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Santa Barbara

Investigating Clinician Perceptions of Outness Strategies of Latino Gay Clients

A dissertation submitted in partial satisfaction of the
requirements for the degree Doctor of Philosophy
in Counseling, Clinical, and School Psychology

by

Kevin Delucio

Committee in charge:

Professor Tania Israel, Co-Chair

Professor Melissa L. Morgan-Consoli, Co-Chair

Professor Andrés Consoli

September 2017

The dissertation of Kevin Delucio is approved.

Andrés Consoli

Melissa L. Morgan-Consoli, Committee Co-Chair

Tania Israel, Committee Co-Chair

November 2016

Investigating Clinician Perceptions of Outness Strategies of Latino Gay Clients

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by

Kevin Delucio

ACKNOWLEDGEMENTS

These past 6 years have truly been a labor of love and persistence and have somehow felt like both the longest and quickest years of my educational career. My first gratitudes go out to my co-advisors, Tania Israel and Melissa Morgan-Consoli. Being involved on both of your research teams provided an incredible variety of learning experiences and opportunities that have helped me develop into a versatile researcher, teacher, and scholar. The co-advising was a new, unique situation for all of us and I think we made it work. Thank you for the support throughout this experience, as well as all the invaluable guidance and feedback provided along the way. I would also like to thank Andres Consoli for agreeing to serve on my doctoral committee. I valued the perspective you brought to my work and for the overall positive vibes you brought into the conference room during some of the most anxiety-inducing milestones of this program. *Mil gracias!*

I'd like to thank my cohort members for random venting sessions and weekend activities to try to get us all out of the ED building and into "nature" and/or "outside." A special shout out to Hannah Weisman (and Luna) for our joint commiserating through this grad life (and especially advanced stats) and seeking respite with *Scandal*, *How to Get Away with Murder*, and *Game of Thrones*. Some wine and snacks were always appreciated and no doubt helped us cope with all of our responsibilities. We never did go on a hike or to a farmer's market...you're welcome. Another special shout out to Elisa Vasquez for so many things, including being my roommate for 4 years, prioritizing Frappy Hour™ because it was a deal, treks to Ventura to go to Target (so worth it), and always knowing when a moment called for pizza and drinks.

I want to thank my parents for their often confused, but consistent support throughout my educational journey. I pushed myself to attain this degree because you

pushed education as the key to opportunities in this country. You had hope that I would figure out this game called school, and were a large motivator in my academic pursuits, even if you may not have really known what I was doing (and sometimes, I didn't either, so it works out). And to all my cousins and extended family, yes, I am finally done, so no more asking.

My biggest thanks and appreciation is reserved for Adrian Villicana. Your support throughout my graduate journey has been immeasurable. I don't know how I would have been able to do this without you and I am incredibly blessed to have you in my life. From online chats, to work parties, to random research conversations that developed into active research projects, to celebrating our respective milestones and accomplishments, to the academic job hunt...we were able to persevere, overcome, survive, and succeed. Here's to a successful stint in academia and continuing support of our pursuits. Thank you for everything, *amor*. We did it!

VITA OF KEVIN DELUCIO
June 2017

EDUCATION

- 2017 **University of California, Santa Barbara (UCSB)**
Ph.D. in Counseling, Clinical, & School Psychology (APA Accredited)
 • Emphasis Area: Counseling Psychology
Certificate in College and University Teaching
Advisors: Tania Israel, Ph.D. & Melissa L. Morgan-Consoli, Ph.D.
- 2013 **University of California, Santa Barbara**
M.A. in Counseling Psychology
- 2010 **Williams College**, Williamstown, Massachusetts
B.A. in Psychology, Latina/o Studies with Honors, French

PUBLICATIONS

- Israel, T., & **Delucio, K.** (in press). Exoticization of LGBTQ people of color. In K. Nadal (Ed.), *The sage encyclopedia of psychology and gender*. New York: SAGE publications, Inc.
- Morgan Consoli, M.L., & **Delucio, K.** (2017). Respeto. In A. Wenzel (Ed.), *The sage encyclopedia of abnormal and clinical psychology* (p. 2881). Thousand Oaks, CA: SAGE publications, Inc.
- Israel, T., Bettergarcia, J. N., **Delucio, K.**, Avellar, T. R., Harkness, A., & Goodman, J. A. (2017). Responses of law enforcement to LGBTQ diversity training. *Human Resource Development Quarterly*. Advance online publication. doi: 10.1002/hrdq.21281
- Morgan Consoli, M.L., Wang, S. C., **Delucio, K.**, & Yakushko, O. (2016). Psychotherapy with immigrants and refugees: Culturally congruent considerations. In A.J. Consoli, L.E. Beutler, & B. Bongar (Eds.), *The comprehensive textbook of psychotherapy: Theory and practice* (2nd ed.) (pp. 363-377). Oxford University Press.
- Villicana, A. J., **Delucio, K.**, & Biernat, M. (2016). “Coming out” among gay Latino and gay white men: Implications of verbal disclosure for well-being. *Self and Identity*, 15(4), 468-487. doi: 10.1080/15298868.2016.1156568
- Israel, T., Harkness, A., Avellar, T.A., **Delucio, K.**, Bettergarcia, J.N., & Goodman, J.A. (2016). LGBTQ-Affirming policing: Tactics generated by law enforcement personnel. *Journal of Police and Criminal Psychology*, 31(3), 173-181. doi: 10.1007/s11896-015-9169-2
- Morgan Consoli, M.L., **Delucio, K.**, Llamas, J.L., & Noriega, E. (2015). Predictors of resilience and thriving among Latina/o undergraduate students. *Hispanic Journal of Behavioral Sciences*, 37(3), 304-318. doi: 10.1177/0739986315589141

Israel, T., Harkness, A., **Delucio, K.**, Ledbetter, J. N., & Avellar, T. R. (2014). Evaluation of police training on LGBTQ issues: Knowledge, interpersonal apprehension, and self-efficacy. *Journal of Police and Criminal Psychology*, 29(2), 57-67. doi: 10.1007/s11896-013-9132-z

PEER-REVIEWED CONFERENCE PRESENTATIONS

Delucio, K., Villicana, A., & Biernat, M. (2017, January). Exploring the differential effects of verbal disclosure of gay identity on mental health among gay Latino and gay white men. In C. Green & C. DeBlaere (Chairs). *Listening to the margins: Intersectional stress and survival among queer people of color*. Symposium conducted at the 2017 National Multicultural Conference & Summit, Portland, Oregon.

Delucio, K., Morgan Consoli, M. L., & Israel, T. (2016, September). *Lo que se ve no se pregunta: An exploration and extension of el sujeto tácito among Mexican American gay men*. Paper presented at the 2016 Biennial Conference of the National Latina/o Psychological Association, Orlando, Florida.

Villicana, A., **Delucio, K.**, & Biernat, M. (2016, June). Tacitness as an alternative coming out strategy for gay Latinos. In S. M. Rieck (Chair). *Shifting Expectations: How Group Membership Influences Interpretations of Behavior*. Symposium conducted at the 2016 Society for the Psychological Study of Social Issues Conference, Minneapolis, Minnesota.

Villicana, A., **Delucio, K.**, & Biernat, M. (2015, August). Tacitness as an alternative strategy of coming out among gay Latino and gay white men. In C. DeBlaere & D. Rivera (Chairs). *The LGBT Spectrum—Research on the Lived Experiences of LGBT People of Color*. Symposium conducted at the American Psychological Association Annual Convention, Toronto, Ontario, Canada.

Morgan Consoli, M. L., Buhin, L., Hershman, K., Unzueta, E., Meza, D., & **Delucio, K.** (2015, August). A cross-cultural investigation of national identity, just world beliefs, and resilience. Poster presentation conducted at the American Psychological Association Annual Convention, Toronto, Ontario, Canada.

Villicana, A., **Delucio, K.**, & Biernat, M. (2015, February). The relationship between gay identification and coming out among gay Latino and white men. Poster presented at the Annual Meeting of the Society for Personality and Social Psychology, Long Beach, California.

Delucio, K., & Smith, N.G. (2015, January). Is being out the healthiest choice for queer individuals today? In T. Israel (Chair). *Making space for non-dominant narratives in LGBTQ psychology*. Difficult Dialogue conducted at the National Multicultural Conference and Summit, Atlanta, Georgia.

Israel, T. (Chair), Matsuno, E., Lin, Y., Choi, A. Y., **Delucio, K.**, Bettergarcia, J. N., Goodman, J. A., & Kashubeck-West, S. (2015, January). *Reducing internalized*

stigma in LGBT subpopulations: Challenges and strategies. Symposium conducted at the National Multicultural Conference and Summit, Atlanta, Georgia.

Morgan Consoli, M.L., Unzueta, E., **Delucio, K.**, Hershman, K., & Noriega, E. (2015, January). Spirituality, religiosity, and meaning-making as differential predictors of thriving. Professional poster presented at the National Multicultural Conference and Summit, Atlanta, Georgia.

Delucio, K., Morgan Consoli, M.L., & Torres, L. (2014, October). Using a mixed-methods design. In L. Torres & M. Morgan Consoli (Chairs). *Using a mixed methods design to explore discrimination and thriving in Latina/o populations*. Symposium conducted at the 2014 Biennial Conference of the National Latina/o Psychological Association, Albuquerque, New Mexico.

Morgan Consoli, M.L., Unzueta, E., Hershman, K., Alfonzo, F., Bird, C., **Delucio, K.**, Najar, N., & Torres, L. (2014, October). Exploring thriving and discrimination through a qualitative approach. In L. Torres & M. Morgan Consoli (Chairs). *Using a mixed methods design to explore discrimination and thriving in Latina/o populations*. Symposium conducted at the 2014 Biennial Conference of the National Latina/o Psychological Association, Albuquerque, New Mexico.

Morgan Consoli, M.L., **Delucio, K.**, Unzueta, E., Hershman, K., & Noriega, E. (2014, October). The Santa Barbara Wellness Project: Snapshot of a formative evaluation and curriculum reconstruction. Paper presented at the 2014 Biennial Conference of the National Latina/o Psychological Association, Albuquerque, New Mexico.

Morgan Consoli, M.L., **Delucio, K.**, Hershman, K., Unzueta, E., Noriega, E., & Triplett, M. (2014, April). *An exploration of spirituality and thriving in Latina/o undergraduates*. Poster presentation conducted at the APA Division 36 Mid Year Conference on Religion & Spirituality, La Mirada, California.

Delucio, K., Morgan Consoli, M.L., & Israel, T. (2014, March). Latino men negotiating disclosure of non-heterosexual identity. In C. DeBlaere & D. Rivera (Chairs). *Margins of the margins: Risk and resiliency of LGBT people of color*. Symposium conducted at the 2014 Counseling Psychology Conference, Atlanta, Georgia.

Delucio, K., Morgan Consoli, M.L., & Israel, T. (2013, August). *Dismantling the "closet": Latino men negotiating disclosure of non-heterosexual identity*. Poster presentation conducted at the American Psychological Association Annual Convention, Honolulu, Hawai'i.

Goodman, J.A., Israel, T., Avellar, T.R., Ledbetter, J.N., Harkness, A., & **Delucio, K.** (2013, August). *Capturing LGBTQ positive and negative experiences with and perceptions of law enforcement: The development of a new inventory*. Poster presentation conducted at the American Psychological Association Annual Convention, Honolulu, Hawai'i.

- Harkness, A., Israel, T., Avellar, T., **Delucio, K.**, Ledbetter, J., & Goodman, J.A. (2013, August). *Tactics for LGBTQ-affirming policing: Law enforcement and LGBTQ community member perspectives*. Poster presentation conducted at the American Psychological Association Annual Convention, Honolulu, Hawai'i.
- Ledbetter, J.N., Israel, T., **Delucio, K.**, Avellar, T.R., Harkness, A., & Goodman, J.A. (2013, August). *LGBTQ diversity training with law enforcement personnel: Reactions and resistance*. Poster presentation conducted at the American Psychological Association Annual Convention, Honolulu, Hawai'i.
- Morgan Consoli, M.L., **Delucio, K.**, Noriega, E., & Llamas, J. (2013, August). *Predictors of resilience and thriving among Latina/o undergraduates*. Poster presentation conducted at the American Psychological Association Annual Convention, Honolulu, Hawai'i.
- Morgan Consoli, M.L., Noriega, E., **Delucio, K.**, Namkung, C., Llamas, J., & Cabrera, A.P. (2013, January). *Thriving Prediction in Latina/o Students*. Professional poster presentation conducted at the National Multicultural Conference and Summit, Houston, Texas.
- Morgan Consoli, M. L., Cabrera, A. P., Llamas, J., Noriega, E., Namkung, C. & **Delucio, K.** (2012, October). *An Exploratory Study of Thriving in Latino/as: The Role of Culture*. Paper presented at the 2012 Biennial Conference of the National Latino/a Psychological Association, New Brunswick, New Jersey.
- Avellar, T.R., Israel, T., Ledbetter, J.N., Harkness, A., **Delucio, K.** (2012, August). *Lesbian, Gay, Bisexual, Transgender, and Queer Community Members' Experiences and Perceptions of Law Enforcement*. Poster presentation conducted at the American Psychological Association Annual Convention, Orlando, Florida.
- Harkness, A., Israel, T., **Delucio, K.**, Avellar, T.R., Ledbetter, J.N. (2012, August). *Evaluation of Police Training on LGBT Issues: Knowledge, Apprehension, Self-Efficacy, and Tactics*. Poster presentation conducted at the American Psychological Association Annual Convention, Orlando, Florida.
- Morgan Consoli, M. L., Cabrera, A.P., Llamas, J., Noriega, E., Gonzalez, N., Lopez, S., **Delucio, K.**, & Namkung, C. (2012, August). *An Exploratory Study of Thriving in Latino/as*. Poster presentation conducted at the American Psychological Association Annual Convention, Orlando, Florida.

OTHER PRESENTATIONS

- Delucio, K. (2016, May). *The intersection of LGBTQ identities and race/ethnicity*. Invited presentation conducted for Residential & Housing Services, UC Santa Barbara.
- Delucio, K. (2016, April). *Come out, come out however you want: Exploring an alternative to verbal disclosure of gay identity*. Presentation conducted at the 2016 UC Santa Barbara Grad Slam.

Delucio, K. (2015, October). *Coming out and the Latina/o community*. Invited presentation conducted for Pacific Pride Foundation's PROUD Youth Group, Santa Barbara, California.

Ferrada, J. S., & **Delucio, K.** (2015, May). *Jótate bien: The art of chisme and throwing shade*. Workshop conducted at the 2015 Queer People of Color Conference, Santa Barbara, California.

Delucio, K. (2014, November). *Mindfulness and Self-reflection*. Workshop conducted at the 2014 Rick Berry Emerging Leadership Institute, UC Santa Barbara.

AWARDS AND HONORS

- 2017 Student Travel Grant (\$680)
Department of Counseling, Clinical, & School Psychology,
UC Santa Barbara
- 2017 2016 Best Paper Award
International Society for Self and Identity
- 2016 Donald Atkinson Multicultural Research Fellowship
Department of Counseling, Clinical, & School Psychology,
UC Santa Barbara
- 2016 Graduate Division Dissertation Fellowship (\$7,500)
UC Santa Barbara
- 2016 Hosford Fellowship Research Award (\$500)
Department of Counseling, Clinical, & School Psychology,
UC Santa Barbara
- 2015 Honorable Mention
Ford Foundation Dissertation Fellowship
- 2015 Queer Scholar of the Year
UC Santa Barbara Resource Center for Sexual & Gender Diversity
- 2015 Student Travel Grant (\$650)
Department of Counseling, Clinical, & School Psychology,
UC Santa Barbara
- 2014 Student Travel Award for NMCS 2015 (\$1000)
APA Ethics Committee, APA Division 44, & APAGS
- 2014 Student Travel Scholarship (\$230)
National Latina/o Psychological Association (NLPA)
- 2014 Student Travel Grant (\$500)
Department of Counseling, Clinical, & School Psychology,

- UC Santa Barbara
- 2013 Dr. Richard A. Rodriguez Student Travel Award (\$500)
APA Division 44
- 2013 Graduate Opportunity Fellowship (\$37,900)
UC Santa Barbara
- 2012 Block Grant (\$5,300)
Department of Counseling, Clinical, & School Psychology,
UC Santa Barbara
- 2011 Block Grant (\$12,000)
Department of Counseling, Clinical, & School Psychology,
UC Santa Barbara
- 2010 Departmental Honors in Latina/o Studies
Williams College
- 2008 Williams College Undergraduate Research Fellowship (WCURF)

RESEARCH EXPERIENCE

- 2012-present ***Independent***
- 2015-present **Investigating Clinician Perceptions of Outness Strategies of Gay Latino Clients**
Doctoral Dissertation (Defended: 11/2016); Advisors: Tania Israel, Ph.D. & Melissa L. Morgan Consoli, Ph.D.
- Developed study investigating potential differences in how clinicians evaluate alternative coming out strategies in gay Latino male clients
 - Created vignettes simulating an intake report of a gay Latino male client
 - Recruited study participants through online listservs
 - Managed database and conduct statistical analyses
- 2014-present **Exploring Effects of Coming Out Strategies Among Gay White & Gay Latino Men**
Collaborators: Adrian Villicana, M.A. & Monica Biernat, Ph.D.
- Developed study investigating relationships between gay identity, verbal disclosure, and well-being among self-identified gay White and gay Latino men
 - Expanded project into multiple studies including investigation of possible mediators between verbal disclosure and well-being, as well as verbal disclosure in relation to mental health
- 2012-present **Disclosure of Gay Identity Among Gay Mexican/Mexican-American Men**
Doctoral Pre-dissertation Project; Advisors: Tania Israel, Ph.D. & Melissa L. Morgan Consoli, Ph.D.

- Developed a semi-structured interview protocol investigating non-heterosexual identity disclosure
- Conduct 90-minute interviews with study participants
- Transcribe and analyzed interview data
- Manage qualitative database using *Dedoose* data management software

2011-2014

Morgan-Consoli Research Team

2013-2014 Exploring Spirituality as a Predictor of Thriving in Latina/o Undergraduates (Project Lead)

- Recruited undergraduate student participants through the UCSB campus-wide e-mail system
- Managed database and ran statistical analyses in SPSS
- Contributed to writing manuscript for publication and conference presentations

2013-2014 Examining the Relationship between Discrimination and Thriving in Latinas/os

- Coded secondary interview data in 3-person coding team
- Managed database using *NVivo* software
- Contributed to preparing conference presentations

2013-2014 A Cross-Cultural Investigation of Resilience in Croatian and U.S. Undergraduate Students

- Assisted in development of interview protocol investigating the construct of resilience in Croatia
- Conducted semi-structured interviews of study participants in the U.S.

2012-2014 Predictors of Thriving and Resilience in Latina/o Undergraduates (Project Lead)

- Recruited undergraduate student participants through UCSB campus-wide e-mail system
- Managed database and ran statistical analyses in SPSS
- Contributed to writing peer-reviewed publication and conference presentations

2011-2014 The Santa Barbara Wellness Project

- Appointed Student Co-Coordinator for academic year 2012-2013
 - Expanded and redesigned Wellness Project curriculum to include community feedback
 - Supervised two undergraduate research assistants in developing new workshop content
 - Facilitated “Train the trainer” workshops to increase community facilitators
 - Communicated with community partners to schedule wellness workshops and assess needs at their respective organizations
- Coded focus group transcripts in 3-person coding team

2011-2012 **An Exploratory Study of Thriving in Latina/o Undergraduates**

- Contributed to preparing conference presentations and peer-reviewed publication

2011-2014

Israel Research Team

2013-2014 **An Online Intervention to Reduce Internalized Transnegativity**

- Assisted in developing an online intervention focusing on transgender populations
- Researched and compiled information regarding common transgender stereotypes and experiences

2012-2014 **Tactics for LGBTQ-affirming Policing**

- Assisted in identifying different tactics and strategies captured in training notes and participant responses
- Managed qualitative database using *NVivo* software
- Coded training notes and audited emergent themes
- Contributed to preparing conference presentations and peer-reviewed publication

2012-2013 **Capturing LGBTQ Positive and Negative Experiences with Law Enforcement**

- Assisted in the development and validation of a measure of law enforcement knowledge, awareness and self-efficacy among the LGBT community
- Assisted in the development of an inventory investigating LGBTQ-identified individuals' experiences with law enforcement

2012-2013 **Identifying Resistance from Law Enforcement to an LGBTQ Diversity Training**

- Identified different forms of resistance and receptiveness as reflected in training notes
- Managed qualitative database using *NVivo* software
- Coded training notes and audited emergent themes
- Contributed to preparing conference presentations and manuscript for publication

2011-2013 **Evaluation of Police Training on LGBT Issues**

- Collaborated with local law enforcement and community representations in implementing law enforcement training
- Attended law enforcement training on LGBT issues and served as a note-taker
- Assisted in database management and statistical analyses using SPSS
- Contributed to writing peer-reviewed publication and conference presentations

TEACHING EXPERIENCE

Teaching Associate/Instructor of Record

Summer 2015 Psychology of Gender (CNCSP 114), UC Santa Barbara

- Developed 6-week long course exploring different aspects of gender as a psychological construct
- Taught three 75-minute classes per week
- Managed a course roster of approximately 30 students
- Led students through experiential activities and difficult discussions about topics including the intersections of gender, race, and privilege

Summer 2014 Psychology of Gender (CNCSP 114), UC Santa Barbara

- Developed 6-week long course exploring different aspects of gender as a psychological construct
- Taught three 75-minute classes per week
- Managed a course roster of approximately 45 students
- Led students through experiential activities and difficult discussions about topics including the intersections of gender, race, and privilege

Teaching Assistant

Spring 2015 Psychology of Gender (CNCSP 114; Erika Felix, Ph.D.), UC Santa Barbara

- Taught two weekly 50-minute sections of approximately 20 students each
- Assisted in developing lesson plans and section activities
- Graded written assignments that were self-reflective and analytical in nature

Winter 2015 Helping Relationships: Theory and Practice (CNCSP 101; Tania Israel, Ph.D.), UC Santa Barbara

- Taught two weekly 75-minute sections of approximately 20 students each
- Led experiential exercises in practicing various helping skills (e.g., reflective listening, open-ended questions) and provided feedback
- Graded written assignments that were self-reflective and analytical in nature

Summer 2013 Psychology of Gender (CNCSP 114; Erika Felix, Ph.D.), UC Santa Barbara

- Assisted in creating course plans and discussion activities
- Graded written assignments that were self-reflective and analytical in nature

2012-2013 Lab in Advanced Research Methods (PSY 120L; Linda Juang, Ph.D. & Heejung Kim, Ph.D.), UCSB

- Taught two weekly 3-hour sections of approximately 20 students each
- Provided guidance to students in developing and implementing an original group research project
- Reviewed methods of quantitative data analysis, including correlation, *t*-test, and analysis of variance
- Evaluated posters and written reports of student research projects

Guest Lectures

- Spring 2015 CNCSP 114: Psychology of Gender
Lecture: "Sexuality"
- Fall 2014 CNCSP 102: Research in Applied Psychology
Lecture: "Utilizing qualitative methods in applied psychology"
- Fall 2013 CNCSP 102: Research in Applied Psychology
Lecture: "Utilizing qualitative methods in applied psychology"
- Summer 2013 CNCSP 114: Psychology of Gender
Lecture: "Relationships"
- Spring 2013 CNCSP 102: Research in Applied Psychology
Lecture: "Utilizing qualitative methods in applied psychology"
- Winter 2013 CNCSP 102: Research in Applied Psychology
Lecture: "Qualitative methods in applied psychology"
- Fall 2012 PSY 120L: Lab in Advanced Research Methods
Lecture: "Disclosure of non-heterosexual identity among Latinos"

CLINICAL/COUNSELING EXPERIENCE

- 2016-present Doctoral Intern, University of Missouri-Kansas City Counseling Services, Kansas City, MO
Training Coordinator: Arnold V. Abels, Ph.D.
Clinical Supervisors: Rachel Pierce, Ph.D.; Lynette Sparkman-Barnes, Psy.D.
- Provide individual and couples therapy for UMKC undergraduate and graduate students
 - Conduct two intake sessions per week
 - Responsible for one crisis/walk-in hour per week
 - Co-facilitate weekly interpersonal process group
 - Facilitate outreach presentations to the campus and Kansas City community
 - Serve as Counseling Services liaison to UMKC LGBTQIA Programs and Services
 - Provide weekly individual supervision to doctoral practicum student
 - Attend two hours of individual supervision, one hour of supervision of supervision, and one hour of group supervision/case consultation per week
- 2015-2016 Practicum Clinician, Pacific Pride Foundation, Santa Barbara, CA
Supervisor: Bren Fraser, M.A., MFT
- Provided bilingual individual (adult & adolescent), couples, and family therapy to primarily LGTBQ and HIV+ clients
 - Conducted intake interviews of Spanish-speaking clients
 - Maintained a caseload averaging 5-7 weekly clients
 - Attended weekly 2-hour group supervision

- 2014-2015 Practicum Clinician, UCSB Counseling & Psychological Services (CAPS)
Supervisor: Shannon Hackett, Ph.D.
- Provided brief individual therapy for UCSB undergraduate and graduate students
 - Conducted intake interviews once per week
 - Maintained a caseload averaging 5-7 weekly clients
 - Attended weekly 1-hour individual supervision and 2-hour didactic seminar
- 2013-2014 Practicum Clinician, Family Service Agency, Santa Barbara, CA
Supervisors: Jenna Hess, M.A., MFT; Megan McClintock, M.A., MFT; Natalie Garcia, M.A., MFT
- Provided bilingual individual (adult & adolescent), couples, and family therapy
 - Maintained a caseload averaging 4-6 weekly clients
 - Attended weekly 2-hour group supervision
- 2013-2014 Practicum Clinician, UCSB Alcohol & Drug Program
Supervisor: Whitney Bruice, M.A., MFT
- Conducted brief intake interviews assessing alcohol and substance use for UCSB and Santa Barbara Community College students
 - Facilitated 2-3 weekly College Alcohol & Substance Education (CASE) psychoeducational groups
 - Groups averaged 10-12 students per session
 - Attended weekly 2-hour group supervision
- 2013-2014 Practicum Career Counselor, UCSB Career Services
Supervisors: JoAnn Villanueva-Salvador, M.A.; Molly Steen, M.A.; Emily White, M.A.
- Provided drop-in career counseling (e.g., resume critiques, career direction) to UCSB students
 - Provided individual career counseling to UCSB students
 - Conducted group and individual interpretations of the Strong Interest Inventory and Myers-Briggs Type Indicator
 - Facilitated workshops related to career development (e.g., resume building, applying to graduate school)
 - Attended weekly 1-hour individual supervision and 1-hour didactic seminar
- 2012-2013 Practicum Clinician, Hosford Counseling & Psychological Services Clinic, Santa Barbara, CA
Supervisors: Steve Smith, Ph.D. & Maryam Kia-Keating, Ph.D.
- Provided bilingual individual, couple, and family therapy to local community members
 - Co-facilitated a 6-week long psychoeducational group focused on emotion regulation
 - Maintained a caseload averaging 3-5 weekly clients

- Attended weekly 3-hour group supervision

SERVICE TO DEPARTMENT, PROFESSION, & COMMUNITY

- 2016 Reviewer, 2017 National Multicultural Conference & Summit Proposals
- 2016 Panelist, LGBTQ Community Member Experiences, Pacific Pride Foundation's Summer Youth Program
- 2016 Reviewer, 2016 National Latina/o Psychological Association Biennial Conference Proposals
- 2016 Panelist, Current Student Perspectives, McNair Scholars department visit, UC Santa Barbara
- 2015 Panelist, The Intersection of Latina/o and LGBT Identity, PFLAG Santa Barbara chapter
- 2015 Panelist, LGBTQIA Identities, Psychology of Human Sexuality course, Santa Barbara City College
- 2014-2016 Mentor, LGBTQ Mentoring Program, UC Santa Barbara
- 2014 Facilitator, Rick Berry Emerging Leadership Institute, UC Santa Barbara
- 2013 Graduate Student Mentor, Academic Research Consortium (ARC) Program, UC Santa Barbara
- 2013 Volunteer, 5th Annual CPAGS Cross Cultural Conference
- 2013 Panelist, Current Student Perspectives, CNCSP Interview Weekend, UC Santa Barbara
- 2012-2013 Student Co-Coordinator, Santa Barbara Wellness Project, UC Santa Barbara
- 2012-2013 Member, CNCSP Climate Committee, UC Santa Barbara
- 2012 Panelist, CNCSP Information Session for Prospective Applicants, UC Santa Barbara
- 2012 Panelist, Graduate School in Applied Psychology, Research in Applied Psychology course, UC Santa Barbara

PROFESSIONAL MEMBERSHIPS

Student Affiliate

- American Psychological Association (APA)
- APA Division 9: Society for the Psychological Study of Social Issues (SPSSI)
- APA Division 17: Society of Counseling Psychology
- APA Division 44: Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues
- APA Division 45: Society for the Psychological Study of Culture, Ethnicity, & Race
- National Latina/o Psychological Association

Investigating Clinician Perceptions of Outness Strategies of Latino Gay Clients

by

Kevin Delucio

Coming out—or disclosing one’s sexual orientation identity—is seen as a critical component in gay identity development (see Cass, 1979), and is most often conceptualized as an act of *verbal* disclosure. Indeed, research indicates that verbal disclosure has positive and adaptive benefits for the mental health of gay men (e.g., Vaughan & Waehler, 2010). However, given the Euro-centric focus of mainstream research on gay identity processes (e.g., Han, 2009), verbal disclosure may not be applicable to gay Latino men; being gay and an ethnic minority may produce a different experience concerning coming out. For example, Rust (2003) details how verbal disclosure may put gay men of color at odds with their ethnic community and familial support networks, producing a need for a *nonverbal* disclosure strategy to maintain harmony or as a sign of respect.

This study examined how practicing early career psychologists (ECPs) rated the well-being of a fictional gay Latino client who utilized a nonverbal disclosure strategy when compared to a client utilizing a verbal disclosure strategy and a client actively concealing his gay identity. Relationships between training and clinical experiences and outcome ratings of a client utilizing a nonverbal disclosure strategy were also explored. Results demonstrated that clinicians endorsed issues related to coming out as significantly more salient for a client utilizing a nonverbal strategy than a verbal strategy. Additionally, there was no significant difference between ratings of a client utilizing a nonverbal strategy and actively concealing

his gay identity. Further results indicated that among clinicians who read about a client utilizing a nonverbal strategy, self-reported feelings of preparedness to work with diverse clients and clinical experience with gay clients of color positively influenced endorsing issues related to coming out as salient for this client. More clinical experience with Latina/o clients and a graduate training environment receptive to multicultural concerns were related to less endorsement of coming out issues for a client practicing a nonverbal disclosure strategy.

These results reflect the dominant narrative of gay identity disclosure as clinicians viewed nonverbal disclosure as more of an identity concealment strategy than a disclosure strategy. This may then lead clinicians to encourage a client who has nonverbally disclosed to verbally disclose without fully taking into account a client's cultural context. Various factors related to clinical experience and training may also impact how clinicians conceptualize a nonverbal disclosure strategy, which allude to the need for more research on different intersections of identity and their incorporation into multicultural training. Future work may continue to expand in order to understand how other gay people of color communities disclose a gay identity.

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Chapter I

Introduction and Rationale

Mainstream U.S. society is increasingly attending to the challenges faced by the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community. Issues pertinent to certain LGBTQ communities (e.g., same-sex marriage) are coming into public consciousness and an increasing number of celebrities are “coming out of the closet” (e.g., Emily Rios, Sam Smith, Michael Sam) and speaking “their truth,” in order to provide a voice for LGBTQ individuals. Consequently, the coming out process is portrayed as one in which LGBTQ people actively vocalize their identities and prize visibility. Psychological research also supports this coming out process, and prominent models of sexual orientation identity development (e.g., Cass, 1979; Troiden, 1988) position coming out, or disclosure of a minority sexual orientation, as a pivotal step in healthy identity development.

Psychological literature consistently presents coming out and sexual minority identity development as one process (e.g., Malouf, 2012; Philips et al., 2003), suggesting that they are linked and/or dependent on one another. However, burgeoning research suggests that these two processes may not necessarily be inextricably linked as previously imagined (e.g., Feldman & Wright, 2013) and that the coming out process may merit its own unique investigations separate from overall sexual minority identity development. Therefore, further research into the various dynamics and nuances of the coming out process is warranted. In this chapter, I will first outline the dominant narrative regarding coming out and disclosure of a sexual minority identity, and the research purporting the benefits of this process. I will then discuss research that suggests the potential for alternative disclosure narratives and how cultural differences may influence the coming out process. Finally, the research questions and hypotheses for this study will be presented.

As previously noted, the dominant narrative related to coming out is one of verbalization and visibility. Two gay identity development models, developed by Cass (1979) and Troiden (1988) are the most commonly known and heavily cited models in psychological research. Both models outline a sequential, stage-based process that ultimately leads to a healthy sexual minority identity, and specifically address *homosexual* identity development; these models cannot truly be generalized to other forms and/or labels associated with sexual minority identity. Cass (1979) also notes the possibility of “identity foreclosure,” where individuals may cease the developmental process and reject a homosexual identity. For example, identity foreclosure can be triggered by not following the dominant coming out narrative. Cass (1984) empirically tested this model and found support for her theorized stages; however the details of the study sample are sparse and thus limit the full generalizability of these findings.

Research has found that coming out in this “traditional” sense has a number of psychological benefits for LGB individuals. These benefits include relieving potential cognitive dissonance that individuals may feel about their identity (Carrion & Lock, 1997), improved overall mental health and well-being (Herek, 2003), as well as developing strength and experiencing growth due to disclosing an LGB identity (Vaughan & Waehler, 2010). Recent work (e.g., Sedlovskaya et al., 2013) also suggests that concealing a sexual minority identity in a public setting has negative effects on the mental health of gay men. Thus, we can see how research supports the dominant disclosure narrative, and how it can benefit some LGB people; however, this narrative may not reflect the experiences of all LGB communities.

Historically, LGB populations have had a strained relationship with the field of psychology. Homosexuality, which we can extend to encompass any same-sex attraction,

and gender non-conformity have been pathologized and portrayed as mental health concerns. Homosexuality was included as a disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) until 1973, and gender non-conforming behaviors continue to exist as symptomology of “Gender Dysphoria” (American Psychiatric Association, 2013). Consequently, psychologists may attempt to demonstrate LGBT-affirmation by approaching LGB clients in ways that reflect mainstream and/or dominant LGB literature because they may feel that this approach would minimize stigma associated with LGB identity. Furthermore, training programs may not offer training opportunities of courses that explore the breadth and depth of LGB identity and experiences.

Given the dominant narrative of vocalization and visibility, and the research detailing psychological benefits of disclosure and detriments of active concealment, it makes sense that psychologists-in-training are exposed to this literature. Knowledge of this literature may then translate to psychologists actively encouraging their LGB clients to come out without examining their full cultural and/or environmental context. American Psychological Association guidelines for working with LGB clients inform psychologists that the coming out process may be nuanced by various factors (e.g., ethnic/racial identity), yet still operate under the framework that a verbal and visible coming out is the healthiest option (APA, 2012). As such, psychologists may conceptualize alternative disclosure strategies as a step to a not yet fully realized gay identity, regardless of a client’s reported experience. However, there is a possibility that a greater familiarity or knowledge of multicultural issues may allow psychologists to identify, and not pathologize, alternative disclosure narratives. In other words, the type of multicultural training psychologists received may have a potential impact on awareness of varying ways of coming out and differences in coming out among different LGB groups/populations.

As psychologists continue to work with sexual minority individuals, numerous calls have been made to expand identity development models and consider different dimensions of sexual orientation/minority identity development. Many of the critiques of sexual orientation identity development models, and empirical work with sexual minority populations broadly, express that they have been developed within a White, male, middle-class framework (e.g., Diamond, 2005; Greene, 1994; McCarn & Fassinger, 1996). Given the Euro-centric focus and construction of the mainstream LGBT movement, and subsequently LGBT psychology (e.g., Greene 1994; Han, 2009), it appears that current conceptualizations of coming out may not be applicable for individuals who self-identify as LGB *and* as an ethnic/racial minority (i.e., LGB people of color or LGB POC).

Rust (2003) details how LGB people of color may not subscribe to conventional coming out narratives and describes how coming out may put them at odds with their family or community support networks. Additionally, cultural norms in some groups (e.g., Asian American, Latina/o) may place a larger value on family cohesion, which can create instances where individuals may not verbally disclose their sexual minority identities to maintain family harmony or as a sign of respect (e.g., Rosario, Schrimshaw, & Hunter, 2004; Wah-Shan, 2001). One such ethnoracial group is the U.S. Latina/o population. The U.S. Latina/o population is a highly heterogeneous group and represents a variety of cultural traditions and countries of origin—for example, Mexico, Puerto Rico, or Colombia. Psychological research investigating gay and lesbian identity development has highlighted some interesting trends within this population, in particular with regards to coming out and identity disclosure. For example, research has shown that gay Latinas/os have lower levels of disclosure of a gay identity when compared to gay Whites; however, they have similar levels of *comfort* with others knowing their gay identity (e.g., Moradi et al., 2010; Rosario,

Schrimshaw, & Hunter, 2004). That is, if others found out about a gay Latina/o's identity from sources besides the individual (e.g., social media networks, other friends), they did not find this to be an issue; thus, we can note a comfort in the gay identity even though the dominant coming out narrative is not followed. Guzmán (2006) and Decena (2011) present potential alternative mechanisms through which gay Latino individuals may demonstrate a sexual minority identity.

Disclosure mechanisms/processes that do not follow the dominant narrative are highlighted through qualitative investigations of gay Puerto Rican men (Guzmán, 2006) and gay Dominican men (Decena, 2011) in New York City. These men were found to endorse various means of non-verbal disclosure where their gay identities were perceived and understood by different actions (e.g., bringing a same-sex partner to family events), or lack thereof (e.g., never having been in a relationship with a woman; Guzmán, 2006). Decena (2011) deemed this phenomenon of non-verbal disclosure "tacit subjectivity," which borrows from the Spanish linguistic concept of *el sujeto tácito* (the tacit subject), wherein the subject of a sentence is not explicitly said, but is known through the conjugation of the verb. Decena's tacit subjectivity also stems from the work of Polanyi (1966a, 1966b), which explored how individuals can exhibit "*actual knowledge* that is indeterminate, in the sense that its content *cannot be explicitly stated*" (1966a, p. 4). Therefore, within a tacit framework, gay identity is known and understood without explicit verbalization.

The Current Study

Using tacit subjectivity (Decena, 2011) and gay identity development models (e.g., Cass, 1979) as an overarching theoretical framework, the purpose of this study is to investigate how mental health clinicians perceive a fictional gay Latino male client who may not follow a normative disclosure process and what may influence those perceptions.

Specifically, this work aims to investigate whether clinician perceptions of a gay Latino client's well-being will vary depending on the client's disclosure/outness strategy.

Additionally, I examine potential factors that may influence differences in clinicians' perceptions, including experiences with gay and Latino clients and self-reported feelings of preparedness to work with gay and Latino clients. Participants' graduate training environments are explored as a possible predictor given literature suggesting that training (e.g., classes) may have limited influence on clinical competence (e.g., Ladany, 2007). For this study, I propose the following hypotheses:

1. Mental health practitioners will rate a fictional gay Latino client using a nonverbal disclosure strategy more negatively when compared to one following a verbal disclosure strategy such that:
 - a. Psychological functioning and well-being will be rated lower in the concealment and nonverbal disclosure condition compared to the verbal disclosure condition.
 - b. Issues related to presenting problems and issues related to coming out will be rated as more salient in the concealment and nonverbal disclosure conditions compared to the verbal disclosure condition.
2. Training regarding and experience with ethnic and sexual minority clients will predict how mental health practitioners perceive a fictional gay client who uses a nonverbal disclosure strategy such that:
 - a. Mental health practitioners with higher self-reported feelings of preparedness to work with diverse clients and more reported clinical experience with diverse clients would rate a nonverbally disclosing client

more positively than those with lower feelings of preparedness and less clinical experience.

- b. Mental health practitioners who do not perceive verbal disclosure of gay identity as optimal for well-being would rate a nonverbally disclosing client more positively than those who perceive verbal disclosure as the optimal strategy.
- c. Mental health practitioners whose training environment reflected more multicultural concerns would rate a nonverbally disclosing client more positively than those whose training environments did not reflect multicultural concerns.

Chapter II

Literature Review

The following chapter will provide a review of the pertinent literature related to this study. I will begin by discussing the history of coming out and how disclosure of a sexual minority identity has been conceptualized in the current psychological literature. I will then present the arguments supporting this dominant narrative of disclosure and how it has been nuanced by the experiences of LGB people of color. I will then move on to discuss therapeutic considerations and experiences related to the populations of interest (LGB people and Latina/os), as well as current considerations for working under an intersectional framework. Special attention will be placed on the experiences of therapists when working with these individuals. Finally, I will present how multicultural training has been incorporated into graduate programs, and how it has and has not influenced working with diverse populations.

History of Coming Out

Coming out is defined as “the process in which one acknowledges and accepts one’s own sexual orientation” (APA, 2012, p. 11). Most often, coming out is associated with an explicit verbalization of a non-heterosexual identity to others (e.g., family, friends, coworkers). We often hear stories of individuals having a “coming out moment” with family, and are increasingly becoming privy to seeing these moments as they unfold (e.g., YouTube videos). The action of recording one’s coming out moment is actively shifting the discourse around coming out and is a reflection on how this narrative of disclosure is developing in the U.S. When the U.S. gay rights movement emerged in the late 1960s, coming out (i.e., explicit disclosure) was seen as an act of revolution (e.g., Decena, 2008) and necessary in order to foster a greater social movement. However, as the lesbian, gay,

bisexual, transgender, and queer (LGBTQ) community began to gain greater acceptance in the U.S., coming out continued to be seen as critical in terms of gay identity development, mental well-being, and a sense of belonging.

Dominant narrative of disclosure. Gay identity development models were developed in the late 1970s and 1980s (Cass, 1979; Troiden, 1989) to understand how gay men become self-aware and ultimately develop a strong sense-of-self with regards to their gay identities. These models outline a linear sequence of identity development that dictates disclosure of identity as a crucial step in order to reach a healthy gay identity. Without disclosure of gay identity, Cass (1979) suggests that individuals become stuck in “identity foreclosure,” wherein they reject the gay identity and cannot proceed to fully realize their identities. Troiden (1989) suggests that through the gay identity development process, gay identity should become central and/or core to one’s sense-of-self. However, Troiden’s model (1989) does allow for potential differences in how individuals may disclose this identity and posits that how one comes out may not be a universal process. These models suggest that gay identity development necessitates coming out/verbal disclosure in order to progress towards a healthy sense of self, and further, that gay identity may then become core towards one’s understanding of oneself. Again, it is important to note that these models are solely looking at gay men, thus these developmental processes cannot (and should not) be generalized to other groups encompassed within the LGBTQ umbrella.

Psychological benefits of disclosure. Psychological research supports the notion that coming out/disclosure of gay identity leads to better mental health. Coming out has been shown to be related to increases in well-being and lower reported levels of anxiety (e.g., Mohr & Fassinger, 2003), improved quality of life and higher self-esteem (e.g., Halpin & Allen, 2004), increased feelings of social support (e.g., Gallor & Fassinger, 2010) and even

improved social skills (e.g., Savin-Williams, 2001). Additionally, studies have demonstrated that greater concealment of a sexual minority identity in public domains is related to lower well-being (Sedlovskaya et al., 2013). Given the empirical literature, Vaughan and Waelher (2010) elaborate on five domains of coming out growth: honesty/authenticity, personal/social identity, mental health/resilience, social/relational, and advocacy/generativity.

Honesty and authenticity relates to the idea that disclosure resolves a sense of cognitive dissonance that sexual minority individuals may feel regarding their public and private selves. The second domain of personal and social identity reflects a sexual minority person feeling like they are expressing a more integrated identity when they come out to others. Mental health and resilience research addresses how coming out may have benefits in terms of overall well-being and self-esteem (e.g., Halpin & Allen, 2004; Mohr & Fassinger, 2003). Social and relational growth related to coming out involves the development of stronger interpersonal relationships, including familial relationships, friendships, and romantic partnerships. The final dimension of advocacy and generativity relates to an increase in awareness of, and potentially involvement with, activism that works to progress LGBT social movements.

Vaughan and Waehler (2010) examined these dimensions of growth that sexual minority individuals may experience in coming out to others in a sample of gay men and lesbians. They created the Coming Out Growth Scale (COGS), and through exploratory factor analysis, they reduced the five dimensions to two subscales: individualistic growth and collectivistic growth. Individualistic growth encompassed all items of the honesty/authenticity dimension, all items of the mental health/resilience dimension, and some items in the identity and social/relational dimensions. Collectivistic growth

encompassed all items of the advocacy/generativity dimension and items reflecting gains in interpersonal relationships (i.e., social/relational growth). Thus, we see that coming out is positioned in a way where doing so would yield positive results with regard to self and others; which researchers and clinician may assume extends across cultural lines. Results from this study (Vaughan & Waehler, 2010) also indicated moderately high levels of coming out growth for both lesbians and gay men in their sample; however, they acknowledge this may reflect a biased sample given their recruitment methods (i.e., recruiting through LGBT organizations may attract people who are more out).

Beyond benefits attributed to the self, visibility has been shown to have benefits for reducing homonegativity in others. Some researchers have developed workshops featuring LGB panelists and have found that exposure to these individuals was helpful in reducing negative attitudes towards LGB groups among heterosexual participants (e.g., Nelson & Krieger, 1997; Rye & Meaney, 2009). As such, the assertion that coming out and visible disclosure is beneficial is further encouraged and may even foster pressure for individuals to come out according to the dominant narrative. Overall, the literature points to, and supports, the notion of coming out being beneficial for LGB people in order to establish a healthy sense of self and generally positive well-being.

Critiquing the dominant narrative. As previously mentioned, models of gay identity development should not be generalized to other groups because it is important for psychologists to understand how a non-heterosexual identity intersects with other facets of identity. That is, these processes are unique to gay men and we cannot ignore how societal privileges afforded to men can affect the identity development process in ways that will not affect women or transgender/gender non-conforming individuals. Intersectionality, or “the mutually constitutive relationships among social identities” (Shields, 2008, p. 301), is a

theoretical lens that acknowledges how different facets of identity intersect to influence and create new experiences in the lives of individuals. Therefore, along with acknowledging that these gay identity development models should not be generalized to individuals who are not gay men, we must also question whether identity development models and conceptualizations of coming out can be applied to gay men of color.

Cass (1979) and Troiden (1989) do not specify whether their models apply to all men, but given the Euro-centric, and ethnically/racially White construction of gay identity in the U.S. (e.g., Han, 2009), we can assume these ideas are speaking to the experience of White gay men. Further, given that their models place coming out as critical to healthy identity development, the very process of coming out has been conflated with general gay identity development within psychological literature. However, as Troiden noted, the coming out process may not be universal and thus it may be important to consider the coming out and disclosure process as its own unique process, separate from overall gay identity development. This notion that the coming out process merits its own set of research that is not intricately linked with overall identity development is highlighted through psychological research exploring the experiences of queer people of color (QPOC).

There have been numerous calls for greater attention to QPOC populations and communities in psychology (e.g., Greene, 1994; Han, 2009; Harper, Jernewall, & Zea, 2004; Moradi, DeBlaere, & Huang, 2010). These populations have been noted as being largely ignored in the psychological literature, which perpetuates the idea that gay identity is most often associated with a racially White identity. Consequently, psychologists may be overlooking the different ways in which QPOC conceptualize a gay identity and their strategies to disclose a gay identity. In fact, queer theory scholars have theorized that the very concept of the “closet” is non-existent in relation to QPOC. Ross (2005) stated,

“(white) queer theory and history are beset by what I call ‘claustrophilia,’ a fixation on the closet function as the grounding principle for sexual experience, knowledge, and politics...[which] effectively diminishes and disables the full engagement with potential insights from race theory and class analysis” (p. 162). In other words, White LGB individuals may *need* “the closet” in order to distinguish themselves from the dominant, heterosexual norm and mark themselves as an “Other,” or else their LGB identity would remain a secret indefinitely. However, a “closet” may not be a tool for QPOC to identify themselves as non-heterosexual “Others” because they are already marked as ethnic/racial “Others.” There is no need for a mechanism of distinction from the dominant group(s), and they may not necessarily want or need to follow the same scripts as White LGB people.

Paula Rust (2003) also details how conventional coming out narratives may not fit all LGB individuals, specifically noting the difficulties people of color may face when disclosing an LGB identity. Rust discusses how the notion of coming out has been constructed through ethnoracially White, Euro-American individuals engaging in the mainstream United States and relays the not uncommon belief that various ethnoracial minority cultures view homosexuality as a “White thing.” Thus, in some circumstances, coming out may feel to an individual like s/he is willingly distancing her/himself from his/her ethnoracial community, which may serve as an invaluable source of support (Dubé & Savin-Williams, 1999; Rust, 2003).

Research has pointed out that not coming out and/or identity concealment is not uncommon—and may be a protective strategy—in QPOC communities, but the actual processes of how, where, and why one chooses to not come out have not been thoroughly investigated (Choi, Han, Paul, & Ayala, 2011; Moradi et al., 2010). As previously mentioned, in embracing a queer identity, people of color may feel they are betraying their

ethnoracial community in various ways (Dubé & Savin-Williams, 1999; Rust, 2003). If we expand on this idea, non-disclosure can then be noted as a way to preserve ethnoracial identity and maintain an important aspect of self-identification. Moradi and colleagues (2010) present the idea of role-flexing, wherein queer people of color purposefully manage which facets of identity to highlight in certain contexts. Role-flexing relates to the concept of identity salience, which explains that aspects of identity are often seen as a hierarchy and different identities are activated in different environments (e.g., Morris, 2013). Sue and Sue (2008) highlight identity salience in terms of marginalized identity development and how one becomes conscious of the role different aspects of identity in everyday interactions. By being flexible in their external presentations, these individuals are demonstrating a deeper knowledge of what a queer identity means for themselves and for observers. In essence, they understand that sometimes the costs of disclosure may outweigh the reported benefits of disclosure (Moradi et al., 2010; Parks, Hughes, & Matthews, 2004).

Latina/os and alternative disclosure narratives. Among Latina/o groups, Greene (1994) stated that often “*overt* acknowledgment and disclosure of a gay or lesbian identity...is likely to meet with intense disapproval in Latino communities” (p. 244; emphasis added). This represents the Latina/o cultural value of *respeto* (respect), wherein an individual must respect the family in a way that minimizes conflict and maintains harmony. Rosario, Schrimshaw, and Hunter (2004) suggest that Latina/o youth may be comfortable with parents knowing their sexual orientation, but the Latina/o cultural value of *respeto* may prevent youth from verbally disclosing their sexual identity to their parents. Specifically, “to raise the issue of homosexuality may be constructed as a *falta de respeto* (lack of respect), constituting a breach of normative prescriptions guiding social interactions” (p. 226). Thus, positing disclosure as a *falta de respeto* places the Latina/o youth as highly cognizant of the

importance of respect in the cultural system, as well as the importance of family for support in society. LGB Latinas/os may hold a strong attachment to their cultures/communities of origin as they have learned how to work within U.S. society from their experiences as people of color.

Given the potential for cultural factors to influence a lack of explicit or overt disclosure of sexual minority identity, Latinas/os may need to develop alternative strategies for coming out. Guzmán (2006) conducted a qualitative investigation exploring how gay Puerto Rican men in New York City demonstrated and/or disclosed their gay identity within social and familial environments. He found that these men often did not verbally express their homosexuality, but demonstrated it in different ways that still conveyed their identities. For example, some of his participants indicated that their parents had a “sixth sense” about their sexuality or that they would not discuss matters such as marriage because they “knew” without any specific moment of verbal disclosure (Guzmán, 2006, pp. 87-88).

Decena (2008, 2011) elaborated on this idea through his investigation of how gay Dominican men in New York City expressed their sexual minority identities without a “formal” verbal disclosure. He termed this phenomenon “tacit subjectivity,” reflecting the Spanish linguistic concept of *el sujeto tácito* (the tacit subject), and asserts that a tacit outness represents coming out in nonverbal ways that still communicate a gay identity. For example, men may bring a same-sex partner to family events without verbally disclosing the nature of the relationship; and if the partner is brought consistently, then the nature of the relationship is implied, as is a non-heterosexual sexuality. Decena (2011) suggests that gay Latinos’ involvement in the mainstream LGBT movement can familiarize them with the U.S.-based norms of coming out and gay identity, which then allows them to understand the terms of gay identity in this cultural context. With this knowledge, these men are able to

negotiate their disclosure and coming out strategies in a more nuanced fashion that may not adhere to the dominant narrative of verbalized disclosure.

Latina/os and the therapy process

While there are no direct guidelines and/or recommendations to working with Latina/o populations provided by the American Psychological Association, the “Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists” (hereafter, Multicultural Guidelines; APA, 2003) have traditionally been used as a framework for guidance. These guidelines emphasize the need for psychologists to engage in self-awareness with regard to beliefs about different cultural groups (e.g., Latinas/os) and understand how beliefs could potential create bias in service provision. In 2009, Gloria and Castellanos provided a brief, but more specific, overview of considerations for working with Latina/o groups in the U.S. They identify common misperceptions of the culture (e.g., enmeshed family system; all Latinas/os are the same) and also outline some of the more relevant cultural factors to consider (e.g., *familismo*, extended family/kinship networks). One relevant misconception they noted was related to ideas of LG Latinas/os and assumptions that 1) they do not exist and 2) they do not subscribe to, or reject, Latina/o cultural values.

Gloria and Castellanos (2009) also discuss some of the barriers therapists-in-training face in attempting to serve this community appropriately and competently. They highlight how training opportunities with Latinas/os may be limited, especially in areas with higher needs for bilingual counselors. Furthermore, training programs may not emphasize a social justice approach that encourages therapists to take on additional roles (e.g., community advocate) for Latina/o clients. They also note that training environments may not value research with Latina/o populations, as it may be seen as “social service” (p. 15). Therefore,

the training opportunities provided to clinicians-in-training, as well as the training program environment can have an impact on how clinicians perceive, understand, and work with Latina/o clients.

Latina/o client considerations. Some important considerations when working with Latina/o clients have been identified in the psychological literature. One of the most important factors emphasizes understanding the heterogeneity of the Latina/o population. Specifically, knowing that Latina/o is a broad term used to describe individuals in the U.S. from Mexico, Central American countries (e.g., Costa Rica, El Salvador), South America (e.g., Argentina, Colombia, Brazil), and the Caribbean (i.e., Cuba, Puerto Rico, and the Dominican Republic). It is prudent of therapists to also understand the distinction between the terms Latina/o and Hispanic, as some clients may demonstrate a preference for one term of the other, while some may not choose either term and simply identify with their heritage country/country of origin (e.g., Malot, 2009; Portes & MacLeod, 1996; Rinderle & Montoya, 2008; Taylor, Lopez, Martínez, & Velasco, 2012).

Certain cultural values have also been identified as transcending country-specific norms and as being applicable to most Latina/o groups (Casas, Raley, & Vasquez, 2008). These cultural values include *familismo* (a strong sense of family connectedness), *personalismo* (a sense of connectedness with others), and *respeto* (a sense of respect for authority figures). Furthermore, acculturation processes warrant consideration when working with Latina/o clients, as the extent to which individuals subscribe to different cultural values can vary. Specifically, it may be beneficial to understand how acculturation impacts identity development and interpersonal relationships (including with family), as that can inform client conceptualization and treatment planning.

Prieto, McNeill, Walls, and Gómez (2001) conducted a review of the literature in order to identify counselor preferences for Chicana/o clients. Some of the preferences for counselors included ethnic matching (i.e., seeing an “ethnically similar” counselor), older counselors, and more educated counselors. Additionally, acculturation was identified as a moderator for these preferences; in particular, greater acculturation was related to lower preference for an ethnically similar counselor. Prieto and colleagues (2001) also note the often contradictory results of the research regarding counselor preferences among Chicana/o clients and cite methodological challenges as contributing to the potential confusion in the literature.

Therapist perspectives. Navigating the balance of when to incorporate culture during treatment is of critical importance when working with Latina/o clients, and multicultural clients broadly. López and Hernandez (1987) found that among 118 clinicians surveyed, the majority reported that they take cultural factors into account when working with culturally different clients, and that cultural factors played a more important role when treatment involved marital/relationship issues (e.g., understanding culturally gendered relationship dynamics). Cultural considerations were also factored in when working with bicultural Latina/o clients. Bicultural identity may pose different challenges because issues of acculturation and endorsement of Latina/o cultural values present a more nuanced treatment experience. Valdez (2000) notes that some steps toward building a successful therapeutic relationship with bicultural Latina/o clients involves reciprocity in cultural learning and active efforts in understanding how often divergent cultural experiences manifest in the client. This is particularly salient when working with LGB Latina/o clients, as they may be negotiating mixed messages regarding their sexual orientation and how best to demonstrate it.

Literature investigating therapist experiences with Latina/o clients has also focused on the experiences of providing bilingual therapy and the difficulties therein (e.g., Santiago-Rivera, Altarriba, Poll, Gonzalez-Miller, & Cragun, 2009; Verdinelli & Biever, 2013). More likely than not, these clinicians providing bilingual therapy self-identify as Latina/o; however, given the demographics of practicing therapists (less than 3% of mental health professionals identifying as Latina/o; Verdinelli & Biever, 2013), the need for bilingual services may necessitate non-Latina/o identified clinicians to be trained as Spanish providers. Verdinelli and Biever (2013) conducted a qualitative study exploring the experiences of 14 Spanish-speaking therapists who do not identify as Latina/o and had experience providing therapy in Spanish. Results revealed that these clinicians faced a number of linguistic barriers (e.g., understanding country-specific colloquialisms) and challenges related to processing immigration issues. Participants also commented on the importance of attending to the client's cultural background and how showing genuine interest in the specifics of the culture helped in building rapport. These findings serve to highlight the importance of tending to how Latina/o clients understand the world and how these understandings may vary as a function of language and cultural values, and how this may be especially pertinent for non-Latina/o therapists.

LGB populations and the therapy process

In 2012, the American Psychological Association released its "Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients." These guidelines covered a variety of topics that clinicians should consider when working with LGB clients in a therapeutic context, including understanding societal stigma towards LGB people and knowledge of characteristics that may be unique to LGB relationships. When it comes to coming out and disclosure, these guidelines acknowledge that the coming out process may

be nuanced by an individual's cultural background. For instance, they note that "Psychologists strive to understand the culturally specific risks of coming out to one's family of origin... racial and ethnic minority families may fear losing the support of their community if they are open about having a lesbian, gay, or bisexual child" (APA, 2012, p. 19). Psychologists are then encouraged to engage in discussions to assist families in "developing new understandings of sexual orientation" (p. 19) and societal impact in forming ideas about LGB populations.

The guidelines also have a section dedicated to issues of diversity, with guideline 11 touching on the intersection of LGB identity and racial/ethnic minority identity (i.e., LGB POC). They note that LGB POC may have additional challenges in forming a healthy gay identity due to unique stressors they may confront due to their racial/ethnic/cultural identity (e.g., conflict in allegiance; Morales, 1989; Sarno et al., 2015). Issues regarding coming out and disclosure of LGB identity are interwoven through the guidelines, but are highlighted in particular when discussing other intersecting identities such as race/ethnicity and age. Coming out is noted to vary as a function of these identity categories, but there remains a lack of clarity in terms of how these variations may manifest (e.g., tacit outness for Latinos).

LGB client perspective. Various studies have been conducted examining the experiences of LGBT clients in a therapy setting (e.g., Israel, Gorcheva, Burnes, & Walther, 2008; Shelton & Delgado-Romero, 2013). Through semi-structured interviews, Israel and colleagues (2008) explored what LGB clients found helpful and unhelpful when they were in counseling. Helpful experiences for these clients included having established a warm, empathic rapport with their clinician and feeling affirmed in their sexual orientations and/or gender identities, including feeling respected regarding the choices they made as part of their own personal coming out processes. These helpful experiences were found to result in

increased insight among LGB clients, a stronger therapeutic relationship, and increases in self-acceptance. Some of the unhelpful experiences that participants identified were therapists feeling distant and uncaring, imposing their views onto the client (including negative bias about sexual orientation), and not wanting to discuss topics the client identified as priorities. Consequences of these unhelpful situations included a negative impact on the therapeutic relationship, lack of progress in therapy, or termination.

A recent study echoed much of Israel and colleagues' (2008) results on clients' negative situations and focused on microaggressions, or "brief and commonplace...verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative...slights and insults to the target person or group" (Sue et al., 2007, p. 273), LGB clients may have experienced during their time in therapy. Shelton and Delgado-Romero (2013) conducted two focus groups of LGBQ clients and reported themes that emerged with regards to the microaggressions these clients faced. The themes included: *Assumption that sexual orientation is the cause of all presenting issues*, *Avoidance and minimizing of sexual orientation*, *Making stereotypical assumptions about LGBQ clients*, and *Expressions of heteronormative bias*. Of particular importance is that some participants reported therapists as not understanding the nuance in the coming out process, "Therapists tended to focus on the freeing and accepting components associated with coming out, yet failed to recognize pain, internalized heterosexism, and rejection that can also be associated with coming out" (Shelton & Delgado-Romero, 2013, p. 63). However, the authors do caution that these results may be limited in scope due to most participants being White and thus do not reflect the potential experiences encountered by LGBQ people of color. As such, they call for future work to focus on the experiences of

LGBQ people of color in a therapy setting, as that is currently lacking in the psychological literature.

Therapist perspectives. The perspective of therapists working with LGB clients is important in understanding how they approach working with this population, as well as what potential biases can still arise throughout treatment. Research has shown that therapists often report higher perceptions of knowledge and awareness than perceived competency in skills related to working with LGB clients (e.g., Graham, Carney, & Kluck, 2012). Israel, Gorcheva, Walther, Sulzner, and Cohen (2008) interviewed 14 therapists to assess their positive and negative experiences when working with LGB clients. More positive experiences working with LGB clients were reported when therapists felt knowledgeable and affirming of a client's sexual minority identity. Positive situations were further identified as reflecting a strong therapeutic relationship, being nonjudgmental towards the client, and focusing on appropriate concerns. The negative experiences were primarily characterized by harmful or unhelpful reactions to client's sexual orientation, evaluating the outcomes of therapy as unhelpful, and difficulty engaging with the client.

Studies have also examined what factors may contribute to therapists practicing in an LGB-affirming manner and what this means for training future clinicians (e.g., Owen-Pugh & Baines, 2014). One study (Alessi, Dillon, & Kim, 2013) conducted a quantitative investigation to identify potential predictors of LGB-affirming practice. Alessi, Dillon, and Kim (2013) broadly note that LGB-affirming practice goes beyond acceptance of LGB identity and strives to incorporate greater self-reflection and awareness of bias on the part of the therapist, as well as greater depth of knowledge into the development and cultural influences of LGB identity. Researchers surveyed 476 heterosexual therapists in the U.S. and had them complete measures of attitudes towards sexual minority groups, training hours

specific to LGB populations, LGB affirmative counseling self-efficacy, and engagement in LGB affirmative practice. Results from their study demonstrated self-efficacy and affirmative attitudes served as mediators between affirmative attitudes and more engagement in affirmative counseling. They also showed that self-efficacy mediated the relationship between training experiences and affirmative counseling.

Mohr, Weiner, Chopp, and Wong (2009) conducted a study examining influences and differences in how therapists responded to a bisexual versus homosexual or heterosexual client. They hypothesized that therapists working with a bisexual client would have a higher likelihood of focusing on clinical issues related to negative stereotypes of bisexual people (e.g., indecisive with regards to identity; sexual promiscuity) even if these issues were not part of the presenting concerns. Mohr et al. (2009) sampled 108 therapists and presented them with vignettes describing either a heterosexual, homosexual, or bisexual male client. Participants then completed measures of client's perceived psychological functioning, salience of clinical issues, attractiveness of the client, values, social desirability, and sources of attitudes regarding sexual minority individuals.

Results supported their hypotheses and they found that clinicians rated non-relevant clinical issues related to negative bisexual stereotypes higher than relevant clinical issues (i.e., those identified as presenting concerns) in the bisexual condition as compared to the homosexual or heterosexual conditions. Specifically, therapists gave higher ratings to issues regarding "sexual orientation, sexual dysfunction, and identity development" (Mohr et al., 2009, p. 172) with results yielding large effect sizes (Cohen's *d* values of 1.35 and 1.64, for the bisexual-gay comparison and the bisexual-heterosexual comparison, respectively). Thus, Mohr and colleagues' work serves to highlight how unconscious bias can still emerge from therapists when working with sexual minority individuals and they may tend to over-

pathologize issues related to identity regardless of whether clients report those types of issues as concerns.

With a particular focus on the coming out process, Chazin and Klugman (2014) provide some recommendations and considerations for therapists when working with LGB clients. They first note that a clinician should “adopt an affirmative stance” that involves an unconditional positive regard for the client’s coming out process and engaging in dialogue with the client about their process. They then highlight the importance of considering systemic, institutional, and cultural factors that may impact the coming out process. Chazin and Klugman (2014) also discuss how clinicians should keep intersectionality in mind and meet clients where they are at in terms of verbalizing a certain identity label. That is, create an open conversation around identity and work to not suggest or impose a label unto a client. These considerations are useful in moving the field towards considering the nuance involved in the coming out process and open up the possibilities for therapists to consider alternative strategies of disclosure (e.g., tacit subjectivity).

Intersectionality and the therapy process

Much less research has been conducted on how therapists should consider the multiple aspects of an individual’s identity and how those intersections impact a person’s lived experience. While therapists have been encouraged to keep intersectional considerations in mind (APA, 2002, 2012), issues of diversity and culture are most often taught and approached under the lens of a singular, dominant cultural identity. Often, considerations for individuals with multiple marginalized identities are presented through both fictional and non-fictional case studies (e.g., Estrada & Rutter, 2006; Glassgold, 2009a; Nakamura & Kassan, 2013; Yakushko, Davidson, & Nutt Williams, 2009), which brings to

light the need for broader, more systemic research on these populations in order to form more concrete practice and treatment considerations.

Yakushko, Davidson, and Nutt Williams (2009) describe the “Identity Saliency Model” as a potential approach to working with individuals with multiple marginalized identities. Using a “complexity paradigm” and ecological systems theory as a basis for their model, the authors detail how their model “emphasizes the *inseparable* intersectionality of all individuals’ multiple identities, as well as allows clinicians to *critically* attend to how these identities may be shaped by individuals’ oppressive contexts and the various situations individuals experience” (Yakushko, Davidson, & Nutt Williams, 2009, pp. 181-182, emphasis added). Client identities are conceptualized within the different systems they inhabit, and the impact of these identities as they interact with the identities and systems of the clinician is considered. Importantly, they note that the constant interaction of these identities and systems informs how clinicians should approach their understanding of clients.

Through her retelling of the case of “Felix,” Glassgold (2009a) presents a case study examining the intersection of gay identity and Latino identity. She discusses her approach in creating a cognitive-behavioral therapy (CBT) model, with a particular focus on how to affirm the client’s gay identity. Bedoya and Safren (2009) point out that, while Glassgold (2009a) provides a helpful, gay-affirmative CBT treatment model, there are still factors she does not explicitly acknowledge related to how Felix’s gay identity intersects with his Latino identity. Certain cultural values such as *familismo* are particularly noted, especially when considering how Felix was negotiating his coming out process (Bedoya & Safren, 2009). Glassgold (2009b) acknowledges these limitations in her considerations and makes it a point to note that the limited psychological research regarding evidence based practice and

outcomes for individuals inhabiting multiple marginalized identities. This lack of research investigating these communities also reflects the potential deficits and culturally-relevant oversights clinicians may experience in working with these client populations.

Multicultural training

With the increasing diversity of the U.S. population and the aforementioned positive and negative experiences working with LGB and Latina/o clients, it appears pertinent to examine how therapists are being trained with regard to multiculturally competent treatment. Graduate programs in professional psychology are required to incorporate multicultural considerations into their training curriculum. This requirement often manifests as a course exploring issues of diversity in the contemporary U.S. socio-cultural climate (APA, 2013). Often this course is a survey of different cultural groups and suggestions/guidelines for working with them in a clinical setting. Additionally, the course may often put more of a focus of ethnic/racial groups and may not address—as thoroughly—other cultural groups in the U.S., which reflect different dimensions of identity such as sexual orientation, gender identity, and socioeconomic status. There may also be a lack of depth regarding intersections of different aspects of identity (see Cole, 2009). It is also important to note that each program implements this requirement in a different way and some may require—or at least offer—specialized courses looking specifically at LGBT populations and/or racial/ethnic minority populations in the U.S. However, this is by no means the norm of current training programs (e.g., Bidell, 2014; Hope & Chappell, 2015; Sherry, Whilde, & Patton, 2005).

Multicultural case conceptualization. Case conceptualization is a critical skill clinicians learn in order to understand their clients. Given a clinician's theoretical orientation and/or the presenting information for a client (e.g., intake information, assessment results), clinicians work toward formulating an understanding of a client's functioning and what may

be contributing to a client's distress. With an increase in multicultural training in applied psychology programs, there has also been an increased attention to including cultural information in case conceptualization. Multicultural case conceptualization has been defined as "the explicit incorporation of culture including personal, contextual, and sociopolitical factors in case conceptualization" (Lee & Tracey, 2008, p. 507). As the U.S. population continues to reflect more cultural diversity, it is becoming critical to incorporate multicultural considerations into general case conceptualization practices.

Neufeldt and colleagues (2006) conducted a qualitative study investigating how psychotherapist trainees incorporated multicultural issues into their case conceptualizations. Participants were presented with two five-minute video clips of a simulated therapy session where the client in the video was either Asian American or European American, with variations in age and gender. Participants then engaged in a semi-structured interview with questions exploring their typical approach to case conceptualization, what information they would consider when conceptualizing the clients, and how often they incorporate multicultural considerations in their conceptualizations. Results demonstrated that participants were much more cognizant of cultural issues with the Asian American client than the European American client. In particular, the authors highlighted that the cultural considerations discussed by participants centered on race-based considerations and not much on other potential dimensions of cultural identity (e.g., age, ability; Neufeldt et al., 2006).

These findings are similar to results obtained by Lee and Tracey (2008). In their study, participants were psychotherapist trainees who read three vignettes of racially/ethnically distinct clients (one Caucasian American, African American, and American Indian/Native American). Additionally, vignettes differed in how explicit cultural factors were part of the presenting problems (i.e., overt mention for American Indian client

and absence of overt cultural concerns for Caucasian and African American clients). Participants provided a case conceptualization for each vignette and these conceptualizations were then rated on differentiation (i.e., number of ideas presented in write ups), multicultural differentiation (i.e., number of culturally relevant ideas presented), integration, and expertness. Results demonstrated that the most cultural considerations in case conceptualizations were mentioned for the American Indian client, where cultural factors were overt in presenting concerns. Further, multicultural training also impacted multicultural case conceptualization, such that participants with more than two courses on multicultural issues noted more cultural considerations in their conceptualizations. Therefore, we can see that greater training in multicultural issues may then lead to more prominent awareness and considerations when conceptualizing clients.

Given the dominant narrative surrounding LGB identity and the benefits associated with traditional strategies of disclosure (i.e., verbal disclosure), clinicians may not perceive alternative strategies as beneficial or adaptive for LGB individuals. Moreso, with LGB identity highly associated with a White racial identity, alternative strategies that LGB people of color develop and practice based on their cultural norm and environment may not be seen as valid.

However, based on the multicultural training literature, as well as how clinicians work with LGB clients, Latina/o clients, and clients with intersecting identities, it would appear that clinicians who had more exposure to multicultural issues/populations and were trained in a program that valued multicultural considerations in clinical work may have a higher tendency to understand how culture can and does nuance identity.

Chapter III

Method

This chapter describes the method utilized for this study. I begin by describing characteristics of study participants, including demographics descriptors. I will then discuss the measures that participants completed for this study, followed by a detailed account of the procedure the researcher followed for recruitment and that participants followed for study completion.

Participants

Participants were practicing early career psychologists (ECPs), or psychologists within 10 years of obtaining their degree (Ph.D. or Psy.D.), as defined by the American Psychological Association. The researcher believed that sampling only ECPs would improve accurate assessment of training environment, in that they may be able to better recall their graduate school experiences than psychologists who completed their training more than a decade before the study. An *a priori* power analysis using G*Power (Faul, Erdfelder, Lang, & Buchner, 2007) indicated that a sample size of 159 participants would be necessary to achieve a .80 power level and a medium effect size ($f = .25$; Cohen's f conventions) for analyses related to the first hypothesis. A total of 195 surveys were started and 147 were deemed acceptable for use in analysis (see Results for detailed discussion of exclusion criteria). For analyses related to the second hypothesis, an *a priori* power analysis indicated a sample size of 68 participants would be necessary to achieve a .80 power level and a medium effect size ($f^2 = .15$; Cohen's f^2 conventions). The obtained sample size for these analyses was 51 participants. Further details about obtained power are presented in the Discussion section.

One hundred twenty-one participants identified as women (82.3%), 24 as men (16.3%), one as genderqueer (.7%), one as female-to-male (FTM; .7%), and two participants (1.4%) identified as a gender identity not listed (one as “ciswoman” and the other did not provide gender identity). Participants had a mean age of approximately 35-years-old ($M_{dn} = 33$ years old; $SD = 6.28$). In terms of ethnic and racial identity, 114 participants identified as White (77.6%), 19 identified as Latina/o (12.9%), 8 as African-American/Black (5.4%), 12 as Asian/Asian-American (8.2%), four as American Indian/Alaska Native (2.7%), one as Chicana/o (.7%), two as Middle Eastern (1.4%), and one participant identified as South Asian/Indian (.7%). Percentages for ethnic and racial identity sum to more than 100% because participants could select all ethnic and racial identity categories with which they identified. In terms of sexual orientation, 112 participants identified as heterosexual (76.2%), 12 identified as gay/lesbian (8.2%), 18 as bisexual (12.2%), four as queer (2.7%), and one participant reported a sexual orientation not listed (“mostly het;”.7%).

The majority of participants practiced under a Ph.D. (59.2%, $n = 87$), while 40.8% ($n = 60$) held a Psy. D. Most participants identified as clinical psychologists (65.3%, $n = 96$), followed by counseling psychologists (25.2%, $n = 37$), and school psychologists (5.3%, $n = 8$). Six participants (4.1%) reported other area of specialization for their degrees including Clinical Forensic Psychology, Counseling, Clinical, and School Psychology, School and Clinical Psychology, School-Community Psychology, and Sport and Exercise Psychology. Participants graduated between 2006 and 2015, with 23 participants graduating in 2015 (15.6%), 25 in 2014 (17%), 18 in 2013 (12.2%), 16 in 2012 (10.9%), 22 in 2011 (15%), 10 in 2010 (6.8%), 7 in 2009 (4.8%), 12 in 2008 (8.2%), 8 in 2007 (5.4%), and 5 in 2006 (3.4%). One hundred thirteen participants were licensed psychologists (77%) and 34 were not (23%), and years in practice post-degree ranged from one month to nine years.

Materials & Measures

Demographics. The researcher created a 12-item demographics questionnaire for the purposes of this project. These questions pertained to participant age, gender identity, race/ethnicity, sexual orientation, degree received, area of specialization, year degree was obtained, licensure, and years in practice.

Vignettes. The researcher created three clinical case vignettes detailing the presenting concerns of a gay Latino male client named Javier (see Appendix A). Vignettes provided a detailed picture of a client who was either (a) concealing sexual orientation, (b) demonstrating a tacit form of disclosure/outness, or (c) demonstrating a ‘traditional’ form of disclosure/outness. Concealment was described as the client self-identifying as gay, but reporting that he has not disclosed this identity to others (e.g., family members). Tacit outness was described as the client self-identifying as gay, and reporting that others know about his sexual orientation through his actions but not through verbal disclosure. Traditional outness was described as the client self-identifying as gay and reporting that others know he is gay as he has verbally disclosed this identity to others. During the pilot testing of the survey instrument, eight practicing marriage and family therapists and counseling psychology doctoral students assessed the vignettes for believability. All individuals who pilot tested the survey stated that the vignette was believable.

Global assessment of functioning (GAF). Participants were asked to provide a GAF score to assess Javier’s perceived level of functioning. A GAF score was used as a part of the multi-axial diagnosing structure described in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR; American Psychiatric Association, 2000). Additionally, because participants were ECPs, most, if not all, were trained in diagnosis using the multi-axial structure of DSM-IV given that DSM-5 was not released until

2013. Ratings range from (0) *lowest level of psychological functioning* to (100) *highest level of psychological functioning*, with each increment of 10 serving as an anchor describing various levels of psychological functioning.

Perceived well-being. The observer form of the Everyday Feelings Questionnaire (EFQ; Uher & Goodman, 2010) was used to assess participants' perceptions of the client's psychological well-being. The EFQ contains items that address symptoms of some common mental health issues (e.g., depression) in simple and non-stigmatizing language. The measure was originally normed on parents and caretakers of children ages 8-19 years old; however, it has also shown adequate reliability among a clinical sample, specifically clients with diagnosed depression (Mann, Henley, O'Mahen, & Ford, 2013). The EFQ contains 10 items (5 positively worded items and 5 negatively worded items) measured on a 5-point Likert-type scale ranging from (0) *none of the time* to (4) *all of the time*. Participants were instructed as follows: "Feelings come and go. Thinking about Javier, as far as you can tell, does Javier feel the following..." and then completed items such as, "Positive about the future" and "Able to enjoy life." Positively worded items are reverse-scored such that higher scores indicate higher levels of distress. Uher and Goodman (2010) reported a Cronbach's alpha reliability estimate of .90 for the observer form. The reliability estimate for the current sample was .83.

Salience of clinical issues indices. Based on Mohr et al.'s (2009) salience of clinical issues indices, 17 items were created to comprise three indices pertinent to this study. These items asked participants to use their clinical judgment in order to assess the degree to which certain issues were contributing to Javier's distress and presenting concerns using a 5-point Likert-type scale ranging from (1) *not at all* to (5) *a great deal*. For the purposes of this study, three categories of issues were created: 1) *Issues Related to the Presenting Problem*,

2) *Issues Related to Coming Out*, and 3) *Issues Not Related to the Presenting Problem*.

Specifically, *Issues Related to the Presenting Problem* included: Anxiety, Career Indecision, Relationship Concerns, Coping Strategies, and Depression. *Issues Related to Coming Out* included: Sexual Orientation, Coming Out, Identity Development, Cultural Conflict, Self-esteem, Honesty, and Genuineness. *Issues Not Related to the Presenting Problem* included: Body Image Concerns, Academic Concerns, Shyness, Attention Deficit Disorder, and Addiction. An overall score for each index was created by averaging the ratings for items in each category.

The clinical issues within the *Issues Related to the Presenting Problem* and *Issues Not Related to the Presenting Problem* categories were primarily adapted from Mohr et al. (2009), as they had demonstrated strong reliability for these specific items in previous studies (i.e., Mohr, Israel, & Sedlecek, 2001; Mohr et al., 2009). Given previous reliability, these items were also used to aid in developing the presenting problems within the clinical vignette, with minor modifications made to reflect the reported presenting concerns. The primary researcher, in collaboration with his advisors, developed the clinical issues within the *Issues Related to Coming Out* category. Items were developed through brainstorming stereotypes associated with what the coming out process implies and represents (e.g., being true to yourself). These items were created after the vignette had been written and were specific to the case presented in the current study.

Perceptions of outness. The researcher developed six questions that assess participant perceptions of coming out and its relation to a healthy gay identity. All items utilized a 5-point Likert-type scale ranging from (1) *Strongly disagree* to (5) *Strongly agree*. Sample items include, “Verbally disclosing a gay identity is critical in developing a healthy

gay identity” and “Concealing a gay identity is detrimental for mental health.” The Cronbach’s alpha reliability estimate for these items was .73.

Multicultural training. The *Curriculum and Supervision* and *Climate and Comfort* subscales from the Multicultural Environment Inventory-Revised (MEI-R; Pope-Davis, Liu, Nevitt, & Toporek, 2000) were used to assess the perceived multicultural training environment of a participant’s graduate training program. The measure has traditionally been used with psychology trainees (e.g., Dickson & Jepsen, 2007), therefore items were modified to reflect the fact that participants are already out of training (i.e., phrasing in past tense). The MEI-R had been modified previously to reflect a pre-doctoral internship setting as opposed to a graduate training program and maintained adequate reliability (overall alpha value of .91; Peters et al., 2011). The complete MEI-R is 27 items and includes two additional subscales: *Honesty in Recruitment* and *Multicultural Research*. These two subscales (5 items) were removed because they did not pertain to the research questions. The remaining 22 items measure how multicultural issues are incorporated into curriculum (11 items) and supervision and the comfort level of expressing cultural-related ideas in the training program (11 items). Items were rated on a 5-point Likert-type scale ranging from (1) *not at all* to (5) *a lot*. Sample items include, “The course syllabi reflected an infusion of multiculturalism” and “ I felt comfortable with the cultural environment in class.” Pope-Davis and colleagues (2000) reported a reliability estimate of .92 for both the *Curriculum and Supervision* and *Climate and Comfort* subscales. The reliability estimates for the current sample were .95 and .91, for the *Curriculum and Supervision* and *Climate and Comfort* subscales, respectively.

Preparedness to work with diverse clients. Participants completed three items, adapted from Mohr et al. (2009), assessing the degree to which they felt their graduate

training prepared them to work with LGB clients, Latina/o clients, and LGB clients of color. A sample item is “To what extent do you feel your graduate training prepared you to work competently with Latina/o clients, relative to non-Latina/o clients?” Items were measured using a 5-point Likert-type scale ranging from (1) *Not very well* to (5) *Well*. The current Cronbach’s alpha reliability estimate was .82.

Professional experience. Participants completed four items, adapted from Mohr et al. (2009), assessing their clinical experience with gay male clients, Latina/o clients, and gay clients of color. A sample item is, “How many gay male clients have you seen?” These items were measured using an 8-point scale ranging from 0 to 50+. Clients were also asked an additional question about their work with Latina/o clients, “Of Latina/o clients, please provide a percentage estimate of clients in each unique group.” Participants then provided an estimate for their experience with Mexican, Central American, South American, and Caribbean clients.

Condition check. Participants were asked a question to assess their thoughts on Javier’s level of outness, “Based on the intake summary you read, how would you describe Javier’s current level of outness?” Participants chose one of three response options, adapted from Mohr and Fassinger’s (2000) Outness Inventory. This question was included to screen out participants from analysis by examining whether their ratings of Javier’s outness matched the outness strategy Javier practiced in their randomly assigned vignette. However, responses to this question were inconsistent across all conditions and participants may have been limited in their responses given only three options. As such, this question was ultimately not utilized as a screening tool for final analysis.

Follow-up questions. At the end of the survey, participants were presented with two open-ended questions asking for additional thoughts on the case and any additional reactions

to the study. Specifically participants were asked, “Do you have any additional thoughts on the case you read?” and “Do you have any other reactions to this study?”

Procedure

Upon receiving approval from the UC Santa Barbara Human Subjects Committee, the study was pilot tested for grammar, timing, and believability of vignettes, on advanced counseling psychology doctoral students (i.e., third year and above) and practicing marriage and family therapists. Study participants were recruited through electronic mailing lists (i.e., listservs) at the national and state levels (e.g., APA divisions, state psychological associations; Alessi, Dillon, & Kim, 2015; Israel et al., 2008). The researcher posted the recruitment e-mail (see Appendix C) directly to APA Division 17 (Society of Counseling Psychology); APA Division 45 (Society for the Psychological Study of Culture, Ethnicity, and Race); APA Division 44 (Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues); and the National Latina/o Psychological Association (NLPA) listserv. The researcher contacted ECP representatives from APA Division 17; APA Division 12 (Society of Clinical Psychology); and NLPA in efforts to post directly on ECP-targeted listservs.

In order to recruit through state psychological associations, the researcher contacted representatives from these associations (e.g., executive director, listserv manager) requesting that they forward the recruitment e-mail. The researcher followed up after two weeks with state associations from whom he had not received a response. After this, the researcher contacted regional and county psychological associations within states from which he not received a response to forward the recruitment message. The researcher also contacted specialty psychological practice groups (e.g., National Association of Cognitive-Behavioral Therapists, American Group Psychotherapy Association) in efforts to have the recruitment

e-mail forwarded through their mailing lists. The recruitment e-mail provided broad information about the study, criteria for participation, anticipated time for completion, incentive information, and the link to the study.

Participants were randomly assigned to one of the three conditions, in order to ensure that all participants had an equal chance of being in each condition (e.g., Heppner, Wampold, & Kiglahan, 2008). Participants read the consent form and then completed the demographics items. Participants then read the vignette and completed measures of client psychological well-being and functioning, salience of clinical issues, perceptions of outness, multicultural training environment, feelings of preparedness to work with diverse clients, and experience working with diverse clients. Participants then completed the manipulation check and the open-ended questions. Participants were debriefed about the nature of the study and were then provided with the opportunity to enter their e-mails to participate in a raffle for one of four Amazon gift cards. The study took approximately 20 minutes to complete.

Chapter IV

Results

In this chapter, I will present the results of data analysis. I will begin by describing preliminary analyses, including testing for assumptions and determining exclusion criteria. I will then discuss the main analyses for this study according to the hypotheses and include responses from open-ended questions. There was a total of 58 responses for both open-ended questions and content ranged from comments about the content of the vignette, reflections on multicultural graduate training, thoughts on treatment planning, and comments on intersectionality and the coming out process. These responses served as context for quantitative data interpretation and were not analyzed as separate data. Finally, I will discuss some exploratory analyses, including an analysis of possible moderators for the obtained results.

Preliminary Analyses

Prior to conducting the main analyses, preliminary data screening was conducted to determine participants to exclude, as well as to test assumptions for Analysis of Variance (ANOVA) and multiple regression. As previously noted, 195 participants began the study, but only 147 provided acceptable data to analyze. First, participants who only completed demographic questions, but no further questions, were removed from the study ($n = 22$). Next, participants who completed the demographic questions, read the vignette, but did not complete the measures were removed ($n = 10$). Then, participants who completed demographics and provided a GAF score, but no other responses, were removed ($n = 13$). Finally, participants who did not report practicing under a Ph.D. or Psy.D. degree ($n = 3$) were excluded from the main analyses. Some participants ($n = 5$) completed all measures related to client distress, but did not complete subsequent measures; these participants' data

were deemed acceptable to use only for analyses related to Hypothesis 1 and not for Hypothesis 2. Additionally, some participants ($n = 10$) completed all measures and exited the survey without completing the open-ended response questions or reading the Debrief form; this data was deemed acceptable for analysis as information after the final measure was only for exploratory and informative purposes.

Following data screening, assumptions were tested for the proposed analyses. There are three primary assumptions regarding ANOVAs: Independence of samples, normal distribution of variables, and equality of variance. The variables were examined for normality through the use of descriptive statistics (i.e., means, standard deviations, skewness, and kurtosis) and histograms. Dependent variables demonstrated normality, with the exception being the *Issues Not Related to Presenting Problem* index, which demonstrated an anticipated floor effect. Correlations, means, and standard deviations of all variables are provided in Table 1.

A series of chi-square analyses were also conducted to examine the potential of a significant non-equivalence in participant characteristics across condition that could influence results. Specifically, sexual orientation of participants, year degree was awarded, clinical experience with Latina/o clients, clinical experience with gay male clients, and clinical experience with gay clients of color were examined by vignette condition and were found to be not statistically significant (all $ps > .05$). A race/ethnicity by condition chi-square was also conducted, however, there were not enough participants in each racial/ethnic category distributed across condition (i.e., less than five African-American participants in each condition) to complete the analysis.

Main Analyses

Hypothesis 1. The first hypothesis was proposed to test whether clinicians would rate a client who utilizes a non-verbal identity disclosure strategy (i.e., tacit outness) lower than a client who utilizes verbal disclosure on measures related to client distress. A series of one-way ANOVAs were conducted to examine mean differences in GAF scores, EFQ scores, and Salience of Clinical Issues across the three conditions. Given the number of ANOVAs (5) conducted, a Bonferroni correction was applied to the p -value to protect from an increase in Type I error, resulting in an alpha value of .01.

Due to *a priori* predictions, contrast coding was used to examine differences between conditions. As such, one set of contrast codes was created to compare the “Out” condition to the other two conditions (Out = 2, Tacit = -1, Conceal = -1). Another set was created to examine whether there was a significant difference between the “Tacit” and “Conceal” condition, excluding the Out condition (Out = 0, Tacit = 1, Conceal = -1).

The first one-way ANOVA for GAF score was not statistically significant, indicating that GAF scores across the three conditions did not significantly differ from each other, $F(2, 144) = .59, p = .56$. See Table 2 for mean GAF scores across condition. Similarly, for EFQ scores, the one-way ANOVA was (not) statistically significant, $F(2, 144) = .04, p = .96$. Mean EFQ scores across condition can also be found in Table 2. These results were further elaborated by examining the open-ended responses. For example, some participants stated that the information provided was too limited, “Some of the questions regarding his concerns were difficult to answer--because they simply weren't addressed in the vignette (e.g., loss of interest in things in comparison to the past).”

For Salience of Clinical Issues, three one-way ANOVAs were run to examine differences between conditions across the three subscales: Issues Related to the Presenting

Problem, Issues Related to Coming Out, and Issues Not Related to the Presenting Problem. For Issues Related to the Presenting Problem and Issues Not Related to the Presenting Problem, results were not statistically significant, $F(2, 140) = .77, p = .47$, and $F(2, 140) = 1.02, p = .36$, respectively. As previously mentioned, some participants noted that there was not enough information within the vignette to rule out certain issues: “I don't think there's enough info to answer some of the questions such as whether he may or not have addiction issues.”

For Issues Related to Coming Out, the ANOVA was significant, $F(2, 140) = 47.25, p < .001, \eta^2_{partial} = .41$. The first contrast codes indicated that participants in the “Out” condition rated issues related to coming out as less relevant ($M = 1.96, SD = .75$) than participants in the “Conceal” ($M = 3.36, SD = .68$) or “Tacit” ($M = 3.09, SD = .80$) condition, $t(140) = -9.63, p < .001$. The second contrast comparison demonstrated that participants in the “Conceal” condition and in the “Tacit” condition did not significantly differ from each other, $t(140) = -1.72, p = .09$. Table 2 provides the mean scores by subscale across condition.

Hypothesis 2. The second hypothesis focused on participants in the “tacit” condition. It was hypothesized that perceptions of outness as they relate to mental health, feelings of preparedness to work with gay and Latino clients, and clinical experience working with gay and Latino clients would have a significant predictive relationship with measures related to client distress. Additionally, multicultural training environment was examined as an exploratory predictor for measures related to client distress. Five hierarchical multiple regressions were conducted with outcome variables being GAF scores, EFQ scores, and the three subscales of the Salience of Clinical Issues measure. The first step included perceptions of outness as they relate to mental health, self-assessment of

preparedness to work with gay and Latino clients, and clinical experience working with gay and Latino clients. The second step included the two subscales of the Multicultural Environment Inventory (MEI), in order to examine potential residual variance accounted for by how practitioners perceived their training program. Given the number of regressions conducted, a Bonferroni correction was applied to the p -value to protect from an increase in Type I error, resulting in an alpha value of .01.

First, the GAF score was examined as an outcome variable and results indicated that the overall model was not significant, $F(7, 40) = 1.37, p = .25$. Similarly, the model for the total EFQ score was also not statistically significant, $F(7, 40) = 1.09, p = .39$. With regard to Salience of Clinical Issues, the regression models for Issues Related to the Presenting Problem and Issues Not Related to the Presenting Problem were not significant, $F(7, 40) = .89, p = .52$ and $F(7, 40) = .79, p = .60$, respectively. For Issues Related to Coming Out, the overall regression model was significant, $F(7, 40) = 3.86, p = .003$. A total of 40% of the variance was accounted for when all predictor variables were included in the model. The predictor variables in step one accounted for approximately 23% of the variance ($F(5, 42) = 2.58, p = .04$), and the two subscales of the MEI accounted for approximately 17% of the variance ($\Delta R^2 = 16.8, \Delta F(2, 40) = 5.62, p = .007$). See Table 3 for a full breakdown of regression analyses.

In the complete model, four predictor variables emerged as significant, preparedness to work with diverse clients, clinical experience with Latina/o clients, clinical experience with gay clients of color, and the Climate and Comfort subscale of the MEI. Preparedness to work with diverse clients was positively related to issues related to coming out, $b = .28, t = 2.4, p = .02$, indicating that for a one unit increase in feelings of preparedness we can expect a .28 unit increase in rating issues related to coming out as salient. Clinical experience with

Latina/o clients was negatively related to issues related to coming out, $b = -.11$, $t = -2.08$, $p = .04$, indicating that for a one unit increase on clinical experiences with Latina/o clients we can expect a .11 unit decrease in rating issues related to coming out as salient.

Clinical experience with gay clients of color was positively related to issues related to coming out, $b = .25$, $t = 2.52$, $p = .02$. This indicates that a one unit increase in clinical experience with gay clients of color would be related to a .25 unit increase in rating issues related to coming out as salient. The climate and comfort subscale of the MEI was negatively associated with issues related to coming out, $b = -.60$, $t = -3.32$, $p = .002$. This indicates that for a one unit increase in feeling as if your graduate training provided a space to express cultural-related ideas, we can expect a .60 unit decrease in rating issues related to coming out as salient for a client.

Exploratory Analyses

Various exploratory analyses were conducted to examine potential future directions for research. Specifically, I will describe efforts to provide a more nuanced image of the main results by examining potential moderators to the obtained effects.

Moderation Analyses. Various demographic variables were examined as possible moderators of the relationships found in the main analyses. I began by examining sexual orientation and split the data file between heterosexual and LGBQ-identified participants, in an effort to see if LGBQ-identified clinicians may have greater familiarity with and/or a higher chance of identifying different coming out strategies. However, results of these analyses mirrored those from the main analyses, indicating no significant differences between heterosexual and LGBQ-identified clinicians.

Next, because much of the theoretical and empirical literature on alternative coming out strategies has focused on people of color (e.g., Decena, 2011; Ross, 2005), I investigated

whether race/ethnicity would serve as a possible moderator for analyses related to Hypothesis 1. Race/ethnicity was dummy coded such that 0 = White and 1 = Non-White and a 3 (condition) X 2 (race/ethnicity) factorial ANOVA was conducted to investigate possible interaction effects. Results for the EFQ and SCI indices mirrored those of the main analyses, indicating no significant moderating effect. However, for GAF scores, the interaction effect approached marginal significance, $F(2, 147) = 2.16, p = .12, \eta^2_{\text{partial}} = .03$. These results were not statistically significant and had a small effect size, but they demonstrated possible trends in response patterns based on race/ethnicity; specifically, in both the Conceal and Tacit conditions, White participants reported a mean GAF score of approximately 68, while Non-White participants reported a mean GAF score of approximately 70. For the Out condition, this pattern was reversed, with White participants reporting a higher GAF score ($M = 70.18$) than non-White participants ($M = 67.86$).

Finally, given the increased training and attention to multicultural issues in applied psychology over the past decade (e.g., Casas, Suzuki, Alexander, & Jackson, 2016), the year in which participants received their doctoral degree was examined. First, two contrast code variables were created to mirror the contrast codes from the ANOVA analyses. Contrast code one (C1) compared the Out condition to the other two conditions (Out = 2, Tacit = -1, Conceal = -1), while contrast code 2 (C2) looked at possible differences between the Tacit and Conceal conditions, excluding the Out condition (Out = 0, Tacit = 1, Conceal = -1). Next, two interaction terms were created to compute the contrast code X year of degree value. Five simultaneous multiple regressions were conducted with C1, C2, Year of Degree, and the two interaction terms as predictors. Results were not statistically significant for GAF scores, EFQ scores, Issues Related to the Presenting Problem, and Issues Not Related to the Presenting Problem (all $ps > .10$).

For Issues Related to Coming Out, the overall regression model was significant, $F(5, 136) = 21.57, p < .001$. Specifically, C2 was a significant predictor ($b = -.61, t(136) = -2.807, p = .006$), year of degree was marginally significant ($b = .04, t(136) = 1.69, p = .09$), and the C2 X Year of Degree interaction term was significant ($b = .07, t(136) = 2.407, p = .02$). To probe this interaction, I used online interaction utilities (Preacher, Curran, & Bauer, 2006) to conduct simple slope analyses and estimate the level of endorsement of Issues Related to Coming Out at 1 standard deviation above and below the mean year in which a degree was received ($M \approx 2011$; see Figure 1). For participants in the Conceal condition, Year of Degree did not significantly influence endorsement of issues related to coming out, $b = -.03, SE = .04, t(136) = .78, p = .44$; however, Year of Degree did significantly influence endorsement for those in the Tacit condition, such that the more recent a clinician received their degree, the more they endorsed issues related to coming out as salient for the client, $b = .11, SE = .04, t(136) = 3.24, p = .002$. Additionally, for participants who received their degree before 2011, those in the Tacit condition rated Issues Related to Coming Out as significantly less salient than those in the Conceal condition, $b = -.31, SE = .11, t(136) = -2.82, p = .006$. There was no significant difference between participants who received their degree after 2011 across conditions, $b = .07, SE = .11, t(136) = .66, p = .51$.

Chapter V

Discussion

The purpose of this study was to explore how early career psychological practitioners/clinicians evaluate a gay Latino male client who practices a non-verbal (non-normative) versus verbal (normative) gay identity disclosure strategy. Limited research has suggested that some gay individuals practice a nonverbal disclosure strategy without hindering their well-being or mental health (e.g., Decena, 2011; Villicana, Delucio, & Biernat, 2016). However, it is critical to understand how mental health practitioners perceive these alternative strategies in light of dominant representations of coming out as a verbal practice. This chapter will first elaborate on the findings obtained in the study followed by implications for research, practice, and teaching. Limitations of this study and potential future directions for this line of research will then be discussed.

Perceived Impact of Gay Identity Disclosure Strategy

Clinicians rated the presented client at a similar and clinically appropriate level (i.e., identifying mild symptoms and socio-relational distress) across all three conditions. Consistent with previous literature (e.g., Mohr et al., 2009), this suggests that clinicians may not exhibit a bias towards gay clients with regards to their well-being and psychological functioning, such that gay identity is seen to contribute to higher levels of clinical distress.

Gay identity disclosure strategy did, however, influence reported scores on Clinical Issues Related to Coming Out. Clinicians in the “out” condition reported lower scores on clinical issues related to coming out relative to clinicians in the tacit and conceal conditions. Beyond this, clinicians in the tacit and conceal condition did not differ in their endorsement of issues related to coming out. Whereas this pattern aligns with dominant understandings of disclosure, this pattern also demonstrated that on some level clinicians viewed a tacit form

of disclosure as a form of concealment. Viewing tacit disclosure as a form of active concealment serves to reify the idea that verbal disclosure is seen as the normal and ideal strategy for gay identity disclosure. This further propagates the notion of coming out as a dichotomy, where being out is indicated by verbal disclosure and any other identity disclosure practice is indicative of being “closeted.”

As previously noted, clinicians generally indicated less bias in their perception of gay identity as contributing to psychological distress, regardless of condition. This finding might be interpreted as an indicator of progress, but it might instead show that clinician bias is shifting towards how a gay individual demonstrates their gay identity. As noted by Shelton and Delgado-Romero (2013), clinicians may be prompting gay clients to verbally disclose their identity without fully taking a client’s context into account and not acknowledging alternative disclosure strategies. This is concerning given the strong possibility that clinicians are (unintentionally) imposing and valuing verbal disclosure as the optimum strategy, which can create negative experiences in a therapy context (e.g., Israel et al., 2008; Shelton & Delgado-Romero, 2013) and could potentially jeopardize a client’s safety.

Factors Influencing Perceptions of Non-verbal Disclosure

A deeper investigation within the Tacit condition highlighted several factors that may be influencing perceptions about a non-verbal disclosure strategy. Clinicians who reported more clinical experience with Latina/o clients were less likely to endorse issues related to coming out as salient for Javier. This suggests that professional familiarity with Latina/o clients and/or culture may provide exposure to and recognition of alternative forms of coming out within this population.

In a somewhat counterintuitive finding, clinicians with more clinical experience with gay clients of color were more likely to endorse issues related to coming out as salient. While seemingly contradictory to expectations, as clinical experience and familiarity with gay clients of color could be a way of recognizing alternative forms of gay identity disclosure, the term “gay clients of color” is broad and can refer to a number of different groups and individuals, each with their own unique forms/norms of gay identity disclosure, including verbal disclosure. If clinicians worked with gay clients of color who utilized verbal disclosure strategies, this may have reinforced the normative discourse surrounding gay identity disclosure, leading to higher endorsements of coming out issues as salient for Javier. Furthermore, working with more gay clients of color does not necessarily mean an increased awareness of alternative identity disclosure strategies, especially if clinicians were operating under a lens wherein verbal disclosure is desired.

Clinicians who reported feeling prepared to work with diverse clients also had a higher likelihood of endorsing issues related to coming out as salient to Javier. This is a similarly contradictory finding, as we would anticipate clinicians who feel more confident in their skills to work with diverse clients as being able to recognize possible differences in gay identity disclosure and/or expression among different cultural groups. This may reflect the idea that low-performing individuals tend to over-estimate their abilities (e.g., Dunning, Johnson, Ehrlinger, & Kruger, 2003; Kruger & Dunning, 1999), in this case clinicians with lower multicultural competence may have overestimated their competence and rated themselves as more prepared to work with diverse clients. Though, feelings of preparedness may have been influenced by training experiences with diverse populations. If clinicians had training/practicum experiences with gay clients who followed more dominant narratives of identity disclosure, including gay clients of color, they may continue to conceptualize a

healthy and/or adaptive coming out process as necessitating verbal disclosure. Additionally, it is important to examine the training these clinicians may have received and the structure of multicultural education in their programs.

While training programs may incorporate multicultural issues into their training, as required by APA for accreditation purposes, we do not know the nature of *how* programs teach and/or expose trainees to a multicultural curriculum. Clinicians may only take one survey course that covers a number of cultural groups; while some may take multiple courses, including some that are specifically dedicated to only one cultural group (e.g., LGBTQ populations, racial/ethnic minority populations). However, even within more specialized courses, clinicians may not be exposed to work that explores the possibility of alternative strategies for coming out within LGB people of color. The disparity in training approaches with regard to multicultural issues may then create a disparity in terms of how clinicians approach these issues once they are in practice. Clinicians may also report feeling prepared after one general class on multicultural considerations, but still fail to recognize the intersectional nature of cultural identities and/or intracultural differences within groups.

Finally, clinicians from a graduate training environment that provided space to express ideas related to multicultural concerns rated coming out issues as less salient for Javier. Interestingly, the content of supervision and graduate training curriculum did not impact endorsement of issues related to coming out. Taken together, these results may indicate that while it is certainly important to incorporate multicultural content into a training curriculum, the actual environment fostered within a training program may allow for more integration of multicultural knowledge and awareness. As such, clinicians who felt more comfort in their training environment may be more attuned to cultural nuance(s),

among a number of different cultural groups, and may recognize the potential for alternative narratives of gay identity disclosure.

Aside from the outcomes described above, a non-verbal/tacit disclosure strategy did not influence any of the additional variables (GAF score, EFQ, Issues Related to Presenting Concerns, and Issues not Related to Presenting Concerns). A primary reason why a tacit disclosure strategy did not affect these variables is that outcome scores would not necessarily be affected by the identified variables, as they were focused on more typical clinical issues (not necessarily tied to sexual orientation).

Graduation Year as a Moderating Factor

I examined several variables to test for possible moderating effects. The year in which clinicians' received their doctoral degree yielded a significant effect for Issues Related to Coming Out, but *only* when comparing clinicians in the Conceal and Tacit conditions. Clinicians in the Conceal condition endorsed issues related to coming out as pertinent to the client's distress, regardless of year of degree. However, for clinicians in the Tacit condition, year of degree *did* impact their endorsement of issues related to coming out, such that clinicians who more recently received their degree endorsed *higher* salience for these issues.

The above finding appears a bit counterintuitive, as we would anticipate that individuals who were trained more recently would be more attuned to variations and intricacies of cultural identity factors for different cultural groups. However, it may follow that these clinicians are only receiving training that subscribes to dominant ideas about coming out and not training that explores different cultural conceptualizations of gay identity and gay identity disclosure. Moreover, clinicians who received their degree *before* 2011 rated coming out issues as *less* salient if they were exposed to a tacit disclosure

strategy than if they were exposed to active concealment. There was no difference between tacit and conceal conditions for those who received their degree after 2011. These patterns echo the idea that clinicians who are more recently trained appear to be endorsing issues related to coming out as *more* relevant when presented with a client who is practicing an alternative form of gay identity disclosure. Again, this can be interpreted as progress, but might also highlight a shift in bias given that endorsing issues related to coming out as more relevant does not rule out the possibility that “more relevant” simply means more emphasis and value on out and verbal disclosure. This then raises questions about how training regarding gay populations has (or has not) shifted in the last ten, and even five, years.

Broadly speaking, these findings suggest that whereas training programs may be teaching graduate student trainees about LGBTQ communities, they (1) may only be identifying verbal disclosure as a coming out strategy given the dominant gay identity development literature, (2) may not be recognizing and/or acknowledging how gay identity development processes manifest differently among gay people of color, and/or (3) may be highlighting verbal disclosure as the optimal coming out strategy for gay clients’ well-being. It is important to note that the latter point is likely, given that the limited research on alternative coming out strategies (e.g., Decena, 2011) has probably not been included in course readings or major textbooks discussing multicultural counseling, broadly, or LGBTQ counseling specifically.

The patterns that emerged from the current work suggest that researchers need to reflect on how research with gay men may reinforce a dominant coming out narrative of verbal identity disclosure developed from White, middle-class norms, and may continue to frame outness as a conceal-out dichotomy (e.g., Mohr & Fassinger, 2000). Whereas research does indicate several benefits to coming out (e.g., Vaughan & Whaeler, 2010), it more likely

than not refers to a verbal disclosure of gay identity as the optimal means to achieve these benefits, given the ways in which coming out has been presented in the literature. This study is not meant to minimize the positive impacts of verbal disclosure, but rather to create a space to inquire about, recognize, and acknowledge positive benefits to alternative/different gay identity disclosure strategies. Furthermore, coming out may be conceptualized as a stage-based process wherein a tacit form of outness may be positioned as some sort of transition stage to full (i.e., verbal) outness. This framing can then enforce limitations on research with gay male populations and not allow for a complete range of experiences to be explored.

Researchers who focus their work on gay men may overlook and/or ignore gay men who do not subscribe to the dominant, verbal, coming out narrative because they may not be seen as completely comfortable with their gay identity. Thus, applied psychological research must begin to incorporate intersectional considerations when developing studies and explaining study results with gay male samples. Beyond this, it is important for researchers to acknowledge the possibility for even more nuance in identity development processes, such as coming out, along gender and racial/ethnic lines.

Implications for Practice

The primary findings of this study speak to a need for clinicians to recognize and validate alternative forms and/or strategies of gay identity disclosure among gay clients, particularly gay clients of color. Categorizing tacit forms of disclosure as active concealment is concerning. By not recognizing different approaches to gay identity disclosure, clinicians may push gay male clients to verbally come out (1) when clients may already see themselves as out, (2) when clients are not ready to express their gay identity in verbal terms, or (3) when clients are not in the safest environment for explicit, verbal disclosure of their gay

identity. Failure to recognize alternative disclosure strategies may also hinder the therapeutic relationship because a client may not feel heard or respected in expressing a non-verbal strategy. This may then result in termination of services and/or increasing the stigma around seeking mental health services already experienced by marginalized communities.

Several clinicians emphasized the need to challenge the dominant coming out narrative and acknowledge how intersections of identity can impact the coming out process. Responses to open-ended probing/debriefing questions highlighted how clinicians are beginning to reconceptualize how they approach clinical work with clients who have multiple marginalized identities and how they work with gay clients through their coming out processes. This is promising, in that, greater awareness of how gay identity development processes and milestones differ across different cultural groups will no doubt have a positive impact in reaching out to LGBTQ people of color communities. Additionally, increased knowledge of intersectionality, conceptually and empirically, will allow clinicians to understand how various facets of identity can and do impact clients.

Implications for Training

The findings from the current work suggest that multicultural training in applied psychology may need a greater focus on nuances associated with how different cultural groups experience and/or conceptualize the coming out process. Specifically, findings highlight how multicultural training regarding the LGBTQ community may need to expand in order to expose applied psychology trainees to the differences and intersectionality within this community. Training would need to work against the dominant narrative associated with the coming out process and introduce the possibility of alternative strategies for coming out, and potentially other gay identity development processes.

Multicultural courses should include as much about intersectional identities as possible. If only requiring or offering the minimal multicultural coursework needed for accreditation, it is especially recommended that training programs consistently refresh their courses and incorporate new research findings in order to address the ever-increasing complexity of the lived experiences of marginalized populations in greater depth. This study serves as an example of the kind of work multicultural training curricula could include. While it is impossible to address all potential intersections of identity within multicultural courses, it is crucial to ground multicultural training within intersectionality in such a way that psychological practitioners are conscious of how different facets of identity may be impacting each other. This speaks to greater considerations in terms of multicultural case conceptualization (e.g., Lee & Tracey, 2008) and learning models that emphasize intersectional considerations in clinical work (e.g., Yakushko et al., 2009).

Several clinicians noted various issues regarding their multicultural training. Some examples included: their program did not thoroughly explore multicultural issues, they had to seek out training and experiences independently, and that greater preparation for working with racial/ethnic minority and/or LGB clients occurred *after* they obtained their degree. This could potentially point to larger issues in terms of multicultural training in applied psychology and the ways in which programs may need to expand how they facilitate trainees' development in terms of their awareness, knowledge, and skills related to identifying potential nuances of multicultural issues (e.g., alternative coming out strategies) in a therapeutic context. Based on obtained results, one possibility is to foster a training environment where trainees feel comfortable and/or encouraged to engage in discussions around multicultural issues inside and outside a formal classroom environment. Beyond this, a training program's awareness of and actions addressing issues affecting culturally diverse

trainees may also cultivate an environment that creates greater multicultural competence. As previously noted, a greater expansion of training curricula is warranted, but must build its foundation from clinical and empirical evidence, which ultimately calls for more research on issues pertaining to LGB people of color and intersectionality, broadly.

Limitations and Future Research Directions

This study is not without its limitations. The first being that clinicians were presented with written vignettes describing the presenting concerns of a gay Latino client. Clinicians may have based their responses on a former client and their work together, or may have had difficulty imagining working with a gay Latino client if they did not have any previous clinical experience with members of this population. Future studies in which this topic is investigated may benefit from creating videos of staged intakes in order to provide clinicians with visual and vocal cues that could inform their decisions regarding the client's distress. Although the vignettes were piloted for "believability" and information depth, as noted by several clinicians through the open-ended responses, the vignette did not provide enough information to appropriately and/or accurately assess some of the issues in the outcome measures (i.e., EFQ and SCI indices). Also, the GAF score has been removed as a diagnostic tool in the current version of the DSM, but it was used in this study due to the sample (i.e., ECPs) and their familiarity with it given that the DSM-5 was not released until 2013. Therefore, future studies may require the use of different measures assessing client distress or modifications to the current measures based on the presenting concerns that are described.

Several of the measures were created and/or modified for the purposes of this study. For example, the Perceptions of Outness items were developed for this study, and while they demonstrated an acceptable Cronbach's alpha reliability value, the items have not been validated through more robust statistical means (e.g., factor analysis). Additionally, items

assessing preparedness to work with diverse clients, as well as clinical experience with diverse clients, were limited to Latina/o clients, gay clients, and gay clients of color. Furthermore, because research currently identifies tacit forms of gay identity disclosure predominantly within the Latina/o community (Decena, 2011; Guzman, 2006), it may have been more effective to ask specifically about clinical experience with and/or knowledge of gay Latina/o clients. Future studies may expand on these categories in order to get a broader sense of a clinician's self-perception with regard to working with diverse clients and their experiences working with clients who may be culturally different than themselves. Future research may also explicitly ask clinicians about their perceptions of clients who utilize alternative disclosure strategies (e.g., nonverbal/tacit). Social desirability bias may have been introduced due to the self-report nature of the measures and clinicians wanting to project higher levels of multicultural competence. Additionally, as previously noted, with varying approaches to multicultural training in applied psychology programs, it is difficult to determine if clinicians who may have reported similar feelings of preparedness to work with diverse clients have the same level of multicultural training. Future researchers may want to inquire about the specific training of clinicians regarding multicultural issues and populations, such as by asking about coursework, workshops, or population-specific trainings.

No demographic information was obtained regarding clinicians' geographic location or where they went to graduate school. Future studies could benefit from collecting this information, as it would provide a fuller picture in terms of the perspectives represented in the sample and potentially identify which geographic areas house programs and/or practitioners that may need to improve their multicultural competence. This information

could also help to ensure that there is not an over-representation from one particular part of the country, thus skewing the obtained results.

Sampling was also a challenge for this study. In an effort to expand recruitment beyond APA, as many psychologists may not belong to the organization, I contacted all state psychological associations. However, the majority of state psychological associations: did not allow study recruitment on their listservs/message boards, required membership in order to advertise studies on their listserv, or had to requirements of going through executive committees to obtain approval for study recruitment messages, which often required waiting until a subsequent monthly meeting. Similar issues were encountered when attempting to advertise the study within smaller, regional psychological associations.

These sampling restrictions may have limited the variability of representation in the sample and not reached out to the broadest possible range of practicing psychologists. Obtained sample size did not meet the pre-determined number of participants to meet conventional power statistic of .80. As such, post-hoc power analyses using G*Power yielded an obtained power statistic of .77 for analyses related to the first hypothesis, and a power statistic of .80 for analyses related to hypothesis two. These statistics signify that, although the models tested in this study were not significantly underpowered, a greater sample size would be beneficial, especially to test hypothesis one.

Additionally, state and regional psychological associations of more populous states (e.g., California, New York, Massachusetts) did not allow recruitment as a non-member, which may have impacted sample size and range of clinical experience with diverse clients. Thus, researchers seeking a broad, national sample of practicing psychologists may want to collaborate with psychologists around the country in an effort to recruit widely. Further, despite recruiting more participants than needed to meet statistical power, there was still a

fair amount of unusable data due to incomplete questionnaires; therefore, future studies should recruit with a larger buffer.

The population of interest for this study was gay Latino men, given that the available research on tacit strategies of gay identity disclosure has primarily focused on this population (e.g., Guzman, 2006; Decena, 2011). However, tacit forms of gay identity disclosure may not be exclusive to this population (e.g., Wah-Shan, 2001). More research is needed to determine if and/or how this gay identity disclosure strategy may function across different racial/ethnic groups as well as different gender identities. Investigations into how alternative coming out strategies impact individual well-being are also needed in order to further understand if not following the verbal disclosure norm is in fact an issue for individual wellness. Some early research in this area demonstrated that verbal disclosure did have a positive impact on gay White men's well-being, but this relationship did not emerge for gay Latino men (Villicana, Delucio, & Biernat, 2016). Establishing a solid empirical foundation regarding how various LGBTQ groups conceptualize and engage with a coming out process can better inform clinicians (and other helping professionals) in terms of their approach and course of treatment with these clients.

Conclusion

The results of this study demonstrated that when it comes to the coming out process, clinicians perceive verbal disclosure as the strategy that helps resolve issues stereotypically related to the coming out process. Clinicians rated issues such as genuineness and self-esteem as less salient for a client practicing a verbal gay identity disclosure strategy than for a client utilizing a nonverbal strategy. An alternative form of gay identity disclosure, tacit outness, wherein a gay identity is communicated to and known by others *without* explicit verbalization, was equated to active concealment of a gay identity. Alternative identity

disclosure strategies may be an important aspect of an individual's self-expression of a gay identity for a number of reasons, including cultural congruence or maintaining safety. With clinicians conceptualizing alternative strategies in the same way as concealment, they may risk pathologizing and invalidating clients' experiences; i.e., clients may be combatting stigma against psychotherapy or come into a therapy setting in order to seek refuge from a society that constantly oppresses and marginalizes them. As such, it is important for clinicians to recognize and validate alternative gay identity disclosure strategies among gay Latinos, and LGBTQ people of color broadly.

Findings from this study also speak to the larger issue of training multiculturally competent psychological practitioners and a need to incorporate research speaking to issues of intersectionality. As the U.S. population continues to diversify, there is a clear need to reach out to groups who may face compounded marginalization. Clinicians may feel they are prepared to work with diverse clients, but as seen in this study, they may continue to reify normative ideas around identity development processes (e.g., gay identity disclosure) and impose these ideas onto all clients without considering their broader cultural context. While some clinicians did recognize the unique needs of individuals occupying various intersectional spaces, others noted the shortcomings of their multicultural training in their graduate program, and specifically noted the lack of training on intersectional issues.

Graduate training programs should work towards expanding their curricula and the conversations around multiculturalism and diversity with regards to the gay male, and broader LGBTQ, community. This seems especially critical given the observed shift towards more recently graduated clinicians (i.e., since 2011) in the Tacit condition endorsing a higher salience of issues related to coming out. One would anticipate that those trained within the last five years would be more attuned to the nuances of cultural identity and

cognizant of potential differences in how gay identity development processes may manifest among people of color. Thus, further substantiation of these results may call for a change in how clinicians are trained in multicultural issues and for graduate programs to increase their attention to intersectionality and issues pertinent therein.

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Table 1

Means, Standard Deviations, & Intercorrelations Among all Dependent Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. GAF Score	—	-.322**	-.213*	-.057	-.041	.081	.017	-.07	.024	.026	.140	-.005
2. EFQ		—	.594**	.210*	.032	.109	-.016	-.036	.108	-.128	.006	-.050
3. SCI_Present			—	.287**	.154	.096	.135	.042	.110	-.004	-.047	-.025
4. SCI_Out				—	.236**	-.064	.138	-.040	.269**	.195*	.119	.129
5. SCI_Not					—	.125	.051	.009	-.019	.165	-.009	.055
6. POUT						—	-.051	.039	-.035	.069	-.150	.095
7. MEI-SC							—	.605**	.603**	.103	.115	.095
8. MEI-CC								—	.411**	.010	.035	.025
9. PDC									—	.150	.201*	.175*
10. Lat Cts										—	.218	.699**
11. Gay Cts											—	.370**
12. GoC Cts												—
<i>M</i>	68.84	32.20	3.48	2.77	1.25	2.82	3.80	3.97	3.26	—	—	—
<i>SD</i>	6.12	4.68	0.51	0.96	0.21	0.55	0.93	0.71	0.97	—	—	—

Note. GAF = Global Assessment of Functioning; EFQ = Everyday Feelings Questionnaire; SCI_Present = Salience of Clinical Issues Related to Presenting Problems; SCI_Out = Salience of Clinical Issues Related to Outness; SCI_Not = Salience of Clinical Issues Not Related to Presenting Problems; POUT = Perceptions of Outness; MEI_SC = Multicultural Environment Inventory-Supervision & Curriculum subscale; MEI_CC = Multicultural Environment Inventory-Climate & Comfort subscale; PDC = Preparedness to work with Diverse Clients; Lat Cts = Clinical experience with Latina/o clients; Gay Cts = Clinical experience with gay male clients; GoC Cts = Clinical experience with gay clients of color. * $p < .05$. ** $p < .01$.

Table 2

Means and Standard Deviations of Dependent Variables Across Condition

	GAF	EFQ	SCI_Present	SCI_Out	SCI_Not
Conceal	68.61 (5.69)	32.34 (4.44)	3.52 (.49)	3.36 (.68)	1.24 (.36)
Tacit	68.29 (6.42)	32.22 (4.34)	3.41 (.51)	3.09 (.80)	1.19 (.39)
Out	69.56 (6.20)	32.06 (5.26)	3.53 (.52)	1.96 (.75)	1.32 (.58)

Note. GAF = Global Assessment of Functioning; EFQ = Everyday Feelings Questionnaire; SCI_Present = Salience of Clinical Issues Related to Presenting Problems; SCI_Out = Salience of Clinical Issues Related to Outness; SCI_Not = Salience of Clinical Issues Not Related to Presenting Problems.

Table 3

Results of Hierarchical Regression for Salience of Clinical Issues Related to Outness

Variable	R	R ²	ΔR^2	SE	<i>b</i>	<i>t</i>
Step 1	.485	.235*				
POUT				.254	.096	.38
PDC				.112	.239*	2.129
Gay Cts				.081	-.056	-.684
Lat Cts				.059	-.138*	-2.343
GoC Cts				.110	.221*	2.006
Step 2	.635	.403**	.168**			
POUT				.230	.07	.304
PDC				.118	.283*	2.399
Gay Cts				.075	-.079	-1.06
Lat Cts				.054	-.112*	-2.081
GoC Cts				.101	.253*	2.518
MEI_SC				.145	.148	1.023
MEI_CC				.182	-.604**	-3.32

Note. POUT = Perceptions of Outness; PDC = Preparedness to work with Diverse Clients; Gay Cts = Clinical experience with gay male clients; Lat Cts = Clinical experience with Latina/o clients; GoC Cts = Clinical experience with gay clients of color; MEI_SC = Multicultural Environment Inventory-Supervision & Curriculum subscale; MEI_CC = Multicultural Environment Inventory-Climate & Comfort subscale. * $p < .05$. ** $p < .01$.

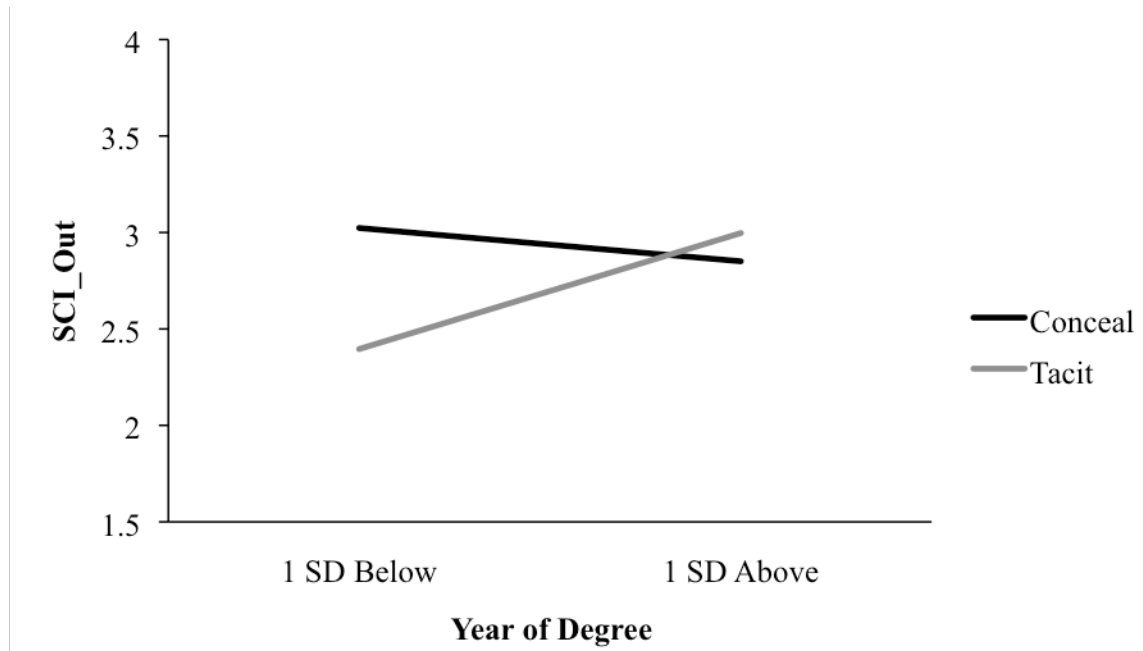


Figure 1. Vignette condition X Year of Degree on Salience of Clinical Issues related to Outness.

Appendix A

Clinical Vignettes

Conceal

Javier is a 26-year old, self-identified Latino gay male who has come to a community counseling center for help dealing with mild depression and anxiety related to current life circumstances. He reported difficulty motivating himself to get out of bed and focusing on his daily responsibilities. He stated that he feels “stuck in life” and does not feel fulfilled by his current job, but reported that he cannot quit due to financial reasons. He also expressed worry because of his current romantic relationship.

Javier stated that he has been with his boyfriend for approximately six months and that it is his first “real” relationship. *He has not introduced his boyfriend to his family because he is not out to them.* Javier shared that *a close friend has encouraged him to tell his family that he is gay in order to strengthen his relationship with his boyfriend.* Javier expressed that he has been thinking about his friend’s suggestion and that it is causing him a lot of stress because *he values the relationship but does not feel ready to come out to his family.*

Javier is currently coping with his issues by taking walks and listening to music that he knows improves his mood. He also reported that playing with his dog and exercise are typically good stress relievers, but that these strategies have not been working well recently. He stated that there is just “too much going on” in his head and that he can’t seem to figure out how to make sense of it all.

Tacit

Javier is a 26-year old, self-identified Latino gay male who has come to a community counseling center for help dealing with mild depression and anxiety related to current life circumstances. He reported difficulty motivating himself to get out of bed and focusing on his daily responsibilities. He stated that he feels “stuck in life” and does not feel fulfilled by his current job, but reported that he cannot quit due to financial reasons. He also expressed worry because of his current romantic relationship.

Javier stated that he has been with his boyfriend for approximately six months and that it is his first “real” relationship. *He has introduced his boyfriend to his family and he brings him to family events (e.g., birthday parties).* *He stated that family members know him as a friend, but he feels his family understands the nature of their relationship.* Javier shared that *a close friend has encouraged him to tell his family about the relationship in order to strengthen his relationship with his boyfriend.* Javier expressed that he has been thinking about his friend’s suggestion and that it is causing him a lot of stress because *he values the relationship but does not feel he needs to explicitly disclose the nature of their relationship to his family.*

Javier is currently coping with his issues by taking walks and listening to music that he knows improves his mood. He also reported that playing with his dog and exercise are typically good stress relievers, but that these strategies have not been working well recently. He stated that there is just “too much going on” in his head and that he can’t seem to figure out how to make sense of it all.

Out

Javier is a 26-year old, self-identified Latino gay male who has come to a community counseling center for help dealing with mild depression and anxiety related to current life circumstances. He reported difficulty motivating himself to get out of bed and focusing on his daily responsibilities. He stated that he feels “stuck in life” and does not feel fulfilled by his current job, but reported that he cannot quit due to financial reasons. He also expressed worry because of his current romantic relationship.

Javier stated that he has been with his boyfriend for approximately six months and that it is his first “real” relationship. *He has introduced his boyfriend to his family and he brings him to family events (e.g., birthday parties).* Javier shared that *a close friend has encouraged him to take the “next step” with his relationship and move in with his partner.* He expressed that he has been thinking about his friend’s suggestion and that it is causing him a lot of stress because *he values the relationship but does not feel ready to move in with his partner.*

Javier is currently coping with his issues by taking walks and listening to music that he knows improves his mood. He also reported that playing with his dog and exercise are typically good stress relievers, but that these strategies have not been working well recently. He stated that there is just “too much going on” in his head and that he can’t seem to figure out how to make sense of it all.

Appendix B

Measures

GAF Score

Instructions: Examine the GAF scale and use it to rate XXX. Consider psychological, social and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations. Your rating should be a number between 1 and 100.

Global Assessment of Functioning (GAF) Scale

Code (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.)

- 91-100 **Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.**
- 81-90 **Absent or minimal symptoms** (e.g., mild anxiety before an exam), **good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns** (e.g., an occasional argument with family members).
- 71-80 **If symptoms are present, they are transient and expectable reactions to psychosocial stressors** (e.g., difficulty concentrating after family argument); **no more than slight impairment in social, occupational, or school functioning** (e.g., temporarily falling behind in school work).
- 61-70 **Some mild symptoms** (e.g., depressed mood and mild insomnia) **OR some difficulty in social, occupational, or school functioning** (e.g., occasional truancy, or theft within the household), **but generally functioning pretty well, has some meaningful interpersonal relationships.**
- 51-60 **Moderate symptoms** (e.g., flat affect and circumstantial speech, occasional panic attacks) **OR moderate difficulty in social, occupational, or school functioning** (e.g., few friends, conflicts with peers or co-workers).
- 41-50 **Serious symptoms** (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) **OR any serious impairment in social, occupational or school functioning** (e.g., no friends, unable to keep a job).
- 31-40 **Some impairment in reality testing or communication** (e.g., speech is at all times illogical, obscure or irrelevant) **OR major impairment in several areas, such as work or school, family relations, judgment, thinking or mood** (e.g., depressed man avoids friends, neglects family and is unable to work; child frequently beats up younger children, is defiant at home and is failing at school).

- 21-30 **Behaviour is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment** (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) **OR inability to function in almost all areas** (e.g., stays in bed all day, no job, home, or friends).
- 11-20 **Some danger of hurting self or others** (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) **OR occasionally fails to maintain minimal personal hygiene** (e.g., smears faeces) **OR gross impairment in communication** (e.g., largely incoherent or mute).
- 1-10 **Persistent danger of severely hurting self or others** (e.g., recurrent violence) **OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.**

Everyday Feelings Questionnaire (Uher & Goodman, 2010)

Instructions: Feelings come and go. Thinking about xxx, as far as you can tell, does xxx feel the following (modified language from original)

5-point Likert type scale (0 = none of the time to 4 = all of the time)

Positive about the future (R)

Worried or tense

Able to enjoy life (R)

Tired or lacking in energy

Stressed

Positive about himself (R)

Less interested in things he used to enjoy

Calm and relaxed (R)

Very unhappy

Able to cope with what life brings (R)

Saliency of Clinical Issues (adapted from Mohr et al., 2009)

Instructions: Listed below are a number of common clinical issues. Using your clinical judgment, estimate the degree to which each of these issues may play a role in XXX's difficulties using the following rating scale. Please rate each item using a whole number between 1-5.

5-point Likert-type scale (1 = not at all to 5 = a great deal)

Related to presenting issues

Anxiety
Career Indecision
Relationship Concerns
Coping Strategies
Depression

Related to Coming Out

Sexual Orientation
Coming Out
Identity Development
Cultural Conflict
Self-esteem
Honesty
Genuineness

Not related to presenting concerns or coming out

Body Image Concerns
Academic Concerns
Shyness
Attention Deficit Disorder
Addiction

Multicultural Environment Inventory-Revised (Pope-Davis, Liu, Nevitt, & Toporek, 2000)

Instructions: The following items ask about your training program and environment with regards to multicultural issues. For the purposes of this study, please consider “multicultural issues” to encompass issues related to gender, race/ethnicity, sexual orientation, socioeconomic status, religion, and ability.

5-point Likert-type scale (1 = not at all to 5 = a lot)

I believe that multicultural issues were integrated into coursework. (CS)

The course syllabi reflected an infusion of multiculturalism. (CS)

There was a diversity of teaching strategies and procedures employed in the classroom (e.g., cooperative and individual achievement).

There were various methods used to evaluate student performance and learning (e.g., written and oral assignments).

Multicultural issues were considered an important component in supervision. (CS)

Awareness of and responsiveness to multicultural issues was part of my overall evaluation. (CS)

Being multiculturally competent was valued. (CS)

I was encouraged to integrate multicultural issues into my courses. (CS)

I was encouraged to integrate multicultural issues into my work. (CS)

I felt comfortable with the cultural environment in class.

During exams, multicultural issues were reflected in the questions. (CS)

I felt my comments were valued in classes.

The environment made me feel comfortable and valued.

There was a place I could go to feel safe and valued.

I generally felt supported.

The faculty made an effort to understand my point of view.

A diversity of cultural items (pictures, posters, etc.) were represented throughout my program/department. (CS)

All course evaluations asked how/if multicultural issues had been integrated into courses. (CS)

All courses and research conducted by faculty addressed, at least minimally, how the topic affected diverse populations. (CS)

I felt comfortable discussing multicultural issues in supervision.

There were faculty with whom I felt comfortable discussing multicultural issues and concerns.

There was a demonstrated commitment to recruiting minority students and faculty.

Condition Check

How would you classify Javier's current level of outness?

1	2	3	4	5
Not known		Known, but not discussed		Known, and openly discussed

Preparedness to work with diverse clients

Instructions: The following items ask about how you felt your training prepared you to work with diverse clients.

To what extent do you feel that your graduate coursework prepared you to work competently with lesbian, gay, or bisexual clients relative to heterosexual clients?

1	3	5
Not very well	Somewhat	Well

To what extent do you feel that your graduate coursework prepared you to work competently with Latina/o clients relative to non-Latino clients?

1	3	5
Not very well	Somewhat	Well

To what extent do you feel that your graduate coursework prepared you to work competently with LGB people of color clients relative to White LGB clients?

1	3	5
Not very well	Somewhat	Well

Demographics

Age

Gender Identity

Race/Ethnicity

Sexual Orientation

Graduate degree under which you practice (Ph.D, Psy.D)

Area of graduate degree (Clinical Psychology, Counseling Psychology, School Psychology)

When did you obtain your degree (i.e., year of graduation)?

Licensed?

If applicable, specify (e.g., MFT; LMHC)

Years in practice (post-degree)?

How many gay male clients have you seen?

0 1-2 3-7 8-12 13-19 20-30 31-50 50+

How many Latina/o clients have you seen?

0 1-2 3-7 8-12 13-19 20-30 31-50 50+

Of these clients, please provide a percentage estimate of clients in each unique group

___ Mexican

___ Central American

___ South American

___ Caribbean

How many gay clients of color have you seen?

0 1-2 3-7 8-12 13-19 20-30 31-50 50+