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Helpful and unhelpful therapy experiences of LGBT clients

TANIA ISRAEL, RAYA GORCHEVA, THEODORE R. BURNES, & WILLIAM A. WALTHER

Gevirtz Graduate School of Education, University of California, Santa Barbara.

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Abstract
The purpose of this study was to identify a broad range of variables that characterize the helpful and unhelpful therapy experiences of lesbian, gay, bisexual, and transgender (LGBT) individuals. Interviews were completed with a diverse sample of 42 LGBT individuals who have been in therapy, and a content analysis was conducted. Results indicated that basic counseling skills and relationships were key determinants of the quality of LGBT clients' therapy experiences. Also important to the helpfulness of the therapy experience were therapist variables such as professional background and attitudes toward client sexual orientation/gender identity; client variables such as stage of identity development, health status, and social support; and environmental factors such as confidentiality of the therapy setting.

Gay, lesbian, bisexual, and transgender (LGBT) individuals experience specific stressors as a function of being a sexual minority in a potentially hostile social environment in which they face stigma, prejudice, and discrimination (Meyer, 2003; Russel & Richards, 2003). Specifically, experience of social stigma and discrimination (Mays & Cochran, 2001; Meyer, 1995), deficit in social support (Lackner, Joseph, Ostrow, & Eshelman, 1993), and experiences of heterosexism in the workplace (Waldo, 1999) contribute to increased rates of psychological and physical health problems among LGB individuals. For example, LGB individuals are an at-risk population for mental health problems such as depression and anxiety, substance abuse, and suicidality (Cochran & Mays, 2000; D'Augelli & Hershberger, 1993; Kourany, 1987; Meyer, 2003; Remafedi, French, Story, Resnick, & Blum, 1998; Safren & Heimberg, 1999). Not surprisingly, such experiences of chronic stress may also account for the higher rates of mental health services utilization by LGBT clients compared with their heterosexual peers (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000).

Despite evidence of the pressing mental health needs of LGBT individuals, mental health professionals do not necessarily respond to these clients in therapeutic ways. There is ample evidence that some therapists view homosexuality as a disorder, attribute all presenting concerns to sexual orientation, lack knowledge and awareness about the possible consequences of coming out, use a heterosexual frame of reference for a same-sex relationship, display heterosexual bias, and express demeaning beliefs about homosexuality (Bartlett, King, & Phillips, 2001; Bieschke et al., 2000; Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991; Hayes & Gelso, 1993).

Although many LGBT individuals receive biased therapy treatment, researchers have identified both helpful and unhelpful practices with this client population. The earliest of these studies asked psychologists to describe harmful and beneficial care for lesbian and gay male therapy clients, including episodes in which they were involved as the client or therapist and those in which they did not directly participate (Garnets et al., 1991). This study resulted in the identification of 17 biased, inadequate, or inappropriate practices (e.g., assuming a client is heterosexual, urging a client to change his or her sexual orientation, focusing on sexual orientation when it is not relevant) and 14 exemplary practices (e.g., helping clients overcome internalized homophobia, recognizing the importance of alternative families, countering biased views of other professionals). Subsequently, Liddle (1996) surveyed 392 lesbians and gay men about their encounters with these practices and demonstrated the relationship of inappropriate practices to early termination and client perception that therapy was unhelpful.

More recent studies using analogue and qualitative investigations have identified additional factors that

Correspondence: Tania Israel, CCSP, Gevirtz Graduate School of Education, University of California, Santa Barbara, Santa Barbara, CA 93106-9490. E-mail: tisrael@education.ucsb.edu

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affect clients' perceptions of or experiences in therapy. Therapist use of bias-free language had a strong effect on client intent to use treatment and comfort in disclosing sexual orientation (Dorland & Fischer, 2001). In addition, therapist knowledge and sensitivity regarding sexual orientation and other aspects of clients' identities, therapist warmth and acceptance, therapist experience with LGB clients, and client perception of therapist sexual orientation were also factors that contributed to perceptions of helpfulness (Hunt, Matthews, Milsom, & Lammel, 2006; Lebolt, 1999). Silencing, or not adequately exploring clients' experience with sexuality, was a commonly identified unhelpful practice for gay men in therapy (Mair & Izzard, 2001).

Although such extant research sheds some light on the experiences of LGBT therapy clients, these studies provide an incomplete picture of the phenomenon. The foundational research in this area drew on therapist perspectives (e.g., Garnets et al., 1991), and even in more recent research, the perspectives of LGBT clients have been largely absent (Bieschke, Paul, & Blasko, 2007). The few studies reviewed previously that investigated LGB client perspectives limited their focus to therapist contributions, such as attitudes and behaviors, without inquiring about client and service-level variables. Although therapists are a key component of therapy, considering the systemic heterosexism in institutions and society, it may be important to understand the larger context in which services are provided. Furthermore, qualitative investigations of helpful and unhelpful therapy practices have focused on limited samples, such as gay men (Lebolt, 1999; Mair & Izzard, 2001) or lesbians with disabilities (Hunt et al., 2006), limiting transferability of conclusions and comparison among subpopulations. Noticeably absent from these and other studies are bisexual and transgender clients, who are often poorly represented in research on sexual minority counseling (Carroll & Gilroy, 2002; Carroll, Gilroy, & Ryan, 2002, Gainor, 2000; Israel & Mohr, 2004).

Without a thorough understanding of the full range of factors contributing to LGBT clients' therapy experiences, it will be difficult for mental health professionals to optimally serve these populations. The aim of this study is to identify patterns that characterize client descriptions of helpful and unhelpful situations that they experienced in therapy. We intend to fill some of the gaps in the existing literature by fully representing subpopulations of LGBT individuals and by inquiring about client, therapist, and service variables. Ideally, the results of this study can provide guidance for therapists and administrators, helping them to design and deliver appropriate services for sexual minority clients. In addition, the results can guide future research in this area by identifying variables that have received little attention in previous studies.

Method

Participants

A total of 42 LGBT individuals took part in the study. Participants who were selected for interviews on the basis of their sexual orientation were bisexual women ($n = 6$), bisexual men ($n = 6$), lesbians ($n = 9$), and gay men ($n = 12$); three of these participants indicated another identity label (e.g., "queer") in addition to an LGB sexual orientation category. Six transgender people (3 male-to-female and 3 female-to-male) and three individuals who identified as gender-queer (an identity label that allows transgender individuals to express a flexible, fluid, or unique gender, gender expression, or gender transgression; Fassinger & Arsenau, 2007; Nestle, Howell, & Wilchins, 2002) were selected on the basis of their gender identity. The participants self-reported their ethnicity as European American/White ($n = 23$), African American/Black ($n = 6$), Asian American/Pacific Islander ($n = 5$), Hispanic/Latino/a ($n = 3$), multiracial ($n = 4$), and other ($n = 1$). At the time of the interview, the participants ranged in age from 20 to 56 years ($M = 36$).

Participants had been in counseling an average of 4.55 times (range = 1–12). All participants had been in counseling as adults; in addition, 35.7% ($n = 15$) had been in counseling as adolescents (age range = 13–17 years), and 21.4% ($n = 9$) had been in counseling before age 13. Participants had participated in individual ($n = 42$), group ($n = 13$), and couples/family ($n = 8$) counseling. Of the total sample, 66.7% described their overall experience in counseling as positive, 9.5% as negative, and 23.8% as mixed.

Procedures

Participants were initially recruited by mailing fliers and packets of demographic forms to LGBT-oriented community agencies, organizations, events, businesses, and conferences throughout the United States. Additional Internet-based recruitment targeted underrepresented groups within the LGBT community (e.g., transgender individuals) by means of message boards and e-mail lists. As a result of these recruitment methods, 127 demographic forms were completed and returned. Participants were excluded from selection for interviews if they were heterosexual and not transgender at the time of the study ($n = 2$), had not been in therapy in the 6 months before the study ($n = 25$), or did not respond

to attempts to be contacted ($n = 6$). Of the remaining 94 potential participants, 42 were selected for interviews to adequately represent diversity and balance in terms of sexual orientation, ethnicity, geographic region, gender, and gender identity. The research team was composed of one faculty member and three doctoral students in counseling psychology with expertise in LGBT issues. This team included members who were gay, bisexual, queer, and heterosexual; female and male; and European American, European, and biracial Asian American. The team ranged in age from 23 to 38 years. The faculty member had prior experience conducting qualitative studies, and all research team members received training in qualitative research either before or during the course of the study.

The semistructured interviews were conducted over a 6-month period by the research team members. Interviews lasted an average of 32 min (range = 13–60 min). Each participant was asked to recall one situation in therapy that was particularly helpful and one situation that was particularly unhelpful. For each situation, participants then were asked a standard series of questions related to client characteristics (e.g., "How did you feel about your sexual orientation when you started counseling?"), counselor characteristics (e.g., "Can you describe the therapist in terms of professional training?"), counseling process (e.g., "Was the presenting concern mostly what you dealt with, or were there other issues you addressed in therapy?"), counseling services (e.g., "What were your interactions with the agency like?"), and contextual aspects of the counseling experiences (e.g., "What was your life like outside therapy?").[1]

Research assistants transcribed the interviews, and each transcript was audited by the research team member who conducted the interview. The data analysis was based on ethnographic content analysis (Altheide, 1987), which enabled the researchers to adapt categories based on emerging data as well as identify patterns across a consistent coding system. The research team developed an initial coding schema by identifying topics based on the interview questions and identified additional topic areas that reflected new information from participant interview material. For each topic, the team developed categories and a code sheet to reflect the content of participant responses (e.g., modes of previous counseling: individual therapy, group therapy, and couples or family therapy). All research team members who coded a transcript listened to the corresponding interview beforehand. Each interview transcript was coded individually by at least three members of the research team, and the team argued to consensus when discrepancies in coding arose. Some topics (e.g., interventions the therapist used) did not lend themselves to simple response options and required additional qualitative analysis. For these categories, the interview transcript material was identified by the research team for each participant. The research team reviewed the interview material across all participants that pertained to a particular category and identified all participant responses for that topic area. The team then developed a code sheet with these response options for that category and coded, reviewed, and developed consensus in the same way as for earlier categories. This process was repeated for each of these new categories.

Results

Unless otherwise noted, results are based on percentage of the total number of participants or, for topics that were applicable to only a subset of the participants (e.g., the category "feelings about gender identity" was applied only to transgender participants), are percentages of the number of participants for whom the topic was applicable. Because participant responses fell into more than one category for certain topics, percentages may add up to more than 100. Percentile values presented in parentheses are listed in the order of helpful first and unhelpful second, unless otherwise noted.

Description of Clients

Although the clients were the same individuals in the helpful and unhelpful situations, their therapy and life circumstances (e.g., relationship status, employment, presenting concerns) were not necessarily similar across situations. For example, the situation occurred in the participant's first time in therapy for one third of the unhelpful situations but in only one sixth of the helpful situations. The helpful situations occurred from 1977 to 2004, although more than half of the situations occurred in 2002 or later. The unhelpful situations occurred from 1968 to 2005, although more than half of the unhelpful situations occurred in 2000 or later.

Level of outness. Most LGB clients openly identified as LGB at the time of both the helpful (66.7%) and unhelpful (54.5%) situations. In the helpful situations, most transgender clients (66.7%) were similarly openly transgender; however, in the unhelpful situations, only 11.1% were at a stage of expressing their gender identity to others.

Presenting concern. The most common presenting concerns across situations were relationships (23.8%, 19%), depression/suicidality (19%, 23.8%), career

(21.4%, 11.9%), sexual orientation/gender identity (16.7%, 16.7%), anxiety/stress (14.3%, 9.5%), and family (7.1%, 14.3%). Less common issues that differed across helpful and unhelpful situations were medical health (7.1%, 2.4%) and mandated therapy (2.4%, 7.1%). Other presenting concerns that were similar for helpful and unhelpful situations were adjustment, substance abuse, personal growth, body image, chronic mental health issues, anger, and self-esteem. There was a striking difference between LGB and transgender clients in terms of presenting concerns: Transgender participants were more likely to seek therapy for gender identity than LGB clients were to seek therapy for sexual orientation (Figure I).

Relationships. Approximately half of the participants in both the helpful and unhelpful situations were either in a relationship or ending a relationship when the situation took place. For those participants who were in a relationship, dating, or having non-relational sex, the partner was typically of the same sex, but the partner was of the other sex in about 15% of the situations. For those participants who commented on the quality of their relationship, there was a trend indicating that relationship quality was stronger in the helpful compared with unhelpful situations. Specifically, individuals in the helpful situations described their relationship as a source of support more often (26.2% vs. 11.9%) and as source of stress less often (16.7% vs. 33.3%) than those in the unhelpful situations.

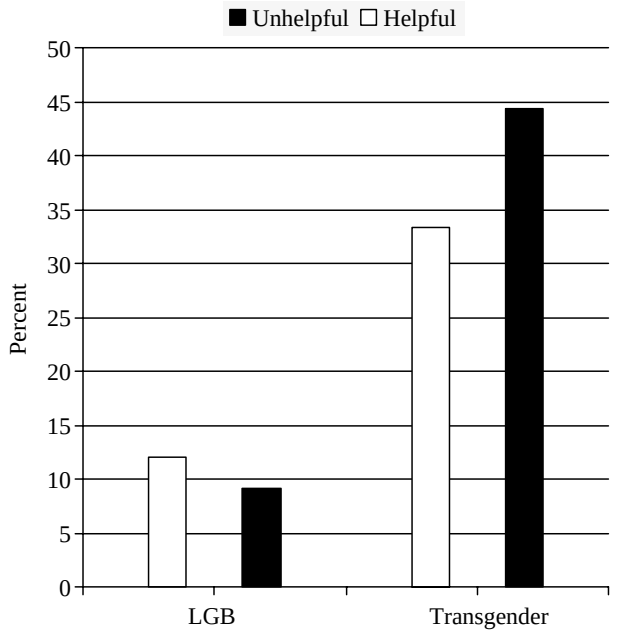

Figure I. Lesbian, gay, bisexual (LGB), and transgender clients with presenting concerns related to sexual orientation or gender identity.

Employment status. Participants in the helpful situations were more likely to be employed (45.2% vs. 26.2%) and somewhat less likely to be in school (31% vs. 45.2%) compared with those in the unhelpful situations. A minority of participants also reported being unemployed or on disability or in transition regarding school and employment during both the helpful and unhelpful situations.

Families. Participants' relationships with their families were fairly evenly distributed across family as a source of support, family as a source of stress, no or limited contact with family, and no information reported about family. Furthermore, these distributions were fairly similar across the helpful and unhelpful situations. In addition to describing their relationships with their families of origin, less than 10% of participants reported having children at the time of the helpful or unhelpful situations.

Social support. Participants most commonly described their social support as strong or stable in both the helpful (28.6%) and unhelpful (21.4%) situations. However, they tended to be more dissatisfied with social support in the unhelpful (26.2%) compared with the helpful (14.3%) situations. A small minority of participants reported developing social support, loss of social support, and conflict with social support in the helpful and unhelpful situations.

Additional client characteristics. Some participants described other aspects of their lives outside of therapy. Three distinctive patterns emerged from this category. In the helpful compared with unhelpful situations, participants were less likely to report experiencing a mental health issue that was impacting their global functioning (14.3% vs. 33.3%), more likely to have a chronic physical health problem or a disability (23.8% vs. 14.3%), and considerably more likely to be involved in the LGBT community in terms of activism and volunteer work (16.7% vs. 2.4%). Although data were not consistently gathered regarding other dimensions of the clients' life experiences, some participants provided information about additional factors that were impacting their functioning at the time of the situation. Such factors included social or sexual involvement to an LGBT community (e.g., going to bars or bathhouses), religious involvement or activities, drug use, recreational or athletic activities, creative activities (e.g., theatre, poetry, drag), legal issues, and negative experiences related to being LGBT (e.g., discrimination or harassment).

Description of Therapists

For 23.8% of participants, the helpful and unhelpful situations occurred with the same therapist. Thus, some therapist demographic information is included in the accounts of both the helpful and unhelpful situations. Furthermore, information about therapists was gathered from the clients and thus reflects client perspectives and knowledge regarding the therapists.

Therapist demographics. Therapists were typically European American and in their 30s, 40s, and 50s, and there were no dramatic differences between helpful and unhelpful situations in terms of therapist ethnicity and age. In the majority of both the helpful and unhelpful situations, the therapist and client were the same gender, and there was a fairly even distribution between male and female therapists. Most of the therapists in the helpful and unhelpful situations were heterosexual (50% and 57.1%), and clients were somewhat more likely to be able to identify the therapist sexual orientation in the helpful (89.1%) compared with the unhelpful (73.8%) situations.

Professional training. In the helpful situations, therapists were most frequently psychologists or social workers, whereas in the unhelpful situations, therapists were most frequently psychiatrists or of an unknown professional background (Figure II). Therapists were more frequently described as being in training in the unhelpful (11.9%) compared with helpful (7.1%) situations.

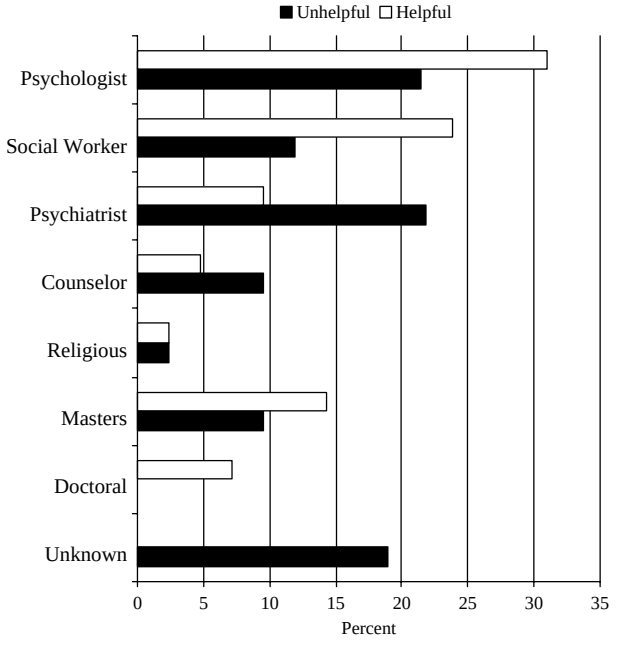

Figure II. Professional training of therapists in helpful and unhelpful situations.

Selection of therapists. More common ways that clients came to work with their therapists in the helpful compared with unhelpful situations were as follows: referral by someone with whom the client did not have a therapeutic relationship (e.g., friend; 33.3%, 9.5%), seeking a therapist who specialized in LGBT issues (7.1%, 2.4%), and, to a lesser extent, referral from another therapist (14.3%, 9.5%). More characteristic for the unhelpful situations were therapists selected by someone other than the client, such as the agency (26.2%, 35.7%) or parent (4.8%, 14.3%). Notably, therapists who were available through the client's school (14.3%, 26.2%), covered by insurance (7.1%, 16.7%), free and affordable (4.8%, 7.1%), or easily accessible (0%, 7.1%) were not necessarily associated with helpfulness. Fewer than 10% of clients selected therapists who they had been seeing in a different mode of therapy (e.g., family, group), who they met outside a therapeutic environment (e.g., conference), who were assigned by an LGBT agency, who enabled them to avoid multiple relationships, or who were trained in LGBT issues.

Environmental/Contextual Factors

Geographic region. The situations occurred in all geographic regions of the United States, and there were no notable regional differences between the helpful and unhelpful situations. Most of the participants received services in urban areas, and there were no dramatic differences between the helpful and unhelpful situations in terms of the type of geographic area (e.g., urban, suburban, rural).

Type of setting. Both the helpful and the unhelpful situations occurred in a range of settings (Figure III). The helpful situations were more likely to occur in a private practice than were the unhelpful situations, and the former occurred less commonly in an inpatient setting than did the latter. In both the helpful and the unhelpful situations, there were sessions that were held outside the formal therapy setting (e.g., the therapist's home, the client's home, a pizza parlor, a coffee shop, a church).

Interactions with agency. It was not uncommon for the client to have no or minimal contact with an agency, and given the higher frequency of private practice in the helpful situations, it is no surprise that this was more common in the helpful (42.9%) compared with unhelpful (23.8%) situations. Difficult geographic access or inconvenient services were

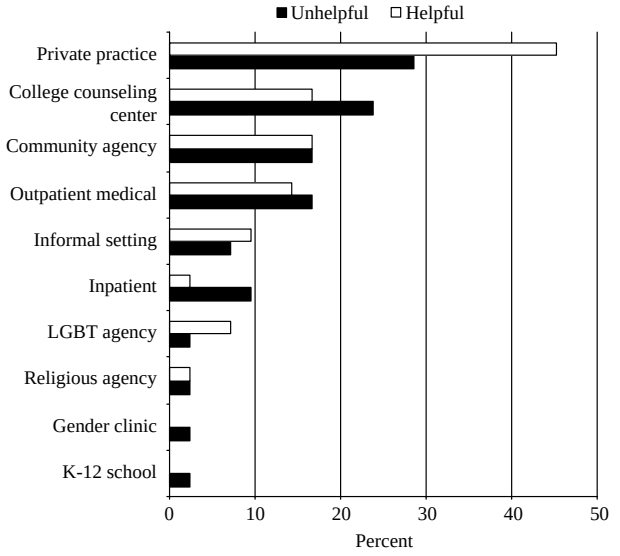

Figure III. Type of setting in which helpful and unhelpful situations took place. (LGBT =lesbian, gay, bisexual, transgender.)

also described more commonly for the helpful (23.8%) compared with unhelpful (14.3%) situations. For example, clients reported traveling several hours to attend therapy either because this therapist was the only specialist in the region for their presenting concern or because they wanted to maintain the therapeutic relationship after relocation to a different area.

Considerably more common in the unhelpful compared with helpful situations were clients feeling unsafe, disrespected, or uncomfortable (e.g., heterosexual assumptions embedded in intake forms and questions, use of nonpreferred name for transgender clients, and administrators who did not want to serve LGBT clients; 26.2% vs. 9.5%). Also notably unhelpful were situations in which clients felt that their self-determination was compromised (e.g., refusal to reassign a gay male client to a new therapist after he found the original therapist to be homophobic; 14.3% vs. 2.4%).

In both helpful and unhelpful situations, it was not uncommon for clients to feel safe or comfortable in the agency (45.2% and 33.3%). Safety and comfort were enhanced by concern for client confidentiality, friendly and professional staff, and use of preferred name for transgender clients.

Therapy Interventions and Relationship

Response to client sexual orientation or gender identity. Therapists had positive responses to client sexual orientation/gender identity in both the helpful and the unhelpful situations, although there were more positive responses in the helpful situations. Commonly in the helpful situations (33.3%) and rarely in the unhelpful situations (4.8%), the therapist accepted, validated, or normalized the client's sexual orientation or gender identity. For example, a lesbian client felt that her male therapist was very understanding and affirming of her sexual orientation because he displayed diversity stickers in his office, maintained a positive and respectful attitude during the entire course of therapy, and supported the client in her coming out to her family. Other positive responses included therapist involvement in the LGBT community that helped the client to feel understood (16.7%, 9.5%), focusing on sexual orientation/gender identity only when appropriate (11.9%, 7.1%), and being knowledgeable about or having training in LGBT issues (11.9%, 4.8%).

In both helpful and unhelpful situations, negative responses included focusing on sexual orientation/gender identity inappropriately (14.4%, 21.4%). Some examples include a psychiatrist attributing a lesbian client's low sex drive to the fact that her partner was female rather than identifying it as a side effect to the medication he prescribed and a lesbian therapist accusing a bisexual female client of "passing" as heterosexual. Reported only in the unhelpful situations were instances of the therapist encouraging the client not to be LGBT (e.g., conversion therapy; 14.3%) and discouraging the client from coming out (4.8%).

Therapy interventions. Clients were asked to describe what therapists did or what kind of interventions they used. Overall, clients reported more interventions for the helpful compared with unhelpful situations. Fairly common for both helpful and unhelpful situations, although more common in the helpful, were directive or structured approaches (e.g., goal setting, advice, suggestions, confrontation; 50%, 33.3%), nondirective approaches (e.g., listening, silence; 50%, 28.6%); exploration (e.g., asking questions; 42.9%, 35.7%), and therapist providing their own perspective on the client (e.g., interpretations, reframing, feedback, observations; 28.6%, 21.4%).

Only in the helpful situations did clients report that therapists accommodated their needs by meeting in a flexible location, adjusting their fees, or being available outside of sessions (26.2%). More commonly reported for the helpful compared with unhelpful situations were homework (42.9%, 19%), specific techniques (e.g., cognitive–behavioral therapy, dialectical behavior therapy, imagery, relaxation; 38.1%, 16.7%), therapist positive responses to

the client (e.g., validation, normalizing, empathy; 26.2%, 2.4%), creating a comfortable and trusting environment (23.8%, 9.5%), and self-disclosure (9.5%, 2.4%).

Responses that were reported only for the unhelpful situations included therapists judging, invalidating, or misunderstanding the client (23.8%), failing to create a connection with the client (23.8%), and hospitalizing the client (7.1%). Therapists prescribed medication or referred the participant for medication in twice as many unhelpful (28.6%) compared with helpful (14.3%) situations, and they focused on assessment and diagnosis in more of the unhelpful situations (9.5%, 4.8%). A small number of therapists in both situations (11.9%) provided resources through psychoeducation or case management.

Descriptions of the Situations

Helpful situations. The most commonly described helpful situations were defined by a positive therapeutic relationship marked by therapist warmth, respect, trustworthiness, confidentiality, caring, and listening (33.3%). An additional 28.6% of the helpful situations were related to the therapist being knowledgeable, helpful, or affirming in dealing with clients' sexual orientation or gender identity. For example, therapists respected clients' choices about whom to come out to, did not press clients to discuss sexual orientation when it was not relevant to their presenting concerns, were knowledgeable of transgender issues, provided a support system for clients during a gender transition, or identified themselves as LGBT.

Also commonly cited as helpful were therapists who helped clients gain insight (21.4%), were effective in alleviating clients' symptoms (21.4%), or provided a structured approach to therapy through goal setting, homework, or planning (19%). LGBT clients also found helpful therapists who taught them new skills, such as coping, communication, or anger management (14.3%), or who were nonjudgmental (14.3%). Another feature of helpful situations was therapist availability outside of session (11.9%). For example, one therapist drove with the client to a custody hearing and attended visitation sessions that the client had with her children; another attended the client's medical evaluations; and some were available for phone contact during vacations. Also helpful were therapists who instilled hope, optimism, and positive expectations and who were reassuring of their clients (9.5%), helped clients gain access to medication (9.5%), and focused appropriately on clients' concerns (7.5%).

Unhelpful situations. One of the most frequently cited unhelpful situations was clients experiencing the therapist as cold, disrespectful, disengaged, distant, or uncaring (35.7%). Equally unhelpful (35.7%) were therapists using interventions that clients found ineffective (e.g., meditation, "why" questions, excessive self-disclosure, excessive use of silence, withholding feedback from clients) or harmful (e.g., involuntary hospitalization).

Thirty-one percent of the unhelpful situations were characterized by therapists imposing their values, judgment, or decisions on clients. These values and judgments included negative bias regarding sexual orientation, invalidation of clients' perception of their own progress, accusations against clients' parents, dismissing clients' grief, and urging clients to complete their college education contrary to clients' wishes. Therapists imposed decisions, including hospitalization, medication, and seating arrangement of clients in a family therapy session.

Other commonly cited unhelpful situations were those in which the therapists did not focus on what the clients wanted to focus on (23.8%) and the outcomes of therapy were not helpful or were harmful (21.4%). Detrimental or unsatisfactory reactions to client sexual orientation, such as those described earlier, defined 21.4% of the unhelpful situations. Problems with medication management were reported by an additional 21.4% of participants and included nearly lethal overmedication and prolonged use of medication despite severe side effects. Less frequent were unhelpful situations in which the therapists breached the clients' trust or confidentiality (11.9%), pushed clients to explore or disclose topics (9.5%), were not available to clients because of short sessions or long breaks between sessions (7.1%), or sexually violated clients by touch or language (4.8%). An additional 7.1% of unhelpful situations related to therapy settings that did not feel safe, comfortable, or private.

Consequences of the Situations

Consequences of helpful situations. Sixty-nine percent of the helpful situations resulted in improvement in the client's quality of life (e.g., regarding presenting concern, new skills, relationships, or behavior change). Approximately one third (35.7%) of helpful situations resulted in a positive impact on the relationship with the counselor (e.g., trust support, communication, high regard). Other consequences of the helpful situations were increased insight or self-awareness (40.5%), increased self-acceptance (16.7%), increased confidence about or readiness for change (14.3%), positive impact on sexual orientation/gender identity development or coming

out (11.9%), and positive impression of therapy in general (4.8%).

Consequences of unhelpful situations. Negative impact on the relationship with the counselor (e.g., dissatisfaction, rejection, betrayal, frustration, hopelessness) was the most commonly cited consequence of the unhelpful situations (64.3%). Of the total sample, 45.2% stated that unhelpful situations resulted in termination. Forty-three percent of the unhelpful situations resulted in diminished quality of life (e.g., lack of progress in therapy, increased symptoms, damaged relationships, decreased self-acceptance). Additional consequences of unhelpful situations were clients not disclosing or exploring concerns (26.2%), clients developing a negative impression of therapy in general (23.8%), and negative impact on client sexual orientation/gender identity development or coming out (7.1%). In 7.1% of the helpful situations and 4.8% of the unhelpful situations, participants did not identify a consequence.

Other consequences. Given that unhelpful situations commonly resulted in termination, it is not surprising that the participants had considerably fewer sessions with therapists in the unhelpful ($M = 8$) compared with helpful ($M = 26.5$) situations. Another disparity was that, for cases in which the presenting concern was not related to sexual orientation, participants reported that they dealt with the presenting concern in 95.2% of the helpful situations compared with 76.2% of the unhelpful situations.

Discussion

Implications for Practice and Training

It is clear from the results of the current study that basic counseling skills are important. Notably, the most commonly described helpful and unhelpful situations were defined by the presence or absence of basic counseling skills and positive therapeutic relationships. Warmth, listening, appropriateness of interventions, focus of therapy, and therapist congruence with client values and decisions were particularly salient to creating helpful and avoiding unhelpful situations. These findings are consistent with those of other qualitative studies on experiences of lesbian and gay male therapy clients (e.g., Hunt et al., 2006; Lebolt, 1999). As one might expect, violation of ethical, legal, and professional guidelines contributes to negative client experiences in therapy. As seen in the unhelpful situations in this study, therapists should refrain from imposing judgments or decisions on a client, overmedicating a client, or breaching confidentiality.

Beyond basic counseling skills, therapists may require specific training in working with LGBT clients. Therapist openness to a range of sexual orientations and gender identities may be necessary to exhibit warmth, focus appropriately on LGBT clients' concerns, and respond positively to LGBT clients. Furthermore, knowledge of LGBT issues may help therapists to select appropriate interventions to use with this client population. Similar to findings of previous studies on helpful and unhelpful therapy for lesbian and gay clients (e.g., Garnets et al., 1991; Liddle, 1996), the present study found that therapists who were affirming, validating, and knowledgeable regarding sexual orientation were particularly helpful, and those who focused inappropriately on sexual orientation or tried to persuade LGBT clients to change or hide their sexual orientation or gender identity were particularly unhelpful.

Despite the importance of therapist sensitivity to client sexual orientation and gender identity, these factors were not the most salient ones for all clients in this study, because participants did not necessarily focus on sexual orientation or gender identity in the narratives of their therapy experiences. It seems possible for a therapist to exhibit a positive response to client sexual orientation or gender identity and still be unhelpful. In other words, the way in which a therapist responds to an LGBT client's sexual orientation is not the defining aspect of therapy, but it seems related to helpfulness.

It is crucial that all therapists are competent in working with LGBT clients because they may not necessarily know if they are working with one. Some of the LGBT clients in the present study were in mixed-sex relationships, and some were in early stages of identity development. In the majority of the situations, participants were seeking counseling for issues unrelated to their sexual orientation or gender identity. Thus, therapists cannot necessarily rely on self-disclosure, sex of the client's partner, or presenting concern to determine the client sexual orientation or gender identity. Therapists can be attentive to the possibility that clients may be LGBT by not making assumptions about client sexual orientation/gender identity in their language and written materials, and training programs can prepare all therapists to work effectively with LGBT clients whether or not this is a population the trainees anticipate serving.

Therapy with transgender clients is unique in the knowledge base required, the therapist's gatekeeper role, the coordination of multiple types of services (e.g., medical, legal, financial), and the therapist reaction to nondichotomous or nontraditional

gender identities and expressions. Thus, even therapists who are equipped to work with LGB clients may be quite unprepared to address the specific needs and circumstances of transgender therapy clients. For transgender clients, the unhelpful situations more typically occurred in the earlier stages of identity development. It is possible that transgender clients become more knowledgeable and seek out therapists with training in transgender issues later in development. Furthermore, the transgender clients were far more likely to be seeking therapy for gender issues than the LGB clients were to be seeking therapy related to sexual orientation. The commonality of this presenting concern and other distinctive demands of clinical work with transgender clients highlight the importance of training therapists to work specifically with gender identity and gender expression in therapy.

The participants commonly experienced improved psychosocial functioning as a result of the helpful situations and diminished psychosocial functioning as a result of the unhelpful situations, suggesting a link between client perception of helpfulness and therapy outcomes for LGBT clients. Furthermore, unhelpful situations seemed to have a particularly negative impact on the therapeutic relationship, which may have led to premature termination. This finding is consistent with an earlier study that noted a relationship between unhelpful therapist behaviors and termination after only one session (Liddle, 1996) and highlights the importance of identifying the factors that contribute to helpful and unhelpful therapy experiences early in the therapy relationship. Furthermore, premature termination may have resulted in the presenting concern being addressed less frequently in the unhelpful situation compared with the helpful situation.

The trends observed in this study regarding psychologists and social workers in the helpful situations and psychiatrists in the unhelpful situations have been identified in previous research (Liddle, 1999) and may be related to psychiatrists' focus on medication in treatment. Aside from professional background, therapist demographic variables were less important than therapist interventions and relationship with the client. In particular, therapists who supported client autonomy and accommodated client needs were more helpful than those who did not. Training status may be relevant to helpfulness, although additional research will be necessary to identify patterns related to this variable.

Many of the LGBT clients in the present study found private practitioners particularly helpful. Participants also found it helpful when therapists accommodated through fees, location, and contact outside of session, which may be more easily accomplished in a private practice setting than within an agency. Nonetheless, agencies may increase their effectiveness with LGBT clients by allowing clients the highest possible autonomy in terms of therapist selection rather than assignment imposed by the agency. Additional recommendations for agencies include attention to the privacy of waiting areas, cultivating friendly and professional office staff, and training staff to use the preferred name and gendered pronoun for transgender individuals. An additional finding was that clients were highly motivated to see therapists who were helpful, sometimes driving several hours for appointments. This does not imply that it is beneficial to locate agencies far from clients but rather that LGBT clients may value helpful therapy so much that they are willing to go out of their way to access such services.

Understanding LGBT clients' lives outside of therapy may help clinicians understand what goes on in therapy. In particular, this information may help therapists intervene more effectively and may help therapists develop appropriate expectations for the progress a client is likely to achieve. In particular, therapists may benefit from attending to the impact of physical and mental health on therapy with LGBT clients. The presence of a chronic physical health problem or disability in the helpful situations may reflect the fact that people who have physical disabilities often lack other forms of social support, so therapy may provide a respite from this isolation. Although clients with chronic mental health problems may also seek social support through therapy, as was more common in the unhelpful situations, therapists may have trouble connecting with such clients, leading to clients' dissatisfaction with therapy. Furthermore, clients may have expectations that their therapist can remediate mental health problems but may be satisfied with the therapist talking about, but not curing, physical health problems. Because the same participants described both unhelpful and helpful situations, it appears that the experience or salience of physical and psychological problems can change over time for an individual and that these clients' states may affect the therapist level of helpfulness.

Therapists and others may be able to increase the effectiveness of therapy by working with the larger LGBT communities. For example, the quality of social support was important to the helpfulness of therapy, so helping to develop and strengthening support systems within LGBT communities may improve therapy outcomes. In addition, involvement in the LGBT community was associated with helpfulness, so helping LGBT communities to cultivate activities and volunteer opportunities may help to

support the progress of LGBT individuals in therapy. Finally, because LGBT individuals often found helpful therapists based on referrals from nonprofessionals, it may be useful in a given community to identify therapists who LGBT individuals perceive as helpful and make this referral information available to community members, service providers, and insurance companies.

Implications for Research

The results of this study highlight the unique perspectives of LGBT clients, in contrast to studies that have focused on therapist perspectives (e.g., Garnets et al., 1991; Israel, Gorcheva, Walther, Cohen, & Sulzner, in press) or surveys of lesbian and gay clients that were based on therapist perspectives (e.g., Liddle, 1996). Possibly as a consequence of reliance on therapist perspectives, the results of these studies highlighted therapist attitudes and practices related to sexual orientation or gender identity rather than other aspects of working with the clients. This discrepancy suggests that LGBT client perspectives may be different from those of therapists working with LGBT clients. Specifically, it seems as though therapists may be more likely to frame LGBT clients in the context of sexual orientation than are the LGBT clients themselves. Thus, gathering data from multiple perspectives of the therapy encounter may contribute to a more complete understanding of LGBT client experiences in therapy.

As researchers conceptualize variables that contribute to helpful and unhelpful situations with LGBT clients, they should expand their thinking beyond aspects of therapy related to sexual orientation and gender identity, considering also more general aspects of therapeutic relationship, intervention, and process. In particular, future research should examine whether LGBT clients respond uniquely to particular therapist approaches or behaviors that contribute to therapeutic alliance for non-LGBT clients.

The therapist is clearly an important component of therapy; however, there may be some client variables that make it easier or more difficult for a therapist to be helpful. Thus, research on therapy helpfulness and outcomes should take into account clients' presenting concern and life circumstances. Perhaps it is easier to provide some relief for the presenting issues identified more commonly in the helpful situations (i.e., relationships, career, stress, medical health) than for the more entrenched issues that were prominent in the unhelpful situations (i.e., mandated treatment, grief, substance abuse, family, depression/suicidality). Furthermore, factors such as the quality of the clients' relationships with significant others, level of social support, presence of chronic physical or mental health issues, and community involvement were related to the perceived helpfulness of therapy. Therefore, collecting a broader range of client data may enable researchers to identify factors that mediate therapy outcomes with LGBT clients.

It could be beneficial to further investigate subpopulations as well as the various contexts in which therapy services for LGBT clients are situated. Although this study addressed certain aspects of agencies or services, there may be other circumstances that impact clients of which they are not likely to be aware, such as funding, agency structure, and clinical supervision of therapists-in-training. The inclusion of LGBT participants enabled us to identify factors that were relevant for LGBT subpopulations. Future studies with larger samples of each group could further explore and validate factors these findings.

A desirable next step would be to use the results of the current study as a foundation for a larger survey of LGBT client experiences in therapy. Such a survey could extend the work of this study by recruiting a larger and more representative sample of LGBT individuals to examine more closely the patterns identified in this content analysis.

Limitations

Although the sample reflected diversity in terms of gender, sexual orientation, gender identity, ethnicity, socioeconomic status, and geographic region of the United States, it is not clear how representative our sample is of LGBT individuals who enter therapy. Although our aim was to interview a diverse sample rather than a representative one, it is difficult to say how transferable our findings are to the larger LGBT population. Participants had to be willing to send a form with their name, sexual orientation/gender identity, phone number or e-mail contact information, and acknowledgment that they had been in therapy. These requirements likely skewed the sample toward individuals who openly identify as LGBT and are connected with the community. Furthermore, the sample is not large enough to draw statistical conclusions, so all comparisons should be regarded as preliminary.

As indicated by the number of sessions, participants had more limited contact with the therapists in the unhelpful situations. Not surprisingly, they also had less information about the unhelpful therapists in terms of professional training and sexual orientation. Thus, we were not able to gather complete information about the therapists in the unhelpful

situations. Also limiting the comprehensiveness and accuracy of the data gathered were the use of retrospective recall. The brevity of some of the interviews could be a potential limitation; however, for the purposes of content analysis, the information that we gathered was sufficient.

It could be perceived as a limitation that clients were the same in the helpful and unhelpful situations, as were some of the therapists. Although this means that there was some overlap in terms of descriptions of therapist characteristics in the helpful and unhelpful situations, it accurately reflects the clients' experiences of a single therapist being both helpful and unhelpful at times.

Conclusion

The results of this study identified client-level variables (e.g., employment status), service-level variables (e.g., confidentiality of waiting area), and therapist behaviors (e.g., availability) that may affect LGBT individuals' experiences in therapy. Our findings reflect client perspectives and include the experiences of subpopulations of LGBT individuals. The distinct results of the current study emphasize the importance of gaining client perspectives on therapy to illuminate clinical practice with LGBT clients and research on LGBT client experiences and outcomes in therapy.

Note

[1] The complete interview protocol is available at http://www.education.ucsb.edu/tisrael/interview_questions/LGBTclient.htm.

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