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## Prevalence of Gay Affirmative Practice among Bachelor's Level Licensed Social Workers

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*St. Catherine University*

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Prevalence of Gay Affirmative Practice among Bachelor's Level Licensed  
Social Workers

by

Kjersta Mellom  
May, 2013

MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
St Catherine University and the University of St. Thomas  
St. Paul, Minnesota  
In Partial fulfillment of the Requirements for the Degree of  
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

## **Abstract**

This study sought to explore the extent to which Bachelor's level licensed social workers utilized Gay Affirmative Practice within their work with Lesbian, Gay, and Questioning clients. 300 Licensed Social Workers in the state of Minnesota were surveyed, with a total of 49 respondents. The survey used the Gay Affirmative Practice Scale developed by Crisp (2002) and a series of questions inquiring about respondent demographics. The scores of the respondents were measured against the demographics gathered in order to test hypotheses surrounding Gay Affirmative Practice Scale scores and the years elapsed since one's degree was earned; respondents sexual orientation and gender identity; primary geographic location of practice; and the faith-affiliation of one's undergraduate educational institution. None of the research hypotheses posed were supported with statistically significant findings, indicating that, overall, Bachelor's level licensed social workers practice affirmatively regardless of personal and practice characteristics. The findings in this study may not be as valid as hoped as data collected was skewed due to lack of completion by respondents, and/or the size of the sample. However, implications for future research include the need for continued effort to explore practice behaviors and abilities of Bachelor level social workers in their practice with Gay, Lesbian, and Questioning clients.

## **Acknowledgments**

I would like to thank Sarah Ferguson, for her guidance, support, and patience throughout this project. Deepest gratitude is also due to my committee members Carey Winkler and Ross Aalgaard for giving their time to guide me through this process and providing such valuable feedback.

Thank you from the bottom of my heart to my family, and my friends for their unending support and cheerleading. Finally, to Chris specifically, without you I would not have managed to stay afloat through this journey. Thank you for your unending patience, support, and love.

# Table of Contents

Abstract.....	i
Acknowledgments .....	ii
Introduction.....	1
Literature Review .....	2
Conceptual Framework.....	12
Methods .....	14
Findings .....	21
Discussion.....	40
Conclusion .....	48
References.....	50
Appendix A.....	54
Appendix B.....	55
Appendix C.....	57

## Introduction

Because of daily interactions with such a large number of clients typically experiencing very vulnerable situations, all social workers are held to high standards of competency, ethics and professionalism. These standards require social workers to uphold and advocate for the highest level of service to all individuals, and to ensure that each individuals' basic human rights are being met. Individuals who identify as lesbian, gay, bisexual, transgender, and/or queer not only face the same array of issues as the general population but encounter a compounding variable of stigma and oppression due to society's response to their sexual orientation and gender identity. Due to the complex issues individuals within this population face, the adherence to the professional standards within social work is imperative.

Having an understanding of the issues individuals within this population encounter is not enough to consider a social worker competent. The likelihood of the intrusion of bias and misinformation is much higher when one practices only from what they understand to be true, therefore a working knowledge of these issues *as well as* an ability to do each of the following is imperative: affirm each individuals' identity; practice without reinforcing or perpetuating stereotypes; identify and work to change oppression and discrimination within one's own practice, agency, community, and society. (National Association of Social Workers, 2008; Council on Social Work Education, 2008). By coupling the empathy and understanding of the issues faced with the aforementioned skills, a much more appropriate, person-centered, well-rounded approach is possible.

This research is based on Crisp's (2006) study of how homophobia correlates to social workers' use of affirmative practice and seeks to gain a better understanding of how equipped social workers are in their ability to work affirmatively with individuals who identify as lesbian, gay, and queer (LGQ). This study also seeks to build upon Crisp's findings of the correlations of homophobia and the use of Gay Affirmative Practice. Whereas Crisp's studied included practitioners from both Master's and Bachelor's levels, this study will focus only on generalist social worker practitioners who have obtained their Bachelor's degree and who have no past or present involvement in a graduate program. Finally, while the literature that was reviewed primarily used the acronym of LGBT (Lesbian, Gay, Bisexual and Transgender), the majority of the language in this study uses lesbian, gay, and queer as the primary orientations being discussed. This choice was twofold: 1) the Gay Affirmative Practice Scale (GAP) tool used to survey respondents measured only attitudes and behaviors in working with lesbian and gay clients and 2) the choice to use queer instead of questioning was due to the variance in issues that may come up when a client has already begun to identify as queer in contrast to a client who is still in the process of questioning their sexual orientation.

## **Literature Review**

### **Issues encountered by LGQ Individuals**

As mentioned previously, diversity within the LGQ population parallels that of the general population as represented by the fact that there are not primary, specific demographics or sets of demographics that characterize individuals who would be a part of this community. Therefore, it is important to understand any and all issues faced by

non-LGQ identifying individuals will also be faced by those who identify as LGQ and that these issues will, more often than not, be exacerbated by the stigma and oppression surrounding their sexual orientation (ALGBTIC Transgender Committee, 2010; American Psychological Association, 2000; Crisp, 2006; Culton & Oswald, 2003; Janson & Steigerwald, 2002; Morrow, 2004; Swank & Raiz, 2007; Van Den Bergh & Crisp, 2004).

While this study did not look primarily at gay affirmative practice usage with youth, a study by Morrow (2004) is worth considering in order to understand the complexity of the issues faced. The author's discussed working with LGQ adolescents and described the differences faced in typical adolescent development in comparison with adolescent development that included the added complication of identifying as anything other than heterosexual. Morrow explores complicating factors such as feeling different from peers due to "sexual orientation or gender expression" and the need to "adjust to a social stigmatized role" (p. 91). The author points out that unlike other minority populations, LGQ youth more often than not lack social supports; if social supports are present they are less likely to reflect the individual's own identity in terms of sexual orientation. Attempting to tell their family about their identity is a struggle and can be exacerbated by families being un-accepting instead of supportive and validating (p. 92).

Not only do LGQ youth experience compounding factors within the already complicated process of adolescent development, but older LGQ adults experience more hardships than the general population as they age. As illustrated by Balsam and D'Augelli (2006), as an LGQ individual ages, it is possible they may experience the effects of homophobia more often than younger, more independent LGQ individuals:



LGBT people may feel that because of homophobia, they have limited choices of caregivers and facilities. They may be reluctant to report a verbally abusive staff member [...] if they simultaneously experience some support of their sexual orientation in the facility” (p. 120).

On top of encountering more difficulty than the general population in terms of development, LGQ individual’s face hardships in other areas as well.

For example, LGQ individual’s residing in rural areas, as illustrated by Culton and Oswald’s (2003) study, often face factors that complicate one’s ability to form supportive, understanding networks. Due to the lack of networks, the individuals studied reported feeling “invisible” to those who are not a part of the LGQ community (p. 74). This study also found that respondents identified a number of frustrations relating to being a part of the LGQ population and living in a rural area that not only relate to the differences in issues faced but also speak to the necessity of social work professionals to be knowledgeable advocates for this population.

For instance, 45% of the respondents agreed that the “worst thing” about living in a rural area is living in a homophobic climate, while 15% identified anger relating to experiencing inequality in being granted the same civil rights as heterosexuals. This study also asked respondents to identify factors that would improve their lives as LGQ individuals residing in rural communities; the following were identified: 57% identified a stronger gay community; 33% identified the perusal of a “civil rights agenda”; and 25% identified other factors relating to increasing the support of diversity within the climate of the community (p. 75, 76).

When an individual begins to recognize their “same-sex attraction/desire, or the absence of any attraction/desire”, they go through the difficult process of understanding what this means for themselves, attempting to decide how much and to whom to disclose, and how to reconcile their identity with the heteronormative and homophobic social scripts they have internalized (Hill, 2009, p. 350). On their own, these are significant challenges; to look further at the reactions of those to whom they choose to disclose, the possibility of internalized homophobia creating shame, guilt, and/or anger within the individual, and the potential for identity confusion coupled with all other life challenges, it is not difficult to understand how necessary it is for social work professionals working with LGQ clients to be affirming, supportive, and knowledgeable.

In the previously mentioned study of LGQ adolescents by Morrow (2004), she discusses risk factors for LGQ youth of which practitioners should be aware in order to ensure an appropriate response. These risk factors include the following: emotional distress, isolation, internalized homophobia/transphobia, depression, substance abuse, suicide, violence/victimization, family conflict, school performance, STDS/pregnancy. Finally, Morrow outlines some suggestions for practice with LGQ youth. These include: assessing the degree of LGQ identity development, the level of disclosure, safety, providing accurate educational information, establishing a LGQ supportive work milieu, advocating for enhanced social services, more supportive school environment, and social change.

The oppression and discrimination faced by those who identify as LGQ stems from homophobia, transphobia, and/or heterosexism. Homophobia, as defined by Hudson and Ricketts (1980) consists of “a broad range of negative attitudes regarding gays and

lesbians” (as cited by Crisp, 2006, p. 120). The ALGBTIC Transgender Committee of the American Counseling Association (2010) defines transphobia as “the irrational fear and hatred of all those individuals who transgress, violate, or blur the dominant gender categories in a given society.” They also define heterosexism as “the assumption that everyone is heterosexual or should be” (p. 138). As Brownlee, Sparakes, Saini, O’Hare, Kortess-Miller, and Graham (2005) explain, heterosexism “refers to the belief that heterosexuality is normative and superior to homosexuality and can be manifested among people who would not be considered homophobic” (p. 486).

### **Homophobia and Heterosexism in Social Work Practice with LGQ Clients**

In looking at how the attitudes and biases held by social work professionals can impact service to clients, Crisp (2006) summarizes the previous literatures findings:

[It] may lead practitioners to provide inferior treatment; minimize or exaggerate the importance of sexual orientation in the [individual’s] life; change the topic when clients talk about gay or lesbian issues; devalue clients’ feelings and experiences; deny clients access to a broad range of experiences; view clients strictly in terms of their sexual behavior; [...]inform clients that they are not gay or lesbian because they fail to meet some arbitrarily defined criterion; [...]or perpetuate self-hatred experienced by some gay and lesbian clients (p. 115).

This succinct yet in depth list illustrates how homophobic and heterosexist attitudes can have a tremendous, negative impact on clients receiving social work services. As Swank and Raiz (2007) point out, “good practice with [LGQ] clients must go further than simply avoiding the most destructive and blatant forms of homophobia (p. 258).

Insight into issues that exist within practice with LGQ individuals can be found by looking at guidelines and frameworks for practice that seek to help practitioners avoid those issues in their own daily work with clients. For instance, in order to avoid exposing clients to practitioners' overt and/or hidden negative attitudes, a guideline from by the American Psychological Association (2000) encourages practitioners to gain insight and understanding in to how their attitudes and knowledge, or lack thereof, affect LGQ clients. Under this same guideline practitioners are cautioned to be aware of how "heterosexual norms for identity, behavior, and relationships" may inadvertently label LGQ clients as "abnormal, deviant, and undesirable" (p. 1441). From this publication alone it becomes clear that in order to ensure safe, quality, affirmative practice is taking place, practitioners need to have a solid understanding not only of their own biases and attitudes, but also of the issues LGQ clients may be facing and how to respond in an affirming, productive, and non-discriminatory way.

Oppression and discrimination of LGQ individuals occurs within social work settings and effects even those who are practicing and studying to practice within the social work field (Brownlee, Sprakes, Saini, O'Hare, Kortes-Miller & Graham, 2005; Hylton, 2005; Messinger, 2004). In Messinger's (2004) study, thirty gay and lesbian social work students completing field placements were interviewed about their experiences as sexual minorities in social work agencies. Of the thirty students interviewed only four reported no barriers or other issues in placement as a result of their sexual orientation. Of the remaining participants, a number of themes surrounding identified issues were found. These themes, all of which relate to the students' sexual orientations, included the following: Homophobic attitudes and behaviors, absence of

[discussion of] gay and lesbian issues, unfriendly climates of placements, conflicts with field instructors, and general feelings of a lack of safety or anxiety. To elaborate, the theme of unfriendly climates of placement involved participants rating the “gay-friendliness” of their agency. Some respondents cited “heterosexist intake forms and employment policies” as measures of unfriendliness while others identified lack of effort on the part of the agency to identify their “willingness to work with gay and lesbian clients” or in the agency’s reluctance to address issues relating to these specific clients though they may be doing similar work in other areas (p. 195-196).

### **Education of Generalist Social Work Practitioners**

The profession of social work is guided by the Code of Ethics developed by the National Association of Social Workers (2008). Within this document, the ethical principles and standards, as well as the core values of the profession are defined. One of the ethical standards is that of cultural competence and social diversity. Within this standard, the Code of Ethics explicitly states:

Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability  
(1.05c)

Therefore, the importance of cultural competency is illustrated and it is expected that social workers are making efforts to fulfill this responsibility. It should be noted that the most recent change to this standard occurred in 2008, at which time the clause of “sexual orientation, gender identity or expression” was added. The Code of Ethics also calls for

social workers to “promote the general welfare of society [...] Social workers[...]should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice” (6.01).

Van Den Bergh and Crisp (2004) suggested that in order to ensure culturally competent practice with sexual minorities, practitioners need to have an understanding of various frameworks that may relate to ethnic and racially diverse clients while recognizing some changes may need to be made in order to utilize these frameworks in work with the LGQ population. The authors go on to suggest that while racism may be a factor in working with ethnic minorities, homophobia may be a factor in work with sexual minorities. It is important that, as with understanding one’s own biases in regard to race, social work professionals reflect upon and make an effort to overcome their biases surrounding sexual orientation.

Janson and Steigerwald (2002) use a variety of case examples to illustrate a range of ethical issues for practitioners working with LGQ clients. It should be noted that the following illustrations of ethical dilemmas could just as easily occur in work with clients who are heterosexual. For instance, the authors discuss the idea of secondary relationships, or relationships that occur along with the primary significant relationship; how one may deal with a revelation of bisexuality within a couples session and abject denial of revealing partners identity by the other; dealing with a client’s dual reality within their life and partnership; custody issues and other legal issues faced by LGQ clients; and how to practice affirmatively throughout all of these possible scenarios.

Generalist social work practitioners are typically individuals who have graduated from a Bachelor’s level social work program, therefore making it imperative for purposes

of this study to look at the content surrounding LGQ populations being taught to future bachelor's level generalist practitioners. One way to do this is to consider the role individual social work faculty members play in the teaching of material relating to LGQ individuals. Both individual faculty demographics and the amount of support given to discussions about LGQ individuals and issues within an institution are important factors that influence the way content is thought of and presented. In a national study of U.S. and Anglophone Canadian social work faculty conducted by Fredriksen-Goldsen, Luke, Woodford, and Gutierrez (2011), it was found that faculty members are typically supportive of the inclusion of LGQ content, though this support is more readily given to content relating to the LGQ populations as opposed to content about the oppression these populations face. This study also found that, when combining both the U.S. and Canadian samples, "faculty who are female, non-White/non-European, younger, have positive LGBT social attitudes, and whose schools have teaching resources related to gender identity are more supportive of LGBT content" (p. 29)

In a separate study conducted by May (2010), the question of whether social work educators emphasized the teaching content of other multicultural groups over LGQ content was examined. It was determined that educators "are showing signs of progress in teaching multicultural content with the inclusion of GLBT content". May also noted that assistant professors "were more likely to teach GLBT content than associate professors" and hypothesized this finding as being relative to the likelihood of assistant professors being younger and therefore potentially more likely to "teach new material" than the likely older, associate professors (p. 350).

Although the role of the social work educators is a factor in shaping student's, and ultimately generalist social worker practitioners, attitudes, beliefs, and understandings about issues relating to LGQ individuals, other factors contribute to the potential existence of homophobic and/or heterosexist attitudes. In a study conducted by Swank and Raiz (2007), the perceptions of gay men and lesbians among social work students were researched. This study sampled 748 undergraduate social work students, primarily females, from 12 different accredited programs throughout the United States. It was discovered that although "homophobia is not rampant among this student populace", the comfort levels indicated that only "roughly one fourth of the sample fully values the presence of homosexuals in their immediate surroundings" (p. 271).

### **Responding to LGQ Clients: Affirmative Practice**

Affirmative practice, as defined by Davies (1996), is practice that "affirms a lesbian, gay, or bisexual identity as an equally positive human experience and expression to heterosexual identity" (as cited in Crisp, 2006, p. 125). Crisp (2006) describes gay affirmative practice models as those which provide frameworks for beliefs and behaviors in practice with LGQ individuals. Affirmative practice would include components of the following: an understanding that "homosexuality and bisexuality" are not a part of mental illness; recognition of practitioner attitudes and knowledge about LGQ individuals and how these affect their assessment of clients; an ongoing quest to understand how social stigma effects the mental health of LGQ clients as well as an ongoing attempt to understand the way incorrect and/or prejudiced views of sexual orientation affect client's presentation and self-stigma; recognition of non-traditional family and support systems and an understanding that these are defined by the client due to the potential impact their



sexual orientation has had on the family of origin relationships; and generational and developmental differences and challenges faced by LGQ individuals (APA, 2000).

This study was interested in the degree to which Gay Affirmative Practice is used by generalist social work practitioners. Additionally, the demographics of each respondent were examined to answer the following questions:

- How does gender identity relate to the use of Gay Affirmative Practice?
- How does the respondent's sexual orientation influence their use of Gay Affirmative Practice?
- Does working in an urban or rural setting have an influence on the degree to which Gay Affirmative Practice is used?
- How did the faith affiliation of the respondent's alma mater influence the extent to which the individual utilizes gay affirmative practice?
- Did the length of time since the respondent received their degree influence the usage of Gay Affirmative Practice?
- Does having obtained the skills and knowledge relating to working with LGQ individuals in class versus through work change the degree to which affirmative practice was used?

### **Conceptual Framework**

Affirmative practice comes from a combination of the following theoretical frameworks: Person-in-Environment, Strengths Perspective, and Cultural Competence (Crisp, 2006).

The Person-in-Environment perspective considers individuals in terms of the environments in which they exist and interact (Gitterman & Germain, 1976). As Saleebey (1992) explains, the Strengths Perspective focuses on the qualities of the individual that

can be used in order to solve problems and make changes. These may include resources, abilities, experience, motivation, and/or knowledge. Finally, Cultural Competence in social work involves working to become aware of the following: what culture is and the influence culture has on all areas of practice; one's own culture and ethnocentricity; an actively growing, accurate knowledge base of other cultures; and understanding client cultures while working to adapt practice styles and approaches in order to meet the needs of those clients (Van Den Bergh & Crisp, 2004).

While all of these perspectives are used in generalist social work practice, it is important to be intentional in their implementation when working with LGQ clients. Each perspective applied individually can provide substantial information and help guide the social worker in their interactions with the client. For example, incorporating the Person-in-Environment perspective may take the form of gathering information from the client regarding how supportive they feel their school, home, work, community, and peer environments are of that client's sexual orientation. With this information, the practitioner is then able to help the client find ways to navigate negative and discriminatory acts against them, build self-esteem, or problem-solve possible scenarios they may encounter. This perspective also provides valuable information about what is important to the client, what supports, or lack thereof, they may be living with, and what outlets and resources they have available.

Incorporating the strengths perspective may allow for self-esteem building, identity formation, and helping the client gain a better understanding of the roles they play in their own lives. This also allows the social worker to continue to see the strengths

within the client and to build upon those characteristics in order to help the client meet personal goals.

Finally, cultural competence takes many forms. For work with LGQ clients, it is important that the social worker has an understanding of the client's culture as it relates to their sexuality, and that this understanding comes primarily from the client. Because LGQ clients come from all backgrounds, cultural competence plays a role in helping the social worker understand how the client's racial, ethnic, and religious identities may impact the client. While all of these perspectives are valuable on their own, the conscious implementation of all three simultaneously is the foundation of affirmative practice.

## **Methods**

### **Research Design**

The design of this study is quantitative. It will utilize two survey tools, sent via email, in order to collect data needed to measure the correlations between practitioner's demographics and their use of Gay Affirmative Practice methods. A quantitative approach was chosen as it allows for the collection of information from a large sample. Email and an online survey tool will be used as these methods allow for a low-cost, quick, wide reaching approach to contact respondents and collect the information requested (Monette, Sullivan, & DeJong, 2011). This study included wording relating only to Lesbian, Gay, and Questioning clients as the GAP Scale was developed to measure practitioner attitudes and behaviors in practice with Gay and Lesbian clients only.

### **Variables and Measurement**

#### **Variables**

Upon contact respondents were asked to complete two brief surveys, one was the Gay Affirmative Practice Scale developed by Crisp (2002) and the other was a brief questionnaire of their demographics. The demographics surveyed included the following: sex of respondent; when did the respondent earn their Bachelor's degree; in which state was degree earned; did respondent attend a faith-based or secular institution; does respondent identify as lesbian, gay, bisexual, other, or heterosexual; is respondent's practice located in a rural or urban setting; did respondent believe their knowledge of practice with LGQ individuals stemmed primarily from their education or work setting; and finally, if believed to have learned practice with LGQ individuals within an educational setting, did this knowledge come primarily from academic social work classes, field experience or both, and if believed to have learned practice with LGQ individuals within a work setting, did this knowledge come primarily from work trainings, direct practice with LGQ clients, or both. These demographics describe the independent variables that were studied.

### **Measures**

#### **GAP Scale Development**

In order to develop the GAP scale, Crisp used clinical measurement theory and the domain sampling method to “develop and validate a self-administered scale to assess the degree to which practitioners engage in principles consistent with gay affirmative practice” (p. 118). She determined the need for the final tool to be made up of items that measured behaviors in practice and beliefs about practice with gay and lesbian individuals in order to “bridge the gap between attitudes and behaviors [...and] gain insight between the two (p.123). The tool was then reviewed by experts and finally

administered to clinicians. In the administration process, National Association of Social Work and American Psychological Association members who met the definition of providers of direct practice were randomly selected by the organizations. The tool was found to be reliable and valid, and is currently the only scale that has been developed to measure this correlate (p. 121).

The GAP Scale was used to measure the extent to which respondents engage in Gay Affirmative Practice through assessing their beliefs about treating LGQ clients as well as the behaviors in which they engage during interactions with these clients. Respondents were asked to rate how strongly they agree with fifteen statements relating to practice with LGQ clients. Response options range from strongly agree (SA) to strongly disagree (SD) with the following options in between: agree (A), neither agree nor disagree (N), and disagree (D). Respondents are then asked to rate how often they engage in fifteen different behaviors with LGQ clients with the ratings as follows: always (A), usually (U), sometimes (S), rarely (R), or never (N). Each answer is given a point value and the total number of points reflects the respondents GAP score. The higher the total score, the more the respondent engages in affirmative practice; the lower the score, the less the respondent engages in affirmative practice.

The second tool used was the Demographics Survey, developed by this researcher in order to collect data from the respondents relating to the aforementioned variables. This survey is comprised of seven questions, in no particular order, and includes a variety of possible answers. There is not a rating or scaling system as the purpose of the survey is to only gather basic demographic information about each respondent.

## **Sample**

This study focused on social workers who provide direct generalist practice and who have earned their Bachelor's degree in social work and/or are licensed at the level of Licensed Social Worker (LSW) in the state of Minnesota. The respondents were found by utilizing a membership list from the State Board of Social Work. 300 LSWs were contacted using email addresses they had provided to the Minnesota Board of Social Work. Participation was voluntary and was so indicated in the initial email. (Appendix A). Respondents were asked not to complete the survey if they had completed, had previously been enrolled, or were currently enrolled in any graduate coursework. An informed consent form accompanied the email and respondents were notified that consent was assumed if they chose to complete the survey (Appendix B). Of the 300 social workers who were contacted, 50 chose to participate in the survey, one of which was not appropriate as they indicated they had completed their Masters of Social Work. Of the remaining 49 respondents, 8 did not complete the survey in its entirety however all 49 responses were used in the data analysis.

### **Data Analysis**

This study was interested in finding out if the gender of the respondent was related to the usage of affirmative practice. An independent t-test was used to test the hypothesis that respondents who identify as female or anything other than male would have a higher GAP Scale score and therefore be more likely to utilize affirmative practice than respondents who identified as male. The gender identify of each respondent was measured using the demographic survey (Question 1), and affirmative practice usage was measured using the respondent's GAP score.

This study was also interested in finding out if the length of time that passed since earning one's degree had an influence on the degree to which affirmative practice was used. A correlation was used to test the hypothesis that there is an association between a longer length of time having passed since respondent's degree was earned and a lower usage of affirmative practice. Year degree was earned was measured through Question 2 on the demographic survey and affirmative practice was measured using the GAP Scale.

Another question this study was interested in exploring was whether attending a faith-based or secular educational institution was related to the amount of affirmative practice used. An independent t-test was completed to test the hypothesis that respondents who attended a faith-based institution would have lower affirmative practice usage scores. The respondent's educational institution's faith affiliation was measured using the demographic survey (Question 3) and affirmative practice usage was measured with the GAP Scale.

This study also investigated whether the respondent's sexual orientation influenced the amount of affirmative practice used. An independent t-test was completed to test the hypothesis that respondents who identified as anything other than heterosexual would have a higher affirmative practice usage score than respondents who identified as heterosexual. The sexual orientation of the respondent was measured through the demographic survey (Question 4). Respondents were asked to identify as lesbian, gay, bisexual, heterosexual or other, with the option to specify their "other" identification. In order to utilize the t-test, responses indicating a sexual orientation of heterosexual formed one category and all other sexual identities formed the second category. Respondent's

sexual orientation was measured using the Demographic Survey (Question 4) and affirmative practice usage was measured using the GAP Scale.

Another interest of this study was to find out if the geographic location of respondent's practice was associated with the degree of affirmative practice used. An independent t-test was used to test the hypothesis that respondents practicing in primarily urban areas would have higher GAP scores than those practicing in primarily rural settings. The geographic location will be measured using the Demographic Survey (Question 5) and use of affirmative practice will be measured by the GAP Scale.

Finally, this study was interested in whether knowledge about working with LGQ individuals was learned in class or through work experience and whether this was associated with the degree to which affirmative practice was used. As a sub-question, respondents who answered "class" were asked to specify if the knowledge was acquired through an academic/ lecture type of class or if it was learned during the respondent's field placement/internship. A t-test was used for both questions to test the following hypotheses: respondents who acquired knowledge through work experience would utilize affirmative practice more frequently than those who obtained this knowledge in class and; those who obtained this knowledge through field placements would have higher usage scores than those who acquired this knowledge through a lecture/academic class setting. The setting in which knowledge about working with LGQ individuals was obtained was measured using the Demographic Survey (Question 6 and 7) and use of affirmative practice will be measured by the GAP Scale.

## **Limitations**



Due to the nature of this study being a requirement for completion of a graduate program, one of the limitations was the restricted amount of time allowed to collect data from respondents. Allowing for a longer time to respond may have given more respondents an opportunity to complete the surveys. Another limitation of this study was the Demographic Survey, as it was created solely for the purpose of this study by this researcher. Therefore, it is possible that necessary questions were omitted and/or that the questions asked did not adequately measure the variable being studied as there was no reliability or validity established. An example of more information that would have been helpful would have been to have respondents indicate whether their undergraduate degree was in social work or another degree track, as before a certain point individuals working in the field were able to be “grandfathered” in to the new licensing system and were not required to have an undergraduate degree in social work. It is also possible that, due to the nature of the questions asked, respondent subjectivity may be present. Although, for example, Question 5 on the Demographic Survey attempted to give an idea of urban and rural, it is possible respondents disagreed on the parameters given and answered more subjectively. It is possible that the GAP Scale was another limitation, as the author of the scale indicated it has only been used in one study and although it was found to be valid and reliable, has not been tested repeatedly to solidify these findings.

Also, the sample includes only individuals currently licensed in Minnesota, therefore limiting the diversity of the sample and making it difficult to generalize to other locations that could drastically vary in terms of social norms and views about individuals who identify as LGQ. Two other limitations relate directly to the data collected. First, it should be noted that the results indicated by this data may not be as accurate as possible

due to the fact several respondents failed to answer all questions and/or did not follow the instructions given. Secondly, it should be noted that the data collected for the sub-questions that asked respondents to specify within their classroom or work related experiences, where they felt the majority of their knowledge about working with LGQ individuals was gained was unable to be quantified due to incongruent responses. Therefore, any suggestions relating to where improvements could be made in class or work settings in terms of educating practitioners who work with LGQ clients could not be made. Finally, the homogeneity of the sample should be considered as well. While the respondents came from different geographic areas of practice, had varying sexual orientations and gender identities, the overall commonality was that they made the choice to complete this survey. This fact may be illustrative of individual's interest in the topic being study as well as a possible feeling of knowledge and/or expertise in this subject area by those who responded.

### **Findings**

This study sought to explore the degree to which affirmative practice is used by Bachelor's level licensed social workers when working with Lesbian, Gay, and Questioning clients. The Gay Affirmative Practice Scale (Crisp, 2006) was used to measure the degree to which respondents utilized Gay Affirmative Practice with clients and a series of questions intended to collect data about respondent demographics accompanied the GAP Scale. These demographics were used in conjunction with individual respondents GAP Scale scores in order to attempt to answer the research questions of this study.

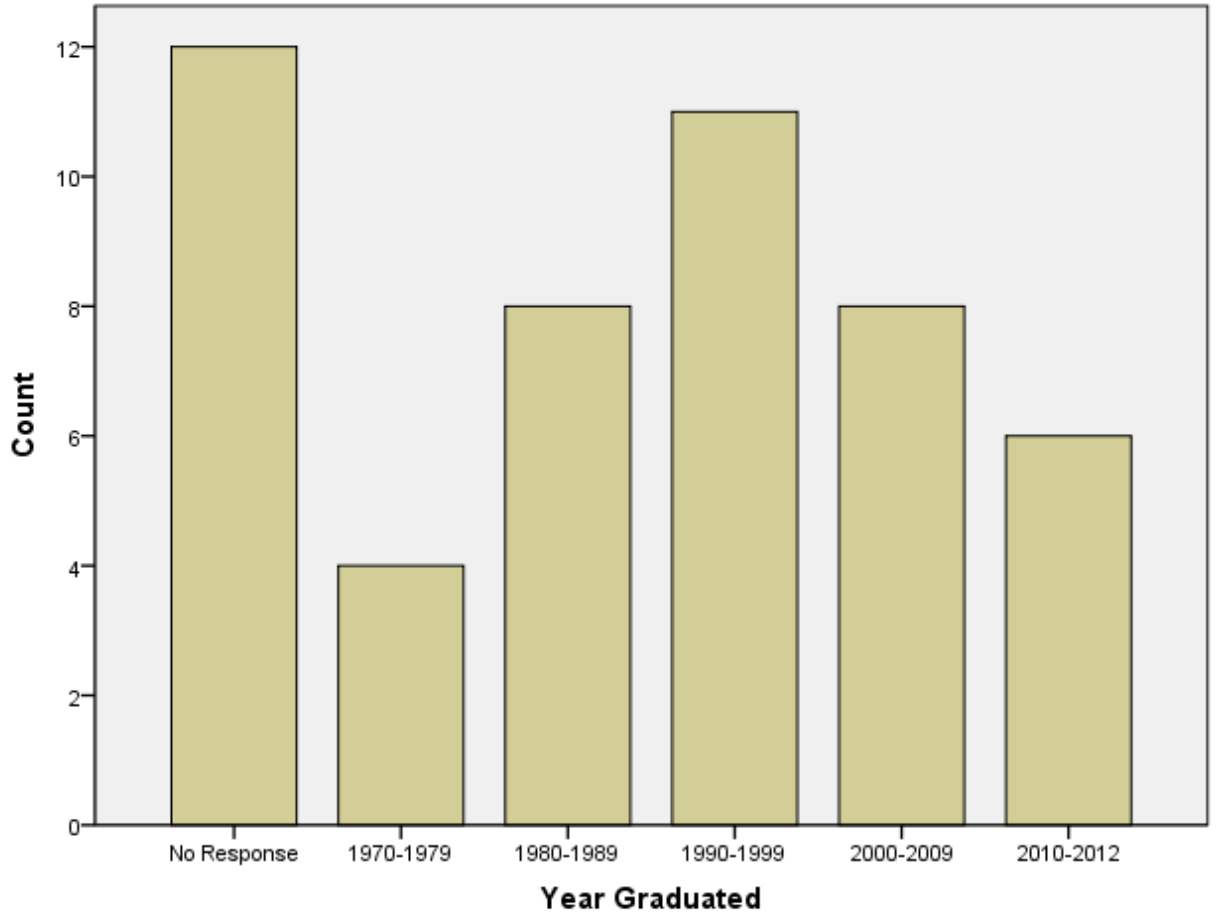
### **Demographics**

As illustrated by Table 1, of the 49 respondents, 4 identified as male (4%), and 36 identified as female (90%) and 9 did not respond. It should be noted that although no respondents answered as such, this question had an “other” option and allowed respondents to indicate their gender identity should it be different than “male” or “female”. Respondents were also asked to indicate their sexual orientation. As Table 1 indicates, of the 38 respondents who answered this question, 2 (5.3%) identified as Lesbian, 1 (2.6%) identified as Gay, 1 (2.6%) identified as other, and 34 (89.5%) identified as Heterosexual.

Table 1. *Sexual Orientation*

		Sexual Orientation			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Lesbian	2	4.1	5.3	5.3
	Gay	1	2.0	2.6	7.9
	Other (please specify)	1	2.0	2.6	10.5
	Heterosexual	34	69.4	89.5	100.0
	Total	38	77.6	100.0	
Missing	System	11	22.4		
	Total	49	100.0		

Respondents were asked to indicate the year in which they earned their bachelor’s degree. The years ranged from 1971 to 2012 and the average time that had passed since graduating was 17.3 years and the most frequent decade in which respondents who answered this question graduated was 1990-1999, as illustrated by Figure 1.



*Figure 1. Year Received Undergraduate Degree*

Respondents were also asked to indicate the geographic location in which they primarily provide services with the options being Urban (i.e: Minneapolis/St. Paul, 1<sup>st</sup> ring suburbs, Duluth, Rochester, St. Cloud, Fargo/Moorhead) or rural. As indicated in Figure 2, 24 respondents (49%) indicated that their primary location of service provision was in an urban area, 15 respondents (30.6%) indicated they primarily practiced in a rural setting, and 10 respondents (20.4%) did not respond to this question.

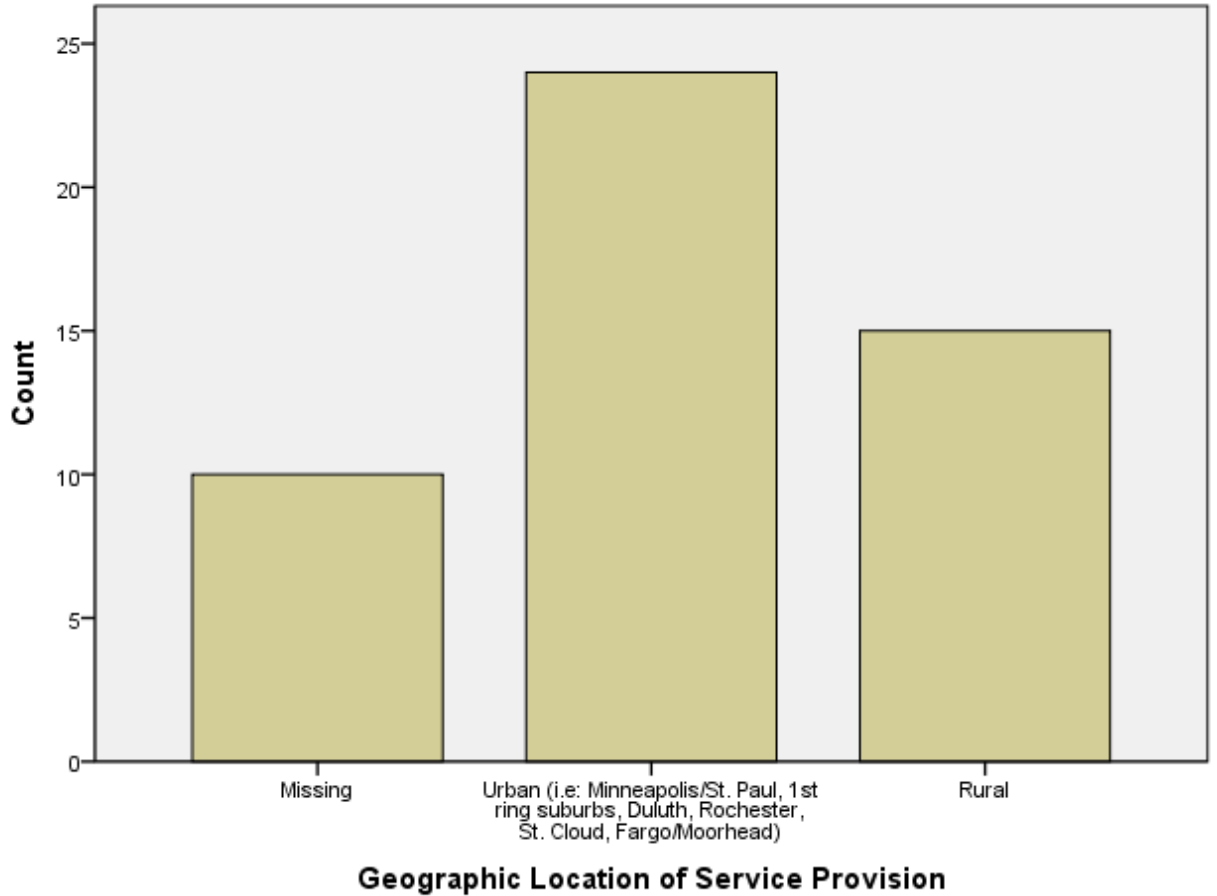


Figure 2. Service Provision Location Distribution

Finally, respondents were asked to indicate where the majority of their learning about work with LGQ clients primarily occurred: class or work. If respondents indicated class they were asked to specify whether it was through an academic/lecture type of setting, within their field placement/internship, or both. If respondents indicated work they were asked to specify whether this was through direct experience with LGQ clients, through work trainings, or both.

As indicated by Table 2, out of the 39 respondents (79.6% of the entire sample) who answered this question, 17 (34.7%) answered class and 22 (44.9%) answered work. 10 respondents (20.4%) did not answer.

Table 2. *Primary Source of Learning*

Primary Source of Learning about Working with LGQ Individuals					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Class	17	34.7	43.6	43.6
	Work	22	44.9	56.4	100.0
	Total	39	79.6	100.0	
Missing	System	10	20.4		
Total		49	100.0		

The survey asked that those who had answered “class” indicate the specifics of this learning experience. Although in the Table 2 there were 17 respondents, Table 3 reflects only 16. After looking at the raw data it became clear that out of the original 17 respondents, 1 individual did not specify the characteristics of their classroom experience, therefore resulting in only 16 respondents for the “Specifics of Class Learning” question. Of those 16 respondents, 9 (56.3 %) specified the majority of their class learning took place in the academic/lecture setting, while 7 (43.8%) indicated the majority of their class learning took place in both academic/lecture and field placement/internship settings. No respondent indicated that their primary learning in a class had taken place in only a field placement/internship setting.

Table 3. *Specifics of Class Learning*

Specifics of Class Learning					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Academic/Lecture	9	18.4	56.3	56.3
	Both	7	14.3	43.8	100.0
	Total	16	32.7	100.0	
Missing	System	33	67.3		

**Specifics of Class Learning**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Academic/Lecture	9	18.4	56.3	56.3
	Both	7	14.3	43.8	100.0
	Total	16	32.7	100.0	
Missing	System	33	67.3		
Total		49	100.0		

The survey also asked those who had answered “work” to indicate the specifics of this learning experience. While 22 respondents originally indicated “work” when asked of the specifics of their work learning experience there were only 20 who specified the nature of their work learning experience. Of those 20 respondents who indicated their learning about work with LGQ populations had come primarily from “work”, 5 respondents (25%) indicated this was through direct work experience with LGQ clients while 4 respondents (20%) indicated this learning took place through work trainings. 11 respondents (55%) indicated they had learned about work with LGQ clients through both direct experience with clients who identified as LGQ and through work trainings.

It should be noted that just as some respondents indicated “class” or “work” but did not further specify the details of their experience by answering the follow-up question, other respondents indicated “class” or “work” and subsequently provided answers specifying their experiences in both their classroom and work environments which resulted in an overlap of responses. The responses for those who specified for both “class” and “work” were changed to reflect only the specifications for the respondent’s initial indication. For example, for the purposes of the descriptive statistics, if someone

indicated “work” and specified for both class and work, the specification indicated for “class” was deleted so as to not duplicate respondents.

Table 4. *Specifics of Work Learning*

<b>Specifics of Work Learning</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Work experience with LGQ clients	5	10.2	25.0	25.0
	Work trainings	4	8.2	20.0	45.0
	Both	11	22.4	55.0	100.0
	Total	20	40.8	100.0	
Missing	System	29	59.2		
Total		49	100.0		

Finally, the entire Gay Affirmative Practice Scale is designed to measure respondents “beliefs about treatment with gay and lesbian clients and their behaviors in clinical settings with these clients” (Crisp, 2006). Figure 3 illustrates the descriptive statistics of the sample’s GAP Scale scores. The mean score was 101.10 with a Standard Deviation of 37.978 out of 49 responses. To reiterate, a higher GAP Score is indicative of a higher degree of affirmative practice. The responses indicated on the far left of the graph are from respondents’ who left many answers blank. It should be noted that the results indicated by this data may not be as accurate as possible due to the fact that a number of respondents submitted incomplete surveys, completed only questions they felt were applicable to their experience, and/or gave answers to some questions that conflicted with answers to previous questions.



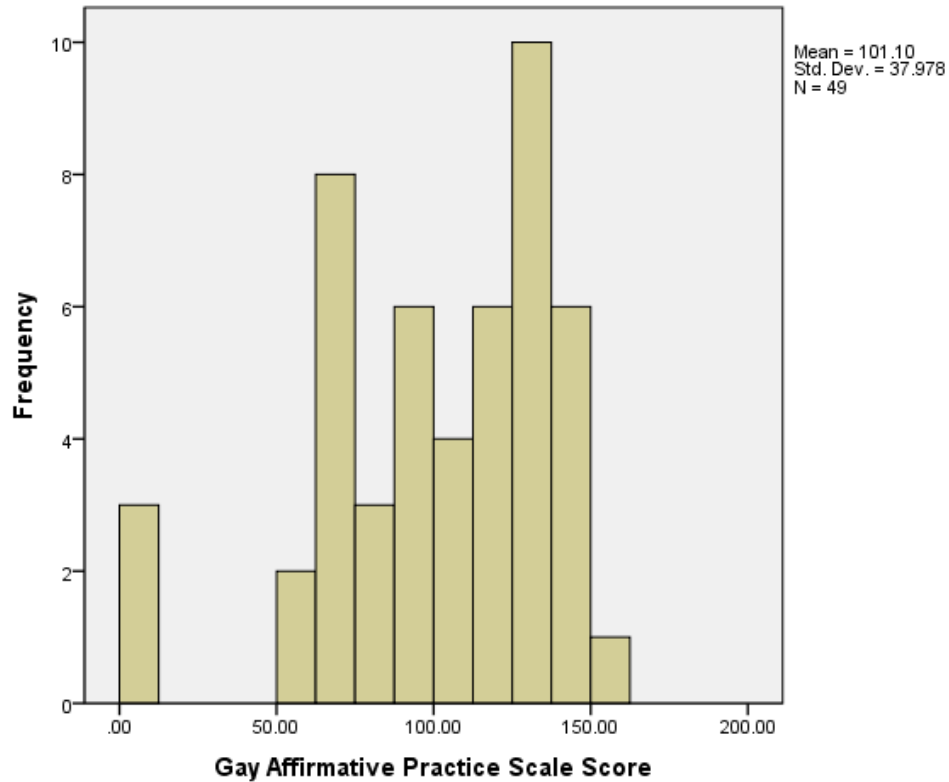


Figure3. GAP Score Distribution

## Research Questions

As mentioned, this study was interested in finding out if the gender of the respondent affected the usage of affirmative practice. An independent t-test was used to test the hypothesis that respondents who identified as women and those who identified as anything other than male would have a statistically significant higher utilization of affirmative practice than men. Along with the gender of each respondent on the demographic survey (Question 1), affirmative practice usage was reflected in the respondent's GAP score.

Table 5 and Table 6 below show the results of the t-test comparing the mean GAP scores of respondents who identified as female and respondents who identified as male. The respondents who identified as females' mean GAP score was 112.64. The

respondents who identified as males' mean GAP score was 122.25. The difference between these mean scale scores was 9.61. Therefore respondents who identified as male had higher GAP Scale scores than respondents who identified as female.

The Levene's Test of Equality of Variance for the independent samples t-test is .771. Since .771 is greater than .05, the Levene's Test is not statistically significant. Therefore, the p-value for this t-test is .490. Since the p-value is greater than .05, the results of this data are not statistically significant. As a result, we fail to reject the null hypothesis that there is no difference between respondents who identify as female and respondents who identify as male on their GAP Scale scores. Therefore, there is not a significant difference between respondents who identify as female and respondents who identify as male in their beliefs about treatment with gay and lesbian clients and their behaviors with these clients.

Table 5. *Group Statistics for Gender and GAP Score t-test*

Group Statistics					
	Gender Identity	N	Mean	Std. Deviation	Std. Error Mean
Gay Affirmative Practice Scale Score	Female	36	112.6389	25.61936	4.26989
	Male	4	122.2500	31.63727	15.81863

Table 6. *Gender and Gay Affirmative Practice Scale Score t-test*

Independent Samples Test									
	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper

Gay Affirmative Practice Scale Score	Equal variances assumed	.086	.771	- .697	38	.490	-9.61111	13.77956	- 37.50636	18.28414
	Equal variances not assumed			- .587	3.452	.594	-9.61111	16.38478	- 58.10040	38.87818

This study was also interested in finding out if the length of time that has passed since earning one's degree affected the degree to which affirmative practice was used. A correlation was used to test the hypothesis that there was an association between a longer time elapsed since degree was earned and a lower usage of affirmative practice. Year degree was earned was measured through Question 2 on the demographic survey and affirmative practice usage was be measured through the GAP Scale. To reiterate, the length of time since degree earned ranged from 1971 to 2012 and the average time that had passed since graduating was 17.3 years

Table 8 and Figure 3 show the inferential statistics of the relationship between the two variables, Length of Time since Degree Earned and Gay Affirmative Practice Scale Score. The calculated correlation ( $r = -.022$ ,  $p = .896$ ) indicates that there is no relationship between the variables. Since the p-value ( $p = .896$ ) is greater than .05, we fail to reject the null hypothesis that there is no relationship between the length of time passed since degree was earned and the Gay Affirmative Practice Scale Score. Therefore, the results of this study do not support the hypothesis that there is a significant relationship between the length of time that has passed since obtaining one's degree and the amount to which affirmative practice is used.

Table 7. *Descriptive Statistics for the Relationship between Length of Time since Degree Earned and Gay Affirmative Practice Scale Score*

<b>Descriptive Statistics</b>			
	Mean	Std. Deviation	N
Length of Time since Degree Earned	17.70	12.268	37
Gay Affirmative Practice Scale Score	101.1020	37.97765	49

Table 8. *Relationship between Length of Time since Degree Earned and Gay Affirmative Practice Scale Score*

<b>Correlations</b>			
		Length of Time since Degree Earned	Gay Affirmative Practice Scale Score
Length of Time since Degree Earned	Pearson Correlation	1	-.022
	Sig. (2-tailed)		.896
	N	37	37
Gay Affirmative Practice Scale Score	Pearson Correlation	-.022	1
	Sig. (2-tailed)	.896	
	N	37	49

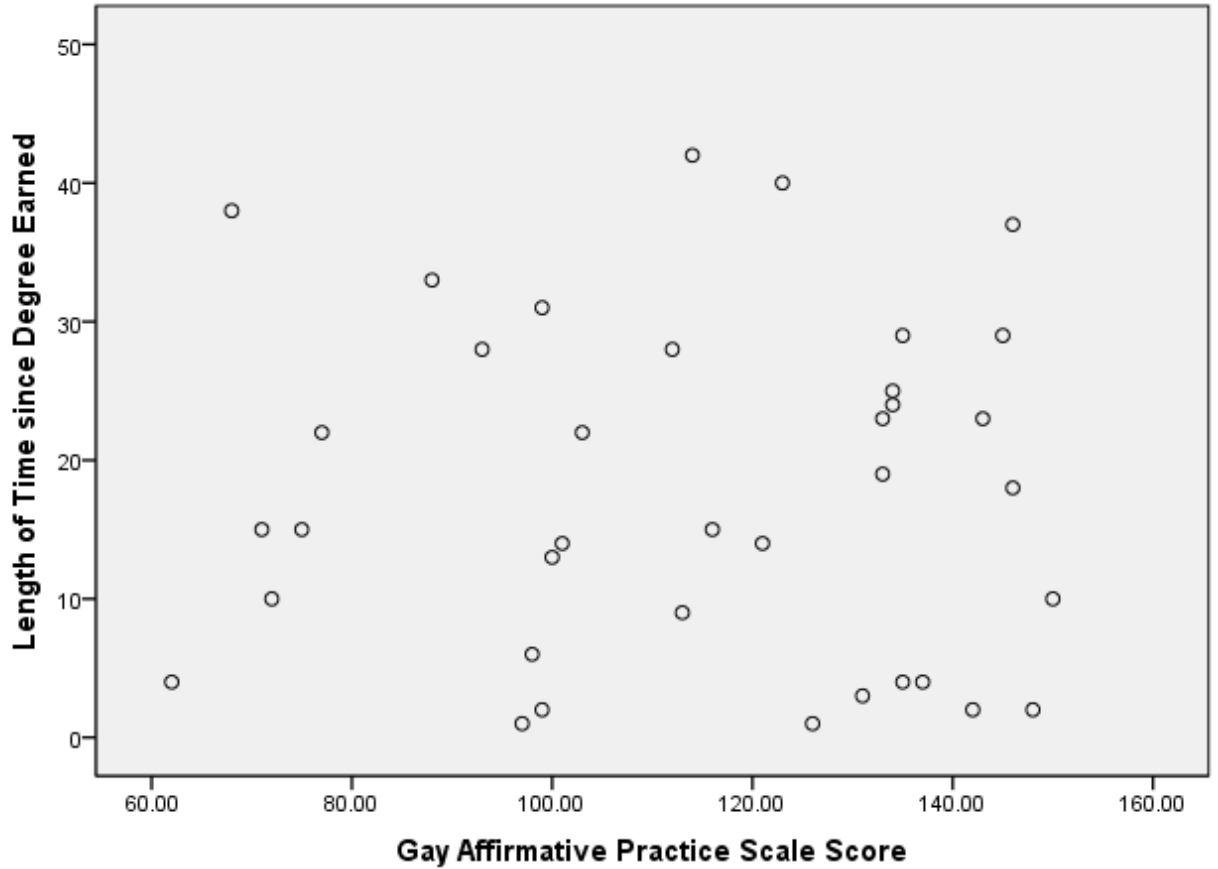


Figure 3. Length of Time since Graduating and Respondents' GAP Scale Scores  
 p-value <.001,  $r = -.022$

This study was also interested in finding out whether attending a faith-based or secular educational institution for one's bachelor's degree had an effect on the amount of affirmative practice used. An independent t-test was completed to test the hypothesis that respondents who attended a faith-based institution would have lower affirmative practice usage scores. The respondent's educational institution's faith affiliation was measured through the demographic survey (Question 3) and affirmative practice usage was measured with the GAP Scale.

Table 9 and Table 10 show the results of the t-test comparing the mean GAP scores of respondents who attended a secular educational institution and respondents who attended

a faith-based educational institution. The respondents who attended a secular institution's mean GAP score was 112.22. The respondents who attended a faith-based institution's mean GAP score was 119.13. The difference between these mean scale scores was 6.91. Therefore respondents who attended a faith-based educational institution had higher GAP Scale scores than respondents who attended a secular educational institution.

The Levene's Test of Equality of Variance for the independent samples t-test is .921. Since .921 is greater than .05, the Levene's Test is not statistically significant. Therefore, the p-value for this t-test is .508. Since the p-value is greater than .05, the results of this data are not statistically significant. As a result, we fail to reject the null hypothesis that there is no difference between respondents who attended a secular educational institution and respondents who attended a faith-based educational institution on their GAP Scale scores. Therefore, there was not a statistically significant difference between respondents who attended a secular educational institution and respondents who attended a faith-based educational institution in their beliefs about treatment with gay and lesbian clients and their behaviors in clinical settings with these clients.

Table 9. *Group Statistics for Type of Institution and Gay Affirmative Practice Scale Score t-test*

Group Statistics					
Type of Institution		N	Mean	Std. Deviation	Std. Error Mean
Gay Affirmative Practice Scale Score	Secular	32	112.2188	25.98974	4.59438
	Faith-Based	8	119.1250	26.89364	9.50834

Table 10. *Type of Institution and Gay Affirmative Practice Scale Score t-test*

Independent Samples Test	
Levene's Test for Equality of Variances	t-test for Equality of Means

		F	Sig.	t	Df	Sig. (2- tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Gay Affirmative Practice Scale Score	Equal variances assumed Equal variances not assumed	.010	.921	- .668	38	.508	-6.90625	10.34009	- 27.83867	14.02617
				- .654	10.521	.527	-6.90625	10.56015	- 30.27882	16.46632

This study also investigated whether the respondent's sexual orientation had an effect on the amount of affirmative practice they used. An independent t-test was completed to test the hypothesis that respondents who identified as anything other than heterosexual would have a higher affirmative practice usage score. In order to utilize the t-test, responses indicating identity as heterosexual formed one category and all other answers fell in to the second category.

Table 11 and Table 12 show the results of the t-test comparing the mean GAP scores of respondents who identified as non-heterosexual (1) (Lesbian, Gay, Bisexual or other), and respondents who identified as heterosexual (2). The respondents who identified as non-heterosexual mean GAP score was 124.5. The respondents who identified as heterosexuals' mean GAP score was 113.7. The difference between these mean scale scores was 10.8. Therefore respondents who identified as non-heterosexual had higher GAP Scale scores than respondents who identified as heterosexual.

The Levene's Test of Equality of Variance for the independent samples t-test is .712. Since .712 is greater than .05, the Levene's Test is not statistically significant. Therefore, the p-value for this t-test is .432. Since the p-value is greater than .05, the

results of this data are not statistically significant. As a result, we fail to reject the null hypothesis that there is no difference between respondents who identified as non-heterosexual and respondents who identified as heterosexual on their GAP Scale scores. Therefore, there is not a statistically significant difference between respondents who identified as non-heterosexual and respondents who identified as heterosexual and their beliefs about treatment with gay and lesbian clients and their behaviors in clinical settings with these clients.

Table 11. *Group Statistics for Sexual Orientation and Gay Affirmative Practice Scale Score t-test*

Group Statistics					
	Sexual Orientation	N	Mean	Std. Deviation	Std. Error Mean
Gay Affirmative Practice	1.00	4	124.5000	32.41913	16.20957
Scale Score	2.00	34	113.7059	24.98306	4.28456

Table 12. *Sexual Orientation and Gay Affirmative Practice Scale Score t-test*

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Gay Affirmative Practice Scale Score	Equal variances assumed	.138	.712	.795	36	.432	10.79412	13.57699	-16.74129	38.32953
	Equal variances not assumed			.644	3.432	.560	10.79412	16.76626	-38.95589	60.54413



This study was also interested in finding out if the geographic location of respondent's practice had an effect on the degree of affirmative practice used. An independent t-test was used to test the hypothesis that respondents practicing in primarily urban areas would have higher affirmative practice usage than those practicing in primarily rural settings. The geographic location was measured using the Demographic Survey (Question 5) and use of affirmative practice was measured by the GAP Scale.

Table 13 and Table 14 show the results of the t-test comparing the mean GAP scores of respondents who provided services in primarily urban areas and respondents who provided services in primarily rural areas. The respondents who provided services in primarily urban areas' mean GAP score was 114.63. The respondents who provided services primarily rural areas' mean GAP score was 114.8. The difference between these mean scale scores was .17. Therefore respondents who identified as providing services in primarily rural areas had higher GAP Scale scores than respondents who identified as providing services in primarily urban areas.

The Levene's Test of Equality of Variance for the independent samples t-test is .004. Since .004 is less than .05, the Levene's Test is significant. Therefore, the p-value for this t-test is .984. Since the p-value is greater than .05, the results of this data are not statistically significant. As a result, we fail to reject the null hypothesis that there is no difference between respondents who identified as providing services in primarily urban areas and respondents who identified as providing services in primarily rural areas on their GAP Scale scores. Therefore, there is not a statistically significant difference between respondents who identified as providing services in primarily urban areas and respondents who identified as providing services in primarily rural areas and their beliefs

about treatment with gay and lesbian clients and their behaviors in clinical settings with these clients.

Table 13. *Group Statistics Geographic Location of Service Provision and Gay Affirmative Practice Scale Score t-test*

Group Statistics					
Geographic Location of Service Provision		N	Mean	Std. Deviation	Std. Error Mean
Gay Affirmative Practice Scale Score	Urban (i.e: Minneapolis/St. Paul, 1st ring suburbs, Duluth, Rochester, St. Cloud, Fargo/Moorhead)	24	114.6250	29.34326	5.98967
	Rural	15	114.8000	18.20989	4.70177

Table 14. *Geographic Location of Service Provision and Gay Affirmative Practice Scale Score t-test*

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Gay Affirmative Practice	Equal variances assumed	9.670	.004	-.021	37	.984	-.17500	8.46027	-17.31714	16.96714

Scale Score	Equal variances not assumed			-.023	36.999	.982	-.17500	7.61464	-15.50375	15.25375
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Finally, this study was interested in whether knowledge about working with LGQ individuals was learned in class or through work experience and whether this had an effect on the degree to which affirmative practice was used. Data for a sub-question asking respondents who answered “class” to specify if the knowledge was acquired through an academic, lecture type of class or if it was learned during the respondent’s field placement/internship was collected and was going to be run however the data was collected incorrectly therefore preventing an analysis to be completed.

A t-test was used for both questions to test the following hypotheses: respondents who acquired knowledge through work experience would utilize affirmative practice more frequently than those who obtained this knowledge in class and; those who obtained knowledge through field placements would have higher usage scores than those who acquired this knowledge through a lecture/academic class setting. The setting in which knowledge about working with LGQ individuals was obtained was measured using the Demographic Survey (Question 6 and 7) and use of affirmative practice was measured by the GAP Scale.

Table 15 and Table 16 show the results of the t-test comparing the mean GAP scores of respondents who identified their primary source of learning about working with LGQ individuals as “class” and respondents who identified their primary source of learning about working with LGQ individuals as “work”. The respondents who identified their primary source of learning about working with LGQ individuals as class

mean GAP score was 112.76. The respondents who identified their primary source of learning about working with LGQ individuals as “work”’s mean GAP score was 116.18. The difference between these mean scale scores was 3.45. Therefore respondents who identified their primary source of learning about working with LGQ individuals as work had higher GAP Scale scores than respondents who identified their primary source of learning about working with LGQ individuals as class.

The Levene’s Test of Equality of Variance for the independent samples t-test is .966. Since .966 is greater than .05, the Levene’s Test is not statistically significant. Therefore, the p-value for this t-test is .682. Since the p-value is greater than .05, the results of this data are not statistically significant. As a result, we fail to reject the null hypothesis that there is no difference between respondents who identified as their primary source of learning about working with LGQ individuals as “class” and respondents who identified their primary source of learning about working with LGQ individuals as “work” on their GAP Scale scores. Therefore, there is not a statistically significant difference between respondents who identified their primary source of learning about working with LGQ individuals as “class” and respondents who identified their primary source of learning about working with LGQ individuals as “work” and their beliefs about treatment with gay and lesbian clients and their behaviors in clinical settings with these clients.

Table 15. *Group Statistics for Primary Source of Learning about Working with LGQ Individuals and Gay Affirmative Practice Scale Score t-test*

**Group Statistics**

Primary Source of Learning about Working with LGQ Individuals		N	Mean	Std. Deviation	Std. Error Mean
Gay Affirmative Practice Scale Score	Class	17	112.7647	25.32175	6.14143
	Work	22	116.1818	25.88921	5.51960

Table 16. *Primary Source of Learning about Working with LGQ Individuals and Gay Affirmative Practice Scale Score t-test*

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Gay Affirmative Practice Scale Score	Equal variances assumed	.002	.966	-.413	37	.682	-3.41711	8.28143	-20.19688	13.36266
	Equal variances not assumed			-.414	34.925	.682	-3.41711	8.25731	-20.18161	13.34739

## Discussion

### Gender Identity, Sexual Orientation, and Gay Affirmative Practice Usage

This researcher hypothesized respondents who identified as anything other than male would have higher GAP Scale scores and therefore utilize affirmative practice more than their identifying male counterparts. This hypothesis was not supported and, interestingly, while only 4 out of the 40 total respondents identified as male, the mean

GAP Scale score for those identifying as male was higher than respondents identifying as female. The small percentage of respondents who identified as male or non-female may have skewed this finding due to those 4 individuals not necessarily representing the population on a whole. Had the sample included respondents who identified as something other than male or female, there may have been more diversity within the findings. It is important to consider that while the majority of respondents identified as either male or female, the variety in beliefs about gender identity is not captured in these constructs, and therefore does not allow us to understand each individual's personal beliefs and practices surrounding this personal characteristic. For example, what being "female" means to one respondent may be drastically different than what it means for another.

This researcher also hypothesized that those respondents who identified as anything other than heterosexual would have higher GAP Scale scores than those identifying as heterosexual. While the results of the t-test were not statistically significant and thus did not support this researcher's hypothesis, the mean GAP score for those identifying as heterosexual was 10.8 points less than for those identifying as anything other than heterosexual. Had the sample been larger it is possible that the results would have indicated a statistically significant finding. Due to the mean GAP Scale score in this sample, one could come to the conclusion that individuals with a sexual orientation other than heterosexual would have the potential to be more attuned to the needs, cultural norms, and complications faced by LGQ individuals. However, it is important to be weary of assuming this possibility because regardless of one's sexual identification, all respondents are human beings and are therefore all influenced by their own experiences, upbringings, environments, beliefs, and values. Thus, it is impossible to generalize,

especially with a lack of significant findings, that identifying as non-heterosexual automatically means an individual would be more likely to practice affirmatively and/or be better equipped to work with LGQ clients.

It was surprising that, according to these results, there was no significant difference between any of the groups previously mentioned and their ability to practice affirmatively with LGQ clients. This would lead one to the conclusion that all gender identities and all sexual identities surveyed are equally competent in affirmative practice and that respondents with experiences that may be more related to those of LGQ clients do not draw from those experiences more than those who cannot as easily relate. It would be important for future research to ensure a larger sample size and diversity within the sample is found in order to attempt to find significant results. If these results are accurate, taking the data at face value and not accounting for individual character differences, this would mean that regardless of one's identification, LGQ client service would not be bettered or worsened because of one's identity.

### **Time Elapsed since Degree was Earned and Affirmative Practice Usage**

In determining whether the length of time that has elapsed since one earned their undergraduate degree was related to the extent to which affirmative practice was used, this researcher hypothesized that the more time that had elapsed since one's degree was earned, the lower the GAP Scale score. The analysis found that there was no correlation between these two variables and therefore the researcher's hypothesis was not supported. This was a somewhat surprising finding as the data indicated that the average time elapsed since respondents' degree was earned was 17.3 years and as Figure 1 indicates,

23 of 37 respondents who answered this question earned their degree between 1970 and 1999. With the increases that have occurred in the commonality of discussions relating to LGQ issues, marriage equality, and so forth, it was surprising that there was not more of a correlation found. One would think that over time and as these discussion and social norms change, there would be some increase in affirmative practice abilities than in years previous.

This lack of correlation could be attributed to the ethics and focus of the social work profession to strive to advocate for equitable treatment and the inclusion of content of LGQ topics within social work education. It could also be attributed to the requirement of continuing education for licensure renewal, and/or it could be attributed to the fact that humans change and evolve over time just as beliefs, ideas and practices. Amongst the research there are varying findings relating to the idea of homophobia within practitioners. While the studies by Ben-Ari (2001), Brownlee, et. al (2005), DeCrescenzo (1984) Hylton (2005) and Messinger (2004) indicate that homophobia within practitioners' leads to lesser quality of service to LGQ clients, Crisp (2005) cautions against this assumption and works to study both attitudes and practice.

Thus, while one may assume that an individual who earned their degree 30 years ago within a different mainstream view about LGQ individuals and issues would be more likely to hold less affirming views and therefore practice less affirmatively; it is important to consider the many mediating factors involved in this assumption. These factors may include continued education, work experience with diverse client populations, and/or knowledge gained about affirmative practice, all of which could help



circumvent the effect of earning one's degree a number of years ago within a different societal lens and the influence this has on their practice.

### **Secular vs. Faith-based Institutions and Gay Affirmative Practice Usage**

This researcher hypothesized that individuals who attended a secular educational institution would have higher GAP Scale scores than individuals who had attended a faith-based educational institution. This hypothesis was not supported as there was not a statistically significant difference between GAP scores for respondents who attended faith-based or secular institutions. The data did indicate, however, that the average GAP Scale score was higher for individuals who attended a faith-based institution than for those who attended a secular institution. It should be noted that out of the 40 respondents who answered this question, only 8 attended faith-based institutions while the remaining 32 attended secular schools. If the sample were larger it may be possible that the difference in mean GAP scale scores would decrease and/or give a better view of differences within these two types of institutions.

This finding is interesting as it leads one to ask what differences there are in relation to social work education between faith-based and secular institutions. It would have enriched the data if respondents had been asked to indicate the affiliation of their faith-based institution as this may have allowed for a more in depth study of the practices, beliefs, and curriculum as they relate to other institutions of the same affiliation. Of course the findings of this study were not statistically significant and therefore cannot be generalized, but if this pattern was found in other research, future studies relating to practice with LGQ clients may benefit from exploring this question. Information surrounding data like this may be able to shed light on what is and is not working within

different social work programs when teaching future practitioners about work with LGQ clients.

### **Geographic Location of Practice and Gay Affirmative Practice Usage**

It was hypothesized that respondents who practiced in primarily urban areas would have higher GAP Scale scores, and would therefore utilize more affirmative practice than those who provided service in primarily rural areas. This hypothesis was not supported and in fact it was found that there was barely a difference in mean GAP Scale scores (.17) between the two groups. If this data is taken at face value, the result would indicate that there is no difference between gay affirmative practice between urban and rural social workers. However, while it may be that social workers have the same ability to practice affirmatively regardless of their rural or urban setting, the extent to which situations arise that would require practitioners to utilize affirmative practice may vary greatly. Therefore, it would be important for future research to evaluate the level of frequency of and familiarity with affirmative practice in order to gain a better understanding of how often respondents are actually required to utilize these skills.

This finding was somewhat surprising as studies have indicated less community support, whether socially or due to lack of resources for LGQ individuals, in rural settings (Culton & Oswald, 2003; Lee & Quam, 2013; Lindhorst, 1997). However, it is possible that less community support and/or resources do not equate to social workers who provide services in rural areas practicing less affirmatively than those in urban areas. Instead these findings may be a result of a number of mediating factors such as, for instance, less contact with LGQ clients, or clients who identify as LGQ being less likely to disclose their identity due to a perceived lack of support throughout the community.

This supports the need to find out the frequency of which the need to practice affirmatively arises for each group of practitioners.

### **Class vs. Work Learning and Gay Affirmative Practice Usage**

While the results were not statistically significant, it was hypothesized that individuals who acquired knowledge about work with LGQ individuals through work experience would utilize affirmative practice more frequently than those who obtained this knowledge in a class setting. Although this hypothesis was not supported, it was found that the mean GAP Scale score for those who indicated work was higher than that of respondents who indicated class. The fact that the hypothesis was not supported was not very surprising, as the size of the sample was small and there was not a large difference in the number of respondents who indicated work versus class. If these results are accurate, it would mean that hands-on training and working with LGQ clients is a more beneficial source of learning than a classroom setting.

While this study originally planned to evaluate the specifics of work experience and classroom learning, the data was unable to be used due to collection error. However, it would be beneficial for future research to ask this question as it would give insight in to whether respondents who answered class felt they gained the majority of their knowledge within their field placements, which would then indicate a similar learning environment as work. The same could be said for those who indicated work and specified their learning came from work trainings, as these would replicate a classroom environment. Through the use of these specification questions, insight could be gained in to how beneficial each of these environments were and what could be changed to make them more effective.

## **Limitations and Implications for Practice**

One of the primary limitations to consider is that of responder bias. Those who completed the survey likely did so because they had an interest in the topic and/or felt they held competencies in this area of practice. Responder bias may account for the lack of diversity within GAP Scale scores. Because the survey is entirely self-report, the perspective of the client is lost and therefore the reality of practitioner's effectiveness in affirmative practice is not as holistically measured. As fallible human beings, we are often unaware of the knowledge we lack, or in other words, we often don't know what we don't know. Although we may have an awareness and some knowledge about a concept, there are times when that alone makes us believe we understand all elements at hand where in reality, we may not understand the underlying concepts imperative to having a more secure knowledge base from which to guide our practice.

Another limitation may be found in the literature that exists about work with LGQ clients. While this literature informative and adds to the foundation from which to continue this research, it is imperative that one considers these sources through a critical lens so as not to base our understanding on potential generalizations and/or myths. For instance, Janson and Steigerwald (2002) discussion of the idea of "secondary relationships" cites sources that indicate that bisexual individuals are more likely to engage in relationships outside of their primary relationship than other sexual orientations. While this may have been found in the study, future research needs to be careful to consider how findings are conceptualized and what implications those conceptualizations may have for clients and/or client groups.

One final limitation resides in the use of the GAP Scale tool to survey non-clinical practitioners. It is possible that due to the clinical specification of the tool, respondents did not feel they were able to apply their own, primarily generalist practice, to the questions being asked. This may have been part of the reason for a lack of completed surveys by respondents. While the clinical specificity of the tool likely had an impact on the response/completion rate, this is also an important point to consider for future research. A more adaptable tool for measuring non-clinical practitioner's attitudes and behaviors in practice with LGQ clients may provide for better and more applicable data collection.

### **Conclusion**

This study sought to find out the extent to which Bachelor's level licensed social workers engaged in affirmative practice with Lesbian, Gay and Questioning clients. This topic was chosen after personal reflection about this researchers own lack of knowledge in working with this specific population, conversations with peers who reflected these same feelings, and after noticing a lack of literature relating to social work practice with LGQ clients. The extent of gay affirmative practice usage was measured using the Gay Affirmative Practice Scale (Crisp, 2006) and a series of questions relating to the demographics of the respondents. The GAP Survey included questions relating to both attitudes and practice behaviors engaged in by respondents.

Overall this study found that respondents engage in affirmative practice when working with LGQ clients. By utilizing the demographic questions as ways to compare respondents, it was found that generally one's gender identity, sexual orientation, years elapsed since degree was earned, location of primary service provision, and the

undergraduate educational institutions faith affiliation, or lack thereof, do not account for significant differences in affirmative practice usage.

Unfortunately, the data within this study was skewed due to lack of completion of survey questions by respondents, and/or a small sample size. Although the survey was sent to over 300 people, only 49 responded and many did not fully complete. This was disappointing and also led this researcher to learn a significant amount about data collection, the importance of asking clear, relevant questions, and the need to plan for potential scenarios that may arise in order to provide respondents with accurate, detailed directions.

Although this study may not be reliable, it is the hope of this researcher that it can, at the very least, provide a jumping off point for future research to expand on these methods and continue to ask questions relating to the quality of services being provided to LGQ clients. It is also hoped that the conversation surrounding practice with this population continues to expand and becomes an important focus for future research and the implications our practice methods within social work have on our clients who identify as Lesbian, Gay, or Questioning.

Implications for Social Work Practice

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## Appendix A.

### Initial Contact E-Mail

Greetings,

My name is Kjersta Mellom and I am a graduate student in the School of Social Work at St. Catherine University/University of St. Thomas. As a requirement to earn my degree I am required to conduct an independent research study.

My research study seeks to explore the prevalence of Gay Affirmative Practice among current practicing Bachelor's level Licensed Social Workers (LSWs) in the state of Minnesota and to gain insight in to whether certain demographics are associated with varying levels of treatment and attitudes toward gay/lesbian/questioning clients. I have obtained your email address through the MN Board of Social Work because you are registered as a Licensed Social Worker.

**If you are an LSW but are currently enrolled or have previously been enrolled in graduate coursework relating to Social Work, please do not complete this survey.**

Attached is the consent form explaining the study in more depth. If you have any further questions, please feel free to contact me using the information provided on the consent form.

[Consent Form](#)

If you are interested in participating in this study, the only requirement would be approximately 15 to 20 minutes of your time to complete the online survey using the following link:

**Follow this link to the survey:**

[http://stthomassocialwork.qualtrics.com/SE/?SID=SV\\_4O6PzPBknZc2NPn](http://stthomassocialwork.qualtrics.com/SE/?SID=SV_4O6PzPBknZc2NPn)

Your participation is greatly appreciated.

Sincerely,

Kjersta Mellom  
MSW Candidate  
St. Catherine University  
University of St. Thomas.

## Appendix B

### INFORMATION AND CONSENT FORM

#### **Introduction:**

You are invited to participate in a research study investigating social work practitioners' beliefs about treatment with gay/lesbian/questioning clients and the practitioners' behaviors in working with these clients. This study is being conducted by Kjersta Mellom, a graduate student at St. Catherine University under the supervision of Sarah Ferguson, MSW, MA, PhD, LISW, a faculty member in the School of Social Work. You were selected as a possible participant in this research because your email address was obtained in a list of Licensed Social Workers through the Minnesota Board of Social Work. Please read this form and ask questions before you agree to be in the study.

#### **Background Information:**

The purpose of this study is to explore social work practitioner's beliefs about treatment with gay/lesbian/questioning clients and their behaviors in working with these clients while also looking at what demographic factors may be more or less likely to be associated with certain beliefs and practices. Approximately 100 people are expected to participate in this research.

#### **Procedures:**

If you decide to participate, you will be asked to complete one surveys online using the link provided. The first section of the survey will include 30 (thirty) questions. The first 15 (fifteen) questions will ask you to rate how strongly you agree or disagree with statements related to working with gay/lesbian/questioning clients. The second set of 15 (fifteen) questions will ask you to indicate how frequently you engage in specific behaviors with gay/lesbian/questioning clients.

The second section of the survey will ask you to indicate certain demographics about yourself. This will be done by either checking one of the options or completing a blank if an "other" category is chosen.

This study will take approximately 15 (fifteen) minutes of your time.

#### **Risks and Benefits of being in the study:**

Respondents will be asked to provide information about their own sexual orientation and gender identity. Although the surveys are anonymous, feelings of anxiety around disclosing this personal information may be present.

There are no direct benefits to you for participating in this research.

#### **Confidentiality:**

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept anonymous. In any written reports or publications, no one will be identified or identifiable and only group data will be presented.

I will keep the research results in a locked file cabinet in my home and only I and my advisor will have access to the records while I work on this project. I will finish analyzing the data by May 20,

2013. I will then destroy all original reports and identifying information that can be linked back to you.

**Voluntary nature of the study:**

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with the Minnesota Board of Social Work or St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

**New Information:**

If during course of this research study I learn about new findings that might influence your willingness to continue participating in the study, I will inform you of these findings.

**Contacts and questions:**

If you have any questions, please feel free to contact me, Kjersta Mellom, at 320.905-0499 or mell1926@stthomas.edu. You may ask questions now, or if you have any additional questions later, the faculty advisor, Sarah Ferguson, MSW, MA, PhD, LISW, 651.690.6296, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

**Statement of Consent:**

You are making a decision whether or not to participate. By completing the two surveys, your consent is implied. Your consent indicates that you have read this information and your questions have been answered. Please know that you may withdraw from this study at any time before completing and/or submitting the surveys.

## Appendix C

### Gay Affirmative Practice Scale (GAP)

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This questionnaire is designed to measure clinicians' beliefs about treatment with gay and lesbian clients and their behaviors in clinical settings with these clients. There are no right or wrong answers. Please answer every question as honestly as possible.

---

Please rate how strongly with you agree or disagree with each statement about treatment with gay and lesbian clients on the basis of the following scale:

SA = Strongly agree

A = Agree

N = Neither agree nor disagree

D = Disagree

SD = Strongly disagree

1. In their practice with gay/lesbian clients, practitioners should support the diverse makeup of their families. \_\_\_\_\_
2. Practitioners should verbalize respect for the lifestyles of gay/lesbian clients. \_\_\_\_\_
3. Practitioners should make an effort to learn about diversity within the gay/lesbian community. \_\_\_\_\_
4. Practitioners should be knowledgeable about gay/lesbian resources. \_\_\_\_\_
5. Practitioners should educate themselves about gay/lesbian lifestyles. \_\_\_\_\_
6. Practitioners should help gay/lesbian clients develop positive identities as gay/lesbian individuals. \_\_\_\_\_
7. Practitioners should challenge misinformation about gay/lesbian clients. \_\_\_\_\_
8. Practitioners should use professional development opportunities to improve their practice with gay/lesbian clients. \_\_\_\_\_
9. Practitioners should encourage gay/lesbian clients to create networks that support them as gay/lesbian individuals. \_\_\_\_\_

10. Practitioners should be knowledgeable about issues unique to gay/lesbian couples. \_\_\_\_\_
11. Practitioners should acquire knowledge necessary for effective practice with gay/lesbian clients. \_\_\_\_\_
12. Practitioners should work to develop skills necessary for effective practice with gay/lesbian clients. \_\_\_\_\_
13. Practitioners should work to develop attitudes necessary for effective practice with gay/lesbian clients. \_\_\_\_\_
14. Practitioners should help clients reduce shame about homosexual feelings. \_\_\_\_\_
15. Discrimination creates problems that gay/lesbian clients may need to address in treatment. \_\_\_\_\_

Please rate how frequently you engage in each of the behaviors with gay and lesbian clients on the basis of the following scale:

- A = Always
- U = Usually
- S = Sometimes
- R = Rarely
- N = Never

16. I help clients reduce shame about homosexual feelings. \_\_\_\_\_
17. I help gay/lesbian clients address problems created by societal prejudice. \_\_\_\_\_
18. I inform clients about gay affirmative resources in the community. \_\_\_\_\_
19. I acknowledge to clients the impact of living in a homophobic society. \_\_\_\_\_
20. I respond to a client's sexual orientation when it is relevant to treatment. \_\_\_\_\_
21. I help gay/lesbian clients overcome religious oppression they have experienced based on their sexual orientation. \_\_\_\_\_
22. I provide interventions that facilitate the safety of gay/lesbian clients. \_\_\_\_\_
23. I verbalize that a gay/lesbian orientation is as healthy as a heterosexual orientation. \_\_\_\_\_
24. I demonstrate comfort about gay/lesbian issues to gay/lesbian clients. \_\_\_\_\_
25. I help clients identify their internalized homophobia. \_\_\_\_\_
26. I educate myself about gay/lesbian concerns. \_\_\_\_\_

27. I am open-minded when tailoring treatment for gay/lesbian clients. \_\_\_\_\_
28. I create a climate that allows for voluntary self-identification by gay/lesbian clients. \_\_\_\_\_
29. I discuss sexual orientation in a non-threatening manner with clients. \_\_\_\_\_
30. I facilitate appropriate expression of anger by gay/lesbian clients about oppression they have experienced. \_\_\_\_\_

### Scoring, Reliability, & Validity Information

**Scoring instructions:** using the chart below, please give each answer the indicated number of points. After all questions have been answered, add up the total number points. Higher scores reflect more affirmative practice with gay and lesbian clients.

Items 1-15	Items 16-30	Points
Strongly agree	Always	5
Agree	Usually	4
Neither agree nor disagree	Sometimes	3
Disagree	Rarely	2
Strongly disagree	Never	1

**Reliability information:** initial evidence for reliability is provided in the table below.

	Cronbach's Alpha	Standard Error of Measurement
Items 1-15	.9307	1.91
Items 16-30	.9375	2.71

**Validity information:** initial evidence for validity is provided in the table below.

	Pearson's R	Instrument
Items 1-15	.624 ( $p = .000$ ) <sup>1</sup>	HATH <sup>1</sup>
Items 16-30	-.466 ( $p = .000$ ) <sup>2</sup>	ATLG <sup>2</sup>
Items 1-30	.021 ( $p = .691$ ) <sup>3</sup>	SDS (M-C 1[10]) <sup>3</sup>
Factorial Validity	All items load on their intended domain $\geq .60$	

1. Heterosexuals' Attitudes Toward Homosexuals (HATH).  
Source: Larsen, K., Reed, M., & Hoffman, S. (1980). Attitudes of heterosexuals toward homosexuality: A Likert-type scale and construct validity. *Journal of Sex Research*, 16(3), 245-257.

Correlation was significant and in the expected direction.



2. Attitudes Toward Lesbians and Gay Men (ATLG).  
Source: Herek, G. (1988). Heterosexuals' attitudes toward lesbians and gay men: Correlates and gender differences. *Journal of Sex Research*, 25(4), 451-477.  
Correlation was significant and in the expected direction.
3. Marlowe-Crowne Social Desirability Scale (short version) (SDS M-C 1[10]).  
Source: Strahn R. & Gerbasi, K. C. (1972). Short, homogeneous versions of the Marlowe-Crowne Social Desirability Scale. *Journal of Clinical Psychology*, 28, 191-193.  
Correlation was non-significant, suggesting that the GAP does not measure social desirability.

### Demographic Survey

- 1) Do you identify as:
  - Female
  - Male
  - Other (please specify) \_\_\_\_\_
- 2) Please indicate the year in which you graduated from college: \_\_\_\_\_
- 3) Was the educational institution you attended:
  - Secular
  - Faith-affiliated
- 4) Please indicate your sexual orientation/identity:
  - Lesbian
  - Gay
  - Bisexual
  - Other \_\_\_\_\_
  - Heterosexual
- 5) Please describe the geographical location in which you primarily provide client services:
  - Urban (i.e.: Minneapolis/ St. Paul, first ring suburbs, Duluth, Rochester, St. Cloud, Fargo/Moorhead)
  - Rural
- 6) Did the majority of your learning about work with LGQ clients take place through:
  - Class
  - Work
- 7) If you indicated **CLASS** for Question 6 please specify:
  - Academic/Lecture
  - Field Placement/Internship

- Both
- 
- 8) If you indicated WORK for Question 6 please specify:
  - Work experiences with LGQ clients
  - Work trainings
  - Both