

The Sexual Orientation Matrix for Supervision: A Tool for Training Therapists to Work with Same-Sex Couples

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Summary:

The Sexual Orientation Matrix for Supervision (SOMS) was created in order to assist supervisors and trainers in preparing supervisees to work with lesbian, gay, and bisexual (LGB) clients. The SOMS was developed around two core concepts: (1) degree of heterosexual bias, and (2) degree of acceptance of LGB orientations and behavior. Supervisors can employ the matrix to explore both their own and their supervisee's levels of comfort, knowledge, and experience in working with LGB clients including same-sex couples. This article describes the development of the matrix, an exploration of the concepts underlying this tool, and an explanation of how to use the matrix, including suggested tasks for supervision of therapists working with same-sex couples.

Keywords: Sexual orientation, supervision, training

Article:

It is estimated that approximately 50 million people in the United States are lesbian, gay, or bisexual (LGB), or are closely related to someone who is (Patterson, 1995). A recent random sample of 457 clinical members of the American Association for Marriage and Family Therapy indicated that 72% of the respondents reported one-tenth of their practices included lesbian and gay clients (Green & Bobele, 1994). Yet, many authors have questioned the preparedness of family therapists to deal with LGBT clients (Laird & Green, 1995; Long, 1996; Long & Serovich, 2003; Ritter & Terndrup, 2002). Doherty and Simmons (1996) found that a little more than 50% of marriage and family therapists (MFTs; $N = 526$) felt competent in treating lesbians and gay men. Malley and Tasker (1999) suggest, “. . . family therapy in general has been slow to consider sexuality as an influence on family life, and in particular to address the issues raised by families led by a lesbian or gay parent or a lesbian or gay couple” (p. 3).

It has been the experience of both authors that trainees from across the mental health disciplines are inadequately prepared to deal with LGB clients and their families. Even those students who feel that they are well prepared are often limited in knowledge, skills, and/or experience. Are mental health training faculties reluctant to deal with this topic or just ill prepared to do so? We suggest that both these reasons are plausible given that issues of same-sex relationships and sexual identity were probably rarely addressed when many current faculty were in training. Thus, their comfort level and knowledge base are likely to be limited (Long & Serovich, 2003).

Supervisors and trainers who are committed to preparing supervisees to work with a diverse client population will want to ensure that supervisees have both an adequate knowledge base and clinical skills to work with lesbian, gay, and bisexual clients. Brown (1991) suggests that when supervisors fail to introduce supervisees to LGB issues, do not encourage supervisee self-examination regarding sexual orientation, and 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 in the creation of therapists who are uncomfortable with ambiguities and questions regarding sexuality” (p. 237). Supervisors who address issues related to sexual orientation encourage supervisees to learn about and accept differences and develop an

awareness of their personal biases regarding sexual orientation.

DEVELOPMENT OF THE SEXUAL ORIENTATION MATRIX FOR SUPERVISION

The Sexual Orientation Matrix for Supervision (SOMS) evolved out of discussions between a supervisor and three supervisors-in-training, while we were conducting supervision of therapy with LGBT clients. We were struggling with how to discuss with our supervisees a topic about which most persons socialized in the United States have intense feelings (Greene, 1994). We realized that just as supervisees approach lesbian, bisexual, and gay clients with varying levels of acceptance, comfort, and knowledge, so did we as supervisors. We wanted to examine our own biases in order to work more honestly and effectively with our supervisees, as well as with any future LGB clients. We agreed that not talking with supervisees about this topic would be unethical, both from a training standpoint and in the interest of the welfare of the clients. Establishing and maintaining trust and mutual respect and providing a safe environment for the supervisees to examine their beliefs was foremost in our minds (Long, 1997). We were interested in exploring with supervisees their levels of comfort in working with sexual minority clients, as well as their levels of experience and knowledge of the gay community including same-sex couple relationships, gay and lesbian parenting, and historical, social, and legal trends.

In recent years, the literature related to working with LGB clients in therapy has increased (Bepko & Johnson, 2000; Bernstein, 2000; Greene, 1994; Kurdek, 1994; Ritter & Terndrup, 2002). We found little specific guidance, however, 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 as a group to discuss how we could best supervise trainees working with this client population. Our discussions often revolved around two core concepts: (1) the degree of heterosexual bias, and (2) the degree of acceptance of lesbian, gay, and bisexual orientations and behaviors.

Heterosexual Bias

Heterosexual bias, a form of multicultural bias, has the potential to harm future clients and supervisees (Long, 1996). Heterosexual bias 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). Heterosexism is an ethnocentric lens through which much of the culture has traditionally viewed the world (Long, 1997). This heterosexist lens has historically been employed by mental health professionals to evaluate, analyze, research, and work in therapy with lesbians, gays, and bisexuals. Evidence of the presence of heterosexism in the mental health arena includes the following beliefs: (a) heterosexuality is normal and healthy and gay, lesbian, and bisexual orientations are deviant or pathological (Brown, 1989); (b) the assumption that theories and research findings based on studies of heterosexuals are applicable and generalizable to gays, bisexuals, and lesbians (Kitzinger, 1987); and (c) the presumption that heterosexuality and its accompanying lifestyle provide normative standards against which the lives of lesbians, gays, and bisexuals need to be compared in order to be understood (Cabaj, 1988; Goodrich, Rampage, Ellman, & Halstead, 1988).

Levels of Acceptance

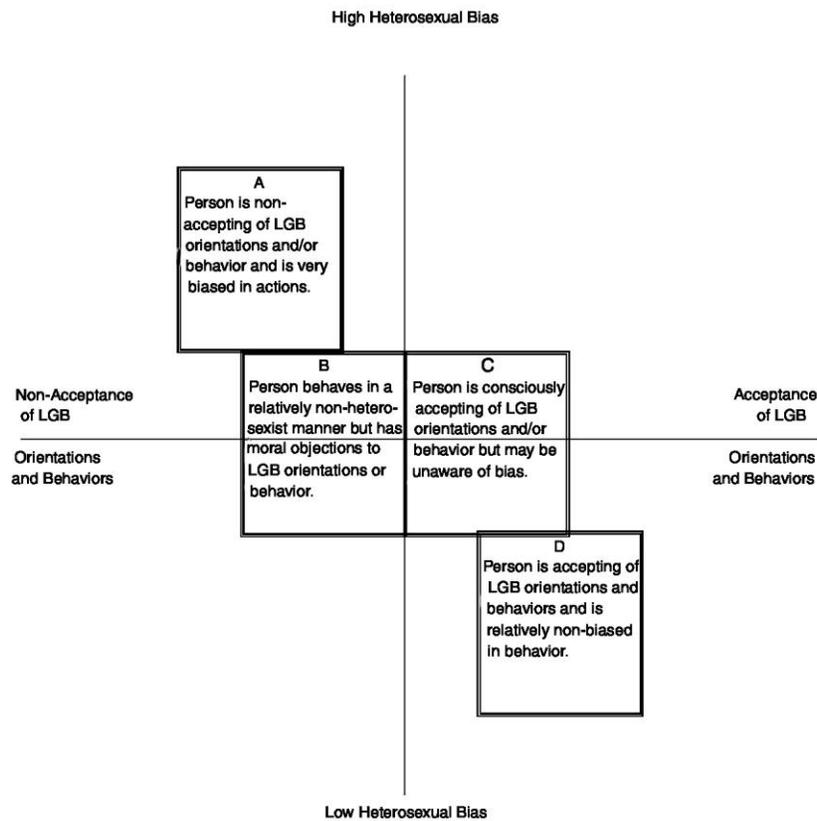
Both supervisors and supervisees possess varying levels of acceptance of lesbian, gay, and bisexual orientations. These levels of acceptance can be manifested both consciously and unconsciously during the supervisory process. Some supervisors and supervisees view gays, lesbians, and bisexuals negatively, perhaps even as repulsive, immoral, or sick, and encourage supervisees to establish the goal of therapy as changing the person's orientation (Rosik, 2003). Other supervisors or supervisees consider bisexuals, gays, and lesbians to be developmentally stymied from reaching their "full heterosexual" potential (Yarhouse, 1998). These supervisors would focus on ways therapists can encourage their clients to "grow out of it." The potential for "becoming straight" is thus reinforced in supervision. Some supervisees display a pseudo-accepting attitude of "I can work with gays, lesbians, and bisexuals in therapy as long as it is not the focus of our work." Therapy would be characterized by statements like: "You're not a lesbian to me, you are a person," and "I'm very comfortable in interacting with you so let's not focus on your sexual orientation." These supervisees dismiss sexual orientation as an issue to be addressed (Long, 1997).

Other supervisees and supervisors may be accepting of lesbian, bisexual, and gay orientations but, due to a lack of knowledge and/or exposure, are unaware of having heterosexual bias. Once heterosexism is discovered, they are willing to examine their own attitudes, values, and behaviors. Some supervisors and supervisees value diversity in relationships and see sexual minorities as a valid part of that diversity and as indispensable in our society. They are willing to become allies and advocates to ensure that gays, lesbians, and bisexuals prosper in society. These supervisors encourage therapists to work with sexual minority clients and to increase their knowledge and skills with this group.

THE SEXUAL ORIENTATION MATRIX FOR SUPERVISION

Because we believed that levels of acceptance and heterosexual bias were intertwined, we developed a matrix to help us examine how these two concepts might, in combination, influence the supervision process (see Figure 1). The vertical axis represents the level of heterosexual bias, and the horizontal axis indicates the person’s level of acceptance of LGB orientations, lifestyles, and behaviors. In this way, we attempted to account for both beliefs/values (heterosexual bias) and behavior (level of acceptance). The quadrants represent four intersections of levels of bias and acceptance. We do not believe that persons always fall neatly into one of these quadrants but rather that beliefs and values are more discontinuous and pastiched than steady state. However, we developed the matrix as a beginning tool for supervisors and supervisees to explore these issues.

FIGURE 1. The Sexual Orientation Matrix for Supervision



The quadrants² are as follows:

Quadrant A

Persons are very nonaccepting of LGB sexual orientations and/or behaviors and are very heterosexist in their behavior. These persons are likely to vilify lesbian, gay, and bisexual orientations, relationships, and lifestyles. Issues that therapists and supervisees in this quadrant might face when working with gay and lesbian couples include:

Therapist Issues

- Do I want to work with gay and lesbian couples?

- 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 gay and lesbian relationships?

Supervisor Issues

- Is it ethical to allow the therapist who falls in this quadrant to work with same-sex couples?
- If this therapist wants to work gay and lesbian couples, is s/he trying to undermine their relationship or change someone's sexual orientation, consciously or unconsciously?
- Is it acceptable for the therapist to decline to learn about lesbian and gay couples?

Quadrant B

Persons behave in a relatively nonheterosexist manner, but have moral objections to LGB sexual orientations and/or behaviors.

Therapist Issues

- Do I want to work with same-sex couples? Can I be effective considering my moral objections to their sexual orientation?
- If I do want to work with them, what are my motivations? Am I interested in undermining relationships or changing sexual orientation?
- Can I work with gay and lesbian couples around issues that are not related to their sexual orientation? What would I do if subsequently sexual orientation became an important factor in the work we were doing?
- If I decide I will not work with same-sex couples, how do I handle the situation when I learn that a potential client or a client I have been seeing is gay, lesbian, or bisexual? What if I decided I needed to do couple therapy with them after I had already begun therapy?
- Should I tell my same-sex couples my feelings about their sexual orientation? Is it ethical to work with them if I do not?

Supervisor Issues

- How do I talk with a therapist about how his/her moral objections might influence the therapeutic relationship and direction?
- Can therapists who morally disapprove of gay, lesbian, and bisexual sexual orientations effectively work with these couples on any issue?
- Is it ethical to allow a therapist to work with same-sex couples if they morally disapprove of their sexual orientation, even if the person is respectful in their attitude and demeanor toward the clients?
- How do I determine when or if to encourage therapists to work with lesbian and gay couples with whom they may feel uncomfortable? How do I discover the nature of their uncomfortableness?
- How do I prepare therapists to refer same-sex couples?

Quadrant C

Persons are consciously accepting of LGB sexual orientations and/or behaviors, but are unaware of heterosexist bias that manifests in their behavior.

Therapist Issues

- What blind spots do I have in terms of my biases, and how are they manifested in my thinking about and working with gay and lesbian couples?
- What knowledge and skills do I need to be more effective with same-sex couples?
- What can I do to gain more exposure to lesbian and gay couples?
- How well does my model(s) of therapy allow me to address issues, which may be encountered in same-sex relationships, e.g., oppression, invisibility, discrimination, and hate crimes?

Supervisor Issues

- How and when do I provide needed information for students about same-sex relationships?
- How have I fostered relationships with the gay, lesbian, and bisexual community so trainees will have the opportunity to work with same-sex couples?
- How effective am I at recognizing unconscious heterosexual biases on the part of therapists and helping them to address these issues?

Quadrant D

Persons are very accepting of LGB sexual orientations and/or behaviors and are relatively nonheterosexist in behavior.

Therapist Issues

- What knowledge and skills do I need to be more effective with same-sex couples?
- What can I do to gain more exposure to lesbian and gay couples?
- How well does my model(s) of therapy allow me to address issues, which may be encountered in same-sex relationships, e.g., oppression, invisibility, discrimination, and hate crimes?
- Do I have unconscious biases that affect my working with gay, lesbian, and bisexual clients (this is a lower priority than for therapists in Quadrant C)?

Supervisor Issues

- Does my knowledge of the therapist's openness toward gays, lesbians, and bisexuals cause me to assume that the therapist is totally unbiased when working with same-sex couples?
- What can I learn from this supervisee who may know more about same-sex couples and the issues they face than I do?

UTILIZING THE MATRIX

Supervisor Self-Assessment

Family therapy supervisors are not immune to the influence of the ubiquitous existence of heterosexist bias in the dominant culture (Long & Serovich, 2003). Heterosexism can be exhibited in many ways including: outright prejudice or discrimination; ignorance of the special issues of gays, bisexuals, and lesbians; stereotypical thought processes; and insensitivity. Therefore, self-examination is an important step in preparing to work with supervisees around issues of heterosexism and sexual orientation. This matrix has been designed to provide supervisors with a tool that can be used to prompt self-examination as well as to work with supervisees.

Self-examination of heterosexism on the part of the supervisor may occur as the result of self-awareness of bias or may occur as a result of interactions within the supervisory process. This awareness might be prompted in several ways including: (a) a supervisee who differs from the supervisor in acceptance of gays, lesbians, and bisexuals; (b) a supervisor who discovers that she or he has inadequate knowledge related to HIV/AIDS in the advisement of a supervisee concerning a case; or (c) a supervisee who encourages a bisexual client to adopt a straight lifestyle and ignores the fact that the person has identified as bisexual (Long, 1996). Supervisors can then employ the matrix to begin to scrutinize their own levels of bias and acceptance by placing themselves in a quadrant of the matrix and identifying the issues they need to address related to their location on the matrix. Some possible 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 LGB clients and couples in therapy? Is my knowledge base current?
- Am I aware of the suggested best practices in working with LGB clients including the guidelines provided by my professional organizations, e.g., most major mental health organizations (ACA, APA, NASW) have taken a strong stance against the practice of reparative therapy.
- How much have I read about LGB lifestyles and relationships including their historical struggles with

oppression and discrimination? Have I considered the multiple levels of discrimination experienced by inter-racial and intercultural lesbian and gay couples?

- How many personal and professional relationships have I had with lesbians, gays, and bisexuals?

Skill

- How comfortable am I in working with same-sex couples?
- How much experience do I have with these couples and families?
- How comfortable am I and how much experience do I have in working with LGB supervisees?

Stereotypical Thought Processes

- Do I equate same-sex attraction with pathology (use terms like sexual deviants)?
- Have I examined my own use of language for heterosexual bias. For example, when comparing gay or lesbian couples and families to other family types, do I use parallel terms such as “heterosexual couples” as opposed to “normal couples”?
- Do I assume that clients and supervisees are heterosexual?

Discriminatory Practices

- Do I encourage the acceptance and employment of sexual minorities in the work environment?
- Do I use examples in supervision that include same-sex couples being careful not to only present them as dysfunctional?
- Do I include partners in social functions; recognize commitment ceremonies between partners; 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 LGB supervisees to cover holidays because “they don’t have to worry about family” (Long, 1997)?

Using the Matrix for Supervision

Once supervisors have examined their own values, beliefs, knowledge, and skills, they can move into helping supervisees examine their issues in working with same-sex couples. The matrix can be discussed with the supervisee as a standard part of supervision or employed when the supervisee first begins to work with sexual minority clients. Initially, the supervisor and supervisee could spend time discussing the supervisee’s level of comfort in working with clients from varied backgrounds. As no other time in the history of the U.S., there is an increased chance that supervisees will work with couples from varied racial and cultural backgrounds. Pearlman (1996) suggests that lesbians, like everyone else, are meeting and entering into relationships with women from varied cultural backgrounds including race, ethnicity, and class. The same could be speculated about gay male couples.

As a part of the above discussion the matrix could be used to focus on sexual orientation. We believe that it is helpful for supervisees to know where their supervisors place themselves on the matrix and how they believe it affects their ability to supervise these 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). It should be noted, however, that even though a personal examination of one’s own beliefs and biases is necessary, supervisees might not choose to share all reflections with their supervisors.³

When supervisors and supervisees have very different levels of acceptance and bias, supervisors should explore how those differences will affect their supervision on any given case. For example, a supervisor who places themselves in quadrants A or B may not be effective when supervising a LGB supervisee, particularly with same-sex couples. Likewise, a LGB supervisor may feel uncomfortable supervising persons who place themselves in quadrants A or B. In addition to bringing forth both therapist’s and supervisor’s issues, the matrix also offers a beginning point for developing tasks of supervision when working with LGB clients. Some of the potential learning tasks for supervisees in each quadrant include:

Quadrant A

- Substantive knowledge building (aspects of gay, lesbian, and bisexual orientations, lifestyles, and relationships).
- Identification and clarification of biases and their origins.
- Opportunities for the therapist to observe other clinicians working with gays, lesbians, and bisexuals (e.g., behind the mirror or videos).

Quadrant B

- Help therapist identify under what circumstances a referral should be made and under what circumstances, if any, s/he can work with same-sex couples.
- Focus on how therapists can communicate their decision to not work with same-sex couples.
- If the therapist and supervisor agree that the therapist will work with lesbian and gay couples, supervision should focus on how to minimize the likelihood that heterosexual bias will be manifested in the therapy and on knowledge building concerning gay, lesbian, and bisexual issues, as well as specific treatment issues.

Quadrant C

- Identification and clarification of therapist's unconscious heterosexist biases (high priority).
- Substantive knowledge building concerning special issues in gay, lesbian, and bisexual relationships and identity development.
- Knowledge building concerning treatment issues and strategies.

Quadrant D

- Substantive knowledge building concerning special issues in gay, lesbian, and bisexual relationships and identity development.
- Knowledge building concerning treatment issues and strategies.
- Continuing identification of conscious and unconscious areas of hetero-sexism (lower priority than in Quadrant C).
- Encourage therapists to reflect on the process by which they have been able to minimize heterosexual bias.

CONCLUSION

As noted previously, we developed the Sexual Orientation Matrix for Supervision to assist supervisors in preparing supervisees to work with lesbian, gay, and bisexual clients, including same-sex couples. We caution the reader to remember that sexualities are fluid and pastiched, therefore, the matrix is best utilized not as a fixed instrument but as a starting point for exploration (Simon, 1996). We have found it to be a very valuable tool in facilitating discussions around the issues of sexual orientation, both among ourselves as supervisors and with our supervisees. On occasion, we have also employed the matrix with our bisexual, lesbian, and gay clients who, just as heterosexuals, have been influenced by a heterosexist society. In these instances the matrix was implemented to examine clients' levels of self-acceptance and bias, thus providing important insight into the stories they told themselves about who they were. Through our employment of the matrix, 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 regarding sexual orientation, and to learn ways to work more effectively and respectfully with same-sex couples.

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.
3. For further discussion of the potential complications of self-disclosure see Laird and Green, 1995 and Long, 1996.

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