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Gay Affirmative Practice: Clinical Social Workers' Perspectives

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Abstract

This study assessed clinical social workers' beliefs and behaviors about working with gay and lesbian clients using the Gay Affirmative Practice Scale (GAPS) (Crisp, 2006). The survey, completed by 18 clinical social workers in Minnesota, consisted of the GAP Scale, demographic questions, and an open-ended question. The scores from this survey were slightly higher than those from previous studies (a higher score representing more affirmative practice with gay and lesbian clients). Respondents who had specific training related to working with gay and lesbian clients had lower GAPS scores than those who had no specific training. This study reinforced previous research which suggested that social workers are practicing affirmatively with gay and lesbian clients. Although respondents had high GAP scale scores, the answers to the open-ended questions suggested that the respondents are not considering sexuality as a component in the assessment of clients.

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Introduction

Data from a recent Gallup poll revealed that gay, lesbian, bisexual, and transgender individuals comprise approximately 3.5 percent, about 9 million people, of the American population (Gates & Newport, 2012). Social workers can expect that gay and lesbian clients will be represented in their practice in the same rates (Appleby & Anastas, 1998), and possibly in a higher representation due to the higher rate of mental illness in the gay and lesbian community than in the general population (Cochran, Sullivan, & Mays, 2003). Since social workers have a commitment to cultural competency, as addressed in the National Association of Social Workers Code of Ethics (Code of Ethics, 2008), it is important for social workers to analyze the services provided to the gay and lesbian community and to examine their own practice with regard to this population in order to provide culturally competent services (Appleby & Anastas, 1998; Hunter & Hickerson, 2003). Social workers who address their personal and professional biases will be better equipped to provided culturally specific services for gay and lesbian clients (Appleby & Anastas, 1998; Wilkerson, Rybicki, Barber, & Smolenski, 2011; Lu, Lum, & Chen, 2008).

Social workers are in a unique position to address heterosexism at the micro, mezzo, and macro levels of practice (Wormer, Wells, & Boes, 2000). At the micro level, social workers should examine their personal biases in working with gay and lesbian clients (Hunter, Shannon, Knox, & Martin, 1998; Wilkerson, Rybicki, Barber, & Smolenski, 2011), since gay and lesbian clients may receive inferior services from practitioners who maintain heterosexist values (Peterson, 1996). At the mezzo level, practitioners can address family and social dynamics as they impact the gay or lesbian

client (Appleby & Anastas, 1998; Wormer, Wells, & Boes, 2000). The heterosexist practitioner may minimize or overemphasize the sexual orientation of the client and ignore presenting problems (Crisp, 2007; Messing, Schoenberg, & Stephens, 1984; McHenry & Johnson, 1993). At the macro level, practitioners should ensure that their agency appropriately provides services to members of the gay and lesbian community (Wormer, Wells, & Boes, 2000). Research has shown that many LGBT individuals feel that they do not receive appropriate, or effective mental health interventions (Avery, Hellman, & Sudderth, 2001; Grafsky, Letcher, Slesnick, Serovich, 2010)

Gay affirmative practice is a perspective which guides practice with gay, lesbian, and bisexual individuals (Davies, 1996; Appleby & Anastas, 1998). Using gay affirmative practice, practitioners consider specific issues which may affect the GLB individual, consider ways that traditional services may not serve the GLB individual, and tailor services to fit the client (Hunter, Shannon, Knox, & Martin, 1998; Appleby & Anastas, 1998). Researchers have suggested that the gay affirmative practice model is the most effective guide for practice with gay and lesbian clients (Appleby & Anastas, 1997; Crisp, 2007; Hunter & Hickerson, 2003). The Gay Affirmative Practice Scale (GAPS) was developed by Crisp (2006) as a measure of affirmative practice with gay and lesbian individuals. The purpose of this study was to explore the cultural competency of licensed clinical social workers and their beliefs and behaviors related to working with gay and lesbian clients, using the Gay Affirmative Practice Scale, a measure of beliefs and behaviors (Crisp, 2006).

The researcher recognizes in addition to the gay and lesbian community, the transgender community and bisexual community face discrimination and challenges in

American society and that more research is needed to address specific issues for these

populations (Riley, Wong, & Sitharthan, 2011). However, the scope of this study will

not include transgender or bisexual individuals.

Literature Review

This review of the literature includes research related to GLB individuals and social work, heterosexism versus homophobia, the relationship of this study to mental health, the development of the gay affirmative practice model, and the relationship to social work. Each study included in this review has a specific focus on members of the LGBT community; some of the studies refer to practice with individuals who identify as gay, lesbian, bisexual, or transgender while some of the studies refer to practice with individuals who identify as gay or lesbian. Each population is defined as it appears in the study which is being referenced.

Homophobia and heterosexism

While, heterosexism and homophobia are distinct concepts, they may be used interchangeably by the general public. Weinberg (1973) defined homophobia as the fear of being near homosexual individuals (p. 4). Since Weinberg, the definition of homophobia has been expanded. Snively, Krueger, Stretch, Watt, and Chadha (2004) defined homophobia as negative responses and attitudes about homosexual persons based on stereotypes about the population (p. 62). Examples of homophobia include using derogatory slurs or actively excluding individuals based on sexual orientation. Jung and Smith (1993) suggested that *homophobia* was often an inappropriate term and defined *heterosexism* as biases based on sexual orientation which favor heterosexual individuals (p. 13). *Heterosexism* is often a more subtle expression of bias towards GLBT individuals than *homophobia* (Berkman & Zinberg, 1997).

When describing biases, the concept of heterosexism is often preferred over homophobia since it includes a less extreme prejudice; heterosexism may manifest in less direct ways such as jokes and derogatory words, rather than direct acts of hate such as physical aggression or direct name-calling (Gramick, 1983; Peel, 2001). It is easy to identify blatant heterosexism, but the real challenge exists in subtle acts of heterosexism (Peel, 2001). Heterosexism can include a range of behaviors such as the assumption that all people are heterosexual, the withholding of resources, and not using gender-neutral terms (Hunter et.al. 1998; Gramick, 1983).

Gay and lesbian individuals in mental health

According to the National Institute on Mental Health, one in four Americans will experience a mental illness in their lifetime (NIMH, 2008). However, the gay and lesbian population experiences mental illness in higher rates; in a study of over 2,000 adults, Cochran, Sullivan, and Mays found that GLB individuals were two and a half times more likely than heterosexuals to have a mental health disorder in their lifetime (2003). It has been hypothesized by the National Alliance on Mental Illness that this disparity stems from the discrimination, stigma, prejudice, and negative experiences that gay and lesbian individuals face every day which results in higher rates of mental illness (2007). Consequently, social workers will very likely encounter gay and lesbian clients at some point in their career, and it is therefore important for social workers to be aware of issues related to practice with gay and lesbian clients (Appleby & Anastas, 1998). In addition, research has shown that many LGBT clients feel that they have not received effective interventions (Avery, Hellman, & Sudderth, 2001), which implies that practitioners should examine their behaviors in practice with clients who identify as gay or lesbian.

It is common for gay and lesbian clients to receive services which are ineffective because they are tailored to heterosexual clients (Appleby & Anastas, 1998; Avery & Sudderth, 2001). For example, the assessment process could be difficult for a GLB individual since it may not include the correct terminology (i.e. 'partner' rather than 'husband/wife') (The Joint Commission, 2011). Many interventions ignore the stress of living in a heterosexist society, which can affect the mental health of a gay and lesbian individual (Appleby & Anastas, 1998).   Some institutions may insist that they serve gay and lesbian populations but, by not acknowledging that the gay and lesbian population has specific needs, agencies may resist developing programs to be inclusive and meet the unique needs of gay and lesbian individuals (Hunter & Hickerson, 2003).

Researchers have found that heterosexism in social services may decrease the effectiveness of treatment and practice with gay and lesbian clients, affecting every part of a therapeutic relationship from assessment to intervention (McHenry & Johnson, 1993; Hunter & Hickerson, 2003; Wilkerson, Rybicki, Barber, Smolenski, 2011). Service providers may not address the clients' sexuality and therefore not address life experiences which may be affecting their presenting problems (Messing, Schoenberg, & Stephens, 1984; McHenry & Johnson, 1993; Wilkerson, Rybicki, Barber, Smolenski, 2011). In contrast, the practitioner may put too much focus on clients' sexuality or try to determine their sexual identity (Brown, 1996; NAMI, 2007). If practitioners do not address their personal biases, they may inadvertently promote self-hatred and heterosexism in the client (Appleby & Anastas, 1998; McHenry & Johnson, 1993). For these reasons, it is important for social service workers, mental health practitioners, and social workers to consider their own biases when working with gay and lesbian clients (Crisp, 2007).

Berkman and Zinberg (1997) studied homophobia and heterosexism in social work with a random national sample of 376 NASW members holding MSW degrees; findings were based on a 54% response rate. Nearly 90 percent of respondents did not demonstrate homophobic tendencies (1997) as measured by Hudson and Rickett's (1980) Index of Homophobia. Knowing an individual who identified as LGBT, being female, and personally participating in psychotherapy were negatively associated with being homophobic; high religiosity was positively associated with being homophobic. Berkman and Zinberg concluded that education about homosexuality reduces heterosexism and homophobia (1997).

Although Berkman and Zinberg suggested that the majority of social workers do not present homophobic tendencies, heterosexism and homophobia are experienced in mainstream, American culture and gay and lebian clients may present specific issues which social workers should be aware of and be prepared to address them (Berkman & Zinberg, 1997; Gramick, 1983; Peel, 2001). The discrimination that the homosexual population experiences throughout society is widely referred to as institutional discrimination (Appleby & Anastas, 1998). Institutional discrimination is defined as the system of discrimination and oppression which LGBT persons experience in social institutions, peer groups, and their family systems (Appleby & Anastas, 1998; Butler, 2007). While social workers may not present homophobic tendencies (Berkman & Zinberg, 1997), they are part of a culture which discriminates against homosexual individuals and therefore must be aware of the way culture affects their beliefs and behaviors with regard to the LGBT population (Hunter & Hickerson, 2003; Crisp, 2006).

Development of Gay Affirmative Practice

During the 1970's and 1980's, the American Psychological Association (APA), the National Association of Social Workers (NASW) and other mental health professionals advocated for appropriate treatment models with homosexual clients (Appleby & Anastas, 1998; Hunter et al., 1998; Hunter & Hickerson, 2003).   The first gay and lesbian counseling centers were created in the early 1970's and offered peer counseling; this was the first step in creating 'affirmative practice' (Hunter & Hickerson, 2003). In 1975, the APA and NASW issued statements which affirmed that homosexuality was not a mental illness and that it did not inhibit an individual's ability to function in society. In 1986, Moses and Hawkins published *Counseling Lesbian Women and Gay Men* which outlined ways for practitioners to support gay and lesbian clients. By the early 1990's, resources for gay and lesbian individuals were increasing and contemporary affirmative practice was becoming accepted by mental health practitioners (Hunter et al., 1998; Hunter & Hickerson, 2003).

In 1991, a large-scale study among psychologists found a range of inappropriate practices occurring in practice with gay and lesbian clients (American Psychological Association's Committee on Lesbian and Gay Concerns).   Examples of inappropriate practices in the report include discouraging clients from their sexual orientation, attributing mental health problems to homosexuality, and termination of services due to the clients' disclosure of their homosexuality. The APA report also made recommendations about practice with gay and lesbian clients which lead to the creation of the gay affirmative practice model. Davies (1996) defined gay affirmative practice as a perspective which affirms that gay, lesbian, or bisexual expressions and experiences are

equal to heterosexual expressions and experiences. Appleby and Anastas (1998)

conceptualized six principles of gay affirmative practice:

1. Do not make assumptions about a client's sexuality;
2. Accept that same-gender sexual desires are a normal variation of human sexuality;
3. Affirm that accepting GLBT identity can be a positive outcome of developing one's sexual identity;
4. Reduce internalized homophobia experienced by the client;
5. Develop a knowledge of the stages and variations of the coming out process;
6. Identify and deal with heterosexual bias in self (practitioner).

(adapted from pp. 288-293)

Grounded in these principles, Crisp (2006) developed the first scale to measure

affirmative practice with gay and lesbian clients. The Gay Affirmative Practice Scale

(GAPS) was developed on the basis of extensive literature on affirmative practice with

gay and lesbian clients, and included two domains: beliefs and behaviors. The initial

survey consisted of 80 items constructed from the literature and was administered to

3,000 members of the NASW and APA by mail. With a response rate of 16.8 percent

(488 surveys returned) this study was one of the largest studies of homophobia in social

work (Crisp, 2006).

Based on the results from the initial study, the final version of the GAPS was

developed. The survey also included the following scales as measures to establish

reliability: The Attitudes Toward Lesbians and Gay Men (ATGL) Scale (Herek, 1988),

The Heterosexual Attitudes Toward Homosexuals (HATH) Scale (Larson, Reed, &

Hoffan, 1980), The Marlow-Crowne Social Desirability Scale (SDS) (Crown & Marlowe,

1960), and 20 demographic questions. Convergent (for each element) and discriminant

(for the entire scale) construct validity were assessed to determine how the GAPS

correlated with theoretically related measures (Crisp, 2006).

The final version is a 30-item scale which consists of two domains: beliefs and

behaviors. When assessed for reliability and validity, it was determined to be an accurate

measure of gay affirmative practice. "Evidence of construct validity was obtained by

examining Pearson's r correlations between scores on the belief domain and scores on the

HATH and the behavior domain on the domain and the ATGL. The correlation between

the belief domain of the GAP and the HATH was .624 (p<.001); the correlation between

the behavior domain and the ATGL was .466 (p<.001). Evidence of discriminant

construct validity was obtained by examining the correlation between the SDS and the

entire 30-item GAP scale. The correlation between these two instruments was .021 and

was nonsignificant (p= .691)" (Crisp, p. 121, 2006).   Internal reliability was assessed

using the standard error of measurement (SEM) for each item, which was 1.91 for the

belief domain and 2.71 for the behavior domain, demonstrating reliability; both SEM

scores were less than 5 percent of the possible range of scores (Crisp, 2006).

The domains

The two domains of the GAP scale explore beliefs and behaviors about social

work practice with gay and lesbian clients. There are 15 questions related to *beliefs* about

working with gay and lesbian clients on a five-point Likert scale from 5 *(strongly agree)*

to 1 *(strongly disagree)*. Examples of the questions include:

- "In their practice with gay/lesbian clients, practitioners should support the diverse makeup of their families;

- Practitioners should make an effort to learn about diversity within the gay/lesbian community;
- Practitioners should help clients reduce shame about homosexual feelings."

(Crisp, 2006, pp. 125)

In addition, 15 questions address the frequency of *behaviors* used when working with gay and lesbian clients on a five-point Likert scale from 5 *(always)* to 1 *(never)*. Examples include:

- "I inform clients about gay affirmative resources in the community;
- I provide interventions that facilitate the safety of gay/lesbian clients;
- I help clients identify their internalized homophobia."

(Crisp, 2006, pp. 126)

The answers to the questions are scored with numerical values, and a higher score reflects more affirmative practice with gay and lesbian clients (Crisp, 2006).

In another study, Crisp (2007) administered the GAP scale to 257 social workers and 220 psychologists. The social workers identified that they worked in 'direct clinical practice'; all had a master's or doctoral degree. Once again, the GAP scale was administered along with the HATH and ATLG scales. Overall, both the psychologists' and social workers' scores reflected positive affirmative practices scores; 353 respondents had a score above 90 on the GAP scale, reflecting affirmative practice with GLB clients (Crisp, 2012). The study found few differences between the scores of the psychologists and the social workers. These findings are consistent with previous research on levels of homophobia and heterosexism in social workers (Berkman & Zinberg, 1997).

Cultural competence and gay affirmative practice

There are many measures of cultural competency in social work. Krentzman and Townsend (2008) recommended four scales for use in social work education: the Multicultural Counseling Inventory (Sodowsky, Taffe, Gutkin, & Wise, 1994), the Multicultural Counseling Knowledge and Awareness Scale (Ponteretto, Rieger, Barrett, Harris, Sparks, & Sanchez, 1996), the Miville-Guzman Universality-Diversity Scale (Fuertes, Miville, Mohr, Sedlacek, & Gretchen, 2000), and the Ethnic-Competence-Skill Model in Psychological Interventions with Minority Ethnic Children (Ho, 1992). These scales offered measurement of general culturally competent practice with a wide variety of client populations (Krentzman & Townsend, 2008). These scales can be helpful in social work practice, but Boyle and Springer (2001) identified a need for measurements which measured competency with specific populations.

Although the GAP scale is not a measure of cultural competence, based on analysis of research with gay and lesbian individuals (Appleby & Anastas, 1997; Hunter & Hickerson, 2003; Crisp, 2007), gay affirmative practice is the best available and culturally competent practice model for working with members of the gay and lesbian community. The gay affirmative practice model is also congruent with other social work approaches such as person in environment and strengths perspective (Crisp, 2006). Therefore the 15 point section on behaviors from the GAP scale reflects cultural competency in work with gay and lesbian clients. The GAP scale is also not a measure of heterosexism, but the 15 point section on beliefs about working with gay and lesbian clients mirrors attitudes about gay and lesbian individuals (Crisp, 2006).

The GAP scale measures individual attitudes and behaviors in practice with gay and lesbian individuals, but agencies have a responsibility to cultural competency as well (Appleby & Anastas, 1998). Agencies providing services to gay and lesbian clients can improve the experience of their clients by actively creating an inclusive and respectful environment (Hunter & Hickerson, 2003). The Joint Commission (2011) outlined ways that administrators can make the atmosphere of their agencies inclusive. These suggestions include, but are not limited to, using neutral language when referring to gender and relationships, provide information on specific health concerns for LGBT individuals, clearly post anti-discrimination policies, and provide up-to-date referrals which are specifically for LGBT individuals (The Joint Commission, 2011).

Relationship to social work

It is essential that social workers identify their personal biases, as well as institutional and societal heterosexism, in order to better serve the GLBT population (Appleby & Anastas, 1998; Swigonski, 1995; Voorhis & Wagner, 2002). Social workers and other mental health professionals must be aware of the strengths and challenges which are unique to the GLBT population (Gramick, 1983).

The National Association of Social Workers Code of Ethics says that social workers must work towards cultural competence and seek education when working with people from diverse populations, including "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" (Code of Ethics, 1.05, 2008, http://socialworkers.org/pubs/code/code.asp). Likewise, according to section 4.02,

social workers should not discriminate on the basis of any of the previously listed characteristics (Code of Ethics, 2008). Social workers should work towards cultural competence by educating themselves about working with individuals who identify as GLBT to create a safe, welcoming environment as well as provide appropriate interventions for clients (Wilkerson et. al., 2011).

The Council on Social Work Education (CSWE) Educational Policy and Accreditation Standards (EPAS) sets requirements for the accreditation of Bachelors and Masters level social work programs. Educational policy 2.1.4 states that social workers must engage in diverse practice, recognizing the specific way differences impact an individuals' human experience (2001). The EPAS includes sexual orientation in its definition of diversity and educational policy 3.1 stipulates that diversity must be discussed in the learning environment (2001). This means that CSWE accredited social work programs need to address issues related to practice with GLBT individuals.

As demonstrated in this literature review, social workers and their clients are subject to the heterosexism in society (Herek, 2007). Gay affirmative practice provides a framework for working with clients who identify as gay and lesbian with an affirmative, accepting approach (Appleby & Anastas, 1998; Hunter & Hickerson, 2003). The purpose of this study was to explore the cultural competency of licensed clinical social workers and their beliefs and behaviors related to working with gay and lesbian clients, using the Gay Affirmative Practice Scale (Crisp, 2006).

Conceptual Framework

The model of gay affirmative practice will serve as the lens through which this project will be conducted. Gay affirmative practice is the affirmation of the gay, lesbian, or bisexual expression and experience as equal to heterosexual expression and experience (Davies, 1996). Social workers with gay and lesbian clients can consider gay affirmative practice as a framework to guide practice and apply it to other perspectives and strategies (Appleby and Anastas, 1998). This study will utilized the Gay Affirmative Practice Scale (Crisp, 2006) to measure beliefs about and behaviors related to social work practice with gay and lesbian individuals.

The Gay Affirmative Practice Scale, developed using literature from the model of gay affirmative practice, includes two subscales which measure two domains: *beliefs* about working with gay and lesbian individuals and *behaviors* when working with gay and lesbian individuals (Crisp, 2006). The score from the GAPS reflects the respondents' level of affirmative practice with gay and lesbian individuals (Crisp, 2006). Researchers have identified gay affirmative practice as the most culturally competent practice model for working with gay and lesbian clients based on the literature presented and are consequently using the GAP scale as a measure of culturally competent practice with gay and lesbian clients (Appleby & Anastas, 1998; Hunter & Hickerson, 2003). It is important to note that the GAP scale only measures beliefs and behaviors related to working with gay and lesbian clients and assumptions cannot be made about beliefs and behaviors related to working with bisexual or transgender clients.

Beliefs and behaviors related to clinical social work practice with gay and lesbian clients are measured in the Gay Affirmative Practice Scale (Crisp, 2006). The questions stem from research which has identified that heterosexism in the practitioner can be detrimental the client (Appleby & Anastas, 1998; Peterson, 1996). Gay affirmative practice is a framework for working with gay and lesbian clients (Davies, 1996), and the GAP scale specifically measures beliefs and behaviors about social work with gay and lesbian clients (Crisp, 2006).

Demographics measured in previous use of the Gay Affirmative Practice scale include age, race, gender, education/training level, political and religious affiliations, time spent in direct practice, and contact with individuals who identify as gay or lesbian (Crisp, 2006, 2012). This study will measure gender, education level, professional contact with individuals who identify as gay or lesbian, and specific training related to work with gay and lesbian clients. Previous studies using the GAP scale administered the scale to clinical practitioners (Crisp 2006, 2012). The purpose of this study was to survey LICSWs' about their beliefs and behaviors related to working with gay and lesbian clients using the Gay Affirmative Practice Scale (Crisp, 2006). The survey will include basic demographic items and the GAP scale, which is used with permission (Appendix A).

Methods

Research design

  This study was conducted through an online survey using Qualtrics to explore social workers' views about gay affirmative practice. The survey included closed-ended questions with fixed, non-contingent answers [the GAP scale] as well as open-ended questions. Participants' identities remained anonymous.

Sample

  In congruence with previous literature focusing on master's and doctoral level social workers (Crisp, 2006, 2012), this study was administered to a random sample of 200 LICSW licensed social workers in Minnesota, identified through the Minnesota Board of Social Work (Appendix B). The social workers were invited to participate via email and cover letter (Appendix C). Through a link in the email invitation, those invited who decided to participate were directed to the survey (Appendix D).

Protection of human subjects

  Prior to beginning data collection, this study was approved by a research committee at the St. Catherine University Institutional Review Board. An email cover letter (Appendix C) was sent inviting subjects to participate in the Qualtrics survey (Appendix D). By completing the survey, subjects implied consent. None of the questions on the survey included identifying information. Participants were allowed to stop the survey at any time if they felt uncomfortable with the questions. Qualtrics was set to anonymize responses so that the researcher did not receive email addresses of the

respondents. The data collected from the survey was kept on the researcher's password protected computer and was deleted by June 1, 2013.

Instrument development

The survey included the GAP Scale and included demographics such as age, gender, geographic practice area and years in practice. The demographic information included in the survey reflected demographic information similar to that collected in previous use of the GAP scale (Crisp, 2006, 2012). In addition, a question was added which addressed training on work with gay and lesbian individuals, based on research which identified that education about gay and lesbian individuals could decrease heterosexist values (Berkman & Zinberg, 1997). A question addressing the subject's geographic area was also included in the survey at the request of committee members based on their practice experience. This question was meant to determine if there was a difference in GAPS scores among respondents serving different geographic practice areas. The 30-item Gay Affirmative Practice Scale (GAPS) created by Crisp (2006) was used with permission from the author (Appendix A). The GAPS includes 15 questions relating to *beliefs* about work with homosexual clients and 15 questions relating to *behaviors* in work with homosexual clients.

As previously mentioned in the literature review, validity of the GAP Scale was determined by calculating Pearson's r with relation to the Attitudes Toward Lesbians and Gay Men (ATGL)Scale (Herek, 1988) and the Heterosexual Attitudes Toward Homosexuals (HATH) Scale (Larson, Reed, & Hoffman, 1980). In both domains of

beliefs and behaviors, the correlations were significant (Crisp, 2006). Internal reliability was assessed using the standard error of measurement (SEM) for each item (Crisp, 2006).

The GAP Scale includes 15 questions related to *beliefs* about working with gay and lesbian clients on a 5-point Likert scale from 5 (*strongly agree*) to 1 (*strongly disagree*). It also includes 15 questions measuring the frequency of *behaviors* used when working with gay and lesbian clients on a 5-point Likert scale from 5 (*always*) to 1 (*never*). The answers to the questions are scored according to their numerical values and an overall GAP scale score is calculated. A higher score reflects more affirmative practice with gay and lesbian clients (Crisp, 2006).

Data collection

This study used Qualtrics to create an online survey (Appendix D). The survey was sent via email to a random sample of 200 LICSW social workers in Minnesota, identified through the Minnesota Board of Social Work (Appendix B). The email included a cover letter (Appendix C) and a link to the survey in Qualtrics. Respondents could complete the survey between January 29 and February 8, 2013. Once the survey was closed, the results were downloaded onto the researcher's password protected computer and was deleted by June 1, 2013.

Data analysis

Demographic information was analyzed using descriptive statistics. The data from the GAP scale was scored according to the scoring instructions in the instrument (Crisp, 2006). The researcher used SPSS to analyze the data collected.

The scores from each of the beliefs and behaviors domain in the survey were added together so that each subject had one summative score, their GAP score. A higher score reflects more affirmative practice with gay and lesbian clients. The results of this survey were compared with previous studies which have utilized this scale with different populations. Qualitative data was also gathered from one open-ended question. The data was analyzed and direct quotations are presented in *italics*.

Strengths and limitations

Strengths of this study include the use of a random sample and electronic distribution anonymizing function. The possibility of interviewer bias was eliminated through this methodology (Monette, Sullivan, & DeJong, 2011). Ideally, the respondents felt comfortable answering honestly, leading to more accurate results. Another strength of the study was the use of the Gay Affirmative Practice Scale (Crisp, 2006) which has been tested for validity.

The major limitations of this study were the geographic location of respondents. Respondents were identified through the Minnesota Board of Social Work which limited the scope of respondents to licensed social workers in Minnesota. The response rate was very low. The GAP scale only measures beliefs and behaviors related to working with gay and lesbian clients, thus, assumptions cannot be made about beliefs and behaviors related to working with bisexual or transgender clients (Crisp, 2006).

Findings

Demographics

Of the 200 LICSWs invited to participate in the study via email, 20 started the survey and 18 completed the survey, for a response rate of 9 percent. Two respondents indicated that they had no previous experience working with gay or lesbian clients and were sent to the end of the survey, therefore not completing the survey. The demographic information of the respondents is presented in Table 1.

Respondents were asked how long they have had their LICSW. Of 18 respondents, seven have had their LICSW for 1-10 years, eight have had their LICSW for 10-20 years, and three have had their LICSW for over 20 years, for an average among the respondents of 12.7 years. Of the respondents, 13 identified themselves as female and 5 identified themselves as male.

As noted on Table 1, 10 respondents identified their practice area as 'urban' and four as 'suburban'; 3 respondents worked in some combination of the listed geographic areas. Of the 18 respondents, 15 reported having had specific training related to working with gay and lesbian clients.

Table 1. *Respondent Demographics*

Demographics	n
Experience with Gay/Lesbian Clients (n=20)	
Yes	18
No	2
Years with LICSW (n=18)	
1-10	7
10-20	8
20 plus	3
M= 12.7 (S.D.= 8.62)	
Gender (n=18)	
Female	13
Male	5
Primary Practice Area (n=18)	
Urban	10
Suburban	4
Rural	1
Other	3
Training in work with Gay/Lesbian Clients (n=18)	
Yes	15
No	3
Type of training received (respondents could select multiple responses)	
CEU	11
Training through employment	9
College-level course	6

Types of training identified included continuing education units, employment training, and college-level courses. One respondent noted that *therapists ought to be educated on LGBT issues, but if a therapist is not comfortable or interested in the area, change professions or refer the client.*

GAP Scale Scores

Respondents completed the Gay Affirmative Practice Scale (GAPS). Higher

scores represent more affirmative practice with gay and lesbian clients (Crisp, 2006).

The mean score was 134.1 (S.D.= 12.3). The minimum score was 116.0 and the

maximum score was 150.0   There was no correlation between years with LICSW and

the GAP scale score. The mean GAPS scores of the respondents based on gender,

geographic practice area (urban vs. other), and training were tested for differences. As

noted on Table 2, only training demonstrated the possibility of a difference in GAP scale

scores.

Table 2. *Means/T-test results*

	Mean (S.D.)	T-test
All Respondents (n=18)	134.1 (12.3)	
Gender		
Female	135.62 (12.35)	(p=.402)
Male	130.00 (12.47)	
Geographic Practice Area		
Urban	132.80 (12.68)	(p=.642)
Other	135.63 (12.44)	
Training		
Yes	131.73 (11.99)	(p=.071)
No	145.67 (5.86)	

In addition to demographic questions and the GAP scale, respondents were given

the opportunity to answer an open-ended question, "Is there anything else you would like

to add about social work clients who identify as LGBTQ?" Five responses were

received. Two were related to assessment; one related to support; one related to research;

and one related to training (previously addressed).

Two responses focused on the role of clients' *presenting issues*. One respondent stated that *the client's presenting issue will impact how much attention LGBTQ specific issues are addressed*. Another respondent noted that *many times sexual orientation is not the presenting issue with SPMI clients I serve*. Although respondents had high GAPS scores, which reflects affirmative practice with gay and lesbian clients, two responses to the open-ended question suggested that clinical social workers may not be considering sexuality in the overall client assessment.

The concerns about support were two-fold, including religion and veteran status. One respondent noted that *some clients find support in religious groups ... that, in my opinion, are an unconventional way and 'sometimes' counterproductive to finding support and hope. However, if that is their identified system of support, I will work with them where they are without the intention of having them get rid of the support all together.* The same respondent also noted that there are not many supports for LGBT veterans: *as a clinician it can feel really scary to know that we are going down uncharted waters with very limited research on how to value both the veteran status and the LGBTQ lifestyle. There aren't many supports that involve both cultures.*

In the interest of further exploration, one respondent suggested that it might be helpful to compare the GAP scores of LGBT providers and heterosexual providers: *asking about the sexual orientation of the provider might offer and interesting point of comparison-between GLBT vs. heterosexual providers in how they respond to the questions.* The open-ended responses reflect a range of comments with little in common, a finding congruent with a low response rate.

Discussion

The results of this study were compared to the results of similar studies using the Gay Affirmative Practice Scale (Crisp, 2006). Overall, this study had slightly higher GAP scale scores compared to previous use of the GAP scale (Crisp, 2006, 2012). The results from this study will be analyzed with regard to previous research.

Gay Affirmative Practice Scale

The mean score of all respondents' GAP scale scores in this study (Table 2) was about 10 points higher than the results of other studies which utilized the GAP scale with social workers; Crisp (2006, 2012) used the scale in two studies and the mean scores were 125.03 and 125.29, respectively. In this study, and in previous use of the GAP scale, length of practice was not correlated to GAP scale scores (Crisp, 2006, 2012).

In previous research, training on LGBT issues was not related to GAP scale scores (Crisp, 2006, 2012). In this study, data point to a difference between those with training and those without training and GAP scale scores. The lower scores of those with training (Table 2) contradicts previous research which suggests that training and education about LGBT issues reduces heterosexism in social workers (Berkman & Zinberg, 1997).

Implications for practice

The results of this study suggest that social workers are practicing affirmatively with their gay and lesbian clients. Respondents noted that practitioners should consider the clients' presenting problems before addressing their sexuality. This is contradictory

to previous research which suggests that by not considering client sexuality, the practitioner may be ignoring the root problem (Messing, Schoenberg, & Stephens, 1984; McHenry & Johnson, 1993; Wilkerson, Rybicki, Barber, & Smolenski, 2011). Some respondents' comments suggested that they do not need to address sexuality, if it is not the clients' presenting problem. However, previous researchers have noted that the clients' sexuality is a part of their context and environment and should therefore be considered when completing an assessment (Appleby & Anastas, 1998).

Implications for research

This study showed that social workers are practicing affirmatively with gay and lesbian clients. Researchers should continue to document affirmative practice with all populations, including gay and lesbian individuals. Since the response rate of this study was low, assumptions cannot be made about the general population of social workers. This study should be replicated with larger samples that include diverse respondents.

As previously mentioned, the GAP scale is only applicable to the gay and lesbian population. Future research should be expanded to include bisexual and transgender populations. And, as noted by one respondent, further research should be done to examine the difference in GAP scale scores between heterosexual and LGBT social workers.

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Appendices

Appendix A - Consent to use scale

Catherine Crisp [clcrisp@ualr.edu]
To: Ruckle, Victoria L.

Monday, November 05, 2012 4:50 PM
Sure, I'm open to it. I'd love to see it before you send out, if only because I've not seen an electronic version of it but it's not a requirement.

Best,

Catherine

On Mon, Nov 5, 2012 at 4:48 PM, Ruckle, Victoria L. <ruck7940@stthomas.edu> wrote:
Hello Catherine,

I have another question. Would it be alright if I transposed your scale into an electronic survey using qualtrics? I will keep all the information on the word document and the exact wording of the questions. I can send you the survey before it is sent out to confirm that everything is acceptable.

Thank you,
Tori Ruckle
_____
From: Catherine Crisp [clcrisp@ualr.edu]
Sent: Saturday, October 20, 2012 3:15 PM
To: Ruckle, Victoria L.
Subject: Re: Gay Affirmative Practice Scale

Victoria,

I've attached the Word copy of the scale.

I've used the IHP before and think it's a bit outdated and I'm not alone. You might check out the Multicultural Awareness-Knowledge-Skills Survey; I don't know much about it but it might be worth ruling out. Also, in the link I sent you, they reference the Modern Homonegativity Scale. A brief description of it is at http://www.ncbi.nlm.nih.gov/pubmed/12739696 When submitting articles for publication, I have received criticism for using measures of homophobia that are a bit dated but the problem is that there are not many updated scales.

Again, best of luck to you. I look forward to reading your work in the months ahead. Please keep in touch and let me know if I can anything else to support you in your research.

Catherine

On Sat, Oct 20, 2012 at 2:51 PM, Ruckle, Victoria L.
<ruck7940@stthomas.edu<mailto:ruck7940@stthomas.edu>> wrote:
Dr. Crisp,

Thank you for your prompt response! I agree to the stipulations.

I also appreciate your suggestions for the measure of homophobia-I've been struggling with which one to use. I wasn't completely satisfied with it, but found an interpretation of it which I liked, but I will definitely look at the resource you sent.

Thank you,
Victoria

_____
From: Catherine Crisp [clcrisp@ualr.edu<mailto:clcrisp@ualr.edu>]
Sent: Saturday, October 20, 2012 2:44 PM
To: Ruckle, Victoria L.
Subject: Re: Gay Affirmative Practice Scale

Hi Victoria,

It's great to hear from you. In order to use my scale, you must simply agree to:

  1. Use my questions as they are written and not modify them without my consent.
  2. Give me credit in anything you publish/submit from the study (cite me appropriately when discussing my scale).
  3. Send me a copy of your thesis/report from your graduate research study.

If you agree to the above, please email me indicating as much and I will send you a word copy of my scale.

That said, you indicated you are administering the IHP and I'm curious as to why you are using this measure as opposed to newer measures. Also, what measures are you using to assess cultural competency? A fairly comprehensive list of measures for assessing LGBT issues is at
https://apps.psych.utah.edu/psych/gasp/newdbindex.jsp

Best of luck to you in your study. Please let me if you need anything else from me in order to complete your research. Kudos to you for taking on such an important topic!

Catherine Crisp

On Sat, Oct 20, 2012 at 2:00 PM, Ruckle, Victoria L.
<ruck7940@stthomas.edu<mailto:ruck7940@stthomas.edu><mailto:ruck7940@stthomas.edu<mailto:ruck7940@stthomas.edu>>> wrote:
Dr. Crisp,

My name is Victoria Ruckle and I am an MSW student at St. Catherine University/University of St. Thomas in St. Paul, MN. I am working on my graduate research project and am seeking permission to use your Gay Affirmative Practice Scale.

I am studying any connection between heterosexism and cultural competence. I seek to determine if there is a correlation between the two and if it is possible to have characteristics from both. I will be sending out a survey to social workers in MN, hopefully with your scale, the Index of Homophobia, and questions about demographic information.

Please contact me if you have any questions about my project. I look forward to hearing from you.

Sincerely,
Victoria Ruckle
MSW Student, St. Catherine University/University of St. Thomas

651-492-8207

Appendix B – Board of social work

Oberle, Connie (HLB) [Connie.Oberle@state.mn.us]

To: Ruckle, Victoria L.

Attachments:

Ruckle 113012 list.xlsx (27 KB)[Open as Web Page]

Inbox

Tuesday, December 11, 2012 4:47 PM

Ms. Ruckle-

Your requested mailing list is attached. Mailing addresses are included with the email address because that is standard information that is included in all list requests. I have included about 5 extra names on the list also.

Please accept my apologies for not getting this to you sooner but I was on vacation last week.

You can contact me if you have any questions

Thank you!

Connie

Connie Oberle, Office Manager

Minnesota Board of Social Work

2829 University Ave SE Ste 340

Minneapolis MN 55414-3239

General Office: 612-617-2100

Direct: 612/617-2111

Fax: 612/617-2103

E-mail: connie.oberle@state.mn.us

Board E-mail: social.work@state.mn.us

Board Website: www.socialwork.state.mn.us

Friday, November 16, 2012 11:32 AM

Vickie-
Please call me on my direct line on Monday and I will explain your next steps. Today is the board meeting, which I am in all day.

Connie

Connie Oberle, Office Manager
Minnesota Board of Social Work
2829 University Ave SE Ste 340
Minneapolis MN 55414-3239

General Office: 612-617-2100
Direct: 612/617-2111
Fax: 612/617-2103

E-mail: connie.oberle@state.mn.us
Board E-mail: social.work@state.mn.us
Board Website: www.socialwork.state.mn.us

 Ruckle, Victoria L.

 To:

 Oberle, Connie (HLB) [Connie.Oberle@state.mn.us]

Friday, November 16, 2012 11:24 AM

Connie-

Thank you for getting back to me so quickly. I would like to purchase a list of 100 LSW who have been practicing for less that 5 years and 100 LSW who have been practicing for over 5 years. I like to have their email addresses so I can contact them electronically.

Please let me know what the next step is/fee for moving forward.

Thank you,
Tori Ruckle

 Oberle, Connie (HLB) [Connie.Oberle@state.mn.us]

Tuesday, November 13, 2012 5:01 PM

Ms. Ruckle-
There are definitely enough. Please call me on my direct line (below) and I will be happy to discuss this with you.

Connie
Connie Oberle, Office Manager
Minnesota Board of Social Work
2829 University Ave SE Ste 340

Minneapolis MN 55414-3239

General Office: 612-617-2100
Direct: 612/617-2111
Fax: 612/617-2103

E-mail: connie.oberle@state.mn.us
Board E-mail: social.work@state.mn.us
Board Website: www.socialwork.state.mn.us

 Ruckle, Victoria L.

Tuesday, November 13, 2012 4:57 PM

Hello,

My name is Victoria and I am doing a research project as part of the St. Catherine/St. Thomas MSW program. My research will be focused on BSW/LSW level practitioners. I have a question about the LSW level. I was thinking of separating the research into LSW who have been working for less that 5 years and LSW who have been working for over 5 years. Are there enough LSW who have been working over 5 years, preferably about 100?

Thank you,
Victoria Ruckle
651-492-8207

Appendix C
Gay Affirmative Practice in Social Work
Dear social work colleagues,

You are invited to participate in a research study exploring gay affirmative practice in social work. This study is being conducted by Victoria Ruckle, a graduate student at St. Catherine University/University of St. Thomas School of Social Work under the supervision of Dr. Carol Kuechler, a faculty member in the school. You were selected as a possible participant in this research because you are a licensed social worker in Minnesota. Please read this form before you decide to participate.

The purpose of this study is to better understand social workers' ideas and practices related to work with people in the gay, lesbian, and bisexual community. This study is a continuation of research completed with other social workers to learn about culturally competent practice with individuals in the gay and lesbian community. Approximately 200 people are expected to participate in the study. If you decide to participate, you will be asked to complete an online survey by _____. The survey includes questions about basic demographics and beliefs and behaviors when working with gay and lesbian clients. This survey should take approximately 10 minutes.

There are no known risks or direct benefits for participating in this study. The survey has been developed in Qualtrics which has been set to anonymize all responses, so I will not know who has responded. 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 on my computer which is password protected 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 June 1, 2013. I will then destroy all survey responses along with any identifying information that can be linked back to you.

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

If you have any questions, please feel free to contact me, Victoria Ruckle, at 651-492-8207. You may call me with questions, or if you have any additional questions later, the faculty advisor Carol Kuechler (651-690-6719 or cfkuechler@stkate.edu), 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 letter for your records.
If you wish to participate, please click here.
Thank you for your time,
Victoria Ruckle
651-492-8207

Appendix D-Gay Affirmative Practice Survey

Gay Affirmative Practice

Welcome to the Gay Affirmative Practice Survey administered by Victoria Ruckle. Please complete this survey by _____. Please indicate if you agree to participate in the study.

❍ I agree to participate in the study. (1)
❍ I do not wish to participate in the study. (2)

If I do not wish to participat... Is Selected, Then Skip To I appreciate your interest in this wo...

The following questions address basic demographic information.

I have an LICSW

❍ Yes (1)
❍ No (2)

If No Is Selected, Then Skip To I appreciate your interest in this wo...

Have you worked with clients who identify as gay or lesbian?

❍ Yes (1)
❍ No (2)

If No Is Selected, Then Skip To I appreciate your interest in this wo...

How many years have you had your LICSW?

How do you define your gender?

❍ Male (1)
❍ Female (2)
❍ Transgender (3)
❍ Other (4)

How would you describe you primary practice area?

❍ Rural (1)
❍ Urban (2)
❍ Suburban (3)
❍ Other (please specify) (4) _____

Have you received specific training about working with gay or lesbian clients?

○ Yes (1)
○ No (2)

If yes, what kind of training have you received? (Select all that apply).

❑ Training through my place of employment (1)
❑ College-level course (2)
❑ Continuing Education Unit (3)
❑ Other (please specify) (4) _____

Gay Affirmative Practice Scale (GAP) © Catherine Lau Crisp, PhD clcrisp@ualr.edu; (501) 569-8465 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 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:

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)
In their practice with gay/lesbian clients, practitioners should support the diverse makeup of their families. (1)	○	○	○	○	○
Practitioners should verbalize respect for the lifestyles of gay/lesbian clients. (2)	○	○	○	○	○
Practitioners should make an effort to learn about diversity within the gay/lesbian community. (3)	○	○	○	○	○
Practitioners should be knowledgeable about	○	○	○	○	○

gay/lesbian resources. (4)					
Practitioners should educate themselves about gay/lesbian lifestyles. (5)	○	○	○	○	○

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)
Practitioners should help gay/lesbian clients develop positive identities as gay/lesbian individuals. (1)	○	○	○	○	○
Practitioners should challenge misinformation about gay/lesbian clients. (2)	○	○	○	○	○
Practitioners should use professional development opportunities to improve their practice with gay/lesbian clients. (3)	○	○	○	○	○
Practitioners should encourage gay/lesbian clients to create networks that support them as gay/lesbian individuals. (4)	○	○	○	○	○
Practitioners should be knowledgeable about issues	○	○	○	○	○

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)
unique to gay/lesbian couples. (5)					

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)
Practitioners should acquire knowledge necessary for effective practice with gay/lesbian clients. (1)	○	○	○	○	○
Practitioners should work to develop skills necessary for effective practice with gay/lesbian clients. (2)	○	○	○	○	○
Practitioners should work to develop attitudes necessary for effective practice with gay/lesbian clients. (3)	○	○	○	○	○
Practitioners should help clients reduce shame about homosexual feelings. (4)	○	○	○	○	○
Discrimination creates problems that gay/lesbian clients may need to address in treatment. (5)	○	○	○	○	○

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

	Never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Always (5)
I help clients reduce shame about homosexual feelings. (1)	○	○	○	○	○
I help gay/lesbian clients address problems created by societal prejudice. (2)	○	○	○	○	○
I inform clients about gay affirmative resources in the community. (3)	○	○	○	○	○
I acknowledge to clients the impact of living in a homophobic society. (4)	○	○	○	○	○
I respond to a client's sexual orientation when it is relevant to treatment. (5)	○	○	○	○	○

	Never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Always (5)
I help gay/lesbian clients overcome religious oppression they have experiences based on their sexual orientation. (1)	○	○	○	○	○
I provide interventions that facilitate the safety of gay/lesbian clients. (2)	○	○	○	○	○
I verbalize that a gay/lesbian orientation is as healthy as a heterosexual orientation. (3)	○	○	○	○	○
I demonstrate comfort about gay/lesbian issues to gay/lesbian clients. (4)	○	○	○	○	○
I help clients identify their internalized homophobia. (5)	○	○	○	○	○

	Never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Always (5)
I educate myself about gay/lesbian concerns. (1)	○	○	○	○	○
I am open-minded when tailoring treatment for gay/lesbian clients. (2)	○	○	○	○	○
I create a climate that allows for voluntary self-identification by gay/lesbian clients. (3)	○	○	○	○	○
I discuss sexual orientation in a non-threatening manner with clients. (4)	○	○	○	○	○
I facilitate appropriate expression of anger by gay/lesbian clients about oppression they have faced. (5)	○	○	○	○	○

Is there anything else you would like to add about social work practice with clients who identify as LGBTQ?

I appreciate your interest in this work. Thank you for participating.

Sincerely,

Victoria Ruckle