work with LGB clients. Cultural competence has been conceptualized in the helping professions as a combination of attitudes, knowledge and skills (Sue, Arredondo, & McDavis, 1992). While neither NASW nor CSWE has offered a specific delineation as to how to best equip social workers with the capacity to be culturally competent, the profession's position necessitates the need to explore ways to train practitioners to work effectively with LGB clients.

Cultural Competency Defined and Historical Development

As previously noted, the National Association of Social Workers defines Cultural Competence as "...the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each" (NASW, 2007, p. 12). With a growing body of literature on cultural competence in social work, the profession has prioritized increasing the number of practitioners who are competent and sensitive to diversity-related issues (Van Den Bergh & Crisp, 2004).

The groundwork for a multicultural counseling paradigm was laid in the 1950s and 1960s through literature that pointed to social work's lack of attention to ethnic

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minorities, particularly African Americans (Johnson & Munch, 2009). Social work

education responded and contributed to the discussion by focusing on issues related to

race and ethnicity. This early focus is still evident today in much of the social work

literature on cultural competence. However, social work text books soon began to try to

correct pathology-laden stereotypes of racial and ethical minority groups and also

included expanded definitions of cultural competence to include sexual orientation and

physical differences (Johnson & Munch, 2009). The introduction of ethnic-sensitive

practice emerged during the 1980s and included the idea of the intersection between

ethnicity and social class (Van Den Bergh & Crisp, 2004). This concept implied that a

one-dimensional focus on ethnic background does not fully capture an holistic

understanding of a client's social context.

Multicultural practice evolved from this notion of ethnic-sensitive practice and

was described extensively in the literature during the 1990s. According to Van Den

Bergh and Crisp (2004), this idea led to the related term of "cross-cultural practice"

(p.222), which expanded the focus to include gay and lesbian persons, women, Vietnam

Veterans, and persons living within Appalachia (Harper and Lantz, 1996). This is

significant in that, while social work has responded to its mission of helping the

marginalized, it has at times has been slow to identify oppressed group, like sexual

minorities, at least in the formal sense. This is likely due in part to the view of society as

a whole that was still unaware and perhaps unconcerned with the daily stress encountered

by sexual minorities (Herek & Capitanio, 1999).

Models of multicultural practice originated in psychology and are based upon Sue

and colleagues' (1982) principles of knowledge, attitudes and skills. **Knowledge** refers

not only to knowledge about the existence of cultural groups, but also knowledge about the group's values, beliefs, and norms as well as recognition of socio-political influences that both affect the group or are created by the group. It also includes an understanding of the client's worldview. **Attitude** refers to the social worker's personal beliefs and ways of thinking about minorities as they also consider their own biases and how these might affect the client-social worker relationship. Attitude also encompasses self-awareness and comfort or discomfort with client cultural differences. And finally, **skills** refer to the specific abilities a social worker must have to work with a particular ethnic or racial group (Sue et al., 1982).

Although much was written in psychology about the nature of multicultural practice (Hansen, Pepitone-Arreola-Rockwell, & Greene, 2000; Israel & Selvidge, 2003; Sehgal et al., 2011; Van Den Bergh, & Crisp, 2004), there has been little agreement on multicultural competency models. Because of the breadth of skills and knowledge that would be required to work with each culturally diverse population, Hansen et al. attempted to identify minimal multicultural competencies that would be most beneficial in practice situations. After reviewing the literature, the researchers found 51 multicultural competencies related to research and practice domains. They distilled the list to 24 minimal competencies (unfortunately, how they made this determination was not included in their published work), with 12 being identified as minimal practice competencies. The competencies are organized to follow the practice areas of knowledge, attitudes, and skills.

Their knowledge competencies include:

1. Knowledge of how psychological theory, methods of inquiry and professional practices are historically and culturally embedded and how they have changed over time as societal values and political priorities shift.

2. Knowledge of the history and manifestation of oppression, prejudice, and discrimination in the United States and their psychological sequelae.

3. Knowledge of the sociopolitical influences (e.g. poverty, stereotyping, stigmatization, and marginalization) that impinge on the lives of identified groups.

4. Knowledge of culture-specific diagnostic categories.

5. Knowledge of such issues as normative values about illness, help-seeking behavior, interactional styles, and worldview of the main groups that the clinician   is likely to encounter professionally.

6. Knowledge of culture-specific assessment procedures and tools and their empirical support.

7. Knowledge of family structures, gender roles, values, beliefs, and worldviews and how they differ across indentified groups in the United States, along with their impact on personality formation , developmental outcomes, and manifestations of mental and physical illness.

The Awareness competency is:

1. Awareness of how one's own cultural heritage, gender, class, ethnic-racial identity, sexual orientation, disability and age cohort help shape personal values, assumptions, and biases related to identified groups.

The Skill competencies are:

1. Ability to accurately evaluate emic (culture specific) and etic (universal) hypotheses related to clients from identified groups and to develop accurate clinical conceptualizations, including awareness of when clinical issues involve cultural dimensions and when theoretical orientation needs to be adapted for effective work with members of identified groups.

2. Ability to accurately self-assess one's multicultural competence, including knowing when circumstances (e.g. personal biases; stage of ethnic identity; lack of requisite knowledge, skills, or language fluency; sociopolitical influences) are negatively influencing professional activities and adaption accordingly (e.g. obtaining needed information, consultation, or supervision or referring the client to a more qualified provider).

3. Ability to modify assessment tools and qualify conclusions appropriately (including empirical support where available) for use with identified groups.

4. Ability to design and implement nonbiased, effective treatment plans and interventions for clients from identified groups including the following:

    a. Ability to assess such issues as clients' level of acculturation, acculturative stress, and stage of gay or lesbian identity development.

    b. Ability to ascertain effects of therapist-client language difference (including use of translators, if necessary) on psychological assessment and intervention.

    c. Ability to establish rapport and convey empathy in culturally sensitive ways (taking into account culture-bound interpretations of verbal and nonverbal cues, personal space, and eye contact).

    d. Ability to initiate and explore issues of difference between the therapist and the client, when appropriate, and to incorporate these considerations into effective treatment planning (Hansen et al., p. 654).

These competencies, while originally targeted toward psychologists, mesh well with NASW's list of 10 standards for cultural competence (NASW, 2007). With the exception of a distinct focus on ethics, empowerment, and advocacy, these practice-focused competencies are quite similar to those delineated for social work professionals. Some would argue, however, that the social work professional standards include diversity factors that are broader in scope than those in psychology (Lee, 2010). This broader definition of how cultural competence is defined, according to Lee fits well into the profession's traditional conception of "person in environment" because it truly takes into consideration multiple factors.

From the late 1990s and beyond, the use of the term "cultural competence" became more common when referring to social work practice with diverse populations (Fong & Furoto, 2001; Van Den Bergh & Crisp, 2004). Using the competency model of

attitudes, knowledge and skills from counseling psychology, social work included ways

to deliver services to broader contexts including child welfare services, trans-racial

adoptions, and work with Native Americans (Van Den Bergh & Crisp, 2004).

Lum (1999) expanded the idea of cultural competence in social work by

incorporating the social work generalist and ecological perspective. He suggested four

tools necessary for social workers to be culturally competent:

1. Development of personal and professional awareness of ethnic persons and events that have been a part of the upbringing and education of the worker.
2. Acquisition of knowledge related to culturally diverse practice.
3. Development of skills to work with multicultural clients.
4. Ongoing discovery of new facts about multicultural clients through inductive learning.
(p. 123)

While both Hansen et. al, (2000), and Lum (1999) offer general, yet

comprehensive lists for developing cultural competence, to date, little empirical

information has been written on developing cultural competence specifically with sexual

minorities. For example, Van Den Bergh and Crisp (2004), while offering specific

suggestions on increasing cultural competence by addressing the three areas of

knowledge, attitude, and skills, are not able to supply rigorous evidence or support for the

cultural and practice skills they suggest. Although Lyons (2010), identified supervision

or consultation with an expert in the area, and trainings (such as continuing education

workshops), self-directed readings, and personal reflections as key elements in the

development of cultural competence, outcome measures that would substantiate these

suggestions are lacking.

There continues to be a lack of a consensus on exactly what is necessary to be

competent when working with LGB clients; however, several researchers have begun

efforts to empirically define competency in working with LGB clients (Bidell, 2005; Israel et al., 2003; Kocarek & Pelling, 2003). Israel et al. used a modified Delphi technique in order to develop a clearer theoretical model and definition of the necessary competencies when working LGB clients. Open-ended responses were elicited from experts in the field regarding the defining characteristics of competency and were sorted into knowledge, attitude, and skill components of competency. The results provided a prolific list of behaviors, attitudes, and concepts that are essential for competency in LGB affirmative therapy. Next, experts in the field were asked to rank these items based on the importance of the skill in providing LGB competent and/or affirmative therapy. The research team identified 31 knowledge competencies, 23 attitude competencies, and 31 skill competencies necessary for this work. While this exploratory study seemed to cover many competencies, it points out the complex nature of trying to define cultural competence with LGB clients.

In a content analysis study, Worthington, Soth-McNett and Mareno (2007) reported reviewing 20 years of empirical research in the area of multicultural competency. They reported that while there has been increased attention to understanding and counseling culturally diverse populations and a realization that the vast majority of counseling psychology programs have incorporated multicultural competency into graduate trainings, there is still little empirical data to support that multicultural counseling training produces significant positive outcomes. Also, the general multicultural literature tends to focus heavily on racial and ethnic differences and often neglects sexual minorities (Van Den Bergh & Crisp 2004).

Finally, Israel and Selvidge (2003) note that the similar approaches of multicultural counseling and LGB affirmative counseling appear to have developed almost independently of each other. This being the case, very little of the broader multicultural research has been applied to the understanding of competency in working with LGB individuals. They argue, however, that LGB individuals and ethnic minorities share similar experiences such as stereotyping, stigmatization, and negative reactions from majority members of society. Similar to ethnic minorities, LGB individuals undergo comparable processes of identity development, as well as biased treatment by the mental health profession (Israel & Selvidge, 2003). Researchers have discovered that more clinical experience, greater experience with clients from diverse backgrounds, attention to multicultural issues in supervision, and intentional integration of multicultural issues in supervision have been found to be predictive of self-reported multicultural competence (Sehgal et al., 2011).

In summary, cultural competence is mandated by NASW and CSWE as a priority in social work practice (NASW, 2007; CSWE, 2008). While there has been some debate as how best to ensure cultural competence in practioners, many feel that competency must focus on attitudes, knowledge and skills as they relate to different populations (Constantine, 2001; Dillon, & Worthington, 2003; Sue, Arredondo, & McDavis, 1992). What is lacking is clear direction on what kind of training will improve student competency in working with sexual minorities.

Pedagogy and Cultural Competence

Existing research conveys that graduate counseling students and mental health practitioners believe that they have not been appropriately trained to work effectively

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with lesbian and gay clients (Alderson, 2004; Dillon & Worthington, 2003; Lyons, 2010; Riggs & Fell, 2010). While many educational governing bodies such as the America Psychological Association (APA),Council on Social Work Education (CSWE), Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), Council for Accreditation of Counseling and Related Educational Programs(CACREP) in the United States as well as in Australia's Australian Psychology Accreditation Council (APCAC) and Britain's British Association for Counseling and Psychotherapy (BACP) require educational training on working with diverse populations, no specific guidelines are set forth on how to best train students to be competent practitioners (Riggs & Fell, 2010; Rock, Carlson, & McGeorge, 2010).

One contributing factor to this deficit is the absence of any agreement on exactly what constitutes cultural competence, how best to measure cultural competence, or how best to train students to be culturally competent. Israel and Selvidge (2003) report that while studies have shown that training in LGB issues create positive change in counselors' attitudes toward lesbian and gay clients, the specific mechanisms of change remains unclear. Also of note is the fact that while the multicultural literature has found that infusing multicultural training across the curriculum is the most effective way to teach multicultural issues, some programs may or may not include LGB issues as a part of this training (Israel & Selvidge, 2003). Yet there is evidence that even a single session on LGB issues within a semester-long course may increase student knowledge or attitudes about LGB issues (Dongvillo & Ligon, 2001; Israel, 1998). This idea of a single session to create change was explored in the current study. Also, this study compared

different pedagogical methods to see which method provides the greatest impact on perceived and demonstrated competence.

Attitudes.

Many of the attitudes of social work students toward LGB clients are constructed prior to formal social work education. Typically, as noted above, students in the helping professions report positive attitudes toward LGB clients (Grove, 2009; O'Shaughnessy, 2010; Rock, Carlson, & McGeorge, 2010) This could be because of past experience with LGB individuals, an understanding that there is a professional expectation to be accepting of this population, or a combination of both (Grove, 2009). One might then question the authenticity of a reported positive attitude. Is a positive attitudinal response truly how an individual feels or a report of how they think they should feel as a professional social worker? The question then arises if it is necessary for a social worker of have a positive attitude (i.e. low levels of bias or prejudice) to be culturally competent. Certainly a negative attitude could translate into problems in practice. Perhaps helping students expand their understanding would foster an increase in positive attitude toward working with LGB clients.

A fair amount has been written about changing negative attitudes toward gays and lesbians to more accepting views. Until recently, most of the research in this area focused on antigay bias and homophobia (Chonody, Siebert, & Rutledge 2009; Cramer, Oles & Black, 1997, Crisp, 2006; Herek, & Capitanio, 1999; Herek, 2000; Nelson & Krieger, 1997). From these studies and others, a number of individual factors that appear to be correlated with high levels of antigay biases have been identified. For instance, studies show that male heterosexuals are more biased against gay men than lesbians

(Cramer, Oles, & Black,1997; Herek, 2000), religiosity is positively correlated with negative attitudes towards gays and lesbians (Cotton-Huston & Waite, 2000; Fisher, Derison, Polley, & Cadman, 1994; Hinrichs & Rosebneberg, 2002), and residing in the Midwest or the South is correlated with higher levels of prejudice compared to other areas of the country (Barth & Overby, 2003; Cramer, Oles, & Black, 1997). Moreover, a relationship has been observed between lack of contact with LGB individuals and negative attitudes toward them (Barth & Overby 2003; Berkman & Zinberg, 1997; Herek, 2000; Hinrichs & Rosenberg, 2002).

Unfamiliarity with sexual minorities because of lack of contact is one possible explanation of bias by heterosexuals (Lance, 1994; Miller, Smith, and Mackie, 2004). This is congruent with research done on racial prejudice. In a recent study by Loya and Cuevas (2010) that focused on how best to teach students about racism, the authors argue that instead of teaching about racism as an abstract construct with an emphasis on knowledge of oppression and discrimination, racism should be taught from an experiential perspective to effect a greater change in attitude and cultural awareness. By increasing self-awareness, encouraging introspection, and focusing on affective versus cognitive approaches, learning will shift to a deeper level and students will be able to work more effectively with racial minorities (Loya & Cuevas, 2010; Nagda, Gurin, & Lopez, 2003). Their study, which used experiential learning techniques showed positive changes in attitude in a pretest-posttest design. However, results should be viewed with caution as the convenience sample was very small ($n =11$), there was no control group, and students self-selected to be in the course on racism. As a result of these limitations and threats to internal validity, it could be argued that there is no way to tell if this

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experiential method was any more effective than a more cognitively-based model. It should also be noted that the study was taught by two White women and offered no contact with African Americans other than through video presentations.

In a study that examined the impact of direct confrontation to combat racial bias, Czopp, Monteith, and Mark (2006), found that direct confrontation of individuals expressing racially stereotypic comments decreased the likelihood of prejudicial statements following the confrontation. For the study, 121 White participants (60 men, 61 women) were recruited from the department's introductory psychology participant pool and received course credit for their participation in the study. Participants were contacted by telephone and asked to participate based upon previously obtained prejudice scores on the Attitudes Toward Blacks scale (ATB; Brigham, 1993). Potential participants were not informed of the relationship between selection criteria and their involvement in the study.

Results indicate that although confrontations elicited negative emotions and evaluations toward the confronter, participants also experienced negative self-directed affect (e.g., guilt and self-criticism). Furthermore, regardless of who did the confronting or how much hostility was expressed, confronted participants subsequently were less likely to provide stereotypic responses and the effect of the confrontation generalized to reporting less prejudiced attitudes (Czopp, Monteith, & Mark, 2006).

In a recent exploratory study by Hans, Kersey and Kimberly (2012), the researchers asked undergraduate students open-ended questions about their self-perceived origins of their attitudes toward homosexuality and circumstances that could cause a shift in their attitudes. This addresses Ben-Ari's first point of exploring one's history. The

study reinforced past findings that interacting with lesbians and gay men had the greatest impact on attitudes toward homosexuality. Other identified sources of influence were social justice, parental attitudes, religious beliefs, and beliefs about the origin of sexual orientation. Students reported that they might develop a more favorable view of homosexuality if they knew a homosexual, had a homosexual family member, had more exposure to homosexuals, and/or were more educated on the topic. Interestingly, those with strong attitudes, either positive or negative, did not feel there was much that could change their strongly-held beliefs. This qualitative study not only addressed Ben-Ari's first point of why people are homophobic, but reinforced his next two points that attitudes might change with increased knowledge and personal exposure to a homosexual individual (throughout his 1998 article, Ben-Ari uses the term homosexual interchangeably with gay and lesbian).

Getting to know lesbians and gay men (and bisexuals) was Ben-Ari's (1998) third suggestion for changing negative attitudes towards LGB individuals. Exposure and interaction with LGB individuals as a classroom pedagogy has taken different forms. Some research studies have used gay and lesbian panel presentations or speaker panels (Black, Oles, Cramer, and Bennett, 1999; Chng & Moore, 1991; Cotten-Huston & Waite, 2000; Nelson & Krieger, 1997) video and other media presentations (Cotten-Huston &Waite, 2000), role playing (Cramer, Oles & Black, 1997; Grove, 2009; Riggs and Fell, 2010; Rutter et al., 2008;), and self-disclosure by the instructor of his or her sexual orientation (Cramer, 1997; Dongvillo & Ligon, 2001; Waldo and Kemp, 1997). Although results were mixed and methodologies varied, exposure to LGB individuals offered

overall positive shifts in attitude. These types of exposure are based upon intergroup contact theory, also known as the contact hypothesis (Hans, Kersy, & Kimberly, 2012).

Allport's (1954) contact hypothesis offers an explanation for the role that personal contact may play in shaping attitudes. The contact hypothesis suggests that contact between majority and minority groups reduces prejudice within the majority group toward the minority group. Accordingly, some evidence suggests that knowing an openly gay man or lesbian is associated with more favorable attitudes toward homosexuality than those with no openly gay or lesbian acquaintances (Bowen & Bourgeois, 2001). It is possible that those who become acquainted with lesbians or gay men seek to reduce their cognitive dissonance associated with preconceived, negative attitudes toward homosexuality versus positive personal experiences. They may also discover that myths and stereotypes about homosexuals do not conform to reality, thus forcing a change in perception and attitude about LGB individuals. (Hans, Kersey, & Kimberly, 2012).

Cramer, Oles and Black (1997) suggest that attitude change in students is best accomplished by providing comprehensive information on the subject and positive exposure to the population that is under discussion. This approach is referred to as the information-plus-exposure model. In their 2009 study, Chonody, Rutledge and Siebert reviewed studies where this information-plus-exposure model was employed in studies involving student populations. Overall, this model showed a decrease in negative attitudes toward homosexuality (Chonody, Rutledge & Sibert, 2009). These researchers used the information-plus-exposure model in their own study and found significant change in attitude in pretest/posttest scores in a sample of undergraduate and graduate students ($n = 211$) in four sections of a human sexuality course. For the expose

component, three of the classes in the study had a gay or lesbian guest speaker or panel of

LGB individuals.   The fourth class had a teacher who disclosed his sexual orientation as

a gay man to the class. Students were given a pretest survey which included the Index of

Attitudes Toward Homosexuality (IAH, Hudson & Ricketts, 1980). At posttest at the end

of the semester, attitude scores improved across all types of exposure. Type of exposure

did not appear to matter. However, the study is limited by the absence of a comparison

group of knowledge only without the exposure component.

Knowledge.

Biaggio et al., (2003) suggest that to increase the utilization of affirmative

practices with LGB clients, training programs should develop a specific course on LGB

practice to provide a more in-depth look at the different obstacles faced by LGB

individuals and communities. While a semester-long course may be ideal, many (if not

most) social work programs would be challenged to add another required course into the

curriculum. Learning the facts, or increasing knowledge about LGB individuals was one

of Ben-Ari's (1998) suggestions on how to combat homophobia. Disseminating

knowledge about the realities of being LGB is included in virtually all studies to date on

combating homophobia and increasing cultural competence.

Mohr (2002) and Worthington, Savoy, Dillon and Vernaglia (2002) suggest that

trainees, especially those who identify as heterosexual, need to understand their own

sexual orientation development. Worthington and Mohr (2002) define heterosexual

identity as "a product of the interplay between individuals' sexual orientation schemas

and their motivation to fulfill basic needs for social acceptance and psychological

consistency" (p. 492). They point out that having heterosexual counselors just being

knowledgeable about LGB issues and development is not as impactful as having

counselors who are also aware of the relevance of the sexual development of both

themselves and client (Mohr, 2002). Considering the sexual development of both parties

could help heterosexual trainees become more cognizant of the potential influence of

their own heteronormative assumptions, heterosexual privileges, and heterosexual

identities on the helping process. Through examples and discussion of sexual minority

stress, students may be made aware of how their heterosexual development is

distinctively different due to unique issues and challenges faced by sexual minorities

(Grove, 2009).

In their article on culturally competent practice with sexual minorities, Van Den

Bergh and Crisp (2004) identify the following areas of knowledge that social workers

should obtain to be culturally competent: (a) key terminology, (b) demographic

characteristics, (c) intragroup diversity, (d) group history and traditions, (e) group

experiences with discrimination and oppression, (f) impact of social policies, (g) social

theories , (h) appropriate community resources, and (i) culturally sensitive service

practice models. In addition to these areas, the authors recommend giving particular

attention to information about topics specific to the LGB community, such as

homophobia, heterosexism, sexual minority stress, and coming out. This allows students

to consider unique challenges and experiences faced by LGB persons that the students

may not have known about or previously understood. Based upon many of the studies

cited above, it can be argued that students appear to benefit less from learning about LGB

identity development and benefit more from learning about LGB-specific topics such as

internalized homophobia, heterosexism, sexual minority stress and issues surrounding

coming out (Grove, 2009; Riggs & Fell, 2010; Rock, Carlson, & McGeorge, 2010). How best to teach this content will be explored in the following section on experiential learning.

Skills.

To focus on the skill component of cultural competence, Kocarek and Pelling (2003) suggest using role-plays as a teaching technique. The role play consists of three levels of difficulty, with students assuming the roles of counselor, client, and observer. The authors suggest that these role plays will increase counseling skills as well as allowing students who are playing the role of the client to gain increased empathy. Teaching skills in social work education is usually accomplished in practice classes and through field education. As noted above, graduate students report they do not feel they have the skills necessary to be effective clinicians (Dillon & Worthington, 2003). If students feel there are specific skills necessary for working with this unique population, then this might partially explain their apprehension to engage in such work. While there are some unique skills for working with sexual minorities (i.e. avoiding stereotypes, assessing for how the clients sexual orientation may or may not be contributing to their presenting problem, and assessing levels of coming out and minority stress), making students aware that first and foremost LGB clients are seeking unconditional positive regard and a genuine, affirmative, professional relationship from the social worker (Van Den Bergh & Crisp, 2004).

Self-Efficacy and Cultural Competence

The construct of self-efficacy, as it relates to competence, is significant to practitioner training (Burkard, Pruitt, Medler & Stark-Booth, 2009; Dillion &

Worthington, 2003, Fell, Mattiske, & Riggs, 2008; Larson et al.,1992; Lent, Hill & Hoffman, 2003). Self-efficacy refers to an individual's beliefs regarding their ability to perform an activity or set of behaviors (Bandura, 1993, 1997). For counselors in particular, self-efficacy has been shown to influence the initiation and performance of counseling behaviors as well as the levels of interest and persistence in performing specific counseling-related tasks (Larson et al., 1992). Research has also shown that practitioner's positive beliefs about their abilities are correlated with higher levels of performance as demonstrated through skill assessment and supervisor observation. Also, positive beliefs about ones' ability correlate with lower levels of professional anxiety (Friedlander, Keller, Peca-Baker, & Olk, 1986; Larson et al., 1992), suggesting a better therapeutic relationship between social worker and client.

Larson and Daniels (1988) argue that practitioners' level of self-efficacy increases the likelihood that they will initiate a specific behavior in sessions. Similarly, Bandura (1991) suggested that successful performance of a behavior is dependent upon obtaining certain required skills as well as having high self-efficacy beliefs. This idea of predicting professional competence is significant in all areas of training, but has been a strong investigational focus of multicultural counseling for over thirty years (Dillon & Worthington, 2003). While the profession of social work has not been the direct focus of self-efficacy research, many of the ideas of interpersonal skills studied in other helping professions are transferable to social work.

The multicultural literature offers several examples of efforts assessing professional competence with culturally diverse clients (D'Andrea, Daniels, & Heck, 1991; Ponterotto et. al., 2002;) based upon Sue, Arrendondo & McDavis' (1992)

framework of knowledge, attitudes, and skills. The Sexual Orientation Counselor Competency Scale (SOCCS) was developed specifically to measure perceived competency for working with LGB clients (Bidell, 2005). It is a 29-item measure with three-subscales designed to assess a counselor's attitude, knowledge, and skill competencies when working with LGB clients. The theoretical underpinning for this scale is Sue, Arredondo, and Mc Davis' (1992) model of multicultural competency which argues that competency is comprised of the requisite attitude, knowledge, and skills needed to provide ethical, affirmative and competent services. Bidell (2005) notes that additional research using the SOCCS would further the literature base by assessing levels of counselor competency with LGB clients in graduate students, particularly across varied disciplines. In addition, Bidell encouraged research into variables that may influence aspects of counseling competency with LGB clients.

There have been a small number of exploratory studies that have sought to measure cultural competence using the SOCCS. Rutter, Estrada, Ferguson and Diggs (2008) recently explored the impact of a training program on graduate students in educational counseling. The study included a group of students enrolled in an upper-level counseling course ($n = 12$) and a control group ($n = 12$) of students enrolled in an introductory course. Both groups completed the SOCCS during the third week of the semester. During the semester, the control group received no specific training on working with LGB clients. The treatment group received a training that consisted of didactic and experiential components. The didactic portion included a one hour lecture based upon the Affirmative Counseling Model (Dillon & Worthington, 2003). The experiential portion contained a one hour skills training using clinical vignette/role-plays.

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Following this 2 hour training, the survey was again administered to both the treatment group and the control group.

The results showed a significant change in the Skill subscale only for the treatment group. The subscale for knowledge improved, but it was not a significant change and the Attitude subscale responses indicated a slight decline in willingness to work with LGB clients following the training for the treatment group. The overall competency scores for the treatment group was significantly higher than they were for the control group, and there was a significant difference between the two groups for both the Skills and Knowledge subscales, but not in the Attitude subscale. The authors acknowledged low generalizability due to small samples. They also acknowledged problems with the control group being unequal in education to the treatment group. Finally, there was also no longitudinal component included in the study to see if the training effect held.

In a recent study, Rock, Carlson and McGeorge (2010) sought to explore student self-efficacy with couple and family therapy (CFT) students. Data collection included questions about the students' beliefs about sexual orientation as well as the level of training for working with LGB clients that the students had received in their CFT programs. The participants in the study were master's and doctoral-level students who had completed at least one year of clinical training. Using an instrument developed specifically for the study, the researchers assessed the extent to which CFT programs incorporated affirmative training practices in their curricula.
They also assessed self-efficacy of knowledge, attitude and skill to work with LGB clients as measured by the SOCCS. (Rock, Carlson, & McGeorge, 2010). Finally,

students were also asked three questions about the amount of course content they had received on LGB identity development models and affirmative therapy.

The results from the survey revealed that 39.5% of respondents report having received at least some training in gay affirmative therapy practices. Thus, well over half of the respondents had not had any gay affirmative training per respondent report. The study found that the overall level of affirmative training received predicted participants' self-reported clinical competency when working with LGB clients, but was not predictive of their scores on the Attitude or Knowledge subscales. Interestingly, the scores on the Affirmative Training Scale (ATS) did not significantly predict their scores on either the Attitude or Knowledge subscales. There was a significant relationship, however, between scores on the ATS and the Skills subscale. The researchers concluded that the items on the ATS were focused on how programs specifically address issues of homophobia, heterosexism, and heterosexual privilege, thus this finding implied that explicit training on these specific LGB issues has a positive influence on student's self-reported abilities to work effectively with LGB clients. (Rock, Carlson, & McGeorge, 2010).

Also of note, the researchers found that the amount of course content on affirmative therapy was predictive of students' overall self-reported clinical competency related to working with LGB clients. The number of weeks of content that were focused on LGB identity development were not predictive of competency, thus causing the researchers to speculate that perhaps the focus of the curricula should be more on how to understand practical issues such as homophobia, heterosexism, and minority stress issues faced by LGB clients rather than on gay identity development.

These finding are congruent with Grove's (2009) study that sought to explore student's competency to work with LGB clients by using the SOCCS along with a qualitative component to address what student's perceive as their most effective learning experience in developing knowledge and skills to work with LGB clients. The study had a sample of 58 students (current and recent graduates). The questionnaire contained the SOCCS along with a section that asked students to write briefly about their previous experiences of learning about sexual orientation, and how this had impacted their client work. In order to follow up on changes in competence levels over the subsequent three years, each student was allocated a code. A grounded theory approach was used to analyze the two qualitative questions.

In examining the association between years of training and reported levels of competence, Grove found that there was an association for either the Skills subscale or the Knowledge subscale with the number of years since starting training, suggesting that years of training increased a student's perception of their knowledge and skill to work with LGB clients. Consistent with other studies, the Attitude subscale was high across all years of training suggesting again that students had low levels of homophobia and were willing to work with LGB clients. Grove hypothesized that respondents reported a high level of comfort with sexual minority issues because they espoused values they thought were consistent with being in a training program that is gay affirmative. In a sense, students may be trying to be politically correct in their answers to the Attitude subscale questions.

The qualitative questions that inquired about students' learning experiences with LGB training yielded one notable theme. That theme was that a key event changed the

respondents' attitudes through challenging their current perceptions. In other words, they had an experience where "sexual orientation stimuli cannot be assimilated into old working models" (Mohr, 2002, p. 550). Students reported an internal shift in their perception of LGB individuals after the identified personal experience. This appeared to occur when they were encouraged to reflect on their own sexuality, and in particular to recognize their personal assumptions about sexuality. Respondents were challenged to work on their own assumptions and stereotypes, and to consider the heterosexist environment in which they had developed ideas of sexuality. The other themes that emerged to help with understanding about how students learned about LGB issues included: understanding of their personal sexuality, an understanding of others similarities and differences, acknowledging difficulty in communicating with sexual minorities, and political and social awareness. Based upon these and other ideas from this study and previous studies, Grove suggested using role plays, videos and films, and having openly gay, lesbian, or bisexual instructors share experiences with classes as a way to increase the competency of knowledge, skill, and attitudes with students.

In Australia, Riggs and Fell (2010) expanded an exploratory study they had done previously in which they offered a workshop on practice with LGBT clients. For the second workshop, Riggs and Fell increased the focus on the participants' understanding of heteronormativity and its impact upon the mental health of LGB people. Other new areas of focus included work with transgendered clients, greater clarity about the relationship between attitudes and behavior in relation to providing culturally competent practice, and more examples of how to apply the workshop information. The workshop was part of the social psychology elective available to a psychology graduate student

honors cohort. Twenty five of the fifty students in the cohort enrolled in the workshop

and agreed to participate in the study. Pretest surveys were administered one week prior

to the workshop. The posttest survey was given immediately following the workshop.

All of the participants in the study were fairly young women ($M = 25.08$, $SD = 7.44$).

All self-identified as heterosexual, except for one woman who identified as a lesbian.

Other demographic information identified the women as living in relatively advantaged

areas based upon their reported neighborhoods.

To assess behavioral intent, the researchers used an adapted version of the

Homophobic Behavior of Students Scale (van de Ven, Bornholt, & Baily, 1996). This

scale is a self-rated measure of willingness to interact with LGB individuals. The scale

was originally validated for use with high school students. Therefore, adaptations were

made so that questions more clearly pertained to psychological practice. The study also

used the Knowledge about Homosexuality Questionnaire (Harris, Nightengale, & Owen,

1995). This is a 16-item standardized measure of factual knowledge about LGB people.

Nine of the original items were included and updated to ensure appropriateness and

cultural understanding for Australians, as well as to include more of a bisexual and

transgender focus. The other seven questions were excluded as they were considered

outdated or inappropriate or a repeat of items captured in other measures.

The effects of the workshop on cultural competence were also assessed through

the use of a practice-related vignette. Participants read the vignette about a gay man's

experience in the waiting room for his initial appointment with a heterosexual

psychologist and then answered three short questions about the dynamics that occurred in

the vignette. They were also asked to define the term "heteronormativity." Each

question was related to the workshop and was scored by allocating one point for each relevant feature identified. The three questions were summed for a single score (range = 0-14) and the question on heteronormativity scored on its own (0-5).

Congruent with previous studies, the pretest scores for the Attitude subscale were high, and also showed significant improvement at the posttest, as did the posttest Knowledge scores. Overall, cultural competence at follow-up was significantly higher. Interestingly, the analysis of the vignette exercise showed some slight improvement, but still had mean scores in the bottom half of the possible range. Also, participants' ability to define heteronormativity was still in the bottom 30% following the workshop, suggesting that one of the main goals of the study was not accomplished.

Analysis of the written responses showed 40% of responses were considered naive and 60% were considered critical and thus appropriately culturally competent. The findings reported in the study showed a change occurred on knowledge, behavioral intent, attitudes and cultural competency. Of note, these researchers had conducted this study previously and modified almost every instrument prior to the second training. The authors stated that one of the major goals of the study was to foster an understanding of the impact of heteronormativity. However, when they specifically asked students to define this construct, two-thirds of the participants in the posttest survey could not define heteronormativity. Limits to this study include an all-female sample that self-selected to participate with almost all participants displaying some degree of positive regard and aptitude for working with LGB clients. Finally, no long-term follow-up measure was included in the study.

Three dissertation projects have explored self-efficacy of competency with sexual minorities. O'Shaughnessy's (2010) dissertation studied the relationship between participants' personality, reported affirmative therapy competency, and demonstrated competency using an online-analogue methodology with 255 psychology graduate students. The study examined case conceptualization ability, LGB affirmative therapy competency, and LGB affirmative therapy self-efficacy with three covariates of participant personality, sexual orientation and extent of relationships with LGBT individuals. The relationship between self-reported competency and demonstrated competency was studied as well. The groups did not differ on the case conceptualization after controlling for participant personality, extent of relationships, and sexual orientation. There was also no significant relationship between most self-reported measures of competency and case conceptualization ability, which is consistent with past research findings.

Graham (2010) examined graduate counseling students' self-perceived counseling competency with LGB clients in relation to their gender, degree program (counselor education or counseling psychology), training level (master's or doctoral student), additional training experience, and the number of LGB-identified clients seen in practica. The study also included a qualitative section that asked students what concerns they had in relation to counseling LGB clients. They were also asked to identify life experiences that have been beneficial in preparation for working with LGB clients. The sample included 235 graduate students in either counselor education or counseling psychology programs in the United States. Participants were solicited by sending emails to the directors of training of a national sample of accredited training programs.

Similar to past studies, students scored highest in Attitude and lowest on the Skills subscales (Graham, 2010). Doctoral-level participants had greater competency levels, as did counseling students as compared to counselor education students. The number of trainings and number of clients seen also accounted for significant amount of variance, suggesting increased self-perceived competency. Also, the number of LGB clients seen in therapy was significantly related to self-perceived competency levels, with participants who had not worked with any LGB clients having lower scores on the Knowledge, Attitude, and Skills subscales.

Findings from the qualitative questions supported the above results and offered further insight into student's perception of what they felt increased competency (Graham, 2010). Three training experiences were discussed. The first was a conference session that about half of the participants reported attending. Results showed no significantly higher levels of perceived competency for those attending. Although no detailed description of the content of the conference session was given, Graham speculates that this lack of impact could be due the fact that these types of events are usually not very interactive. She points out that more interactive, experiential activities tend to increase participants' self-awareness and understanding of diverse populations (Graham, 2010). However, students that reported having attended a workshop on LGB issues (one third of participants) had significantly higher scores on the total SOCCS as well as the three SOCCS subscales. Again, the exact content of the workshop was not assessed. This does speak to the idea that different types of training may impact perceived competence in trainees, however. Results were similar for students that reported attending a general

training (e.g. *Safe Zone)*. Again, this could be due to the inclusion of experiential activities in the training.

Day (2008), examined college counselors' self-perceived competency in counseling lesbian, gay male, and bisexual college students and explored what variables might predict counselor competence. A sample of American College Counseling Association members

($n = 226$) participated in the web-based study. Participants were either active college counselors or had college counseling experience. A social desirability scale was included in the study along with demographic information and the SOCCS.

Consistent with past studies, there was no correlation between social desirability and the SOCCS (Bidell, 2005). Descriptive responses indicated that on average the participants had little or no LGB formal graduate courses, few or no hours of LGB-infused content, and low attendance of LGB workshops during graduate school. As in previous studies, the subscales of the SOCCS indicated higher Attitude scores and one-third lower scores on Knowledge and Skills subscales. Other findings from structural equation modeling indicated that religious importance negatively predicts LGB attitude competency; the number of LGB friends and relatives predicts LGB attitude, skills and knowledge competencies; years of professional experience negatively predicts knowledge competency; and having attended LGB workshops predicts LGB skills and knowledge competencies.

Based upon these studies and others, the following observations can be made:

- Experiential training might be more effective in increasing perceived competency than traditional didactic trainings (Grove, 2009; Riggs & Fell, 2010).

- No control groups have been used in evaluating student self-efficacy of LGB cultural competence, except for one small study (n = 12) in which the control group was unequal to the experimental group (Rutter, Estrada, Ferguson & Diggs, 2008).

- No longitudinal data has been collected to examine ongoing training effects (Grove, 2009; O'Shaughnessy, 2010; Riggs & Wells, 2010; Rutter, Estrada, Ferguson & Diggs, 2008)

- Having an openly lesbian, gay, or bisexual instructor, using role plays, and using videos might help create a more experiential curriculum (Grove, 2009; Waldo & Kemp, 1997).

- A greater focus on issues such as homophobia, heterosexism, and minority stress is likely more effective in trainings than focus on gay identity development (Grove, 2009).

- There does not appear to be a correlation between case conceptualization and reports of perceived competency, except in the area of Skills (O'Shaughnessy, 2010).

- A key event (experience) that challenges a student's perception causes changes in attitude and in turn perception of competence to work with LGB clients (skills) (Grove, 2009; Guth, Lopez, Clements, & Rojas, 2001).

- To date, no studies have been done to measure social work students' self-efficacy of culturally competent practice with LGB clients.

Experiential Learning Theory

The Council on Social Work Education defines field education as its signature pedagogy (CSWE, 2008). Social work education has historically used experiential learning in the classroom as well as in field education placements an effective way to teach social work skills (Goldstein, 2001). The idea that knowledge and skills are developed through the transformation of experience, make experiential learning compatible with social work's idea of hands-on practice frameworks (Huerta-Wong & Schoech, 2010).

Experiential Learning Theory evolved from the theories of human learning and development. Theorists such as John Dewey and Kurt Lewin developed ideas of learning based upon the beliefs that a process must occur that allows the learner to expand ideas about a topic by examining them, testing them and integrating them into new ideas. Dewey called this philosophy of education a "theory of experience" (Dewey, 1938). He believed that conflict, differences, and disagreement were essential in the learning process, and that students are called upon to move back and forth between opposing modes of reflection and action and feeling and thinking.

There have been two comprehensive reviews of the Experiential Learning Theory (ELT) literature, one qualitative and one quantitative. Hickcox (1991) reviewed the theoretical origins of ELT and qualitatively analyzed 81 studies that focused on the application of the ELT model. Overall, 61.7% of the studies supported ELT, 16.1% showed mixed support, and 22.2% did not support ELT. Iliff (1994) conducted a meta-analysis of 101 quantitative studies of ELT and the Kolb Learning Style Inventory (LSI). The LSI was originally developed as a self-assessment exercise and as a means for

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construct validity (Kolb & Kolb, 2005). He reports 49 studies showed strong support for the Kolb Learning Style Inventory and Experiential Learning Theory. ELT has been widely accepted as a useful framework for learning centered educational innovation, including instructional design, curriculum development, and life-long learning (Kolb & Kolb, 2005).

Huerta-Wong and Schoech (2010) studied the relationship between experiential learning techniques and learning environments. The study evaluated the effectiveness of two learning environments (virtual and face-to-face) and two teaching techniques (experiential and lecture plus discussion). Results indicated that in both learning environments, experiential instruction had higher scores in terms of satisfaction, perception of learning gains, learning, and skills acquisition than the lecture plus discussion method. These differences were evident even after controlling for previous knowledge, high school GPA, and days spent between intervention and posttest. These findings were consistent with previous research that examined experiential learning outcomes in social work (Rocha, 2000).

Mclintock (1992) points out that experiential learning is especially effective with adult learners. Since adult learners typically bring a myriad of personal experiences to a learning situation, they may have valuable past experiences with which to relate new information and future situations. While this may be helpful in many learning situations, it may also create some difficulty in changing patterns of thinking that may not be accurate, i.e. stereotypes about LGB individuals. According to Mclintock, "the core of experiential education is the experiential learning cycle: having an experience, reflecting on the experience, analyzing the experience and then using that analysis to generalize

learning to future situations" (p. 54). Many of the students enrolled in MSW programs are adult learners, which are defined as learners who are 25 years of age or older according to the National Center of Educational Statistics (NCES, 2002).

Adult Learners.

According to the National Center of Education Statistics (NCES, 2002), adult learners have distinct characteristics. Compared to traditional students (those under 25 years of age), adult learners are more likely to be pursuing a program leading to a specific vocational certificate or degree and thus have focused goals for their education, typically to gain or enhance work skills. Also, adult learners consider themselves primarily workers, not students. With competing demands from work and family, being a student often is lower priority for adult learners. Knowles, Holton and Swanson (2005) pointed out the importance of life experiences and knowledge as mentioned above, along with having practical and applicable learning as being particularly significant to adult learners. This realistic approach to learning with a need for practicality applied in a meaningful context is congruent with the method of experiential learning.

This empirical support for the effectiveness of experiential learning techniques in social work education, along with CSWE's support of this approach, supports the selection of this method of instruction as a tool for teaching social work students cultural competence for working with LGB clients. This coupled with Mohr's (2002) and Grove's (2009) argument that changing student's "internal working models of sexual orientation" (Grove, 2009, p.84) will most likely occur through experiences, supports using experiential learning as an effective tool to increase cultural competence for working with LGB clients.

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Unique Issues to LGB Clients

To increase a student's self-efficacy in cultural competence with LGB clients, research has focused on the social worker's attitudes, knowledge and skills. Pertinent to all three areas of cultural competence is having an understanding of unique issues, challenges, and experiences that affect the well-being of LGB clients. In both the didactic and experiential trainings utilized for this study, specific LGB topics of minority stress, internalized homophobia, heteronormativity and coming out were presented.

Minority stress theory.

Cultural competence requires understanding the unique stressors experienced by members of a particular culture. For social work students to be culturally competent in working with LGB clients, minority stress theory offers a framework for understanding the additional stressors LGB individuals face due to their stigmatized social category (Szymanski, 2005) Minority stress theory posits that in addition to general stress experienced by all people, LGB individuals experience unique, chronic stressors (both internally and externally) and are continually forced to adapt and cope with societal stigmatization (Meyer, 2003). Internal stressors include perception of stigma associated with being LGB, internalized heterosexism, self-concealment, and emotional inhibition. External stressors include such things as experiences of harassment, discrimination, bullying and anti-LGBT violence (Szymanski, Kashubeck-West, & Meyer, 2008). Minority stress theorists have asserted that these stressors can lead to mental health problems for LGB individuals (Meyer, 2003; Szymanski, 2005) Meyer also notes that if individuals possess a minority identity as a significant part of their sense of self, this may also increase minority stress, and thus, increase psychological distress.

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Minority stressors can include visible issues, such as bullying, that are well documented in the news media. These stressors can also take on more subtle forms that do not gain public attention. For example, Szymanski & Kashubeck-West (2008) point out that bisexuals experience unique minority stressors in that they are often stereotyped as being promiscuous and untrustworthy or they are viewed as being gay or lesbian persons who refuse to embrace their real sexuality. Persons who identify as bisexuals may also be seen as unwilling to give up their heterosexual privilege and therefore are subject to discrimination from the gay and lesbian community as well as the heterosexual community (Israel & Mohr, 2004).

Internalized homophobia.

Internalized homophobia can be defined as the LGB individual's inward direction of society's homophobic attitudes (Meyer, 1995). This internalization of negative attitudes is theorized to lead to conflicts within the individual, lowered self-regard, and self-deprecating attitudes (Meyer & Dean, 1998). Several researchers have applied the idea of internalized homophobia in both gay men and lesbians to the internal stress of minority stress as noted above. According to certain theorists (e.g., Gonsiorek, 1988; Meyer, 1995), the effects of internalized homophobia will likely be most intensely felt early in the coming out process. However, due to the long-lasting effects of early socialization experiences and the persistent experience of minority stress, internalized homophobia will continue to influence the LGB individual throughout her/his lifetime (Newcomb & Mustanski, 2011). Viewed through this conceptualization of internalized homophobia as a component of minority stress, it follows that internalized homophobia would likely be related to a variety of different psychological and physical health

outcomes (Igartua, Gill, & Montoro, 2003; Newcomb & Mustanski, 2010). For some social work students, the construct of internalized homophobia will likely be a new idea. This phenomenon in the LGB community is another unique issue that when understood, will help students move toward a deeper familiarity with this population.

Heteronormativity and heterosexism.

One of the ten Standards for Cultural Competence in Social Work Practice is self-awareness (NASW, 2007). The standard challenges social workers to "develop an understanding of their own personal and cultural values and beliefs" (p. 19), as a way to begin to understand others. This includes examining personal values, beliefs, and biases. By acknowledging how fear, ignorance, and societal oppression (i.e. racism, sexism, ethnocentrism, heterosexism, ageism, and classism) have influenced their attitudes and beliefs, social workers are able to become more culturally aware. Many heterosexual social workers may be unaware of their subtle heterosexual bias because they have yet to consider the concept of heteronormativity.

Heteronormativity can be described as the processes through which culture in general and social institutions and social policies in particular reinforce the belief that human beings fall into only the two distinct gender/sex categories of male/man and female/woman. All intimate relationships should only exist between men and women (Queen, Farrell, & Gupta, 2004). This construction is seen as normal and desirable for all people. In other words, heterosexuality is seen as a given instead of one of many options. As a whole, society encourages and reinforces this construction, and thus identifies those who fit into this ideal and those who do not. Therefore, society is structured to reflect this unquestioned assumption that everyone in the culture is heterosexual, or that

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everyone should be heterosexual. There is an identifiable majority and an identifiable

minority, the latter of which is by default, not normal. Both heterosexuals as well as

LGB individuals operate within this societal standard and are therefore susceptible to the

influence of heteronormativity. Heteronormativity can easily develop or become

heterosexism for some individuals. Heterosexism has been defined as a value system that

prizes heterosexuality above homosexuality and therefore fosters anti-homosexual

prejudice. Like other forms of oppression, such as racism and sexism, heterosexism has

been correlated with a number of variables that reinforce negative attitudes (Ritter &

Terndrup, 2002). Herek (1984) identified seven characteristics of people with negative

attitudes towards lesbians and gay men. These individuals typically:

- hold traditional attitudes toward gender roles;

- have not engaged in homosexual behaviors or not have identified as
  lesbian or gay;

- have peers who manifest negative attitudes;

- have little contact with lesbians and gay men;

- are older and are less educated;

- live in rural areas, the Midwest, or the South; and

- possess strongly held and conservative religious views.

These characteristics identify individuals that are more likely to have negative attitudes

toward LGB individuals. Those with strongly held ideas and little or no exposure to LGB

individuals will likely be those who will show little change in attitude regardless of type

of classroom intervention (Basset & Day, 2003). This is concerning as heterosexist and

homophobic views held by practitioners can reduce the effectiveness of services offered

to LGB clients, resulting in inferior treatment and poorer client outcomes (Crisp, 2006).

And, as reported by some, these views may actually cause harm to LGB clients by

creating a negative treatment dynamic (Ben-Ari, 2001; Burckell & Goldfried, 2006;

Foreman & Quinlan, 2008). In a study that explored what type of therapist qualities were

preferred by sexual minorities, Burckell and Goldfried (2006) found that sexual

minorities valued therapists who had LGB-specific knowledge as well as general

therapeutic skills, whereas they indicated that they would avoid therapists who held

heteronormative views.

Coming out.

Coming out is a unique developmental milestone for lesbian, gay and bisexual

individuals. It involves disclosing one's minority sexual orientation to others.   Self-

acceptance of one's sexual orientation as non-heterosexual is usually a significant part of

the coming out process. Often seen as a process that may take many years to complete,

coming out can be a time of doubt, distress, and discomfort for many LGB individuals.

(Beckstead & Israel, 2007). Fortunately, for some, however, it can be a time of growth,

connection and self-acceptance (Riggle & Rostosky, 2012).

There have been several developmental theories that describe the coming out

process in the context of identity formation. Typically, these developmental models refer

only to lesbians and gay men without incorporating bisexual individuals (Ritter &

Terndrup, 2002). John Grace (1992), a social worker, proposed a five-stage model of gay

and lesbian identity formation that included acknowledging and understanding the unique

challenges faced by lesbians and gays in a homophobic society. The coming out process

is an essential part of LGB identity formation. Grace proposed that environmental

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barriers of a homophobic society create oppressive effects reflected in the development of lesbians and gays (Grace, 1992).

Grace's (1992) first level of identity development is emergence. In this stage individuals sense that they are different, yet realize they must conform to heterosexist norms. They work at passing for being heterosexual, although they may begin to experience same-sex attraction. Next, Grace identifies stage 2 as acknowledgment. In this stage, feelings of fear and shame may increase prior to accepting one's sexual orientation. This stage typically occurs during adolescence, but may occur later in life for some. "Fear of acknowledging their same-sex feelings leads many to deny, rationalize, or bargain in order to limit conscious awareness of their emerging sexual identities" (Grace, 1992, p.42).

Stages 3 and 4 may be different for lesbians and gay men. For lesbians, Grace identifies the third stage as first relationships, followed by the fourth stage of finding a community. For gay men, this is typically reversed. Gay men, according to Grace, will first explore the gay community before finding their first relationship.

Grace (1992) describes the final stage as self-definition and reintegration. He describes this as on open-ended, ongoing and life-long process with each new situation and relationship. With each new person an LGB individual meets, they are faced with whether or not to disclose their sexual orientation. Coming out is a unique developmental milestone that has no equivalent in heterosexual development (Ritter & Terndrup, 2002).

Summary

Contemporary practice with LGB clients has continued to evolve from trying to cure pathology to conducting LGB-affirmative practice. The National Association of Social Work published standards for cultural competence for work with minorities which include lesbian, gay, and bisexual clients (NASW, 2007). Likewise, The Council on Social Work Education (CSWE) mandates through its Educational Policy and Accreditation Standards (EPAS) that social work programs attend to diversity in curriculum and program environment (CSWE, 2008). Recognizing that LGB clients are seen in a variety of social work practice settings and experience many unique challenges, it is important that social work graduates are culturally competent to work with this population.

Cultural competence has traditionally been defined as a combination of attitudes, knowledge, and skills (Sue et al., 1982). While there has been lack of consensus on how best to ensure cultural competence in practioners, many feel that competency must focus on attitudes, knowledge and skills as they relate to different populations (Constantine, 2001; Dillon, & Worthington, 2003; Sue, Arredondo, & McDavis, 1992). What is lacking is clear direction on what kind of training will improve student competency in working with sexual minorities.

As graduate social work programs prepare students for social work practice, they are faced with how to effectively train students to be culturally competent to work with LGB clients. While some graduate social work programs have a specific course or courses on cultural competence, many do not. Rather, they infuse this material across the curriculum. While this infusion method has been shown to be an effective way to cover

many topic areas in social work through problem-based learning and case discussions (Wong & Lam, 2007), it is unclear if this method ensures students who take a variety of classes can demonstrate competence in working with this population.

Studies on adult learning show that experiential learning is effective in helping students assimilate new information and skills. Social work has long valued experiential learning and continues to use field education as a cornerstone of its educational model (Goldstein, 2001). Some researchers suggest that adult learners gain a deeper understanding of conceptual knowledge when previous thinking is challenged with information that will no longer fit into previous paradigms. Teaching cultural competence would lend itself to this model of challenging preconceptions as students are exposed to new concepts and examples of LGB-specific challenges (Grove, 2009; Mohr, 2002).

Because the area of working with LGB clients is one that has only recently begun to be addressed in social work education, this exploratory study offers new insights in several ways. First, the study examines the current method of infusion taught in a master's of social work program and its overall effectiveness by assessing LGB cultural competence, which is comprised of attitudes, knowledge, and skills. In addition to assessing student's perceived competency, or self-efficacy, the study assesses demonstrated competency through the use of a case conceptualization. Second, the study explores the impact of two 2-hour trainings on student self-efficacy and case conceptualization. With one treatment group receiving traditional didactic instruction on working with LGB clients, and one treatment group receiving experiential instruction on working with LGB clients, pretest and posttest measures assess changes in students' self-

efficacy and case conceptualization skills. To date, no published research has been

conducted on what type of training intervention is most effective in changing attitude,

knowledge and skills over a period of time. This study will reassess students' self-

efficacy and case conceptualization skills using a follow-up survey one month after the

brief trainings.

Based upon the extant literature described above, this exploratory study offers

new insights into how best to teach cultural competence with LGB clients to graduate

social work students as evidenced by self-efficacy and case conceptualization. This

dissertation compares didactic lecture and experiential learning to the current infusion

method of instruction. Below are the specific questions that the current study explores:

Research Questions

Q₁ *What is the perceived competency level (attitude, knowledge and skill) of social work*

students to work with LGB clients based on current instruction methods (infusion)? What

is the current level of demonstrated competence as evidenced by case conceptualization?

These two questions address the effectiveness of the current methods of teaching

cultural competence at the University of Kentucky by assessing both student self-efficacy

and demonstrated competence. The survey was completed by a sample of students who

have not received any formal LGB training. This group serves as the control group. The

measures of self-efficacy and case conceptualization have not been assessed with social

work students previously concerning LGB cultural competency.

Q₂ *What is the change in social work students' perception of their competency to work*

with   LGB clients after experiencing a didactic lecture on LGB cultural competence?

The current literature reports that even one instructional class on working with LGB clients can be effective in improving cultural competence (Dongvillo & Ligon, 2001; Israel, 1998).

Q₃ *What is the change in perception of competency of social work students to work with LGB clients after experiencing an experiential training module on LGB cultural competence?*

Experiential learning is an instructional technique valued by social work education. Studies have also suggested that it is an effective format to impact student's understanding of their own sexuality and sexual orientation in general. It provides a framework for students to understand heteronormativity and observe though movies clips and role plays examples of sexual minority stress (Goldstein, 2001; Kolb & Kolb, 2005).

Q₄ *Which training method creates the most change in perceived competency level (knowledge, attitude and skill) of social work students to work with LGB clients?*

Examination of each subscale of attitude, knowledge, and skill was compared to the different training methods of didactic lecture, experiential and the control group. Case conceptualization was also analyzed in relation to training method.

Q₅ *Which training method creates the most sustained change in perceived competency level (knowledge, attitude and skill) of social work students to work with LGB clients as measured by follow-up assessment?*

No previous studies have measured the longitudinal effects of an educational training on perceived cultural competency with LGB clients. Surveys of the SOCCS and case vignettes were redistributed one month after the training to see if training effects held and to determine which training had greater longitudinal effect.

Q₆ *How does student perceived competence of working with LGB clients compare with their overall demonstrated cultural competence?*

Some studies have shown no correlation between perceived cultural competence and demonstrated cultural competence (Constantine & Ladany, 2000; O'Shaughnessy, 2010). These constructs were compared using both responses to case vignettes and multiple choice questions.

Q₇ *What do students think would help them work more effectively with the LGB population? How do these concerns change after having a brief didactic lecture or experiential training?*

This question differs from the previous questions in that it seeks to know what students think would be helpful to them in being prepared to work with LGB individuals. The qualitative responses were analyzed with thematic analysis.

The conceptual model for the study (see Figure 1) indicates that the types of pedagogical trainings will have a significant effect on both perceived and demonstrated cultural competence in working with LGB clients.

Pretest	Training	Posttest	Follow-up

Pretest

Perceived Competence
(Self-Efficacy)

- Attitude
- Knowledge
- Skill

- Self-Rated Level
  of Competence

Demonstrated Competence

- Case Vignette
  Assessment
  Question

- Case Vignette
  Treatment
  Question

- Multiple Choice
  Questions

Training

Didactic
Lecture

Experiential
Training

Control
Group

Posttest

Perceived Competence
(Self-Efficacy)

- Attitude
- Knowledge
- Skill

- Self-Rated Level
  of Competence

Demonstrated Competence

- Case Vignette
  Assessment
  Question

- Case Vignette
  Treatment
  Question

- Multiple Choice
  Questions

Follow-up

Perceived Competence
(Self-Efficacy)

- Attitude
- Knowledge
- Skill

- Self-Rated Level
  of Competence

Demonstrated Competence

- Case Vignette
  Assessment
  Question

- Case Vignette
  Treatment
  Question

- Multiple Choice
  Questions

Figure 1. *Conceptual Model of Cultural Competence with LGB Clients*

Chapter 3

Methodology

Participants

　　This study was conducted at the University of Kentucky College of Social Work. The University of Kentucky is a 4-year, public land grant university with both undergraduate and graduate programs. Current enrollment is approximately 28,000 students. The College of Social Work at the University of Kentucky is accredited by the Council on Social Work Education and offers baccalaureate, masters and doctoral degrees.

　　For this mixed-methods exploratory study, first-semester graduate students enrolled in core courses (social work practice and ethics) in the Lexington and Morehead/Ashland programs served as the treatment groups. Graduate students who have completed their core courses (either as a graduate student or an advanced standing student who had core courses in an undergraduate social work program) served as the control group. The sample consisted of a total of 187 MSW students. There were 88 in the treatment group which consisted of the didactic lecture group ($n = 37$) and the experimental treatment group ($n = 51$). The control group had 99 students.

　　Synonymous with enrollment demographics in the MSW program, the sample was mostly female (81.8%). The mean age of the sample was 29.6 (SD = 8.06). The participants primarily self-identified as White (84.4 %) and heterosexual (92.0%), with only 2.7 % of the sample identified as lesbian or gay, and only 3.7% identified as bisexual. Table 1 presents the complete demographic characteristics of the sample.

Table 1

Characteristics of Participants

_____

Characteristic	*n*	*% or mean*
Gender		
male	33	17.6 %
female	153	81.8 %
neutral	1	0.5 %
Age	181	29.61 (sd = 8.06)
Race		
Asian	4	2.2 %
Black or African American	19	10.2 %
Native Hawaiian or other Pacific Islander	1	0.5 %
Latino	2	1.1 %
White	157	84.4 %
Black or African American and Native Hawaiian and other Pacific Islander	1	0.5 %
Latino and White	1	0.5 %
Black and Latino and White	1	0.5 %
Sexual Orientation		
gay or lesbian	5	2.7 %
bisexual	7	3.7 %
heterosexual	172	92.0 %
other	3	1.6 %

_____

Study Design

    Because students were not randomly assigned, the design was quasi-experimental. One treatment group received a didactic lecture on the topic, one treatment group received an experiential training on the topic, and one group (that served as control), did not receive either training module.

    The design, which is used to compare the effectiveness of two alternative treatments, is known as The Alternative Design with Pretest (Shadish, Cook, and

Campbell, 2001). The basic design was strengthened with a second posttest as notated below:

<div align="center">Graduate Social Work Students</div>

Didactic Group	O_1	X_A	O_2	O_3
Experiential Group	O_1	X_B	O_2	O_3
Control Group			O_2	

Recruitment and Procedures

After securing approval from the Institutional Review Board of the University of Kentucky, participants were recruited from currently enrolled students in the Master of Social Work program who matriculate at the Ashland, Morehead, and Lexington campuses of the University of Kentucky.   Dates to provide the lecture and experiential trainings were arranged with instructors prior the beginning of the fall semester. Classes were selected from required foundational courses (ethics and practice) to capture as many students as possible without overlap.   The control group was comprised of students who have completed their foundational courses (either as a graduate student or an advanced standing student who had foundational courses in an undergraduate social work program).

Prior to the instructional segment for the treatment group, students were informed by a research assistant who is certified in human subjects' research that they had an opportunity to participate in this study. It was made clear to the students that their participation was completely voluntary and their decision about participation would in no way affect their grade for the course or their standing in the MSW program. The students

in each class were given information about the study and informed consent (see Appendix A).

The research assistant handed out surveys and instructed students to code the top of their survey with a unique identifier (their favorite color plus the last 4 digits of their cell phone number). This allowed pretest surveys to be matched with posttest and follow-up surveys. Each survey contained a case vignette with both open-ended and objective (multiple choice type) questions to answer. This provided a measure of each student's LGB case conceptualization ability. Also included were survey questions and demographic questions (Appendix B). No identifying information was included on the survey. After the training, the instructor and practicum teacher left the room to allow for confidentiality for students who chose not to participate in completing the posttest survey. Students were instructed by the research assistant to label their survey with their unique identifier. The research assistant had a large envelope and instructed the students to place their surveys in the envelope upon completion. The research assistant did not see which survey was returned by which student and had no way to identify the surveys as they were randomly placed in the envelope in no particular order by the students.

The third group served as the control group. They did not receive any new training. They were given information about the study and asked to complete the survey. Their survey captured only what they have been taught through infusion of LGB material throughout the social work program (each treatment group will be described below, along with information about the control groups previous education on LGB issues).

The extant literature conveys that having a gay instructor could be a positive experiential experience for students (Grove, 2009). This study utilized an openly gay

instructor as part of the educational trainings to serve as example of a gay individual who

is professional, knowledgeable and part of academia. In the experiential training, his

sexual orientation and self-disclosure of personal experience were part of the class

discussion.

Measures

Measurement of independent, dependent, and control variables are discussed in

the sections that follow. Table 2 identifies the variables used in the study.

Table 2

Variables in the Study

Independent Variable	Control Variables	Dependent Variables
Training Method for Working with LGB Clients • didactic lecture • experiential • control group	• Age • Gender • Sexual Orientation • Experience Working with LGB Client • Religious Beliefs • Past training Relationships with LGB Individuals	Sexual Orientation Counselor Competency Scale • Attitude Subscale • Knowledge Subscale • Skills Subscale • Total Scale Case Conceptualization • objective questions • open-ended questions • Self-rated competence

Independent Variable

The independent variable used in this study was method of instruction. The

independent variable had three attributes consisting of the different methods used to teach

cultural competence with LGB clients to MSW students. The three different types of

training methods are described below.

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Didactic lecture.

The didactic lecture method included a PowerPoint presentation that contained the

minimal practice competences identified by Hansen, Pepitone-Arreolo-Roackwell, and

Green (2000), and the didactic outline presented in Rutter, Estrada, Ferguson, & Diggs,

(2008) as they relate to knowledge, attitude and skill. Topics were also correlated with

NASW's Standards for Cultural Competence in Social Work Practice.   In brief, the

presentation included material on the following:

   I. *Knowledge-*

    A. brief history of LGB treatment, oppression as a minority
    B. introduction of Minority Stress Theory, culture-specific stressors
    C. introduction of heteronormativity and heterosexism
    D. exploration of common misconceptions and myths.
    F. coming out
    G. mental health issues, drugs/alcohol, HIV/AIDS
    H. relationship issues - lack of role models, marriage

   II. *Attitude -*
    A. awareness of one's own sexual orientation
    B. assumptions and biases as they intersect with heteronormativity
    C. review common assumptions/stereotypes of gay youth, lesbians, gays
       and bisexuals

   III. *Skills -*
    A. gay affirmative therapy
    B. what LGB clients find valuable in practitioners according to research
    C. when to refer LGB clients
    D. therapeutic relationship
    E. when and how to ask questions about LGB culture
    F. importance of assessing the coming out narrative
    G. conflict with family of origin and/or religion

In an effort to offer a standardized presentation, a search was conducted to

identify any existing educational modules that captured the topics listed above. Based on

the publication, A *Provider's Introduction to Substance Abuse Treatment for Lesbian,*

Gay, Bisexual, and Transgender Individuals, First Edition, by the U.S. Department of

Health and Human Services, Substance Abuse and Mental Health Services

Administration (SAMHSA), in 2001, a supplemental curriculum was developed by

SAMHSA to provide practitioners and administrators familiarity and knowledge about

the interaction between LGBT issues and substance use disorders. The curriculum offers

knowledge to enhance practitioner's abilities to offer affirmative, culturally relevant, and

effective treatment to LGBT individuals in substance use disorders treatment. SAMHSA

offers this training curriculum as a free, online service. For this study, slides from the 20

different modules were selected that pertained to topics in the areas of attitudes,

knowledge and skills. Substance abuse-specific topics were omitted. Sources were

updated to include more current studies when available, and a few slides were added to

ensure certain topics were covered thoroughly. While this material has been used

extensively in multiple-day trainings, no previous studies have used this abbreviated

version in a two-hour training.

Prior to beginning the PowerPoint-type lecture, the instructor informed the class

that he was gay and described his experience working with LGB clients. The didactic

presentation included lecture and discussion and lasted approximately two hours, which

allowed time following the lecture for students to complete the posttest survey.   The

primary focus of this didactic lecture was dissemination of accurate and pertinent

information about working with LGB clients.

Experiential training.

This training module covered the same topical information as the didactic lecture

method; however, an experiential approach was utilized. Instead of PowerPoint slides

and didactic lecture, the material was presented in a discussion format. The key discussion points were written on the board to serve as a guide for material that would be covered. The topics listed on the board were stereotypes and bias, internalized homophobia, heteronormativity, sexual minority stress, and coming out. As each particular topic was introduced and defined through interactive discussion, the instructor would share examples and supporting factual statistics. The instructor also used YouTube videos that offered a "first-hand" account of the topic being discussed as each video had and LGB person giving a personal account of how each topic had impacted their lives. For example, one video included a young woman who self-identified as bisexual. The video consisted of her discussing the myths and stereotypes of being bisexual in a humorous, irreverent, casual way, and how these stereotypes had personally affected her.

According to Sherer and Shea (2011), YouTube has become a video-sharing resource that can be used in and out of the classroom to help engage students in learning, energize classroom discussion, and meet course learning goals. To select the videos used in the experiential training, the researcher placed each of the topics listed above in the search engine of the YouTube video website. Many videos were viewed and the ones selected were chosen for their content, emotional quality, and length. Videos that contained clear facial expressions and had individuals that spoke candidly about the challenges of being LGB were included in the training. The researcher also selected videos with as much variety as possible to capture the heterogeneous nature of the LGB population. Each video elicited discussion from the class, and the instructor asked

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questions about how the person in the video might feel as well as also asking students to share any personal emotional reaction they had to the videos.

A role play exercise was also used to present ideas of heteronormativity and coming out. The instructor invited five female participants to be a part of the role play. Most accepted, however, a few students elected to not be in the role play. One student was assigned the role of a young woman about to be married. Another student was assigned the role of the first student's friend from college who identified as a lesbian. The scene took place at a bridal shower. The task was for the first women to introduce her lesbian friend to her other high school friends attending the shower. The role play simulated a coming out event for the bride's lesbian friend. It also offered opportunities for students who played the friends to discuss how they felt in this situation. After the role play, both the students who played the bride and her lesbian friend discussed their feelings. The other students in the room were encouraged to comment as well.

After the discussion, the instructor asked the class if the bride were lesbian or straight. He then asked if the high school friends were lesbian or straight. He pointed out that the only person whose sexuality had been explicitly defined was the lesbian friend from college. He asked if the students in the role play and those watching had assumed the characters were heterosexual. This demonstrated an experiential example of heteronormativity.

As with the didactic lecture group, the instructor informed the class that he is a gay man and has worked extensively with LGB clients as a social worker. Issues of his own coming out were incorporated into the experience as appropriate. This educational training was also two hours in length.

As much as possible, the researcher tried to have the same content presented in both groups by ensuring that the major topics of stereotypes and bias, internalized homophobia, heteronormativity, sexual minority stress, and coming out were presented. More in-depth, factual information was covered in the didactic lecture given with the PowerPoint format. In the experiential training, more emphasis was placed on discussing and understanding how these topics impacted LGB individuals on a personal level.

Control Group.

The control group consisted of MSW students who have completed their foundational courses and are now enrolled in practicum classes. This group represents the level of LGB cultural competence currently being achieved by University of Kentucky College of Social Work students. To comply with the Council on Social Work Education's Educational Policy and Accreditation Standards (EPAS), the College has infused LGB material into various courses across the curriculum. Some material on working with LGB clients may be presented as other practice competencies are being taught. For example, a case discussed in a social work practice class may include a LGB client. However, exactly how this material is infused into practice and theory courses differs from course to course. The control group was given the same questionnaire that was completed by each of the treatment groups.

Control Variables

The survey contained demographic questions to gather information about gender, age, sexual orientation, amount of experience working with LGB clients, religious conflicts, previous LGB training and relationship with LGB individuals. For gender, participants were asked to chose between female, male or supply an alternate response.

For age, participants reported their age in years, creating an interval variable. Race was measured with a closed-ended question that included the following categories: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, Latino, or White. There was also a spot for respondents to list another answer than the categories provided. Three unique responses were given which included Black or African American and Native Hawaiian and other Pacific Islander, Latino and White, Black and Latino and White (see Table 1).

Sexual orientation was also assessed categorically with the following categories: gay/lesbian, bisexual, heterosexual, or other. Previous experience working with LGB client was also assessed categorically with four levels of experience. Responses were coded on a zero to three scale with zero being "not at all" and three being "a lot". Religious conflict was assessed as a dichotomous variable with respondents selecting either "yes" or "no" in response to a question asking if working with LGB clients would be difficult because of their religious beliefs.

To assess past trainings related to LGB competency, respondents were asked to give the number of trainings they had attended. Relationships with LGB individuals was an ordinal-level measure that offered the following options: no personal relationships (0), acquaintances or distant friends (1), relatives (2), close friends (3), immediate family or close relatives (4). Having an undergraduate degree in social work was assessed as a dichotomous variable with respondents choosing "yes" or "no". And finally, there was an interval-level demographic question that inquired about years of direct social work experience.

Gender, sexual orientation, and religious conflict are descriptive variables. Age and number of specific trainings along with experience working with LGB clients and relationships have been shown to be predictors of LGB competence. Prior to analysis of the data, to ensure that the non-randomized groups are not significantly different in terms of these characteristics, analysis of variance (ANOVA) and chi square analysis were used to ensure balance of the groups on the control variables. Because past studies have shown these items to be predictors of LGB competence, it is important that each group is balanced in relation to these factors.

Dependent Variables

Sexual orientation counselor competency scale.

The dependent variable, cultural competency, was measured with the Sexual Orientation Counselor Competency Scale (SOCCS) created by Bidell (2005). Bidell used a rational-empirical approach to design the scale that produced an initial pool of 100 items drawn from relevant LGB competency literature. Through focus groups and card sort methodologies the initial 100 items were reduced to 42 distinct items. A factor analysis of the 42-item scale revealed a 3-factor solution, which accounted for 40% of the variance and produced 29 distinct and useable items. The skills subscale of the SOCCS consists of 11 items and accounted for 24.91% of the total variance. Items include questions such as, "I have been taught how to work with LGB clients in my social work classes" and "I am willing and able to work with lesbian clients". The attitudes subscale consists of 10 items and accounted for 9.66% of the total variance. Items in this subscale are all reverse scored and are thus phrased negatively such as, "The lifestyle of a LGB client is unnatural or immoral" and "I believe that LGB clients should work toward being

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highly discreet about their sexual orientation." The knowledge subscale consists of eight

items and accounted for 5.41% of the total variance. Items include questions such as "I

am aware of institutional barriers that may inhibit LGB people from using social

services" and "Being born a heterosexual person in this society carries with it certain

advantages."

Respondents rank their answers using a 7-point Likert scale ranging from strongly

disagree to strongly agree. Possible scores range from 29-203 with higher scores

indicating higher levels of sexual orientation competency. Bidell (2005) recommends

using mean scale scores for ease of scoring. Internal consistency of the SOCCS in

Bidell's study was .90 and 1 week test-retest reliability was .84. Bidell established

convergent validity for each of the SOCCS subscales by comparing the Attitudes

subscale with the Attitudes Toward Lesbians and Gay Men Scale (ATLG; Herek, 1998),

the Skills subscale with the Counselor Self-Efficacy Scale (CSES; Melchert, Hays,

Wiljanen, & Kolocek, 1996), and the Knowledge subscale with the Multicultural

Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey,

Rieger, & Austin, 2002). As predicted, each of the subscales correlated strongest with the

scales with which they were compared. Finally, Bidell examined divergent validity by

comparing the SOCCS scores with the mean of three social desirability cluster questions

placed in the scale. He found the bivariate correlation indicated weak associations

between the social desirability cluster and total SOCCS scores ($r = .27$). Weak

associations were also indicated between the social desirability cluster and Attitudes

subscale scores ($r = -.03$), Skills subscale scores ($r = .33$), and Knowledge subscale

scores ($r = .17$). The weak associations suggest the SOCCS results do not correlate too

strongly with measurements of the distinct social desirability trait. Therefore, the SOCCS exhibits preliminary evidence of divergent validity. Cronbach's alpha for the total SOCCS for the current study was acceptable at .71. The Attitude subscale consisted of 8 items (α = .89), the Knowledge subscale consisted of 10 items (α = .73), and the Skills subscale consisted of 11 items (α = .72).

The SOCCS was selected to measure overall cultural competence with LGB clients because of its sound psychometric properties and solid reliability in other studies (see Grove, 2009; O'Shaunessey, 2010; Rock, Carlson & McGeorge, 2010). Its subscales of attitude, knowledge and skill were analyzed independently as the foundational components of cultural competence (Sue, Arredondo, & McDavis, 1992). The scale is constructed to measure perceived competence or self-efficacy.

For this study, the scale was adapted for social work students. "Counseling" was replaced with "social work" or "work". For example, "I have received adequate clinical training and supervision to counsel lesbian, gay and bisexual clients" became, " I have received adequate training and supervision to work with lesbian, gay and bisexual clients". A confirmatory factor analysis was conducted on the modified SOCCS to ensure the scale was capturing the same constructs as previously reported. The orthogonal varimax rotation produced a three factor solution with items sorting as in the previous study. The solution accounted for 41% of the total variance, similar to the 40% reported in the initial analysis (Biddle, 2005).

The multicultural counseling knowledge and awareness scale.

A shortened version of the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002) was also included in the survey instrument as a

comparison measure of constructs being assessed in the two scales used in the survey.

The MCKAS (Ponterotto et al., 2002) is a 32-item measure that utilizes a 7-point Likert-type response set to assess instrument self-perceived multicultural counseling knowledge and awareness. The MCKAS consists of two factors: Knowledge (20 items) and Awareness (12 items). For this study, an abbreviated version was used to avoid respondent fatigue. One fourth of the total items was used (5 Knowledge questions and 3 Awareness questions) and interspersed with the SOCSS questions. The items with the highest factor loadings were chosen for the abbreviated version.

For this study, the MCKAS was used for diagnostic purposes only. It was used to compare factors in common with SOCCS. The questions from the MCKAS scale, when loaded into the factor analysis, loaded on different factors, thus supporting the idea that attitude, knowledge and skills for working with LGB individuals was perceived as a different construct from general knowledge and attitude of cultural competence.

The socially desirable response set measure.

Self-report measures of attitudes, feelings and behaviors have been criticized because respondents may answer questions in such a way as to represent themselves favorably. This phenomenon, known as social desirability, is a concern in survey research. Social desirability pressure can affect the validity of self-reports as some respondents may underreport socially undesirable behavior and over report socially desirable behavior (Hays, Hayashi & Stewart, 1989; Nunnally, 1978). For this study, the Socially Desirable Response Set Measure (SDRS-5) was selected because of its brevity and subtle nature of the items. The items appear to assess the respondent's relationship with others. It also is formatted on a 5-point likert scale rather than a dichotomous

true/false as is the case with other social desirability scales, and has similar reliability to longer measures (Hays, Hayashi & Stewart, 1989) The items were drawn from the Marlow-Crowne (MC) Form A (Reynolds, 1982), an 11-item short form measure developed form the 33-item Marlow-Crowne Scale (Crowne & Marlowe, 1960). Ten of the 11 items were used in correlation analyses. The five items with the highest item-to-total correlations were selected for the SDRS-5 (Hays, Hayashi, & Stewart, 1989). Alpha reliability for the SDRS-5 was 0.66 and 0.68 in two different samples, and test-retest reliability was 0.75.

To asses for social desirability, the SDRS-5 was included in the survey material. Students ranked each item on a 5-point scale. Only the most extreme responses are considered indicative of socially desirable responding. In scoring the SDRS-5, the responses are dichotomized as socially desirable or not. If socially desirable, they were coded as 1. If they were not socially desirable, they were coded as 0. The total scale score for the five-item scale was then calculated. Means were then calculated for the total scale score and ranged from 0-5 (Hays, Hayashi, & Stewart, 1989). The treatment groups ($n = 88$), did have a slightly higher socially desirable response ($M = 1.39$, $SD = 1.37$) than the control group (n = 99), who had no extreme responses. ($M = 1.27$, $SD = 1.21$). Overall, however, responses from both treatment and control groups were not considered socially desirable responses with only 1.1% of the total sample *(n =2)* answering in what would be considered an extreme socially desirable way.

LGB Case Conceptualization.

Case conceptualization is the dependent measure that captures demonstrated competence. Participants were presented with an LGB case vignette (Appendix B) as

part of the survey. The vignette illustrates a typical case involving adjustment issues that social workers might encounter with an LGB client. Participants were given two open-ended questions about the case that prompted them to discuss assessment of the client's presenting problems and identify their goals for treatment with the client. In addition, four objective multiple choice questions were included about the case to offer a quantitative measure of demonstrated cultural competence. The multiple choice questions, which were written by the researcher and reviewed by two experts in the field of LGB studies for accuracy, asked participants to relate salient concepts from the trainings (i.e. internalized homophobia, sexual minority stress, heteronormativity, and coming out) to the case vignette . They were scored as correct (1) or incorrect (0). Scores for the multiple choice questions were calculated as the total number of correct answers and ranged from 0 to 4.

The methodology of using qualitative case conceptualization data to assess competency has been documented in the cultural competency literature (Inman, 2006; O'Shaughnessy, 2010; Riggs & Fell, 2010). Additionally, Ponterotto et al. (2002) note that pairing self-reported quantitative measures of competency with qualitative questions can offer control for social desirability.

Three skilled raters were used to score the responses for the two open-ended questions. The raters were experienced clinicians who have had worked extensively with LGB clients. The researcher, who is a clinical social worker, served as one of the raters along with a master's- level counseling psychologist and a clinical social worker with a doctorate in social work. The researcher is male and the other raters were female. All three raters are faculty members at the University of Kentucky and have substantial

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experience in graduate education and teaching in addition to their years of clinical experience.   Prior to evaluating the responses, the raters thoroughly reviewed and discussed the material presented at both the didactic lecture and experiential trainings. The raters then read the case vignette and independently answered the two open-ended questions. The raters then discussed their individual answers and developed a consensus as to what would be pertinent information for new practioners to include to qualify as a culturally competent response. They also discussed any personal biases that might influence the coding process.

Following examples of case conceptualization scoring from past studies (Constantine & Ladany, 2000; O'Shaughnessy, 2010), the raters developed the scale detailed in Table 3.

Table 3

Scoring Criteria for Open-ended Response

_____

Criteria	Score
Response contained a biased or stereotypical comment. Response contained a negative view of the LGB component of the case.	1
No specific LGB issues were identified in the response.	2
Some reference to the client's sexual orientation as being part of the etiology or treatment. This could include an indirect reference. Some minimal recognition of LGB significance.	3
Specific identification of LGB status as possible contributor to why client is seeking assistance. Accurate conceptualization of how sexual orientation might contribute to the clients presenting problem. Possible mention of broad terms for sexual minorities such as stereotypes, prejudice or coming out. For treatment goals, some mention of support groups or specific LGB resources.	4
A detailed inclusion of LGB-specific concepts. A clear understanding and identification of unique challenges for LGB clients. Integration of LGB concepts with other etiological considerations for this case. For treatment goals, specific discussion of how to address challenges such as sexual minority stress, internalized homophobia, heteronormativity and coming out.	5

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The raters conducted several rounds of practice coding and discussed any

discrepancies in ratings. When complete consensus was reached, the questions were

coded. The case conceptualization scores for each question range from one to five (see

table 3). Inter-rater reliability was calculated for the three raters as an intraclass correlation coefficient. The intraclass correlation coefficient was 0.82 (95% confidence interval 0.78 -0.86), suggesting acceptable inter-rater reliability. Table 4 illustrates examples of participant responses.

Table 4

Sample High and Low Scores of Open-ended Responses

		Sample Responses		
Question 1: Identity Issue			Question 2: Describe Goals	
Participant Response	*Score*		*Participant Response*	*Score*
Karen has moved to a new town and if she wants to be accepted, she must be honest about her sexual orientation. Most people will probably suspect she is a lesbian. She is not being honest with herself and until she is she will have no focus in work or life.	1		I want Karen to be honest and let everyone know she is a lesbian. She needs to socialize more so the new people she has met in town will get to know her.	1
Karen's feelings of isolation and anxiety could be a result of sexual minority stress and a heteronormative culture and any feelings of internal homophobia she holds toward herself. Karen needs acceptance and support.	5		Uncover and address issues involved with any feelings of internal homophobia Karen has and acceptance issues of herself. Also assist and support Karen in her decisions and involvement in coming out to coworkers and social networks within the LGB community.	5

In addition to the coded questions, there were two questions included in the survey that allowed participants to describe any concerns they might have in working with this case and to describe what would help them work more effectively with this client and other LGB clients.

Thematic Analysis was used to examine responses these qualitative questions. Basic emergent coding was used to identify themes in responses (Taylor & Bogdan, 1998) Consistent with qualitative research, emergent coding allowed codes and themes

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to emerge from the participants' responses for each question (Boyatzis, 1998). After all

responses were individually coded, the researcher developed major themes from the

emergent codes. The results of the qualitative questions are given in the following

section.

In summary, different measures of both perceived competence and demonstrated

competence were included as dependent variables. Characteristics of the dependent

variables are included in Table 5.

Table 5

Characteristics of the Dependent Variables

Variable	# of items	Scale	Competency Measured	Comments
SOCCS - Attitude subscale	8	1-7	Perceived	Reported α = .88
SOCCS - Knowledge subscale	10	1-7	Perceived	Reported α = .76
SOCCS - Skills subscale	11	1-7	Perceived	Reported α = .91
SOCCS - Total scale	29	1-7	Perceived	Reported α = .90
Self-rated Competence with LGB Case	1	1-7	Perceived	Rate level of competence to work with client in case
Multiple Choice Questions	4	0-4	Demonstrated	Four possible choices
Case Scenario - Assessment Question	1	1-5	Demonstrated	Identify and describe most important issues in case
Case Scenario - Treatment Question	1	1-5	Demonstrated	Describe goals for case
Qualitative response - concerns/challenges	1	-	-	Qualitative question
Qualitative response - what would help you	1	-	-	Qualitative question

Chapter 4

Results

In this chapter, I will discuss the results of the analyses of the quantitative and qualitative data collected for this mixed methods study.   Data analysis for this mixed-method study focused on determining what type of educational method (didactic lecture or experiential) would positively affect both self-efficacy of cultural competence (perceived competence) and demonstrated cultural competence with LGB clients. Prior to presenting results, I will discuss the preliminary data analyses that were conducted along with presenting the descriptive analysis of the sample. Next, the results for the first six research questions are answered through quantitative and qualitative data analysis. Research question seven was addressed qualitatively through thematic analysis.

Preliminary Analyses

Prior to addressing the research questions, all the study variables were examined for potential problems related to missing data, data entry errors and the presence of outliers. IBM SPSS Statistics version 20 was used for all data analysis unless otherwise noted. There was a minimal amount of missing data. Fewer students completed the follow-up survey ($n = 88$ at pretest/posttest versus $n = 72$ at follow-up). Histograms, normal Q-Q plots, scattergrams and boxplots were also examined to determine distribution and outliers. There were no extreme outliers in any of the measures, and the data were normally distributed except for the Attitude subscale in the SOCCS scale, which was negatively skewed due to participants reporting positive attitudes toward working with LGB clients. Because of the skewedness of this subscale, it was determined that it could not be included in subsequent analyses. Therefore, the total scale

score for the SOCCS scale includes only the Knowledge subscale and the Skills subscale. The Attitude subscale was collapsed to create a dichotomous variable. Because the distribution of scores were so clustered at the high end, even a category of only extreme scores provided little further insight into the measure. Also, exploratory chi square analysis with other variables of interest did not yield any significant findings. Due to the identify limitations of this measure, the Attitude subscale is reported in the first research question for descriptive purposes only.

Chi-square and one-way analysis of variance (ANOVA) were used to assess if the three treatment groups (lecture group, experiential group, and control group) were similar in composition in relation to the control variables (gender, race, religion, age number of LGB-specific training courses, years of direct social work experience, and having a social work degree). The groups did not differ in their composition except on the variable of having a BSW degree. There were significantly more students with BSW degrees in the control group than the treatment groups (χ^2 (2, $N =186$) = 19.34, $p = .000$). This was expected as students in the treatment groups did not include advanced standing students (with BSW degrees), but the control group did have advanced standing students (over half of the control group had BSW degrees). To ensure that the composition of this variable would not influence other study analysis, an independent sample t-test was performed. There was no significant difference between students with a BSW and those who did not have a BSW in relation to the dependent variables.

Descriptive Analyses

The study had at total of 187 cases. The treatment groups of beginning MSW students were comprised of the lecture group ($n =37$) and the experiential group ($n = 51$).

The control group, comprised of returning MSW students was the largest group ($n = 99$).

Table 6 presents the means for the dependent variables used to assess perceived

competency at pretest, posttest, and follow up for each group. The values of the SOCCS

are similar to those reported in other studies (Graham, 2010; Grove, 2009; Riggs & Fell,

2010, and O'Shaughnessy, 2010). The total score for the control group ($M = 4.42$, $SD =$

0.71) was slightly higher than the didactic lecture group ($M = 3.96$, $SD = 0.81$) and the

experiential group ($M = 4.01$, $SD = 0.97$) prior to the education trainings.

To assess demonstrated competency, students were given a case vignette to read.

Following the vignette were two questions that assessed the student's assessment skills

and treatment planning skills in relation to the case which contained LGB issues. Even

prior to the education training, the didactic lecture group had a higher score on the

multiple choice questions ($M = 3.41$, $SD = 0.99$) than the control group ($M = 3.38$, $SD =$

0.74). Table 7 presents the means and standard deviations for the dependent variables

used to assess demonstrated competency at pretest, posttest, and follow-up for each

group.

Table 6

Descriptive Statistics for Perceived Competency Variables

Variable	Didactic Lecture Group						Experiential Group						Control Group	
	Pretest		Posttest		Follow-up		Pretest		Posttest		Follow-up		Posttest	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
SOCCS														
Knowledge subscale	4.05	1.05	4.80	0.82	4.84	1.00	4.16	1.07	4.68	1.01	4.65	1.03	4.40	1.02
Skill subscale	4.05	1.05	3.86	0.86	4.38	0.83	3.86	1.19	4.77	1.02	4.71	0.89	4.46	0.88
Total scale*	3.96	0.81	4.75	0.71	4.61	0.77	4.01	0.97	4.70	0.88	4.68	0.86	4.42	0.71
Self-Rated Competence of LGB Case	4.24	1.21	5.14	1.06	4.33	1.19	4.22	1.50	5.24	1.33	4.54	1.41	4.84	1.29

*Total scale includes knowledge and skills subscales

Table 7

Descriptive Statistics for Demonstrated Competency Variables

_____

Variable	Didactic Lecture Group						Experiential Group						Control Group	
	Pretest		Posttest		Follow-up		Pretest		Posttest		Follow-up		Posttest	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
LGB Case Vignette														
Assessment Question	2.67	0.67	3.38	0.83	2.87	0.75	2.56	0.64	2.85	0.95	3.02	0.95	2.46	0.63
Treatment Question	2.53	0.72	3.09	0.95	2.91	0.87	2.62	0.70	3.14	0.91	2.90	0.88	2.67	0.74
Multiple Choice Questions	3.41	0.99	3.68	0.58	3.64	0.65	3.24	0.82	3.71	0.54	3.74	0.55	3.38	0.74

Analyses

    Research Question 1.

    The first research question asked: *What is the perceived competency level (attitude, knowledge and skill) of social work students to work with LGB clients based on current instruction methods (infusion)? What is the current level of demonstrated competence as evidenced by case conceptualization?* These questions address the level of perceived competency and demonstrated competency of current MSW students who did not receive any specific training (the control group). Mean scores for each of the subscales in the SOCCS were calculated. Table 8 presents the mean scores and standard deviations for the dependent variables for the control group.

Table 8

Perceived and Demonstrated Competence (Control Group)

_____

Variable	M	SD

_____

Perceived Competence

Sexual Orientation Counselor Competency Scale (1-7)

	M	SD
Attitude Subscale	6.47	0.88
Knowledge Subscale	4.46	0.88
Skills Subscale	4.40	1.02
Total Scale*	4.43	0.71

_____

	M	SD
Self -Rated Competence of LGB Case (1-7)	4.84	1.29

_____

Demonstrated Competence

LGB Case Vignette

	M	SD
Assessment Question (1-5)	2.64	0.63
Treatment Question (1-5)	2.67	0.74

_____

	M	SD
Multiple Choice Questions (0-4)	3.38	0.74

_____

*Total scale includes knowledge and skills subscales

To understand how this group of students who served as the comparison group might differ from the treatment group students, between subject means were compared prior to any training. To examine the variance among the three groups with respect to the dependent variables that measure perceived and demonstrated competence, analysis of variance (ANOVA) was conducted.

The model revealed significant variation at the $p \le .05$ level for the three groups on three of the dependent variables. Variables that showed significant difference were Self-rated level of competency ($F(2, 184) = 5.04$, $p \le .05$), Skills subscale ($F(2,184) = 8.91$, $p \le .001$), and Total scale (combined Knowledge and Skills) ($F(2, 184) = 7.11$, $p \le .001$).

A post hoc Tukey's HSD test indicated that the mean score for the control group ($M = 4.84$, $SD = 1.29$) was significantly different from the experiential group ($M = 4.22$, $SD = 1.50$) on Self-rated level of competency. On the Skills subscale, the control group ($M = 4.46$, $SD = 0.88$) differed significantly with both the lecture group ($M = 3.86$, $SD = 0.86$) and the experiential group ($M = 3.86$, $SD = 1.19$). The Tukey's HSD test also showed significant difference in the control group ($M = 4.43$, $SD = 0.71$) and both the didactic lecture group ($M = 3.96$, $SD = 0.81$), and the experiential group ($M = 4.01$, $SD = 0.97$) for the Total scale. Interestingly, all significant differences between the control group and the treatment groups were on variables that measured perceived competence. This suggests that the control group of MSW students' rating of their self-efficacy in working with LGB clients was significantly higher than the beginning students. However, there was no significant difference in demonstrated competence between the groups based upon means comparisons of the variables that measure demonstrated competence (case vignette questions on assessment and treatment and multiple choice questions about the case vignette).

Qualitative responses for control group.

One of the qualitative-type questions included in the survey assessed concerns or challenges students might have in working with a LGB client. These responses offer

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specific insight into how the control group responded to an LGB client. The students

were given the following case vignette to read:

> Karen is a 23-year-old female who recently graduated from college with a
>
> degree in nursing. She had moved to a small town and is working in a
>
> community hospital. Lately, she reports that she has been feeling
>
> unmotivated and is having trouble focusing at work. Additionally, she noted
>
> that it has been hard for her to make new friends or to find dates in the new
>
> town. She thinks this is because she has moved from a larger urban city to a
>
> more rural area where people do not seem to share her interests. She
>
> identifies as a lesbian, but not many of the new people she has met know
>
> about her sexual orientation. It has not come up at work, so none of her co-
>
> workers know that she is a lesbian. She is not sure what their reaction would
>
> be. She is seeking your assistance before her lack of focus at work translates
>
> into a problem for her career.

After reading the case vignette about Karen, students were asked to describe any

concerns/challenges that they might have as a social worker for working with Karen.

The control group had 113 total responses for this question, with three major

themes. The most frequent theme identified (31%) was students reporting that they did

not have any specific concerns or challenges for working with this case. This also

included responses that were totally focused on the treatment of Karen and did not

include personal concerns or specific references to LGB issues.

The second theme that emerged was concern about Karen being a lesbian and

living in a rural area. Almost 25% ($n = 28$) voiced this concern. A 24-year old female

wrote, "My concern is that she will be ostracized by co-workers or neighbors. I also think isolation and limited resources in a small rural city are issues." Another 24-year old female echoed similar concerns, "LGB in rural communities - what kind of resources are available? I don't know much about LGB in rural areas besides the fact that they are heavily discriminated against." Similar to these responses, many students seemed aware that it would be difficult to exist in a rural area as a lesbian, and resources would be limited.

Finally, the third theme that emerged for this question for the control group was religious conflict and identified bias. There were 14 responses that identified some type of bias. There were a few that felt they could overcome these concerns. For example, a 26 year-old female responded, "Concerns I may have would be being able to relate with Karen's situation. I'd need to stay aware of biases I may have as well as have empathy." Similarly, a 48 year old female wrote, "I believe I would be fine in treatment. I personally have religious views that define homosexuality as 'bad'. But, I have had many close friends and employees that are homosexuals." A 28-year old replied, "My religious beliefs conflict with her sexual orientation, but I would still be supportive and work with her on achieving her goals.

Others however, were obviously more conflicted about their ability to work with Karen. In the control group ($n = 99$) 10 students responded that working with LGB clients was difficult because of their religious beliefs. One 23-year old female stated, "I am a Christian and I believe that we are not meant to be with same-sex partners." Another student who was a 22 year-old male wrote:

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I would want to address the anxiety she feels about her sexual identity.

However, it would be difficult for me to work with her because of what I

believe. I would most likely refer Karen to someone who is more

capable/willing to work with her if Karen's primary desire for treatment had

to do with her sexuality.

A 27-year old female responded:

I am concerned that I would betray my own religious beliefs by supporting a

lifestyle that is contrary to them. I want Karen to receive the services she

needs, such as community, acceptance, belonging, etc., but I'm not sure how

to reconcile these two conflicts.

It appears that some students in the control group are unsure how they are going to deal

with LGB clients in regards to their religious conflicts.

Research Question 2.

The second research question asked: *What is the change in perception of*

competency of social work students to work with LGB clients after experiencing a

didactic lecture on LGB cultural competence? To investigate this question on change of

perception of competency and change in demonstrated competency after experiencing a

LGB didactic lecture, a paired sample t-test was utilized.

All the dependent variables showed significant improvement from pretest to

posttest for the didactic lecture group. This suggests for that for this groups of students,

both self-efficacy of cultural competence with LGB clients as well as demonstrated

cultural competence with LGB clients significantly improved after a brief, two-hour

didactic lecture. The Multiple Choice Questions showed the smallest change, but was still

significant at posttest (t (36) = 1.96. p = 0.29). The complete results are presented in Table 9.

Qualitative responses from the didactic lecture pretest and posttest.

Although the same themes emerged in the pretest and posttest responses for the didactic lecture group, minor variations in the themes were noted. Like the control group, the first theme that emerged was that there were not specific challenges or concerns. The percentage of responses remained the same from pretest to posttest at 24% (n = 9); however, a few changes occurred in specific responses. Three respondents that had not listed any concerns in the pretest survey commented on LGB specific issues in the posttest. For example, a 22 -year old female commented, "I would want to know at what stage Karen is in coming out and if this might be an issue for her." However, four respondents that had identified concerns in the pretest, did not list any concerns in the posttest survey.

Students also identified living in a rural area as a challenge in both the pretest and posttest responses. For example, one 28-year old female wrote, "Being in a rural area. No one knowing that she's a lesbian." A 31-year old female had a similar response at posttest, "Rural town = limited resources. Reaction (others) of her sexual orientation."

The theme of personal bias and religious conflict was presented by 10% of the didactic lecture group, but there was less mention in this group about religion being an issue in the posttest than the pretest. For some of the respondents, bias was mentioned with other challenges. A 31-year old female wrote, "I want to be careful not to push her to come out at work if she isn't ready. I need to know if I have any biases. I need to assume nothing and do not label or speak for her."

Others identified how not being gay themselves might be a challenge. A 25-year old male wrote, "Not having many resources on where to meet other people like her. Not having the same thoughts/feelings as a gay person." A 27-year old male had a similar concern, "Challenge could be the fact that I am not gay and she is."

One respondent, a 40 year-old female, stated in her pretest survey that, "I would face challenges because I am strong in my Christian faith and having a gay/lesbian client would be hard for me to accept." However, in the posttest, this respondent did not mention her religious belief as a challenge. She only stated, "I may have trouble understanding Karen's sexual orientation." And finally, one 47-year old student responded simply, "My religious belief could sway me to be biased."

Table 9

Paired Sample t-tests for the Treatment Groups Comparing Pretest and Posttest Scores

Variable	Didactic Lecture Group			Experiential Group		
	t	df	p	t	df	p
Perceived Competence - SOCCS Scale						
Knowledge Subscale	-5.58	36	.001	-5.19	47	.001
Skills Subscale	-8.85	36	.001	-7.99	48	.001
Total Scale*	-8.45	36	.001	-6.22	48	.001
Self-Rated Competence of LGB Case	-6.43	36	.001	-7.01	48	.001
Demonstrated Competence - LGB Case Vignette						
Assessment Question	-4.35	36	.001	-2.45	48	.009
Treatment Question	-2.90	36	.003	-3.59	48	.001
Multiple Choice Questions	-1.96	36	.029	-4.32	48	.001

*Total scale includes knowledge and skills subscales

Table 10

Paired Sample t-tests for the Treatment Groups Comparing Pretest and Follow-Up Scores

Variable	Didactic Lecture Group			Experiential Group		
	t	*df*	*p*	*t*	*df*	*p*
Perceived Competence - SOCCS Scale						
Knowledge Subscale	-4.62	32	.001	-2.99	38	.003
Skills Subscale	-4.60	32	.001	-5.55	38	.001
Total Scale*	-5.97	32	.001	-5.40	38	.001
Self-Rated Competence of LGB Case	-1.32	32	.099	-1.57	38	.062
Demonstrated Competence - LGB Case Vignette						
Assessment Question	-1.37	32	.090	-3.21	37	.002
Treatment Question	-0.69	32	.010	-2.27	37	.014
Multiple Choice Questions	-1.14	32	.132	-3.26	38	.001

Total scale includes knowledge and skills subscales

Research Question 3.

The third research question asked: *What is the change in perception of competency of social work students to work with LGB clients after experiencing a experiential training on LGB cultural competence?* To investigate this question on change of perception of competency and change in demonstrated competency after experiencing a LGB experiential training, a paired sample t-test was utilized to compare pretest and posttest results. All the dependent variables showed significant improvement from pretest to posttest for the experiential lecture group. This suggests that for this group of students, both self-efficacy of cultural competence with LGB clients as well as demonstrated cultural competence with LGB clients significantly improved after a brief, two-hour experiential training. The results are presented in Table 9 along with results from the didactic lecture group.

Qualitative responses from the experiential group pretest and posttest.

The three major themes that emerged from the experiential group at pretest were the same as those identified by the other groups. Having no specific challenges or no LGB-specific concerns was the first theme to emerge with 28% of respondents ($n = 16$) giving this type of response. The second theme to emerge was living in a rural area and was given by 14% ($n = 8$). The third theme was personal bias and religious conflict. This theme was identified by 9% of respondents ($n = 5$). Slightly different themes emerged in the posttest responses for the experiential group. No specific challenges was still the major theme for the posttest experiential group (29%). These responses included non-LGB concerns such as a 58-year old female who wrote, "Being depressed and being

a nurse could be dangerous." A 22-year female old also focused on her mood, "Karen may be experiencing depression that is causing her to not function well at work."

Living in a rural area was the second theme to emerge. This theme was identified by 13% of respondents ($n = 7$) in the posttest experiential group. As with the pretest, students saw living in a rural area as a challenge for Karen or other LGB individuals. A 36-year old female described it this way, "Coming from a small community, I know that it will be difficult assisting Karen in connecting with people. Opportunities to interact with people who have similar interests will be few and far between."

The third theme to emerge was not being able to relate to Karen. This theme was not as apparent in the pretest, but emerged as a theme in the experiential group posttest. Nine percent of students in this group ($n = 5$) identified some kind of concern of not being able to relate to Karen because of her being a lesbian. For example, a 22-year old wrote, "Being able to relate completely on her scenario." Another 22-year old female wrote, "Relating to Karen and understanding the culture of LGBT. Asking questions and being afraid to offend her." And one 34-year old expressed more concern, "Not having walked in her shoes or knowing first-hand the stress she faces with being public about her sexuality."

There were also three respondents who named LGB-specific stressors that were discussed in the experiential training. For example, a 26-year old female wrote, "Her feeling unmotivated and the fact that she is having internalized homophobia because she is lying to her co-workers about her sexual orientation." A 25-year old male wrote, "Coming out in a rural town would be hard. It is hard for me to relate as I have never had to identify myself as a sexual minority." And finally, a 22-year old female writes, "It is a

challenge coming out in a heteronormative society. A small town would just add to her stress."

One month follow-up effects.

To date, no previous studies had examined the lasting effects of trainings on perceived and demonstrated competence with LGB clients. To explore the lasting effects of these two different types if trainings, a follow-up survey was administered one month following the trainings. Findings from the follow-up survey were mixed (see Table 10). In comparing the lecture group with the experiential group at one month follow up, the experiential group appeared to better maintain the gains made from the educational intervention. While both groups still showed significant change from pretest, the experiential group showed sustained significant change in all but the variable of self-rated competence ($t(38) = -1.57$, $p = .062$). This could suggest a more lasting effect from this teaching model.

Comparison with the control group.

In considering if the treatment groups' posttest scores were significantly different from the control group, independent sample t-tests were conducted comparing each treatment group with the control group. The results are presented in Table 11.

Table 11

Independent t-test for Treatment vs. Control Group at Posttest

Variable	t	df	p
Lecture Group vs. Control			
Knowledge subscale	-2.16*	134	.034
Skills subscale	-1.44	134	.154
Total Scale*	-2.37*	134	.019
Self -Rated Competence of LGB Case	-1.21	134	.229
Assessment Question	-4.78**	134	.000
Treatment Question	-2.51*	134	.015
Multiple Choice Questions	-2.42*	134	.018
Experiential Group vs. Control			
Knowledge subscale	-1.37	145	.173
Skills subscale	-1.87	146	.064
Total Scale	-1.98*	146	.050
Self -Rated Competence of LGB Case	-1.74	146	.084
Assessment Question	-1.29	146	.201
Treatment Question	-3.34**	146	.001
Multiple Choice Questions	-3.08**	146	.002

*$p < .05$. **$p < .01$. *Total scale includes knowledge and skills subscales*

Both treatment groups were significantly different from the control group in terms of demonstrated competence. This would suggest that both types of training improve level of demonstrated competence. The didactic lecture group was also significantly higher in self-perception of Knowledge (t(134) = -2.16, p = .034) and self-perception of overall cultural competence with LGB clients (t(134) = -2.37, p = 0.19).

Research Questions 4 and 5.

Research question four asked: *Which training method creates the most change in perceived competency level (attitude, knowledge and skill) of social work students to work with LGB clients?* Similarly, research question five asked: *Which training method creates the most sustained change in perceived competency level (attitude, knowledge and skill) of social work students to work with LGB clients as measured by follow-up assessment?* To answer research questions four and five concerning which training method created the most change as well as the most sustained change, analysis of gain scores were utilized. To calculate the gain score, the difference between pretest and posttest mean scores were calculated and a new variable created. The group means were then compared in an independent-sample t-test. The results are presented in Table 12.

Table 12

Gain Scores t-test for Treatment Groups

| Variable | Lecture | | Experiential | | t | df | p |
	M	SD	M	SD			
Knowledge subscale	0.78	.82	0.60	.92	0.95	83	.344
Skills subscale	0.84	.73	0.96	.91	-0.68	84	.500
Total Scale*	0.79	.77	0.68	.88	-0.63	84	.532
Self -Rated Competence of Case	0.94	.80	1.13	1.00	-0.92	81	.359
Case Vignette -Assessment	0.76	1.06	0.33	.96	1.98	84	.051
Case Vignette - Treatment	0.60	1.14	0.47	1.02	0.54	84	.590
Multiple Choice Questions	0.34	.83	0.55	.78	-1.22	80	.225

Total scale includes knowledge and skills subscales

There were no significant differences between the treatment groups among the dependent variable used to measure perceived competence and demonstrated competence.

Likewise, gain scores were calculated for the follow-up assessment by subtracting the pretest from the follow-up scores and a new variable was created. An independent-sample t-test was conducted on the pretest and follow up gain scores as well. As with the posttest, there were no significant differences between the two groups. This suggests that while both training methods produce significant change from pretest scores, one training method is not more effective than the other.

Research Question 6.

Research question six asked: *How does student perceived competence of working with LGB clients compare with their demonstrated cultural competence?* Past studies have shown mixed results in examining the relationship between perceived competence and demonstrated competence. To answer research question six, correlations between the dependent variable were compared with Spearman's *rho* (the Spearman's *rho* test was used because the data was ordinal level and not normally distributed on all variables). The posttest treatment group variables were compared. The results are presented in Table 13.

Table 13

Correlations between Posttest Dependent Variables

	1	2	3	4	5	6
1. Knowledge subscale	-					
2. Skills subscale	.251**	-				
3. Total scale	.803**	.747**	-			
4. Self -Rated competence of case	.282**	.544**	.515**			
5. Case Vignette - Assessment	-.032	-.014	-.007	.018		
6. Case Vignette - Treatment	.077	.041	.069	-.026	.451**	
7. Multiple choice questions	.114	.185	.197	.169	.184	.096

*$p < .05$. **$p < .01$. Variables 1-4 measure perceived competency. Variable 5-7 measure demonstrated competence. Total scale includes knowledge and skills subscales*

The above correlations reveal that variables that are associated with perceived competence are significantly correlated with like variables of perceived competence.

That is, the subscales of Knowledge and Skills were significantly correlated with each

other ($r = .251$, $p \leq .01$) as well as each being correlated with the Total scale ($r = .803$, p

$\leq .01$ and $r = .747$, $p \leq .01$). Also the student's assessment of their competency

concerning the case, which is also a self-efficacy measure of perceived competence, was

correlated with each of the subscales and Total scale.

There is a strong significant correlation between the two questions about the LGB

case vignette that capture assessment and treatment of LGB issues which measures

demonstrated competence ($r = .451$, $p \leq .01$) There are no correlations between measures

of perceived competence and demonstrated competence.

Research question 7.

Research question seven asked: *What do students think would help them work*

more effectively with LGB clients?   Thematic analysis was conducted on this qualitative

question included in the survey. The students were given the following case vignette to

read:

Karen is a 23-year-old female who recently graduated from college

with a degree in nursing. She had moved to a small town and is working in

a community   hospital. Lately, she reports that she has been feeling

unmotivated and is having trouble focusing at work. Additionally, she noted

that it has been hard for her to make new friends or to find dates in the new

town. She thinks this is because she has moved from a larger urban city to a

more rural area where people do not seem to share her interests. She

identifies as a lesbian, but not many of the new people she has met know

about her sexual orientation. It has not come up at work, so none of her co-

workers know that she is a lesbian. She is not sure what their reaction would

be. She is seeking your assistance before her lack of focus at work translates

into a problem for her career.

After reading the case vignette about Karen, students were asked the following

question: *What would help you to work more effectively with Karen and other LGB*

clients? This question was aimed at exploring what student's thought would be beneficial

in increasing their cultural competence with LGB clients.

Pretest responses for treatment groups and control group for question 2.

For the question, "What would help you work more effectively with Karen and

other LGB clients," three major themes emerged. The most frequent response (41%) was

about having more education or knowledge ($n = 81$). Most responses were simply, "more

education" or "more training and knowledge." A 32-year old male stated, "Training on

specific LGB issues and more clinical experience." Other students included training plus

more contact with LGB clients and the LGB community.

The next most frequent response given in the pretest surveys encompassed having

more experience (29%). Fifty-eight responses identified more experience in general and

also with LGB clients as a concern. A 26-year old female stated, "More experience,

trainings, education, etc." Similarly, a 29-year old female commented, " I feel I need

more direct practice with LGB clients and more experience with clients in general. Some

evidence-based techniques would also be helpful." Other typical responses included,

"talking with her and working with other LGB clients," and "more overall experience

with this population", and "more social work experience in general and more experience

with LGB clients." One 33-year old female responded with more detail, "Additional

information on obstacles faced by LGB. Issues most important to LGB in regards to their sexuality. Interventions specifically shown to work with LGB."

Several respondents ($n = 12$) stated that it would be helpful to spend more time getting to know the LGB community better. To some that meant seeing more LGB clients, for others it meant trying to develop more gay acquaintances and friends. For example, a 26-year old female reports, "Better understanding of the community, being friends with more homosexual people." Another female student age 25 responded:

Spend more time with the LGB community. Personally, I don't have a problem with LGB's, but some people do. I'm all about "being yourself", but not having personal experience as an LGB or know someone closely who is, I don't know how hard it is to be yourself.

Another student who was 26 and female stated, "Increased exposure to people who are openly and comfortably LGB." Other students felt their exposure should be in the clinical setting, "Exposure to LGB populations in the clinical setting."

Posttest responses for didactic lecture group for question 2.

Identical themes of the pretest emerged in the posttest responses for the didactic lecture group. However, there were specific comments about the training they had just received. The majority of responses were simply, "more education" or "more training and knowledge." Many felt the training they had just received for this study was helpful. A 35-year old male reported, "Specific coursework in LGB clients. Today was helpful, an entire course (fall or spring?) would be good." Likewise, a 22-year old female stated, "Knowledge on how to approach any issue with LGB clients, help with identifying real/actual issues. More seminars and research like I experienced today." Some

respondents had specific ideas about how best to increase their knowledge, "I need more training and more education like we had today. Role playing, advanced training that uses scenarios like the one above."

The second theme that emerged from the posttest didactic lecture group was needing more experience. Similar to the pretest, about 12% of the respondents ($n = 6$) reported needing more experience with both LGB clients and general experience. Common responses with this theme were similar to a 29-year old female who commented, "I feel I need more direct practice with LGB clients and more specific training for working with LGB clients."

Some respondents echoed the same need as the pretest group to have more contact with the LGB community. A 24-year old male responded, "Conversations with LGB individuals regarding their life experiences." Similarly, a 50-year old female stated, "Education and more open discussions with LGB clients."

Posttest responses for experiential group for question 2.

Again, the themes that emerged for the experiential group for question 2 were the same as with the pretest group. About 39% ($n = 21$) of the respondents listed "more education" or "more training and knowledge" as what would help them to work more effectively with LGB clients. A 27-year old male reported, "Specific training for working with LGB clients. Today was a good start." Likewise, a 22-year old female stated, "Knowledge on how to approach specific issues with LGB clients, I need more clinical experience."

The second theme that emerged from the posttest experiential group was needing more experience. Similar to the pretest, about 13% of the respondents ($n = 7$) reported

needing more experience with both LGB clients and general experience. A 29-year old female commented, "I feel I need more direct practice experience in general. Since I am just starting graduate school, I will need more specific training for working with LGB clients." Specifically related to the experiential training, one student wrote, "I have never had any issues with LGB people. This class has taught me specific things I know will help me work better with this population."

The third theme that emerged from the experiential posttest responses was more contact with the LGB community. As before, some students identified more clinical contact and practice with the LGB community and some, like this 24-year old female stated, "I feel if I could be more a part of the LGB community and get to know more gay men and women; I would be more comfortable with this population."

A few respondents after the experiential training identified the need to better understand LGB-specific issues, particularly discrimination. One student wrote, "If I can understand the pressure/fear/uncertainty/discrimination that minorities face a little better." Another stated:

I would want to become more familiar with the community that Karen associates with and what social networking is available for her. I would want to understand the extent of the problems that face LGBT clients when others learn of their orientation. And one student commented, "Having more knowledge/experience with the population and the discrimination they have to live with daily."

Chapter 5

Discussion

Social Work education, along with most practice professions, has shifted its educational focus to a competency-based approach (CSWE, 2008). With this shift, one area of concern is how best to teach social work students the knowledge and skills required for culturally competent practice. A survey conducted by the Council on Social Work Education in 2009 on sexual orientation and gender expression found that most social work programs did not have a measure in place to assess student's cultural competence for working with LGB clients (CSWE, 2009). Additionally, only 14% of the 157 programs surveyed had a course designed to focus specifically on LGB issues (CSWE, 2009). Other programs reported teaching about LGB-specific topics in sexuality or diversity courses. Most, however, said that LGB-specific topics were infused throughout their curricula. This is the model currently used at the University of Kentucky. Because of the lack of outcome measures for this type of infusion approach, it is difficult to evaluate its effectiveness.

Knowing how best to teach cultural competence with LGB clients has yet to be described in the social work pedagogy literature. In response to this lack of information, this exploratory mixed-methods study examined cultural competence as it relates to work with LGB clients, and efforts to teach LGB cultural competence. Specifically, the study evaluated different pedagogical approaches to provide insight into the most effective method(s) for teaching social work students cultural competence for working with LGB individuals.

In this chapter I will discuss the results of this study in relation to the research questions. First, the current level of perceived and demonstrated competence of MSW students who served as the control group will be discussed. Then discussion of the analyses of different pedagogical trainings and their impact and effectiveness on perceived and demonstrated competence is presented. I then explore the relationship between perceived and demonstrated competence measures in the study. Next, qualitative responses will be discussed in light of current findings to guide future exploration into this area of social work education. Finally, limitations and implications for education, practice and further research are discussed.

Perceived Competence of Control Group

This exploratory study was the first study to examine self-efficacy (perceived competence) of cultural competence with LGB clients with graduate social work students. The control group in the study served as a baseline measure for how students were currently being taught cultural competence with LGB clients. For these students, LGB material is infused in the curriculum through case examples and class discussion in a variety of classes. However, no training exists in the MSW curriculum for working specifically with LGB clients.

For this study, cultural competence was operationalized as being comprised of attitude, knowledge, and skills as defined by Sue et al. (1982). A person's self-efficacy is their belief in his/her ability to successfully perform an activity or set of behaviors (Bandura, 1993). Research has shown that a practitioner's beliefs about their abilities are correlated with higher levels of performance and lower levels of professional anxiety (Bandura, 1997; Friedlander, Keller, Peca-Baker, & Olk, 1986; Larson et al., 1992).

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The first research question explored the perceived competency level of the control group; those who have experienced the infusion method related to diversity content. In examining the scores of second and third year MSW students (the control group), one notices a high score in the Attitude subscale of the SOCCS. This high score is consistent with past studies involving graduate students in psychology (Graham, 2010, O'Shaughnessy, 2010), counseling (Grove, 2009), and couple and family therapy (Rock, Carlson & McGeorge, 2010). However, because the Attitude subscale responses were so high, the results produced a skewed distribution, and therefore were not appropriate for means comparison with other variables.

Grove (2009) suggests that high Attitude subscale scores could be explained in several ways. First, respondents may believe that they have a high level of comfort with working with LGB clients. Many students choosing social work as a career would likely have positive attitudes towards working with this minority population. Mohr (2002) describes this as the democratic working model of heterosexual identity where everyone is treated the same. Second, students may respond with a positive attitude because they believe that as a professional social worker, they are supposed to be positive toward LGB clients. This suggests that in spite of what may be their true feelings, students will answer positively because they feel that is the most appropriate professional response (Dillon & Worthington, 2003). Interestingly, this might be considered by some as a socially desirable response (Grove, 2009). However, students in this study did not appear to be answering in a socially desirable way according to the socially desirability scale (SDRS-5) included in the survey. Also, pretest, posttest, and follow-up Attitude subscale scores were consistently high for the control group as well as both treatment groups,

suggesting that even in pre-intervention and no intervention conditions students identify as having a positive attitude toward working with LGB clients.

In the current study, qualitative responses also suggested that most students feel comfortable working with LGB clients. Many students reported no concerns or issues for working with the client in the case vignette or other LGB clients. Moreover, suggesting some sense of professional accountability, students who identified a personal bias toward LGB clients also discussed how they were going to control for this bias when working with LGB clients by either referring them elsewhere or not allowing their personal views to impact the working relationship with the client. Although the reason students report high attitude scores may vary and is beyond the scope of this study to determine, it appears that most students convey a professional, positive attitude toward practice with LGB clients.

Scores for the subscales of Knowledge and Skills as well as the total combined scale score were in the mid-range. This is also consistent with past studies (Grove, 2009; O'Shaughnessy, 2010), and suggests that while students have positive attitudes about working with LGB clients, they do not feel highly confident in their ability. In other words, their overall self-efficacy to work with LGB clients was not high. It was noted, however, that when comparing the control group to pretest scores of the treatment groups, all significant differences between the control group and the treatment groups were on variables that measured perceived competence. This suggests that the control group of MSW students' ratings of their self-efficacy in working with LGB clients was significantly higher than beginning students. Increased confidence in one's ability as one progressed through a training program appears to be captured in these self-efficacy

scores. However, as will be discussed in the following section, despite self-perception, actual demonstrated competence was no better for the control group than the beginning students.

Examining specific items from the SOCCS may also offer insight into how students perceive their educational training thus far. One scale item states, "I have received adequate clinical training and supervision to work with lesbian, gay and bisexual clients." Students in the control group responded between "only a little true" and "slightly true" suggesting they feel unprepared to work with LGB clients. Another item states, "I have been taught how to work with LGB clients in my social work classes." Students fall in the same range, suggesting they do not feel their current educational experience has prepared them to work with LGB clients. These type responses are also reported in other studies that assess graduate student self-efficacy (Riggs & Fell, 2010). Although these responses were similar to those in the pretest treatment groups, it is perhaps somewhat concerning to obtain these responses from the control group students, as they are farther into their educational program. It should be noted, however, that it is common for graduate students in the helping professions to report they do not feel prepared to work with clients in general while still in training (Eubanks-Carter, Burckell, & Goldfried, 2005).

Demonstrated Competence of Control Group

For this study, demonstrated competence was operationalized by case conceptualization and multiple choice questions in response to the case. The methodology of using case conceptualization to measure demonstrated competence has been documented in past research (Constantine & Landany, 2000; Inman, 2006; Riggs &

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Fell, 2010). Additionally, Ponterotto et al. (2002) suggest pairing self-report subjective measures with a quantitative measure. The multiple choice questions were used as quantitative, objective measures to capture actual knowledge on LGB-specific material presented in the case. Assessing application of LGB-specific knowledge afforded an opportunity to evaluate one type of demonstrated competence (Constantine, 2001).

Students in the control group scored in the mid-range on the case conceptualization questions. There were no significant differences between the control group and either of the pretest treatment groups, which suggests beginning MSW students are equally adept at case assessment and treatment as the control group students. This suggests a possible discrepancy in self-perception and actual ability as measured by responses to the case vignettes. In other words, for the control group of students, it appears that even though they possess more self-efficacy than beginning students, they do not demonstrate any higher levels of competency than beginning students. If beginning students demonstrate the same level of competence as students who have experienced infusion of LGB material in their coursework thus far, questions arise as to how effective this current method of infusion is in preparing students to work with LGB clients.

In the objective measure of demonstrated competence, the control group scored 85% correct as a group on the multiple choice questions (this is the same format as the comprehensive exam given at the end of their graduate program and of the Kentucky state licensure examination). These questions tested specific knowledge in areas unique to LGB clients (i.e. sexual minority stress, coming out, and heteronormativity). This supports the idea that although students may report not feeling competent (as measured by the Knowledge and Skills subscales), they do possess specific knowledge necessary

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for working with this population and an openness as demonstrated by a high Attitude

subscale score (Bidell, 2005; Grove, 2009).

Didactic Lecture versus Experiential Training

The next research question explored the idea of offering a two-hour training to see

if a one-time educational training would be effective in improving both perceived and

demonstrated competence. Of specific interest to this study was what type of training

would be most effective in teaching LGB cultural competence. Based upon past studies

and theories about adult learning (i.e. Grove, 2009; Kolb & Kolb, 2005; Riggs & Fell,

2010), it was expected that the experiential training would be more effective in increasing

overall competency than a traditional didactic lecture. In past studies not specific to LGB

cultural competence, experiential instruction had higher scores in terms of satisfaction,

perception of learning gains, learning, and skills acquisition than the lecture plus

discussion method (Huerta-Wong & Schoech, 2010; Rocha, 2000).

However, results from this study showed that both types of trainings produced

equally significant positive changes across all measures of perceived and demonstrated

competence. The one month follow-up also showed almost equally positive changes in

both treatment groups, with a slight gain for the experiential group. A number of factors

may have contributed to the similarities in outcomes for the two treatment groups. These

are discussed below.

When considering these results, it should be noted that the material contained in

each training was similar and focused on concepts salient for working with LGB clients

(Johnson, 2012; Ritter & Terndrup, 2002; Van Den Bergh & Crisp, 2004). While the

presenter sought to make the trainings as different as possible as far as content delivery,

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there were some unavoidable overlaps in the trainings. Both trainings were "information plus exposure" in the sense that both groups were aware of the trainer's gay sexual orientation. As noted earlier, this purposeful disclosure to both groups was part of the design to control for a possible confounding variable (instructor's sexual orientation). The disclosure equalized both groups on this variable.

Furthermore, students in the lecture group were not discouraged from discussing material as it was presented. Students, especially those interested in the topic, would supply case examples as topics such as minority stress or coming out were discussed. Another explanation for equal effects of the trainings might be explained by the fact that both groups had high Attitude scores at pretest. The experiential training, by its very design, would likely be effective in changing attitudes (Grove, 2009). This type of training would therefore likely be more effective with students with lower attitude scores concerning working with LGB clients (Hans, Kersey and Kimberly 2012). Even though the didactic lecture was specifically focused on factual information and discussion, the subscales of Knowledge and Skills were not significantly different between the two types of trainings.

Differences in qualitative responses between the treatment groups.

Although the major themes that emerged from the treatment groups were mostly similar in content to those in the control group, there were some slight variations noted from pretest to posttest for each of the treatment groups. The most common theme identified by all three groups was that of having no specific challenges or concerns related to working with LGB clients. They also shared the theme of being concerned about the challenges the clients might face due to living in a rural area. However, the

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didactic lecture group identified personal bias or religious conflict as a challenge. On posttest survey, students in the didactic lecture group mentioned religion challenges less often than they had at pretest. This slight change might be due in part to the didactic lecture that encouraged students to think about this population from a professional standpoint rather than a personal perspective.

The experiential training group also had a slight change in their posttest responses. A new theme that emerged was feeling that they were unable to relate to Karen. While this theme was somewhat similar to addressing a personal bias, the responses were more focused on recognizing unique differences in this population and about possibly not being able to relate in a professional way to the client. In other words, it appears that students may have gained insight from the experiential training that caused them to be concerned about their ability to relate to a unique population with unique challenges. The responses were less focused on personal concerns or biases and more focused on ability to relate to LGB clients (Grove, 2009; Riggs and Fell, 2010).

One month follow-up results.

The follow-up survey offered evidence that the experiential training had a more lasting change effect. This is consistent with Grove (2009) and Mohr's (2002) argument based on contact theory that an experience creates a lasting change in overall attitude and behavior. While the didactic lecture disseminated more information in a concentrated form compared to the experiential training, the experiential group had more sustained positive change at the one month follow-up assessment. According to McClintock (1992), " the core of experiential education is the experiential learning cycle: having an experience, reflecting on the experience, analyzing the experience and then using that

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analysis to generalize learning to future situations" (p. 54). Using McClintock's premise, students in the experiential group should continue to apply the experience of the training to future practice situations.

Studies have shown that one instructional class on working with LGB clients can be effective in improving cultural competence (Dongvillo & Ligon, 2001; Israel, 1998). This study supports these finding with both types of trainings conducted. Both trainings were executed in a way that could also be easily replicated while yielding significant results from a brief, two-hour training. Both trainings could be executed in a single class session and could be facilitated by an instructor with minimal personal experience working with the LGB population. Because the didactic PowerPoint is available online, it is accessible to instructors at no cost. The experiential training, which used YouTube videos, is also easily reproduced at no cost and with little training or extra preparation. Both training models have the potential to translate to hybrid or online course models and could be utilized with BlackBoard or similar educational platforms. However, this study did not assess the effectiveness of the trainings using these types of presentations.

In comparing the brief educational trainings (both didactic lecture and experiential) to the current method of infusion (control group) there were significant differences identified. First, in comparing the control group to the didactic lecture group, students in the lecture group scored significantly higher on the Knowledge subscale and total SOCCS scale. This suggests that students who completed the didactic lecture training had a higher self-perception of knowledge and overall self-efficacy about working with LGB clients than the control group. Considering that the lecture group is comprised of beginning MSW students, this result is notable. Based upon these findings,

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one could argue that by adding either of the brief training models from this study into a MSW curriculum, an increase in student self-efficacy for working with LGB clients would occur.

Also of note were the significant differences in demonstrated competence between the treatment groups and the control group. Students who received the didactic lecture training performed significantly better on demonstrated competence as evidenced by higher scores on the LGB case assessment question, LGB case treatment question, and multiple choice questions about the case (i.e. both subjective measure and objective measure) than the control group. The experiential group was also significantly higher on demonstrated competence on LGB case treatment and multiple choice questions about the case than the control group. These results suggest that the brief training was effective in increasing student's demonstrated competence in working with LGB clients. Some have argued that demonstrated competence is a better predictor of future practice ability than perceived competency (Constantine & Ladany, 2000). If so, the fact that beginning MSW students (who have not yet had any formal direct-practice experience) show higher demonstrated competence following a brief training than the control group could support the idea of using a brief training to improve cultural competence with LGB clients for students.

Relationship between Perceived and Demonstrated Competence

In previous studies, (Constantine, 2001; O'Shaughnessy, 2010), case conceptualization responses were not significantly related to measures of self-efficacy of cultural competence. In other words, students' perceptions of their ability did not match their actual case conceptualization ability. Similar to past studies, there was no

significant correlation between case conceptualization and perceived competence from the self-efficacy scale (SOCCS) for either the treatment groups or the control group. This appears to suggest that there is no relationship between perceived and demonstrated competence. These results may indicate that while knowledge about LGB issues, as well as awareness of biases, are increasing in students, scores on these measures do not necessarily relate to an increase in skill level. That is, simply having the knowledge and awareness required to respond in a positive way to self-report measures may not necessarily translate to applying these ideas to case conceptualization work. The discrepancy between perceived and demonstrated competency might also be due in part to how each of these constructs is measured. Future studies could further explore this relationship by closely examining other measures of demonstrated competence such as actual client interaction. While both self-efficacy and demonstrated competence of a LGB case vignette offer insight into a student's overall cultural competence, no one measure is a sole predictor for competence. Each appears to offer different measures of a student's likely future competence (Bidell, 2005; Constantine, 2001).

Student's Ideas of How to Improve Their Competency

This mixed-methods study included two qualitative questions that sought to ascertain a deeper understanding of student's perception of their cultural competence with LGB clients. The second open-ended question included in the survey asked students what they thought would help them work more effectively with LGB clients. As expected, many students responded that more education or training with this particular population would be helpful. This supports the idea that students might prefer a more intentional pedagogical approach for this type of material. The second theme that

emerged was the desire for more experience working with LGB clients. Understandably, students report that if they were able to work with more LGB clients, they would likely feel more confident and competent. Perhaps continuing to develop practicum experiences that offer exposure to this client population would be helpful. If training sites that have identified LGB clients could be made available to more student (perhaps through a mid-semester rotation schedule so students are exposed to different agencies), this would increase feelings of competency (Grove, 2009).

Finally, students identified needing more contact with the LGB community both professionally and personally. Several students felt they needed more personal interaction with LGB individuals to better be able to understand the unique challenges that LGB individuals face. This was particularly true in posttest responses where students perhaps gained insight into unique challenges faced by the LGB community.

Limitations of the Study

The results of the present study, in addition to their presumed implications, must be considered in light of limitations associated with the research design. First, the convenience sample from one social work program will preclude generalizability of the findings. Second, it is possible that because of the repeated measure of the same survey items completed by the treatment group that some participants may have become familiar, fatigued, or disinterested, and thus, did not answer as accurately. This re-testing, also known as testing effect, is a threat to internal validity. Third, it is possible that responding to the case conceptualization measure prior to completing the self-report competence scale (SOCCS) may have cued some students to the research intent. That is, if participants were aware that their responses on the self-report instruments were being

compared with their performance on the case conceptualization task, they may have responded differently to the self-report instruments on the basis of their experience of completing the case conceptualization task.

Another limitation of this study was the fact that only the researcher presented the educational trainings. While this is advantageous in that it allowed for greater reliability in how the trainings were conducted, it also might affect the results as an unintended mediator variable. In other words, the effects of the trainings (independent variable) may have been influenced in some way by the instructor. Because the instructor was known to some of the students (as a past social work instructor), it is possible that some students tried to answer the survey in a manner they felt would be helpful to the researcher. While a social desirability measure did not show significant socially desirable responses, because of the nature of a self-report survey, this still could be of some minor concern (Hays, Hayashi, & Stewart,1989).

The researcher did disclose to both groups that he is a gay man. Because some students would know this fact and others would likely speculate this as a possibility, the researcher's status as a gay man was intentionally acknowledged to both treatment groups. Since the disclosure was made to both groups, this should equalize the effect of having a gay instructor.

Implications for Education, Practice and Future Research

This exploratory study sought to add to the pedagogical understanding of how to effectively teach cultural competence with LGB clients to graduate social work students. With social work programs continually striving to meet educational goals, effective and efficient education continues to be a priority. This study supports previous findings that a

single class on working with LGB clients can be effective in improving competence (Dongvillo & Ligon, 2001; Israel, 1998). By adding a one-time, two-hour education session to current methods of infusion, there could be significant gains in self-efficacy of cultural competence with MSW students.

Being the first study to look at self-efficacy of MSW students' cultural competence to work with LGB clients, this study found that students reported having positive attitudes toward LGB clients. This appears to be a change from older studies that assessed attitudes of social work students and found their attitudes to be homophobic (Black, Oles, Cramer, & Bennett, 1999; Cramer, 1997) and heterosexist (Berkman & Zinberg, 1997). The results of this study, however, support more recent findings that social work students have a positive attitude toward LGB clients, but feel they lack knowledge and skills to work with this population (Crisp, 2006; Logie, Bridge & Bridge, 2007).

This apparent shift in attitude for social work students might be representative of a broader cultural shift of society (Valelly, 2012). In this last few years, these students, along with society as a whole, have witnessed the repeal of "Don't Ask, Don't Tell" and an affirmative stance of the military in regards to military personnel serving openly. Increasing numbers of individual states have adopted marriage equality for same-sex partners, fostering a growing acceptance of same-sex marriage. These gay affirmative advancements may have contributed to the high scores on the Attitude subscale (Hans, Kersey, & Kimberly, 2012). With more confirmation that research need not focus on changing attitudes as much as building knowledge and skills, future studies may look

toward combining other elements of competency, such as relationship development with clients (Lee 2010).

Both types of trainings used in this study offered significant positive change in perceived and demonstrated competence, with the experiential training having slightly better one month follow-up results, suggesting that perhaps this training method had stronger lasting effects. Future longitudinal studies are needed to see if this effect is sustained over time. Also, a random sample that includes MSW students from other parts of the country is needed to see if these findings can be replicated, and thus be generalizable to other programs. However, these results support Grove's (2009) premise that an interaction or event (as in an experiential video or role play) can cause a change in understanding and behavior.

Both educational trainings are easily replicated and could be delivered with minimal effort and training by most social work instructors. Because of the simplicity of the trainings, more instructors may be willing to incorporate this teaching strategy into existing courses. This type of pedagogical approach may also have implications for how to effectively teach students to work with other identified minority groups. For example, this brief, two-hour training that focused on unique challenges experienced by LGB clients could be developed for other minority groups such as the senior citizens, persons with disabilities, or certain immigrant populations. Including accurate information with experiential accounts through videos or role plays could be an effective way to increase competency for students with a variety of populations. This approach could be developed into part of a semester course on overall cultural competence, which would offer a more

specific and intentional pedagogical approach than the infusion method currently practiced by many institutions.

Finally, studies have shown that the vast majority of all social work practitioners will be seeing LGB clients in their practices (Burckell & Goldfried, 2006). To not effectively address how to best work with this population seems a disservice to many. Having social workers who are culturally competent and willing to work with LGB clients will fulfill priorities set by the profession (CSWE, 2008; NASW, 2007). From an educational standpoint, actually providing effective training to increase cultural competency moves the academy from merely acknowledging the importance of being able to work with LGB clients to providing true ways to accomplish that goal.

Appendix A

Dear MSW Student:

Thank you for considering participating in this survey. Below is information about the research study.

TITLE OF STUDY: Assessing Self-Efficacy of Cultural Competence with Lesbian, Gay, and Bisexual Clients by master of social work students.

WHY ARE YOU BEING INVITED TO TAKE PART IN THIS RESEARCH?

You are being invited to take part in a research study about graduate social work students' perception of their ability (also called self-efficacy) to work with lesbian, gay and bisexual (LGB) clients. You are being invited to take part in this research study because you are a student in a graduate social work program. If you volunteer to take part in this study, you will be one of about 95 people to do so.

WHO IS DOING THE STUDY?

The person in charge of this study is Steve Johnson, LCSW of the University of Kentucky Department of Social Work. He is being guided in this research by Melanie Otis, PhD. There may be other people on the research team assisting at different times during the study.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of the study is to measure students' self-efficacy (your perceived ability) to work with lesbian, gay, and bisexual (LGB) clients.

By doing this study, we hope to learn if the current method of infusing LGB material across the curriculum is effective in preparing you to work with LGB clients based upon your perception of your ability (self-efficacy).

ARE THERE REASONS WHY YOU SHOULD NOT TAKE PART IN THIS STUDY?

There are no reasons to not take part in the study other than if you choose to do so.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

Your part of the study will take place today. It will take about 15 minutes to complete**.**

WHAT WILL YOU BE ASKED TO DO?

If you choose to participate in the study, you will be asked to fill out a questionnaire concerning your perceptions about working with LGB clients. There will also be a case vignette to read and 8 questions to answer. There will be some questions to answer about your demographics (age, gender, sexual orientation, etc.). The survey will be totally confidential. You are free to skip any questions or discontinue at any time.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life.

WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?

There is no guarantee that you will get any benefit from taking part in this study. However, your willingness to take part may help society as a whole better understand this research topic.

DO YOU HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering. As a student, if you decide not to take part in this study, your choice will have no effect on you academic status or grade in the class.

IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If you do not want to take part in the study, you may return your survey without completing it, or you may simply not return it when they are being collected.

WHAT WILL IT COST YOU TO PARTICIPATE?

There are no costs associated with taking part in the study.

WILL YOU RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You will not receive any rewards or payment for taking part in the study.

WHO WILL SEE THE INFORMATION THAT YOU GIVE?

We will make every effort to keep private all research records that identify you to the extent allowed by law.

Your information will be combined with information from other people taking part in the study. When we write about the study to share it with other researchers, we will write about the combined information we have gathered. Your name will not be collected, and you will not be personally identified in these written materials. We may publish the results of this study; however, we will keep any identifying information private.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. All the data collected from this study will be kept on password protected computers. Only research personnel will have access to this information.

If there are questions about how this study was conducted, we may be required to show information which identifies you to people who need to be sure we have done the research correctly.   These would be people from the University of Kentucky Office of Research Integrity.

WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS, CONCERNS, OR COMPLAINTS?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions, suggestions, concerns, or complaints about the study, you can contact the investigator, Steven Johnson, LCSW at 859-323-6021 or sjohn5@uky.edu. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-9428 or toll free at 1-866-400-9428

Appendix B

1. I identify as a:

   ☐ female   ☐ male   ☐ _____

2. Age: _____

3. Please specify your race:

   ☐ American Indian or Alaska Native
   ☐ Asian
   ☐ Black or African American
   ☐ Native Hawaiian or Other Pacific Islander
   ☐ Latino
   ☐ White

4. I identify as:

   ☐ gay/lesbian   ☐ bisexual   ☐ heterosexual   ☐ other

5. I have worked with LGB clients:

   ☐ Not at all   ☐ a little   ☐ more than a little, but not a lot   ☐ a lot

6. Working with LGB clients is difficult because of my religious beliefs:

   ☐ yes   ☐ no

7. I have had previous specific training (workshop, diversity course, sexuality course, multicultural course) for working with LGB clients:

   ☐ yes   ☐ no   If yes, how many?_____

8. Relationships with LGB individuals: (check all that apply)

   ☐ no personal relationships   ☐ acquaintances or distant friends   ☐ relatives
   ☐ close friends   ☐ immediate family or close relatives

9. I have an undergraduate degree in social work

   ☐ yes   ☐ no

10. I have had _____ years of direct social work experience.

Circle the best answer

How much is each statement TRUE or FALSE for you?	Definitely True	Mostly True	Neither True nor False	Mostly False	Definitely False
1. I am always courteous even to people who are disagreeable.	1	2	3	4	5
2. There have been occasions when I took advantage of someone.	1	2	3	4	5
3. I sometimes try to get even rather than forgive and forget.	1	2	3	4	5
4. I sometimes feel resentful when I don't get my way.	1	2	3	4	5
5. No matter who I am talking to, I'm always a good listener.	1	2	3	4	5

Read the following scenario and answer the questions that follow.

Karen is a 23-year-old female who recently graduated from college with a degree in nursing. She has moved to a small town and is working in a community hospital. Lately, she reports that she has been feeling unmotivated and is having trouble focusing at work. Additionally, she noted that is has been hard for her to make new friends or to find dates in the new town. She thinks this is because she has moved from a larger urban city to a more rural area where people do not seem to share her interests. She identifies as lesbian, but not many of the new people she has met know about her sexual orientation. It has not come up at work, so none of her co-workers know that she is a lesbian. She is not sure what their reaction would be. She is seeking your assistance before her lack of focus at work translates into a problem for her career.

1. Identify and describe the most important issues in working with Karen.

2. Describe your goals for working with Karen.

3. Describe any concerns/challenges that you might have as a social worker for working with Karen.

4. Rate your level of competency to work with Karen (circle one number)

1	2	3	4	5	6	7
not at all		somewhat			totally	

5. What would help you to work more effectively with Karen and other LGB clients?

Circle the letter of the best answer.

1. Karen's conscious and unconscious concern that co-workers might discover she is a lesbian is:

   a. very unusual for someone her age

   b. probably something that will pass in a few months

   c. an example of sexual minority stress

   d. a sign of unwarranted paranoia

2. One thing the social worker should discuss first with Karen is:

   a. her relationship with her mother

   b. her coming out experience thus far

   c. how she knows for sure she is a lesbian

   d. how to meet women in a small town

3. The fact that most people in the small town likely assume Karen is straight is:

   a. unusual in this day and age

   b. not an important issue in this case

   c. an example of internal homophobia

   d. an example of heteronormativity

4. In this case, it is important for the social worker to:

   a. not make Karen uncomfortable by talking about her sexuality

   b. point out appropriate sexual boundaries for future sessions

   c. talk openly and frankly about Karen's sexuality in context with her issues

   d. refer her to a sex therapist skilled in LGB issues

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Read each sentence and put an **X** in the box that best describes how you feel.	Not At All True 1	Only A Little True 2	Slightly True 3	Somewhat True 4	Moderately True 5	Very True 6	Totally True 7
1	I have received adequate clinical training and supervision to work with lesbian, gay and bisexual (LGB) clients.							
2	The lifestyle of a LGB client is unnatural and immoral.							
3	I try to develop my skills for working with LGB clients by monitoring my functioning/competency through consultation, supervision and self-education.							
4	I am willing and able to work with gay male clients.							
5	I am aware of both the initial barriers and benefits related to the cross-cultural working relationship.							
6	At this point in my professional development, I feel competent, skilled and qualified to work with LGB clients.							
7	I am willing and able to work with lesbian or gay couples.							
8	I think that clients should perceive the nuclear family as the ideal social unit.							
9	I am aware some research indicates that LGB clients are more likely to be diagnosed with mental illnesses that are heterosexual clients.							
10	It's obvious that a same sex relationship between two men and two women is not as strong or as committed as one between a man and a woman.							
11	I believe that LGB clients should work towards being highly discreet about their sexual orientation.							
12	I have been taught how to work with LGB clients in my social work classes.							
13	I am aware of the value assumptions inherent in many human behavior theories and understand how these assumptions may conflict with values of culturally diverse clients.							

	Read each sentence and put an **X** in the box that best describes how you feel.	Not At All True 1	Only A Little True 2	Slightly True 3	Somewhat True 4	Moderately True 5	Very True 6	Totally True 7
14	I feel competent to assess the mental health needs of a person who is LGB in a therapeutic setting.							
15	I believe that LGB couples don't need special rights (domestic partner benefits, or the right to marry) because that would undermine normal and traditional family values.							
16	There are different psychological/social issues impacting gay men versus lesbian women.							
17	It would be best if my clients viewed a heterosexual lifestyle as ideal.							
18	I am able and willing to work with bisexual (male or female) clients.							
19	I am aware of institutional barriers that may inhibit LGB people from using social services.							
20	I am aware that practitioners frequently impose their values concerning sexuality upon LGB clients.							
21	I believe that it is important to emphasize objective and rational thinking in minority clients.							
22	Currently, I do not have the skills or training to work with an LGB client.							
23	I believe that LGB clients will benefit most from working with a heterosexual counselor who endorses conventional values and norms.							
25	I feel that sexual orientation differences between counselor and client may serve as an initial barrier to effective treatment for LGB individuals.							
26	I understand the impact and operations of oppression and the racist concepts that have permeated the mental health professions.							

	Read each sentence and put an **X** in the box that best describes how you feel.	Not At All True 1	Only A Little True 2	Slightly True 3	Somewhat True 4	Moderately True 5	Very True 6	Totally True 7
27	Personally, I think homosexuality is a mental disorder or a sin and can be treated through counseling or spiritual help.							
28	I believe that all LGB clients must be discreet about their sexual orientation around children.							
29	When it comes to homosexuality, I agree with the statement: "You should love the sinner but hate or condemn the sin."							
30	In my classes, I have done a role play as either the client or counselor involving a LGB issue.							
31	I think that being highly competitive and achievement oriented are traits that all clients should work toward.							
32	I am willing and able to work with lesbian clients.							
33	Heterosexist and prejudicial concepts have permeated the mental health profession.							
34	I have an understanding of the role culture and racism play in the development of identity and world views among minority groups.							
35	I think that my clients should accept some degree of conformity to traditional sexual values.							
36	I am aware of institutional barriers which may inhibit minorities from using social work services.							
37	LGB clients receive "less preferred" forms of treatment than heterosexual clients.							

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