
*SUPERVISION AND TRAINING
IN CLINICAL WORK WITH GLBT FAMILIES*

Revisiting the Sexual Orientation Matrix
for Supervision:
Working with GLBTQ Families

Janie K. Long
Josephine Bonomo

Janie K. Long, PhD, is Associate Chair of the Department of Applied Psychology and Director of the MFT program at Antioch University New England. Dr. Long's academic career has been devoted to addressing social justice issues through giving voice to those who are "invisible" or disenfranchised, to promoting people's strengths and resiliencies, and to empowerment of those who lack power. She has written extensively and made numerous national and international presentations in the areas of clinical training and supervision related to minority populations, particularly GLBTQ persons and their relationships. In August 2006, Dr. Long will become the Director of the Center for Lesbian, Gay, Bisexual, Transgendered Life at Duke University in Durham, NC.

Josephine Bonomo, MS, LMFT, is a doctoral candidate in the Marriage and Family Therapy program, Department of Child Development and Family Studies, at Purdue University. Her clinical work has focused on conduct disordered youth and their families, marital therapy, and abused/neglected children. Her research interests include juvenile sex offender treatment, change processes in family therapy, and supervision/mentoring.

[Haworth co-indexing entry note]: "Revisiting the Sexual Orientation Matrix for Supervision: Working with GLBTQ Families." Long, Janie K., and Josephine Bonomo. Co-published simultaneously in *Journal of GLBT Family Studies* (Harrington Park Press, an imprint of The Haworth Press, Inc.) Vol. 2, No. 3/4, 2006, pp. 151-166; and: *Interventions with Families of Gay, Lesbian, Bisexual, and Transgender People: From the Inside Out* (ed. Jerry J. Bigner, and Andrew R. Gottlieb) Harrington Park Press, an imprint of The Haworth Press, Inc., 2006, pp. 151-166. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: docdelivery@haworthpress.com].

Available online at <http://glbtf.haworthpress.com>
© 2006 by The Haworth Press, Inc. All rights reserved.
doi:10.1300/J461v2n03_08

151

SUMMARY. This article addresses the use of the Sexual Orientation Matrix for Supervision (SOMS) in preparing supervisees to work with GLBTQ families. Originally published as a tool to assist supervisors and educators to help their supervisees work more effectively with gay, lesbian, and bisexual (GLB) couples, the SOMS is founded on two core concepts: (1) degree of heterosexual bias; and (2) degree of acceptance of GLBTQ orientations and behavior. In this revision, we have expanded heterosexual bias to include sexual identities, sexual orientations, and gender identities. Supervisors can employ the Matrix to explore their own and their trainees' levels of comfort, knowledge, and experience. We also provide specific suggestions and tasks. doi:10.1300/J461v2n03_08 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2006 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Sexual orientation matrix for supervision, supervision, family therapy, GLBTQ families

Queer families are very diverse: sexual minority youth and their families; parents in heterosexual marriages who later identify as sexual minority members; married couples in which one person is bisexual or transgender; gay and lesbian couples who adopt or have children of their own; and young adults who identify as bisexual and enter into same-sex relationships. Many families face struggles with common problems, such as parenting, family of origin issues, or developmental transitions, e.g., the death of a parent. In supervision, however, the complexity of these struggles must be understood in the context of the unique challenges that gay, lesbian, bisexual, transgender, and questioning (GLBTQ) families face.

Our goal here is to address issues related to the application of the Sexual Orientation Matrix for Supervision (SOMS)—originally developed for supervision of same-sex couples (Long & Lindsey, 2004)—when working with GLBTQ families. We begin with a brief introduction of the SOMS by looking at some of the major challenges identified in the literature. Then, after summarizing the development and goals of the SOMS, we highlight specific issues that might be addressed in supervision and how the Matrix might be used. Finally, a supervisory self-as-

essment will be discussed as a way to encourage both self-reflection and collegial discussions.

SUPERVISION OF THERAPISTS WORKING WITH GLBTQ FAMILIES

Many authors have questioned the preparedness of therapists to deal with GLBTQ clients and their families (Laird & Green, 1995; Long, 1996; Long & Serovich, 2003; Ritter & Terndrup, 2002). Research indicates that only about 50 percent of marriage and family therapists feel competent to treat lesbians and gay men (Doherty & Simmons, 1996). It has been our experience that both educators and students across the mental health disciplines are inadequately prepared to deal with GLBTQ families. Many trainees report having only had a generic course in special populations and a lack of adequate clinical experience in training programs with GLBTQ families is common. In addition, when trainees do begin working with them, many acknowledge feeling lost because their limited exposure to the literature and lack of in-depth discussion in classes has not adequately prepared them for addressing their specific needs. Even those students who feel that they are prepared are often limited in knowledge, skills, and/or experience. They sometimes believe that, because they have some acquaintance with sexual minority members, they already know everything there is to know. Some also assume that these families are no different than any others. In other words, attention to GLBTQ issues may be unintentionally ignored or minimized. Therefore, the spectrum of difficulties often encountered when working with GLBTQ families range from paralysis or immobility to an overconfident, all-knowing attitude. It is the supervisor's job to help trainees move toward the middle with a healthy dose of humility and openness and a measure of broad understanding.

Supervisors and trainers who are committed to preparing supervisees to work with these clients must ensure that they have both an adequate knowledge base and the necessary skills (Long & Lindsey, 2004). Brown (1991) suggests that when supervisors fail to introduce GLBTQ issues, when they do not encourage self-examination, and when they fail to do consciousness-raising regarding sexual minorities,¹ they allow "the development of professionals who are not only deficient in their ability to work with sexual minorities. . . but. . . [create] . . . therapists who are uncomfortable with ambiguities and questions regarding sexuality" (p. 237). Supervisors who *do* address issues related to sexual

identity, sexual orientation, and gender identity encourage supervisees to learn about and accept differences as well as develop an awareness of their personal biases. The SOMS offers a model from which to start.

DEVELOPMENT OF THE SEXUAL ORIENTATION MATRIX FOR SUPERVISION

The SOMS evolved from discussions between a supervisor and three supervisors-in-training. We were all struggling with how to discuss topics about which most persons have intense feelings (Greene, 1994). We realized that just as supervisees approach GLBTQ people with varying levels of acceptance, comfort, and knowledge, so did we as supervisors. Examining our own biases in order to work more honestly and effectively with our supervisees as well as with our clients was critical. Not talking about the topic of bias, we agreed, would be unethical, both from a training standpoint and in the interest of the clients (Long & Lindsey, 2004). Establishing and maintaining trust and mutual respect and providing a safe environment for our trainees to examine their beliefs was foremost (Long, 1997). We were interested in exploring their levels of comfort and experience with and knowledge about GLBTQ relationships—same-sex couples, gay and lesbian parents, sexual minority adolescents and their parents, transgender individuals and their families—as well as their awareness of the historical, social, and legal trends affecting these clients and their families.

In recent years, the therapeutic literature on GLBTQ clients has grown substantially (Bepko & Johnson, 2000; Bernstein, 2000; Greene, 1994; Kurdek, 1994; Ritter & Terndrup, 2002). However, since we found little specific guidance about how to deal with these issues in supervision, especially when there were potential differences in values and beliefs between supervisors and trainees, we began meeting to discuss how best to approach this. (Note: We also want to acknowledge that while we refer throughout this article to GLBTQ families as a population, we also recognize that all the diverse family forms included under this umbrella are distinct in their own ways. We, in fact, believe that every family is distinct. Yet, in order to address the general issues of bias and acceptance, we will not be able to fully address all those differences here.)

The SOMS revolves around two core concepts: (1) the degree of heterosexual bias; and (2) the degree of acceptance of GLBTQ identities, orientations, and behaviors of both supervisor and supervisee. These

concepts highlight the supervisor's need to attend to the trainee's attitudes, beliefs, and value systems as well as their skills and behaviors. In revising the SOMS and its application, we recognized that the concept of heterosexual bias did not fully address those who are transgender, transsexual, or intersexed, so we have broadened the concept to include those persons as well as those who are questioning.

Heterosexual bias has the potential to harm clients and their families as well as clinicians (Long, 1996). It has been defined as "conceptualizing human experience in strictly heterosexual terms and consequently ignoring, invalidating, or derogating lesbian, gay, and bisexual orientations, behaviors, relationships, and lifestyles" (Herek, Kimmel, Amaro, & Melton, 1991, p. 958). We find that supervisees ignore these families, often out of simply not understanding them or of minimizing what is important to them. When GLBTQ families have been recognized, though, a heterosexist lens has historically been employed to evaluate, analyze, research, and work with them in treatment.

Evidence of the presence of heterosexism in the mental health arena includes the following beliefs: (a) heterosexuality is normal and healthy and GLBTQ orientations are deviant or pathological (Brown, 1989); (b) theories and research findings based on studies of heterosexuals are applicable and generalizable to persons who are GLBTQ (Kitzinger, 1987); and (c) heterosexuality and its accompanying lifestyle provide normative standards against which the lives of GLBTQ persons need to be compared in order to be understood (Cabaj, 1988; Goodrich, Rampage, Ellman, & Halstead, 1988).

Both supervisors and supervisees possess varying *levels of acceptance* of GLBTQ identities, orientations, relationships, and lifestyles. These levels can be manifested both consciously and/or unconsciously during the supervisory process. Some view persons who are GLBTQ as repulsive, morally corrupt, or mentally ill, and encourage supervisees to establish the goal of changing that person's orientation (Rosik, 2003). Others consider bisexuals, gays, and lesbians to be developmentally stymied from reaching their full, i.e., heterosexual, potential (Yarhouse, 1998). Ways therapists can encourage their clients to "grow out of" their sexual orientation are reinforced, introducing the notion that they could be straight if they really wanted to. Similarly, persons who are transsexual or transgender would be encouraged to maintain their assigned biological sex or to adhere to traditional gender roles. Conversely, the issue might be ignored. Statements like: "I can work with persons who are GLBTQ in therapy as long as it is not the focus of our work"; or "I don't think of you as transsexual. To me you are just a per-

son”; or “I’m very comfortable interacting with you so let’s not focus on your sexual orientation,” all dismiss sexual orientation, sexual identity, and gender identity as issues to be potentially addressed (Long, 1997).

Some clinicians may be accepting of GLBTQ orientations and identities but unaware of being biased. Once uncovered, however, they are willing to examine their own attitudes, values, and behaviors. Some value diversity in relationships and see persons who are GLBTQ as important and indispensable. They are willing to become allies and advocates to ensure that persons who are GLBTQ prosper. These supervisors encourage therapists to work with GLBTQ clients and to increase their knowledge and skills.

THE SEXUAL ORIENTATION MATRIX FOR SUPERVISION IN FAMILY THERAPY

Because we believe that these concepts—bias and levels of acceptance—are intertwined, we developed a Matrix, based on earlier work (Long & Lindsey, 2004), to help us examine how these two concepts might in combination influence the supervision process (see Figure 1). The vertical axis represents bias; the horizontal axis represents the person’s level of acceptance. In this way, we attempt to account for both. The quadrants represent four intersections. We do not believe that anyone falls neatly into any one of these, but rather that beliefs and values are more discontinuous and pastiched than a steady state.

The quadrants² are as follows:

Quadrant A represents persons who are overtly non-accepting of GLBTQ identities, orientations, and/or lifestyles and evidence high levels of bias. They are likely to vilify GLBTQ identities, orientations, relationships, and lifestyles. Questions that therapists and supervisees in this quadrant might face include:

Therapist-Trainee Issues

- Do I want to work with GLBTQ families?
- If not, do I feel the freedom to say so? What are the ramifications of being honest about my feelings with my supervisor?
- Do I want to learn more about GLBTQ individuals and families?
- Do I conceptualize family problems as stemming from sexual orientation, sexual identity, or gender identity?

- Do I find myself feeling repulsed by or fearful of my GLBTQ clients and what might that mean for my work with them?
- Do I tend to align myself more with the family members who are having difficulty with the GLBTQ person?
- Are my suggestions to the family ways to shift them toward heterosexuality or stereotypical gender roles?
- Do I overtly or covertly compare GLBTQ families with “normal” families?

Supervisor Issues

- Is it ethical to allow the therapist who falls into this quadrant to work with GLBTQ families?
- If this therapist wants to work with GLBTQ families, is s/he trying to undermine relationships or change someone’s sexual orientation, sexual identity, or gender identity?
- Is it acceptable for the therapist to decline to learn about GLBTQ family issues?
- How do I address religious beliefs that might influence the supervisee’s value system?
- What literature do I suggest the supervisee read without disrespecting their beliefs?
- What is my ethical role, as a gatekeeper of the profession, in furthering their career?
- How can I encourage my supervisee to learn more about different professional organizations serving the GLBTQ communities?

Quadrant B represents persons who behave in a relatively non-biased manner, but who have moral objections to GLBTQ identities, orientations, and/or lifestyles:

Therapist-Trainee Issues

- Do I want to work with GLBTQ families? Can I be effective considering my moral objections to a GLBTQ orientation?
- If I do want to work with them, what are my motivations? Am I interested in undermining relationships or changing their identity, orientation, or behavior?
- Can I work with GLBTQ families around issues that are not related to identity or orientation? What would I do if subsequently these issues became an important factor in our work?

- Should I disclose my feelings about GLBTQ identities and orientations to my clients? Is it ethical to work with them if I do not?
- Do I find myself saying things that I do not necessarily agree with morally?

Supervisor Issues

- How do I talk with a therapist-trainee about how his/her moral objections might influence the therapeutic relationship and the direction of treatment?
- Can therapist-trainees who morally disapprove of GLBTQ identities and orientations effectively work with these families on any issue?
- Is it ethical to allow a therapist-trainee to work with persons who are GLBTQ if they morally disapprove of the client's identity or orientation, even if the therapist is respectful in attitude and demeanor?
- How do I determine when or if to encourage those therapist-trainees who are uncomfortable with the issue to work with GLBTQ families? How do I address the nature of their discomfort?
- If indicated, how do I prepare therapist-trainees to refer GLBTQ families to another therapist?
- Are there patterns of moral objections in other areas besides sexual identity or orientation (e.g., divorce, sexual practices, or abortion) that might indicate the need for discussion about how their views influence therapy?
- How can I encourage my supervisee to learn more about different professional organizations serving the GLBTQ communities?

Quadrant C represents persons who are consciously accepting of GLBTQ sexual identities, orientations, and/or lifestyles, but who are unaware of heterosexist bias that manifests in their behavior:

Therapist-Trainee Issues

- What blind spots do I have in terms of my biases, and how are they manifested in my thinking about and working with GLBTQ families?
- What specific knowledge and skills do I need to be more effective?
- What can I do to gain more exposure?
- How well do my models of treatment allow me to address issues routinely encountered in the lives of GLBTQ persons and their

families, e.g., oppression, invisibility, discrimination, and hate crimes?

- What assumptions have I made regarding gender roles in the family?
- What words/labels might I be using that influence my thinking in a biased manner (e.g., normal, atypical, dysfunctional)?
- What words might I use with family members that may increase their discomfort or anxiety (e.g., queer, homophobia, victims)?

Supervisor Issues

- How and when do I provide needed information for students about GLBTQ persons and their families?
- How have I fostered relationships with the GLBTQ community so trainees have the opportunity to work with members of this group?
- How effective am I at recognizing levels of biases on the part of therapist-trainees and helping them to address these issues?
- How can I give supervisees opportunities to gain insight into their own biases?
- How can I encourage my supervisee to learn more about different professional organizations serving the GLBTQ communities?

Quadrant D represents persons who are very accepting of GLBTQ identities, orientations, lifestyles, and/or behaviors and are relatively unbiased in behavior:

Therapist-Trainee Issues

- What knowledge and skills do I need to be more effective with GLBTQ families?
- What can I do to gain more exposure to them?
- How well do my models of therapy allow me to address issues routinely encountered by GLBTQ persons and their families, e.g., oppression, invisibility, discrimination, and hate crimes?
- Do I have biases that I am unaware of that affect my work with GLBTQ families?
- Do I find myself aligning or over-identifying with the GLBTQ family member?
- Do I find myself saying to myself “I get it” because I have gone through similar experiences, but have difficulty appreciating the uniqueness of each person/family’s experiences?

Supervisor Issues

- Do I assume that because the therapist-trainee is receptive to persons who are GLBTQ that they are totally unbiased when working with them?
- What can I learn from this supervisee, who may know more about GLBTQ people than I do?
- How can I help supervisees be more aware about being unrealistically overconfident in working with GLBTQ people?
- How can I encourage my supervisee to learn more about different professional organizations serving the GLBTQ communities?

UTILIZING THE MATRIX

Supervisor Self-Assessment

Family therapy supervisors are not immune to the influence of the ubiquitous existence of bias either (Long & Serovich, 2003). This can

FIGURE 1. The Sexual Orientation Matrix for Supervision



take the form of outright prejudice or discrimination, ignorance of their special concerns, stereotypical thought processes, and blatant insensitivity. Therefore, self-examination is an important step in preparing to work with supervisees. The Matrix can be helpful in this way as well.

Self-examination on the part of the supervisor may occur independently or as a result of interactions within the supervisory process. In the latter context, it can be prompted by (a) a supervisee who markedly differs from the supervisor in acceptance of GLBTQ persons or (b) the supervisor who realizes that she or he has inadequate knowledge of a case during advisement. Supervisors can then place themselves into a quadrant of the Matrix to begin identifying those issues they need to explore more in-depth. Some questions for supervisors to ask themselves related to their own knowledge, skills, beliefs, and practices include:

Knowledge

- Have I consistently read publications on working with GLBTQ clients and families in therapy? Is my knowledge base current?
- Do I regularly attend workshops or presentations related to GLBTQ issues?
- Do I purposefully think about the application of theories or clinical models to persons who are GLBTQ and their families?
- Do I have a current understanding of the most salient issues facing GLBTQ families today by reading popular books, watching popular movies, and being aware of news stories?
- Am I aware of the suggested best practices in working with GLBTQ clients, including the guidelines provided by my professional organizations, such as ACA, APA, NASW, all of which have taken a strong stance against the practice of reparative therapy?
- Do I have a reasonable amount of knowledge of the research and literature to discuss different perspectives on GLBTQ “controversies,” such as same-sex parenting or adolescent sexuality?
- Have I read about GLBTQ lifestyles and relationships including their historical struggles with oppression and discrimination? Have I considered the multiple levels of discrimination experienced by persons who are GLBTQ who are also members of interracial or intercultural families (Long, 2003)?
- How many personal and professional relationships have I had with persons who are GLBTQ?

Skill

- How comfortable am I in working with GLBTQ clients?
- How much experience do I have with these individuals, couples, and families?
- How comfortable am I and how much experience do I have working with GLBTQ supervisees?
- Do I find myself “stumped” when families discuss problems related to their GLBTQ family member?
- Do I struggle with knowing how to intervene in possible high levels of conflict that often arise when discussing issues related to identity, orientation, lifestyle, and behaviors?

Stereotypical Thought Processes

- Do I equate same-sex attraction or gender bending behavior with pathology?
- Have I scrutinized my own use of language for bias against persons who are GLBTQ? Do I use terms like *sexual deviants* or *gender dysphoric*?
- Do I assume that I know the sexual identity, gender identity, or sexual orientation of clients and supervisees?
- Do I assume a level of expertise that does not allow room for “not-knowing”?

Discriminatory Practices

- Do I encourage the acceptance and employment of persons who are GLBTQ?
- Do I use examples in supervision that include GLBTQ families, being careful not to *only* present them as dysfunctional?
- Do I include partners in social functions, recognize commitment ceremonies, display understanding during the illness or death of a partner or co-parented children, support insurance coverage and other benefits for partners and any co-parented children?
- Do I ask GLBTQ supervisees to cover holidays because “they don’t have to worry about family” (Long, 1997)?
- Am I a good listener for the unique personal experiences my supervisees have had and how these may positively or negatively affect their clinical work?

Using the Matrix for Supervision

We advocate for an open and collaborative context related to GLBTQ supervision issues, one that helps promote, facilitate, and sustain a dialogue. We feel that supervisors should be as transparent as possible in the ways they are thinking, demonstrating this openness as a way to educate and model decision-making and good practice. The SOMS supports this type of learning environment.

Once supervisors have examined their own knowledge, values, and beliefs, they can more effectively help supervisees examine their own. The Matrix can be discussed as a standard part of supervision or employed when the supervisee first begins. Addressing their general level of comfort in working with clients from varied backgrounds is a good place to start. More specifically, the Matrix could be used to focus on varied sexual and gender identities and orientations. We believe that it is also helpful for trainees to know where their supervisors place themselves on the Matrix and how they believe it affects their ability to oversee their cases. Supervisors can encourage supervisees to pinpoint the sources of their discomfort—lack of knowledge, lack of exposure, conflict with personal values, lack of skill, ties to their own personal experience—should they want to reveal themselves.

When there are obvious differences between supervisor and trainee, how those differences may affect supervision should be explored. For example, supervisors who place themselves in quadrants A or B may not be effective when working with a GLBTQ supervisee. Likewise, a GLBTQ supervisor may feel uncomfortable supervising persons who place themselves in quadrants A or B. These situations may present opportunities for discussion and developing insight rather than complacency if this information can be used for learning and self-exploration. In addition, the Matrix also offers an opportunity for developing supervisory tasks. Some of those might include:

Quadrant A:

- Building knowledge around GLBTQ identities, orientations, lifestyles, and relationships via literature, real world experiences, or professional workshops
- Identifying and clarifying biases and their origins
- Observing other clinicians working with GLBTQ families, e.g., behind a one-way mirror or through videos.

Quadrant B:

- Identifying under what circumstances a referral should be made to another clinician
- Communicating that decision to families
- Minimizing the likelihood that bias will be obvious should the trainee continue the treatment.

Quadrant C:

- Identifying and clarifying of therapist's biases
- Building knowledge concerning special issues in GLBTQ relationships and identity development
- Building knowledge concerning treatment issues and strategies.

Quadrant D:

- Building knowledge concerning special issues in GLBTQ relationships and identity development
- Building knowledge concerning treatment issues and strategies
- Identifying areas of bias
- Encouraging therapists to reflect on the process by which they have been able to minimize bias.

CONCLUSION

We want to strongly encourage supervisors to use the Matrix in their work with GLBTQ families. However, we caution the reader to remember that identities are fluid; therefore, the Matrix is best utilized, not as a fixed instrument, but as a starting point (Simon, 1996). We have found it a very helpful tool in facilitating discussions around the issues of sexual and gender identities and orientations, both among ourselves as supervisors and with our supervisees. On occasion, we have also employed the Matrix with our GLBTQ clients and families. In those instances, it was used to explore their levels of self-acceptance, providing us with important insight into their life stories. Through its use, we have encouraged supervisees and ourselves to honestly examine who we are and what we believe, to learn about and accept differences, to develop an awareness of personal biases, and to learn ways to work more effectively and respectfully with persons who are GLBTQ and their families.

NOTES

1. The term—*sexual minority*—is used with caution in recognition of the belief that sexual orientation for humans is fluid and changeable. Therefore, it is difficult to determine who is in the minority. For further discussion of this topic, see Simon (1996).
2. The quadrants are designated by the letters A, B, C, and D in order to avoid the use of labels.

REFERENCES

- Bepko, C., & Johnson, T. (2000). Gay and lesbian couples in therapy: Perspectives for the contemporary family therapist. *Journal of Marital and Family Therapy, 26* (4), 409-419.
- Bernstein, A. C. (2000). Straight therapists working with lesbians and gays in family therapy. *Journal of Marital and Family Therapy, 26*(4), 443-454.
- Brown, L. S. (1989). New voices, new visions: Toward a lesbian/gay paradigm for psychology. *Psychology of Women Quarterly, 13*, 445-456.
- Brown, L. S. (1991) Commentary on the special issue of The Counseling Psychologist: Counseling with lesbians and gay men. *The Counseling Psychologist, 19*, 235-238.
- Cabaj, R. P. (1988). Homosexuality and neurosis: Considerations for psychotherapy. *Journal of Homosexuality, 15*(1/2), 13-23.
- Doherty, W. J., & Simmons, D. S. (1996). Clinical practice patterns of marriage and family therapists: A national survey of therapists and their clients. *Journal of Marital and Family Therapy, 22* (2), 9-25.
- Goodrich, T. J., Rampage, C., Ellman, B., Halstead, K. (1988). *Feminist family therapy: A casebook*. New York: W. W. Norton & Co.
- Greene, B. (1994). Lesbian and gay sexual orientations: Implications for clinical training, practice, and research. In B. Greene & G. M. Herek (Eds.), *Lesbian and gay psychology: Theory, research, and clinical implications* (pp. 1-24). Thousand Oaks, CA: Sage.
- Herek, G. M., Kimmel, D. C., Amaro, H., & Melton, G. B. (1991). Avoiding heterosexist bias in psychological research. *American Psychologist, 46*, 957-963.
- Kitzinger, C. (1987). *The social construction of lesbianism*. London: Sage.
- Kurdek, L. A. (1994). *Social services for gay and lesbian couples*. Binghamton, New York: The Haworth Press.
- Laird, J., and Green, R.-J. (1995). Guest editors' "Introduction" to special issue "Lesbian and gays in families: The last invisible minority." *Journal of Feminist Family Therapy, 7*, 3-13.
- Long, J. K. (1996). Working with lesbians, gays, and bisexuals: Addressing heterosexism in supervision. *Family Process, 35*(3), 1-6.
- Long, J. K. (1997). Lesbian, gay, and bisexual orientations: Implications for the supervisory process. In C. Storm & T. Todd (Eds.), *The complete systemic supervisor: Philosophy, methods, and contexts* (pp. 59-71). New York: Allyn & Bacon.

- Long, J. K. (2003). Interracial and intercultural lesbian couples: The incredibly true adventures of two women in love. *Journal of Couple and Relationship Therapy*, 2(2/3), 85-101.
- Long, J. K., & Lindsey, E. (2004). The sexual orientation matrix for supervision: A tool for training therapists to work with same-sex couples. *Journal of Couple and Relationship Therapy*, 3(2/3), 123-135.
- Long, J. K., & Serovich, J. M. (2003). Incorporating sexual orientation into MFT training programs: Infusion and inclusion. *Journal of Marital and Family Therapy*, 29(1), 59-68.
- Ritter, K.Y., & Terndrup, A. I. (2002). *Handbook of affirmative psychotherapy with lesbians and gay men*. New York: The Guilford Press.
- Rosik, C. H. (2003). Motivational, ethical, and epistemological foundations in the treatment of unwanted homoerotic attraction. *Journal of Marital and Family Therapy*, 29, 13-28.
- Simon, W. (1996). *Postmodern sexualities*. New York: Routledge.
- Yarhouse, M. A. (1998). When clients seek treatment for same-sex attraction: Ethical issues in the "right to choose" debate. *Psychotherapy*, 35(2), 248-259.

RECEIVED: February 1, 2006

ACCEPTED: March 5, 2006

doi:10.1300/J461v2n03_08

Copyright of *Journal of GLBT Family Studies* is the property of Haworth Press and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.