

Counselors' Self-Perceived Competency with Lesbian, Gay, and Bisexual Clients

Laura Boyd Farmer

Dissertation submitted to the faculty of the Virginia Polytechnic Institute and State

University in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

In

Counselor Education

Laura E. Welfare

Penny L. Burge

Nancy E. Bodenhorn

Jennifer J. Slusher

October 17, 2011

Blacksburg, Virginia

Keywords: LGB, counseling, competence, sexual orientation, counselor training

# Counselors' Self-Perceived Competency with Lesbian, Gay, and Bisexual Clients

Laura Boyd Farmer

## ABSTRACT

The American Counseling Association recently adopted standards of competency for counselors working with lesbian, gay, and bisexual (LGB) clients (Logan & Barret, 2005). Concurrently, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) revised standards to require social and cultural diversity competencies, including LGB counseling competency, to be interwoven throughout counselor education curriculum (CACREP, 2009). Yet the ways that counselor educators are including these initiatives are unknown. Additionally, the factors that improve counselor competency with LGB clients are also unknown. Therefore, the purpose of the study was to examine counselors' self-perceived competency when counseling lesbian, gay, and bisexual clients and identify variables that are related to and predictive of LGB counseling competence. The quantitative study included 479 members of a southeastern state's professional counseling association including school counselors, community-based counselors, counselor educators, and counseling students. The assessment included an Information Questionnaire to collect data regarding personal and professional background, a Religiosity Index (Lippman et al., 2005; Statistics Canada, 2006), Spiritual Transcendence Index – Modified (adapted from Seidlitz et al., 2002), the Marlowe-Crowne Social Desirability Scale - Short Form C (Reynolds, 1982), and the Sexual Orientation Counselor Competency Scale (Bidell, 2005). Among results, counselors felt least competent in their skills with LGB clients, compared to knowledge and attitudes subscales. An ANOVA revealed that counselor educators perceived themselves as significantly more LGB-competent than counselors in other practice settings did. School counselors also reported significantly lower levels of LGB

counseling competence than community counselors. Multiple regression analysis revealed that religiosity inversely predicted LGB competence whereas spirituality had a positive predictive relationship with LGB competence. Finally, there was a marked deficit in training experiences involving LGB issues for counselors in the sample.

Implications of the findings suggest a need to increase experiential components of counselor training to strengthen counselors' skills with LGB clients, as well as improve the self-efficacy of school counselors in their work with LGB students. A unique finding to the study involved counselor spirituality as a positive predictor of LGB competence, perhaps indicating higher levels of compassion and connectedness to others despite differences; future studies should investigate this relationship further.

## Acknowledgements

I would like to offer my heartfelt thanks to Drs. Laura Welfare, Penny Burge, Nancy Bodenhorn, and Jennifer Slusher for their support and guidance throughout the writing of this dissertation. I would also like to thank my parents, Dwight and Gloria Boyd, for their constant support and love, for never doubting what I might achieve in life, and for always encouraging me toward my professional and educational goals. I am grateful for friends and family who have remained by my side and cheered me on through the process of completing this project. Thank you Katie Ruscito for sharing your expertise and life experience as a school counselor, as well as for your amazing friendship. Thank you to my sweet Violet, the newest love in my life, for the life lessons you are already teaching me, even while you grew in my belly as I wrote this project. You have taught me about patience, balance, priorities, flexibility, and love that is greater than I could have ever imagined. Thank you to Violet's "Mimi" and "Ma-maw" for many hours of quality time with their newborn granddaughter as I completed the final chapters. Finally, thanks to my husband and partner in life and love, Will Farmer, whose support has been immeasurable. You have been the ultimate sounding board, cheerleader, coach, friend, and inspiration. I share this accomplishment with you.

## Table of Contents

ABSTRACT .....	ii
ACKNOWLEDGEMENTS .....	iv
TABLE OF CONTENTS .....	v
CHAPTER 1 .....	1
INTRODUCTION .....	1
Context for the Study .....	1
Statement of the Problem .....	5
Purpose of Study and Research Questions .....	6
Definition of Terms .....	7
Overview of the Method .....	8
Limitations .....	9
Document Organization .....	10
CHAPTER TWO .....	12
REVIEW OF THE LITERATURE .....	12
The Multicultural Counseling Movement and LGB Counseling Competence .....	14
Components of LGB Counseling Competence: Knowledge, Attitudes, and Skills .....	15
<i>LGB Knowledge Competence</i> .....	15
<i>LGB Attitudes Competence</i> .....	18
<i>LGB Skills Competence</i> .....	20
Sexual Orientation Counselor Competency Scale .....	23
School Counselors and LGB Competence .....	26
Community-Based Counselors and LGB Competence .....	28

Religiosity and Spirituality.....	29
<i>Measuring Religiosity</i> .....	31
<i>Measuring Spirituality</i> .....	31
LGB Friends and Relatives .....	32
Participation in LGB Cultural or Advocacy Events.....	33
Formal LGB Training Experiences .....	33
LGB Infusion in Graduate Courses .....	35
Impact of Supervision on LGB Issues.....	36
Summary .....	39
CHAPTER THREE .....	40
METHODOLOGY .....	40
Research Design.....	40
<i>Participants</i> .....	41
<i>Survey Procedures</i> .....	42
Instruments.....	44
<i>Information Questionnaire</i> .....	44
<i>Religiosity Index</i> .....	45
<i>Spiritual Transcendence Index - Modified</i> .....	46
<i>Marlowe-Crowne Social Desirability Scale – Short Form C</i> .....	47
<i>Sexual Orientation Counselor Competency Scale</i> .....	49
Data Analysis .....	51
<i>Research Question 1: What are counselors’ self-perceived competencies, including attitudes, knowledge, and skills competencies, when counseling LGB clients?</i> .....	51

<i>Research Question 2: How do counselors' self-perceived competencies vary by primary practice setting?</i> .....	51
<i>Research Question 3: How do the variables: a) religiosity and b) spirituality predict counselors' self-perceived competence when counseling LGB clients?</i> .....	52
Addressing Limitations .....	52
Summary .....	54
CHAPTER FOUR.....	55
RESULTS .....	55
Participants .....	55
Instruments .....	56
<i>Information Questionnaire</i> .....	56
<i>Religiosity Index</i> .....	56
<i>Spiritual Transcendence Index - Modified</i> .....	57
<i>Marlowe-Crowne Social Desirability Scale – Short Form C</i> .....	58
<i>Sexual Orientation Counselor Competency Scale</i> .....	58
<i>Data Cleaning</i> .....	59
Description of the Sample .....	61
Findings .....	64
<i>Assumptions of the Analysis</i> .....	64
<i>Research Question 1: What are counselors' self-perceived competencies, including attitudes, knowledge, and skills competencies, when counseling LGB clients?</i> .....	66
<i>Research Question 2: How do counselors' self-perceived competencies vary by counselors' primary practice settings?</i> .....	67

<i>Research Question 3: How do the variables: a) religiosity and b) spirituality predict</i> <i>counselors' self-perceived competence when counseling LGB clients?</i> .....	69
Summary .....	69
CHAPTER FIVE .....	71
DISCUSSION .....	71
Overview of the Study .....	71
<i>Participants</i> .....	72
Descriptive Data .....	73
<i>Professional Experiences</i> .....	73
Perceived Competence in Working with LGB Clients .....	74
LGB Counseling Competence Across Practice Settings .....	76
<i>Counselor Educators</i> .....	77
<i>Differences Between Community and School Counselors</i> .....	78
Religiosity and Spirituality Predict LGB Counseling Competence .....	81
Limitations .....	84
Implications .....	85
Conclusion .....	87
REFERENCES .....	89
APPENDICES .....	105
Appendix A: Informed Consent .....	105
Appendix B: IRB Approval Letter .....	107
Appendix C: Initial Recruitment Email .....	108
Appendix D: First Follow-up Email .....	109



Appendix E: Second Follow-up Email.....	110
Appendix F: Information Questionnaire .....	111
Appendix G: Marlowe-Crowne Social Desirability Scale – Short Form C .....	116
Appendix H: Sexual Orientation Counselor Competency Scale.....	117
Appendix I: Permission to use SOCCS Instrument.....	118
Appendix J: Permission to use Spiritual Transcendence Index .....	119

## List of Tables

<i>Table 1: Comparison of Participant Pool and Final Sample by Primary Practice Setting</i> .....	56
<i>Table 2: Scale Scores for Religiosity and Spirituality</i> .....	62
<i>Table 3: Counselors' Training Experiences: Hours of Formal Training and Hours of Graduate Training Focused on Counseling LGB Clients</i> .....	63
<i>Table 4: Professional Experiences: Number of Times LGB Issues Addressed in Supervision as Reported by Supervisees</i> .....	64
<i>Table 5: Correlational Matrix of STI-Modified, Religiosity Index, SOCCS, and MC-C</i> ..	65
<i>Table 6: Counselors' SOCCS Scores, Including Knowledge, Attitudes, and Skill Subscales</i> .....	67
<i>Table 7: Descriptive Statistics for SOCCS Score by Primary Practice Setting</i> .....	68

## Chapter One

### **Introduction**

Counselors are required to provide competent counseling services to diverse populations (American Counselors Association, 2005; Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992). In recent years, the counseling field developed competencies for working with lesbian, gay, and bisexual (LGB) clients (ALGBTIC, 2005; Logan & Barret, 2005). Adequate preparation to work with LGB clients is mandated by ethical and accreditation standards of the counseling profession (ACA, 2005; CACREP, 2009); however, it is uncertain whether counselors are receiving adequate training, participating in relevant field experiences, and engaging in professional discourse to the extent that they are able to perceive themselves as clinically competent to work effectively with LGB clients. Furthermore, counselors' personal characteristics, such as religiosity and spirituality, may also contribute to LGB competence. In addition to personal characteristics, professional experiences such as one's area of specialization, experiences in supervision, training in graduate courses, and formal LGB training experiences may contribute to LGB counseling competency.

This study was designed to assess counselors' self-perceived competence when working with LGB clients. The researcher examined whether a relationship exists between counseling specialization (community, school, or counselor educator) and LGB counseling competence. The researcher also examined the predictive value of counselor religiosity and spirituality on LGB counseling competence.

### **Context for the Study**

The movement toward improving the knowledge and skills of LGB-affirming mental health professionals began in 1973 when the American Psychiatric Association removed

homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III; American Psychiatric Association, 1980), thus rejecting the former idea that homosexuality was a pathological illness or sexual deviation (Logan & Barret, 2005). Since that time, progress has been gradual and steady, culminating in 2005 when the American Counselors Association established and adopted counseling competencies for working effectively with lesbian, gay, bisexual, and transgender (LGBT) clients (Logan & Barret, 2005; ALGBTIC, 2005). Around the same time that the LGBT counseling competencies were established, Bidell developed the first instrument designed to measure counselor competence with LGB clients, called the Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005).

At times, there is overlap in the literature regarding sexual orientation and gender identity, by grouping together “sexual minority” individuals or through inclusive groupings such as LGBT or LGBTQIA (lesbian, gay, bisexual, transgender, questioning, intersex, and allies). Transgender describes a wide range of persons with non-traditional gender identities, including individuals who identify with or express a gender identity that differs from the sex organs they were born with, as well as those born “intersex” (Carroll & Gilroy, 2001). Therefore, the term transgender refers to a distinctly different type of identity status than sexual orientation. It is important to recognize that transgender individuals face unique challenges that differ from LGB individuals. Consequently, literature is now beginning to focus more specifically on counselor competence when working with transgender clients (Carroll, Gilroy, & Ryan, 2002; ALGBTIC, 2009). For the purposes of this study, the primary focus will be on counselors’ self-perceived competency with LGB clients and will not include transgender clients. However, clients who are questioning their sexuality (“Q” refers to questioning) are assumed to be included in this study due to the fact that a “questioning” status still falls within the spectrum of sexual orientation.

As competencies have been established for counseling LGB clients, counselor-training programs are expected to infuse education on LGB issues into current curriculum to improve competency levels (CACREP, 2009). Similar to the multicultural competency components of awareness, knowledge, and skills (Arredondo et al., 1996), when assessing LGB counseling competency the components include attitudes, knowledge, and skills (Bidell, 2005; Israel, Ketz, Detrie, Burke, & Shulman, 2003).

Contemporary research studies and professional dialogue have focused on certain attitudes that may impede a counselor's ability to competently work with a client who identifies as LGB. In particular, homophobia and heterosexist attitudes of counselors have been found to negatively affect counselors' ability to work with LGB clients (Balkin, Schlosser, & Levitt, 2009; Barrett & McWhirter, 2002; Israel & Selvidge, 2003; Rainey & Trusty, 2007). In contrast, attitudes that support LGB competency include: affirming attitudes toward same-sex relationships, rejecting the idea that homosexuality is wrong, sinful or should be changed, acceptance and openness to discuss diverse sexual practices, viewing same-sex intimacy as healthy, and being willing to advocate for LGB persons (Israel et al., 2003). Attitudes are only one component of competency; counselors must also demonstrate knowledge and skills that exemplify LGB counseling competency.

To further develop LGB knowledge competency, counselors should begin by developing a working knowledge about LGB support networks, local resources, supportive religious and spiritual organizations, and referral options in one's area. In addition, broad areas of knowledge about heterosexism, homophobia, societal advances and barriers toward LGB rights, and appropriate versus inappropriate therapeutic goals for LGB clients are needed (Kocarek & Pelling, 2003). Finally, knowledge about the coming out process (Chutter, 2007) and models of

LGB identity development (Cass, 1979; Coleman, 1987; Troiden, 1989) are helpful for counselors to better understand the unique factors affecting LGB clients.

For LGB skills competency, counselors should neither assume the presenting therapeutic issue is completely unrelated to sexual identity, nor conclude that the client's sexual identity is exclusively related to the presenting problem. Either stance is regarded as unethical or incompetent for working with LGB clients (Palma & Stanley, 2002). Furthermore, any issues presented by the client (i.e., depressed mood, alcohol/drug use, employment problems) should be viewed and addressed concurrently with sexual identity (Israel et al., 2003; Palma & Stanley, 2002). Similar to other diverse populations, counselors should exercise caution when using assessments or diagnostic practices (Sue et al., 1992) because these are often normed on populations that do not represent minority groups equally. Finally, the counselor's consistent affirmation of all variations of sexual identity is necessary for LGB clients to feel that the therapeutic relationship is safe and trustworthy (Palma & Stanley, 2002).

Despite significant strides toward improving counselor competency with LGB clients, there are professionals that continue to express resistant or biased attitudes, particularly related to religious expression (Donaldson, 1998). As mentioned previously, court cases are beginning to legally address the conflict between religious expression and the counseling profession's ethical obligation to competently serve diverse populations. To further the problem, authors Miller, Miller, and Stull (2007) found that counselor educators report higher levels of bias regarding sexual orientation compared with other characteristics such as race and gender. These results raise concern regarding the ability of biased faculty to implement adequate training for future counselors in the profession, which emphasizes one rationale for including counselor educators in the sample.

This section illustrated the context for the study including historical strides that have been made to promote LGB-affirmative counseling and mental health treatment. The three components of LGB counseling competence (knowledge, attitudes, and skills) were introduced and are discussed in further detail in Chapter Two. Personal characteristics such as religiosity and other factors contributing to negative attitudes toward LGB individuals are referenced to further clarify the problem that the study addressed.

### **Statement of the Problem**

Within studies on LGB counselor competency, there are researchers who have identified several factors that negatively influence competency, such as religiosity, homophobia, and heterosexism (Balkin et al., 2009; Barrett & McWhirter, 2002; Israel & Selvidge, 2003; Rainey & Trusty, 2007). In addition, positive influences of LGB competency include exposure to LGB persons and relationships (Herek, 2002), and receiving formal training on LGB counseling through workshops or graduate coursework (Dillon et al., 2004; Pearson, 2003; Rutter, Estrada, Ferguson, & Diggs, 2008). While there are studies available in the literature that explored LGB counseling competency of graduate students in training (Graham, 2009; Rutter et al., 2008), college counselors (Day, 2008; Palma & Stanley, 2002), social workers (Crisp, 2006), and marriage and family therapists (Henke, Carlson, & McGeorge, 2009), few studies have focused on the LGB counseling competency of community-based counselors (such as licensed professional counselors), school counselors, or counselor educators. It is also uncertain whether differences in LGB counseling competency exist across primary practice settings. This study of LGB counselor competency included: community counselors (licensed professional counselors and those working toward licensure), school counselors, counseling graduate students, and

counselor educators. Therefore, the researcher sought to determine whether a relationship exists between counselor's primary practice settings and LGB counseling competence.

Previous research has examined factors that may be related to LGB counseling competency, such as homophobia (Satcher & Leggett, 2007; Rudolph, 1988, 1990), religiosity (Balkin et al., 2009), training experiences (Barrett & McWhirter, 2002; Dillon et al., 2004; Pearson, 2003; Rutter et al., 2008; Whitman, 1995) and personal relationships with LGB individuals (Day, 2008; Graham, 2009; Herek, 2002). However, few studies have explored the influence of personal characteristics such as religiosity and spirituality, particularly when measured side by side as separate constructs. These two factors were examined in this study as possible predictors of LGB counselor competency.

### **Purpose of Study and Research Questions**

The purpose of this research study was to examine counselors' self-perceived competency when counseling lesbian, gay, and bisexual (LGB) clients, including factors that are related to competence and factors that predict competence. The following research questions were examined through quantitative study:

1. What are counselors' self-perceived competencies, including attitudes, knowledge, and skills competencies, when counseling LGB clients?
2. How do counselors' self-perceived competencies vary by counselors' primary practice settings?
3. How do the variables: (a) religiosity and (b) spirituality predict counselors' self-perceived competence when counseling LGB clients?



## Definition of Terms

In this section, the definitions for counselor, LGB counseling competence, religiosity, and spirituality are presented.

*Counselor:* In this study, the term counselor included community-based licensed professional counselors, professional school counselors, counselors in residency (post-masters counselors who are working toward state licensure), counselors-in-training (master's-level students), and counselor educators.

*LGB Counseling Competence:* A counselor's ability to work effectively with clients who identify as lesbian, gay, or bisexual is termed LGB counseling competence. For the purposes of this study, competence with LGB clients included three dimensions: attitudes, knowledge, and skills (Bidell, 2005; Israel et al., 2003).

*Religiosity:* Religiosity has been described as the external or outward expression of the inward spiritual system (Gill, Barrio Minton, & Myers, 2010). Yet to identify oneself as "religious" may have positive or negative connotations depending on one's views and life experiences. Therefore, this study measured religiosity through the use of a 4-item index that assesses personal and behavioral aspects of religiosity. The religiosity index included questions about religious affiliation, personal practices, service attendance, and importance of religion in one's life.

*Spirituality:* Spirituality is defined as "an awareness of a being or force that transcends the material aspects of life and gives a deep sense of wholeness or connectedness to the universe" (Myers & Sweeney, 2005, p. 20). However, spirituality may mean different things to different people, as it is both universal and highly personal (Cashwell & Young, 2005). Rather than using an operational definition of spirituality for participants to measure themselves against,

this study employed questions derived from the Spiritual Transcendence Index (Seidlitz et al., 2002), a brief instrument designed to distinguish aspects of spirituality from religiosity. Hence, spirituality is differentiated from religiosity in this study as it is measured by one's personal experience of the sacred, aside from religious rituals or affiliations, and includes one's sense of meaning and purpose.

### **Overview of the Method**

A quantitative research design was used for this study. Participants for the study included members of the state professional counseling organization in the southeastern region of the U.S. To assist with achieving an optimal response rate, data was collected by electronic survey (Survey Monkey) to increase efficiency and provide greater convenience for the participants. Members of the professional counseling organization were recruited via email including a link to the electronic survey. The recruitment email included appropriate disclosure regarding the purpose of the study, a request for informed consent regarding participation, procedures of the study, anticipated risks and benefits, protection of confidentiality, a description of compensation, and permission to withdraw at any time. Approval was obtained from the Virginia Tech Institutional Review Board prior to data collection.

The electronic survey included five instruments: an Information Questionnaire that was used to collect data regarding personal and professional background, a Religiosity Index (Lippman et al., 2005; Statistics Canada, 2006), Spiritual Transcendence Index – Modified (STI-Modified; adapted from Seidlitz et al., 2002), the Marlowe-Crowne Social Desirability Scale - Short Form C (MC-C; Reynolds, 1982), and the Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005). The quantitative data was analyzed using SPSS software. Analysis of the data included descriptive statistics, ANOVA, and regression analyses.

## **Limitations**

There are several limitations of the study that should be acknowledged. First, with any form of self-report assessment, the data collected is subjective. Responses may have been influenced by how participants felt at the moment, how well they were able to recall experiences (such as graduate training), and how strongly they were inclined to answer questions in socially desirable ways. The MC-C was used to detect socially desirable responses; still, the possibility for participants answering in favorable ways remains a limitation to the study. In addition, there may have been a discrepancy between counselors' self-perceived competency and actual competency. In other words, counselors may perceive themselves to be more or less competent than they are in practice. One way to control for this discrepancy would be to collect and examine treatment outcome data, or to collect data on LGB clients' perceptions of their counselors' competency. These perceptions may be included in future studies building on the results of this research.

Recent researchers have focused on the importance of implicit bias versus explicit bias in studies of multicultural competence (Boysen, 2010; Boysen & Vogel, 2008). Implicit bias is conceptualized as unintentional, not consciously accessible beliefs or values that are biased (Greenwald & Banaji, 1995). Therefore, implicit bias is measured indirectly. In contrast, explicit biases are conscious and may be measured through self-report. Because researchers have demonstrated that counseling students have significant implicit biases (Boysen & Vogel, 2008; Castillo, Brossert, Reyes, Conoley, & Phoummarath, 2007), the study was limited because it primarily measured explicit bias related to counselor competency with LGB clients through self-report measures.

Another limitation is related to the characteristics of participants who chose to complete the survey. It is possible that those counselors who chose not to participate in the study were not interested in the content area; therefore, the competency levels of those participants might differ from those included in the sample and may not be accounted for in the results. On the other hand, those who chose to participate in the study may have had a common vested interest in working with LGB individuals and were making efforts to gain more knowledge and improve their skills. Furthermore, those who chose to participate may already have positive, affirming attitudes toward the LGB population. Implications of this potential limitation could have skewed results in a positive direction, perhaps indicating higher levels of competency.

This chapter provided an introduction to the topic of LGB counselor competency. An overview of the research study was provided, including a description of the context and purpose of the study, the research questions that were examined, and an overview of methods that were employed. Subsequent chapters provide more detailed information on this study of counselors' self-perceived competency with LGB clients.

### **Document Organization**

This document is organized into five chapters. Chapter one is the introduction to the study; including context for the study, statement of the problem, purpose of the study, and research questions. The first chapter also contains important term definitions, methodology overview, and the limitations of the study. In chapter two, a review of the literature on LGB counseling competency is discussed. Chapter three focuses on the methodology of the research study, including the research questions, data collection methods, instruments used, and data analysis procedures. A comprehensive report of the study's results is included in chapter four.

Finally, chapter five offers discussion on the key findings of the study, addresses implications of the results, and suggests recommendations for future research.

## Chapter Two

### **Review of the Literature**

The Code of Ethics set forth by the American Counseling Association (ACA, 2005) and American School Counselors Association (ASCA, 2010) states that counselors must be able to competently serve clients from diverse backgrounds and do not engage in discrimination based on age, culture, disability, race, ethnicity, religion, sexual orientation, gender, gender identity, marital / partnership status, language preference, or socioeconomic status. In addition to the ethical obligations described by ACA and ASCA, counselors are expected to be multiculturally competent, which includes knowledge, awareness, and skills (Arredondo et al, 1996). These three components of multicultural counseling competency support the counselor's professional obligation to empower diverse, oppressed clients in the effort of social justice (Green, McCollum, & Hays, 2008). The LGB population is one such group that continues to experience discrimination on many different levels: governmental laws are not equally representative, exclusion and condemnation from certain religious groups, and stigmatization at the personal level. All of these variables create an environment of cultural oppression for LGB individuals.

Recently, counselor competency with LGB clients has surfaced in several judicial proceedings across the United States. In July 2010, a counseling student at Eastern Michigan State University filed a lawsuit based on what she claimed was a violation of her first amendment rights (Schmidt, 2010a). The student was dismissed from the counseling program after she encountered a gay client in her practicum experience and asked to refer the client to someone else because she could not affirm homosexual behavior based on her religious beliefs. The court decided that the university had the right and duty to enforce professional ethics barring counselors from being intolerant or engaging in discriminatory behavior. Furthermore, the ruling

stated, “Her refusal to attempt learning to counsel all clients within their own value systems is a failure to complete an academic requirement of the program” (Schmidt, 2010a, p. 1).

At Augusta State University in Georgia, a student pursued a similar lawsuit against her university’s counseling program due to infringement on her freedom of speech and freedom to exercise her religion (Schmidt, 2010b). The student stated in class discussions and written assignments that homosexuality is a lifestyle and not a state of being. Allegedly, the student also claimed to support conversion therapy for homosexual clients in conversations with her peers. The student refused to participate in a remediation plan as proposed by the faculty at Augusta State. In August 2010, the Judge overruled the student’s claims in support of the counseling program’s right to enforce adherence to the counseling code of ethics. These judiciary cases provide examples of how our profession is involved in an important process of reinforcing ethical guidelines.

Unlike the students in these two cases, other counselors may hold negative attitudes or beliefs toward LGB individuals and may or may not fully realize the existence of their biases. Implicit bias, one’s unintentional and subconsciously biased beliefs and attitudes (Greenwald & Banaji, 1995), has been recognized as an important area to examine in studies of multicultural competence (Boysen, 2010; Boysen & Vogel, 2008). The dangers of negative attitudes in practitioners include: inferior treatment of LGB clients, minimizing or overemphasizing the significance of sexual orientation in the client’s life, assuming heterosexuality of all clients before it is disclosed, changing the topic when clients discuss issues of sexuality, devaluing clients’ feelings and experiences, viewing a client’s identity solely in terms of sexual behavior, assuming gay relationships are a phase that the client will move through, or perpetuating self-hatred that some clients may already be experiencing (Crisp, 2006; Barret & Logan, 2002;

Rudolph, 1988, 1990). In its extreme form, homophobia in counselors may lead to the use of reparative or conversion treatments aiming to change the client's sexual orientation. Such treatments are deemed unethical by the American Counseling Association (ACA, 2005) as well as the American Psychological Association (APA, 2010), the American Psychiatric Association (APA, 2009), the National Association of Social Work (NASW, 2008), and the American Association for Marriage and Family Therapy (AAMFT, 2001).

### **The Multicultural Counseling Movement and LGB Counseling Competency**

Counselors must abide by an ethical obligation to be competent in working with diverse groups of people (ACA, 2005). Borrowing a paradigm from the literature on multicultural counseling competency (Arredondo et al., 1996; Sue et al., 1992) it is imperative that counselors develop the knowledge, awareness, and skills necessary to work effectively with LGB individuals. Washington and Evans (1991) discussed similar aspects of becoming a heterosexual ally: knowledge, awareness, skill, and action.

Researchers now define cultural identity to include demographic variables such as religion, gender, physical ability, socioeconomic status, and sexual orientation in addition to ethnographic variables like racial/ethnic identity (Pedersen, 1999). A more broad definition of multicultural counseling is now well supported, with attention given to the unique needs of each group within. Thus, multicultural training efforts are also tailored toward developing counseling competencies specific to certain groups, such as the LGB population (Barret & Logan, 2002; Kocarek & Pelling, 2003). Given that the LGB population is one of the largest minority groups, with estimates ranging from 4-17% of the general population (Gonsiorek & Weinrich, 1991), counselors should have some basic knowledge, awareness, and skill to work competently with this group (Kocarek & Pelling, 2003).



The remaining sections of this chapter examine the literature surrounding each of the variables that are included in this study of LGB counseling competence. The three components of LGB counseling competence, knowledge, awareness, and skills, are discussed in greater detail. Then, the Sexual Orientation Counselor Competency Scale (SOCCS) is introduced and studies that have used this instrument are described. Literature surrounding the LGB counseling competence of school counselors, community counselors, and counselors educators is also discussed. Finally, variables of interest that may impact LGB counseling competence are described and supported by the literature: religiosity, spirituality, LGB friends and relatives, participation in LGB cultural or advocacy events, formal LGB training, LGB-infusion in graduate courses, and LGB-focused supervision experiences.

### **Components of LGB Counseling Competence: Knowledge, Attitudes, and Skill**

In order to increase LGB counseling competence, counselors must develop in three areas: knowledge, attitudes, and skill (Israel et al., 2003). LGB Knowledge competence refers to attaining knowledge about the LGB population, LGB issues, and the cultural context and climate in which LGB individuals live. LGB Attitudes competence describes the level of affirmative or non-affirmative attitudes toward the LGB population, including one's self-awareness about attitudes, biases, and beliefs. Finally, LGB Skills competence involves foundational skills and techniques that are appropriate and beneficial when working with LGB clients.

#### **LGB Knowledge Competence**

A broad base of LGB knowledge is helpful for counselors to become more LGB-competent. To start, counselors should have a working knowledge of LGB support networks, local resources, supportive religious and spiritual organizations, and referral options in one's area. In addition, broad areas of knowledge about heterosexism, homophobia, societal advances

and barriers toward LGB rights, and appropriate versus inappropriate therapeutic goals for LGB clients (Kocarek & Pelling, 2003). Couple and family dynamics and issues are also valuable areas of knowledge for counselors.

There are several identity development models (Cass, 1979; Coleman, 1987; Troiden, 1989) that describe the process of identity formation for LGB individuals. The Cass model (1979) includes six stages: (I) Identity Confusion, (II) Identity Comparison, (III) Identity Tolerance, (IV) Identity Acceptance, (V) Identity Pride, and (VI) Identity Synthesis. According to Cass, there is potential at each stage for identity foreclosure, where individuals may choose not to develop their LGB identity further. Alternatively, individuals may continue through the stages and at the end acquire a positive, integrated gay or lesbian identity. According to Coleman's model (1987), identity development is characterized by the way the individual forms romantic attachments and relationships. The stages of Coleman's model include: (I) Pre-Coming Out, (II) Coming Out, (III) Exploration, (IV) First Relationship, and (V) Integration. Finally, Troiden's model (1989) assumes that the identity development process begins prior to puberty and that the subsequent stages progress according to one's biological age. The stages are: (I) Sensitization (pre-puberty), (II) Confusion (post-puberty), (III) Identity Assumption (late adolescence), and (IV) Commitment (adulthood). Existing LGB identity development models are often criticized for being stage-sequential and linear in terms of progression (Barret & Logan, 2002).

In addition to understanding LGB identity development models, counselors must also be familiar with other identity development models for minority groups (e.g. Cross, 1995; Fassinger & Miller, 1996; Gramick, 1984) in order to competently serve LGB clients who have multiple minority identities (Israel & Selvidge, 2003). Counselors may benefit further by understanding

the unique cultural factors influencing racial or ethnic minority LGB individuals (Fukuyama & Ferguson, 2000). Finally, understanding the interaction between different types of oppression (e.g. gender, ethnicity, class, and sexual orientation) is a critical component of knowledge for counselors working with LGB clients.

Practicing counselors should be educated regarding issues affecting LGB clients and use terms relevant for the LGB community. For example, the lifelong process of coming out is especially important for counselors to become familiar. Coming out is a term that refers to the process of revealing one's sexual orientation to someone else (Chutter, 2007). The coming out process may begin at any age throughout the lifespan and may be ongoing (Barret & Logan, 2002). Coming out to one's family, friends, co-workers, or other individuals are all important steps in one's identity development and personal journey.

Furthermore, just as important as coming out is the process of 'coming in' according to Sandkjaer et al. (2002). The process of coming in refers to having contact with the LGB community, both for homosexual and heterosexual individuals. The coming in process involves learning that the LGB community does not have to be stereotyped, and those who identify as LGB need an opportunity to experience normal "flirting and sexual recognition," which is critical to create a secure sense of self and identity (Sandkjaer et al., 2002). In addition, coming in means the heterosexual community must join with the LGB community, recognizing sameness and differences while building strong, accepting alliances (Chutter, 2007). For counselors, coming in might involve attending a gay pride festival, participating in gay rights events, or taking part in fundraising efforts to support community education and advocacy.

The multicultural training literature states that while knowledge is a necessary component of competence, it is not sufficient to only have knowledge about diverse populations (Sue et al.,

1992). Counselors must also increase awareness of attitudes and enhance skill in working with LGB individuals to be considered competent. In fact, knowledge without awareness or skill may lead to less effective multicultural counseling (Kocarek & Pelling, 2003).

### **LGB Attitudes Competence**

Attitudes competence, like awareness, refers to self-awareness of the counselor's own values, biases, and beliefs toward the client or group the client belongs to (Arredondo et al., 1996; Sue et al., 1992). These personal beliefs and biases are often related to one's upbringing and the societal context in which a person lives. Therefore, awareness of oneself and the many influences on one's belief system are keys to developing attitudes competence.

While stereotypes are important for counselors to be aware of when working with all minority status clients, an important distinction is made between counseling ethnic minority clients and counseling LGB clients. Israel and Selvidge (2003) argue that counselors are unlikely to believe it is morally wrong to be a member of an ethnic minority group; yet, in contrast, they may believe homosexuality is a sin. Particularly in some protestant religious traditions, the saying, "Love the sinner, hate the sin" is a mentality that predominates some Christian belief systems toward the gay community. Several key concerns should be especially considered when looking at one's own self-awareness in working with LGB clients:

homonegativity, homophobia, and heterosexism.

Homonegativity is a term used to describe any negative attitudes toward homosexuality (Ryan, 2003). According to Ryan, homonegativity originates from three major sources: religious or moral convictions that sexual activity should only be allowed for procreation purposes, stereotypes or myths that have evolved out of misunderstanding of LGB people (e.g. "gays molest children" or "gay people just want to attention", and homosexuality is deviant or

abnormal behavior”). As a result, it is society’s reaction to homosexuality rather than one’s sexual orientation itself that causes undue emotional and mental stress, leading LGB individuals to seek help from mental health professionals at a higher rate than the heterosexual population (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000).

Homophobia is another concern for counselors working with LGB clients. Homophobia is defined as fear, dislike, aversion, intolerance, and ignorance of LGB individuals (GALE B.C., 2004). Origins of homophobia may come from a variety of sources such as family values and upbringing, lack of exposure to LGB persons, or religious values or beliefs. In a recent study of religious identity and cultural diversity, Balkin et al. (2009) found that counselors who engage in more rigid thinking about their faith or reconcile their beliefs with others of their faith group may be more likely to exhibit sexist or homophobic behaviors. Furthermore, these authors advise that counselors of all levels and backgrounds should strive toward self-awareness regarding religion and how their views may subsequently impact the counseling relationship. In addition, Kelly (1990) found that clients are likely to assume values similar to those they attribute to the counselor. Therefore, self-awareness and self-examination of one’s beliefs is key in order to avoid potential negative impact (i.e. internalized homophobia) on LGB clients when any homophobic attitudes are present in the counselor.

Finally, heterosexism is another problematic worldview and value-system that devalues LGB sexual orientations and may undermine the healthy functioning of LGB individuals (ALGBTIC, 2005). Heterosexism is defined as an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship, or community (Herek, 1990). Inadvertently, counselors may engage in heterosexist language or behaviors without realizing it. As an example, an intake form that only asks for clients’ marital status is

viewed as heterosexist due to the fact that most states do not legally recognize gay marriage. Also, when a counselor assumes that a female client is sexually and romantically interested in men, or that men must be interested in women, a heterosexist attitude is implied.

Rudolph (1988) discussed the complexity of counselor attitudes on sexual orientation. In particular, he suggested counselors are influenced by the affirming stance of the counseling profession, while also being influenced by the more biased attitudes of society. As a result, counselors may believe they are open and affirming but remain influenced by heterosexist societal norms, which may create a more dangerous situation for negatively impacting clients than overt homophobia would (Rudolph, 1988). He writes that LGB clients can more easily screen homophobia when seeking counseling and choose a different practitioner. These admonitions suggest that a more intentional approach to training LGB-competent counselors is needed.

This discussion of attitudes establishes the need to delineate counselor behaviors, or skills, that are helpful when working with LGB clients. Incidentally, many skills that are considered competent when working with LGB clients are related to accepting, affirming, and unbiased attitudes toward homosexuality. In essence, competent counselors develop a range of skills to effectively serve the LGB population.

### **LGB Skills Competence**

A primary issue when discussing skill competencies for counseling LGB clients is the use of caution when using assessments or diagnostic practices. As with all diverse populations, diagnostic and assessment practices may overlook important cultural aspects of a person's development. While the DSM-IV-TR may view certain client responses or behaviors as "symptoms", a culturally-skilled counselor may conceptualize these "symptoms" as natural

responses to one's environmental stressors (Zalaquett, Fuerth, Stein, Ivey, & Ivey, 2008). As a result, the counselor will use more culturally responsive interventions that focus on client strengths rather than pathology.

An LGB-competent counselor should neither assume the presenting therapeutic issue is completely unrelated to sexual identity, nor conclude that the client's sexual identity is exclusively related to the presenting problem. Either stance is regarded as unethical or incompetent for working with LGB clients (Palma & Stanley, 2002). Furthermore, although issues presented by the client (i.e. depressed mood, alcohol/drug use, employment problems) are likely to affect the client's view of self or relate to sources of oppression in the client's life, counselors must practice viewing and addressing these presenting issues concurrently with sexual identity (Israel et al, 2003; Palma & Stanley, 2002). The exclusion of one or the other in the counselor's conceptualization is not helpful to the client.

Regarding client disclosure of sexual identity, counselors need to build strong rapport and always respect confidentiality (Israel et al., 2003; Palma & Stanley, 2002). Counselors communicate respect and build trust by allowing the client to move at his or her own pace to disclose sexual or affectional identity. Further, it is likely that LGB clients may fear the counselor's attitude toward sexual orientation or ask questions in order to gain a better sense of the counselor's stance toward homosexuality or bisexuality (Palma & Stanley, 2002). The counselor's consistent affirmation of all variations of sexual identity is necessary for LGB clients to feel that the therapeutic relationship is safe and trustworthy.

Israel et al. (2003) conducted a study using 54 experts on LGB counseling competency to identify specific knowledge, attitude, and skill components. The results were presented in ranking order from the most important to least important components in each category. Under

counseling skills, some of the highest ranked behaviors included: using non-biased and affirming techniques, helping clients with the coming out process, talking about and listening to all aspects of LGB clients' lives, and interview/assess without heterosexist bias. Other skills included advocacy, addressing spirituality and religiosity, and recognizing one's own limitations (e.g. seek consultation, resources, or refer when needed).

Kocarek and Pelling (2003) discuss a model of counselor training utilizing role-plays to enhance counselors' skills when working with LGB clients. Experiential activities, such as role-plays, are believed to enhance skill in counselor trainees due to the interpersonal and interactional nature (Waters, Woods, & Noel, 1992). One particularly positive effect of utilizing role-plays is the increase in empathy that participants may experience. Waters et al. (1992) state that both empathy and tolerance are gained when students are able to take on a different viewpoint and act accordingly. Kocarek and Pelling describe many variations of role-play scenarios that may be useful to counselor educators in developing LGB-competence in trainees. The authors emphasize the importance of creating a safe environment for students to participate in role-plays for improved outcomes.

Regardless of counselors' skill repertoire, basic displays of affirmation for sexual minority clients are beneficial. Such displays may include the use of LGB-friendly stickers or symbols (human rights equality, rainbow, safe zone, or pink triangle symbols), inclusive language on intake forms, and having LGB books or magazines of interest available in one's office or waiting area. Such nonverbal cues communicate to LGB clients that they are in an affirming environment where their identity is safe to disclose.



### **Sexual Orientation Counselor Competency Scale**

The SOCCS (Bidell, 2005) provides one means of assessing of LGB competency in the counseling field. The instrument was developed by drawing upon Sue et al.'s (1992) model of multicultural counselor competency, which describes competency components as awareness, knowledge, and skills. Likewise, sexual orientation counselor competency is defined as “the attitude, knowledge, and skill competencies that counselors need to provide ethical, affirmative, and competent services to LGB clients” (Bidell, 2005). The study’s sample included 312 participants from undergraduate, masters, and doctoral counseling programs as well as doctoral-level counselor educators. Participants were recruited from 16 university counseling programs across the United States to ensure diversity of race, ethnicity, and sexual orientation.

Participants completed a survey packet that included: an information sheet, informed consent form, a demographic questionnaire, the Attitudes Toward Lesbians and Gay Men Scale (ATLG), Multicultural Knowledge and Awareness Scale (MCKAS), the Counselor Self-Efficacy Scale (CSES), and the 42-item Sexual Orientation Counselor Competency Scale (SOCCS). The study was able to provide important reliability and validity data to support the use of the SOCCS, which will be discussed in detail in Chapter 3.

Since the initial validation study, the SOCCS has been used in other research investigating LGB counselor competence. For example, in a study of 741 clinical members of the American Association for Marriage and Family Therapy, participants completed the Modern Homophobia Scale (MHS; Raja & Stokes, 1998) and the SOCCS (Bidell, 2005). Henke, Carlson, and McGeorge (2009) found that, on average, clinical members reported low levels of homophobia. However, clinical members levels of homophobia predicted self-reported clinical competency (total score) with LGB clients. Limitations of the study include questions of

generalizability due to the potential for a controversial research topic to affect participation.

Therefore, the results may only represent subsections of clinical members rather than the general beliefs of all members. In addition, the study measured self-perceived competency, which may differ from actual competency. Despite these limitations, this study contributes an important link between homophobic beliefs and overall LGB competency in clinical therapists.

In a British study of integrative counseling students, Grove (2009) used quantitative and qualitative analysis to assess LGB competency and to identify trainees' most effective learning experiences. Students completed the SOCCS, a background information questionnaire, and two qualitative questions regarding previous learning experiences related to LGB issues.

Interestingly, results showed a decline in scores on the LGB-attitudes scale after the first year of training. Grove postulates that perhaps the decrease in scores after one year of training indicates a deepening of self-knowledge or may be the result of experiencing ideological challenges through coursework and practical experiences. In addition, students just beginning their program of study may have responded in more socially desirable ways. In the qualitative analysis, many students identified a key event that challenged their perceptions, therefore, changing their attitudes. Limitations include the self-report type of data collected and the need for a range of measures to determine actual competence, such as observation or learning journal analysis. Still, the results of this study using the SOCCS add to the growing literature on LGB counselor competency and factors that may affect competence.

A study of college counselors utilized the SOCCS to assess counselor competence with LGB college students (Day, 2008). Results indicated that on average, college counselors had little or no formal graduate courses on counseling LGB clients, and few or no hours of LGB-issues infused into graduate curriculum. In addition, structural equation modeling analysis found

the following significant results: counselors' ranking of religious importance negatively predicted LGB attitudes competency, number of LGB friends and relatives predicted LGB knowledge, attitudes, and skills competencies, and number of LGB workshops attended predicted LGB knowledge and skills competencies. Interestingly, years of counseling experience negatively predicted LGB-knowledge competency. Results of the study indicated that college counselors received insufficient training in graduate school on LGB-issues. In addition, the longer counselors had practiced beyond their graduate training was associated with a significant lack of LGB-knowledge competence. The current study will add to this area of research by examining a wider population of practicing counselors, including school and community counselors, as well as counselors-in-training.

With regard to counselors-in-training, Graham (2009) studied counseling graduate students' self-perceptions of LGB counseling competency using the SOCCS. Participants were 235 graduate students enrolled in masters and doctoral counseling preparation programs. Graham found that graduate students felt moderately competent in counseling LGB clients, with greatest self-perceived competency in their awareness of LGB issues and the least self-perceived competency in their skills with LGB clients. As anticipated, doctoral-level students had significantly higher competency scores than masters-level students. Additional training experiences enhanced participants' perceived competency as well as the number of clients seen in therapy. Among qualitative findings, the most noted personal experience was having a close friend or family member who identifies as LGB. Graham notes the apparent limitation that comes with using a self-report measure; participants may have responded in socially desirable ways. With this in mind, this study utilized a social desirability measure to find out how strong of an impact social desirability had on results.

Rutter, Estrada, Ferguson, and Diggs (2008) conducted a pilot study using the SOCCS to explore the potential impact of a training program on graduate counseling students' competency to serve LGB individuals. Rutter et al. (2008) utilized an introductory class of students as the control group (n = 17) and a class of students enrolled in an upper-level counseling course as the treatment group (n = 21). The SOCCS was used in a pre- and post-test research design. The training program implemented with the treatment group included didactic and experiential components drawing from the Affirmative Counseling Model proposed by Dillon and Worthington (2003). Results indicated that the training program had a positive impact on students' competency in the areas of knowledge and skills. However, the small sample size limits generalizability. Additionally, the comparison between students in an introductory class and students in an advanced-level class may have skewed results. Still, results indicate that the SOCCS may be used as a pre- and post- measurement of LGB counseling competency to assess the effectiveness of training interventions.

### **School Counselors and LGB Competence**

The Ethical Standards for School Counselors (ASCA, 2010) states that school counselors advocate for and affirm all students from diverse populations including ethnic/racial identity, age, economic status, abilities/disabilities, language, immigration status, sexual orientation, gender, gender identity/expression, family type, religious/spiritual identity and appearance. With the rise of teenage suicides resulting from bullying based on sexual orientation, schools are under increased pressure to address issues related to sexual orientation and support students who may be gay, lesbian, bisexual, or questioning their sexuality.

Some researchers have suggested that school counselors are in the prime position to address sexual orientation due to their placement in the schools (DePaul, Walsh, & Dam, 2009).

One reason for school counselors having primary position to address sexual orientation in schools is that the age of first awareness of sexual orientation is generally between 8 to 11 years, while the age of first identifying as LGB is usually from 15 to 17 years (Savin-Williams & Diamond, 2000). For the most part, children and adolescents at these ages spend a majority of time in schools attaining an education among peers. Furthermore, for every LGB student that reports being harassed in schools, four heterosexual students are harassed for being perceived as gay or lesbian (Reis, 1996). Therefore, both LGB and non-LGB students may face significant risks in schools due to safety concerns. School counselors who have witnessed harassment based on sexual orientation report that it may take the form of ridiculing, physical intimidation, shoving, hitting, and social exclusion (Faulkner & Cranston, 1998).

Goodrich and Luke (2009) further establish the need for LGBTQ responsive school counseling. Because LGBTQ students continue to be invisible and underserved in schools, the authors proposed an LGBTQ responsive school counseling curriculum to increase school counselors' ability to advocate for and respond to the unique needs of this student population. The proposed curriculum includes student planning, counseling, and systems support activities as well as implications for training and practice.

Homonegativity, or prejudice against gay and lesbian people based on negative beliefs or objections to homosexuality, was assessed in a study of 215 female professional school counselors representing a single Southern state (Satcher & Leggett, 2007). Homonegativity was assessed using two instruments: the Homonegativity Scale (Morrison et al., 1999), which measures negative beliefs based on moral objections (e.g. homosexuality is a sin) and the Modern Homonegativity Scale (Morrison & Morrison, 2002), which measures prejudice based on abstract concerns such as civil and social justice. Measures of central tendency demonstrated

that, as a group, professional school counselors disagreed with homonegative statements. However, homonegativity scores were significantly lower for school counselors who have a gay or lesbian friend or acquaintance, those who participated in an LGB training in the past year, and those who had worked with someone seeking counseling due to identifying as lesbian, gay or questioning their sexuality. In addition, homonegativity scores were significantly higher (indicated stronger attitudes of homonegativity) for school counselors who attended church 7 times or more a month. Findings may be limited by generalizability due to the study's participants being only female and also being located in a southeastern state, which may not represent all of the United States adequately. Still, these results inspire further investigation of the relevance of strength of religious identity as related to LGB counseling competence in the current study, as well as the impact of LGB training and having friends or relatives who identify as LGB.

DePaul, Walsh, and Dam (2009) recommended that school counselors support LGB students through targeted prevention, a concept that involves developing programs designed to support specific groups of students who face significant risks. Because school counselors are so well positioned to be LGB advocates, the embodiment of LGB-affirming attitudes and practices are exceptionally important. The current study sought to contribute to the current research trends by assessing the level of LGB counseling competency in school counselors.

### **Community-Based Counselors and LGB Competence**

While studies have shown that the LGB counseling competence of couple and family therapists (Rock et al., 2010), marriage and family therapists (Henke, 2009), and college counselors (Day, 2009) are strong overall, there is limited research on licensed professional counselors' (LPC) competency with LGB clients. The current study examined LGB counseling

competency of community counselors, those seeking LPC licensure and those holding an LPC license, in order to address this gap in the literature.

### **Religiosity and Spirituality**

The terms religiosity and spirituality are often used together and interchangeably. While the two constructs share common elements, there are also important differences. Both involve the sacred, yet spirituality is a more subjective experience and religion is “a set of beliefs or doctrines that are institutionalized” (Stanard, Sandhu, & Painter, 2000, p. 205).

Religiosity has been operationalized through the use of a 4-category *Religiosity Index* (RI; Piedmont, 2001, 2004) and is defined as “a sentiment of learned behaviors and social expressions that reflect cultural values” (Dy-Liacco, Piedmont, Murray-Swank, Rodgerson, & Sherman, 2009). A Religiosity Index (Lippman, Michaelson, & Roehlekepartain, 2005; Nelson, Rosenfield, Breitbart, & Galietta, 2002; Piedmont, 2001, 2004; Statistics Canada, 2006) assesses the intensity of a person’s religious behaviors, such as praying, reading religious literature, and attending services. Alternatively, spirituality has been defined as “an individual’s internal orientation toward a larger transcendent reality that binds all things into a more unitive harmony” (Dy-Liacco et al., 2009). Furthermore, spirituality is believed to have a motivational influence in the human psyche (Allport, 1951; Piedmont, 1999). Cashwell, Bentley, and Yarborough (2007) described spirituality as an individual journey that involves belief in the transcendent and some form of spiritual practice as a means for inner transformation.

The two constructs of religiosity and spirituality have been paired together at times but have also have been separated and treated as distinctly different constructs. In a study assessing college students’ attitudes toward gay men and lesbians, Smith and Gordon (2005) found that spirituality was not related to attitudes. These findings stand in contrast to previous studies that

have shown religiosity to be a significant predictor of negative attitudes toward lesbians and gay men (Balkin et al., 2009; Barrett & McWhirter, 2002; Israel & Selvidge, 2003; Rainey & Trusty, 2007). Because spirituality was unrelated to attitudes in Smith and Gordon's study, the results support the theory that spirituality and religion are different constructs and should be measured as such. While there is overlap between the two, for the purposes of the present study, these constructs were investigated separately.

Piedmont, Ciarrochhi, Dy-Liacco, and Willams (2005) studied the relationship between religiosity, spirituality and psychological flourishing. The authors evaluated the fit of four different structural equation models: (a) religiosity and spirituality are correlated constructs that predict psychological well-being, (b) psychological flourishing predicts religiosity and spirituality, (c) religiosity and spirituality as single, separate constructs predicting psychological flourishing, and (d) spirituality as the underlying cause of religiosity and psychological flourishing. In their results, Piedmont et al. (2005) found model (d) to most closely fit the data. These findings suggest that spirituality is the key component of religiosity that is related to psychological wellbeing.

Still, spirituality can exist within and outside of a religious framework, and many individuals who consider themselves highly spiritual do not associate themselves with any particular religion (Nelson et al., 2002). While religion may provide one channel to express one's spirituality, some religious individuals focus less on the spiritual aspects of religion and instead focus on traditions, rituals, and social interactions. Therefore, a behavioral measure is often included in religiosity indexes.



## **Measuring Religiosity**

There are a variety of ways to briefly and adequately assess religiosity of survey respondents. Nelson et al. (2002) measured religiosity using a 2-item index. The questions included, “Do you consider yourself a religious person?” (with possible responses of “very much,” “slightly,” or “not at all”) and “How often do you attend religious services?” (“regularly,” “sometimes,” or “never”). Each item was measured on a 0-2 scale, yielding scores ranging from 0-4. Nelson et al. also asked participants how spiritual they considered themselves using a similar scale (“very much,” “slightly,” or “not at all”). Other authors have opted to measure religiosity by asking about the importance of religion in one’s daily life, as well as inquiring about religious affiliation (Hayford, 2008). Those who identify an affiliation are considered more religious than those who do not.

The National Census Bureau in Canada (Statistics Canada, 2006) measures religiosity through a simple index consisting of four dimensions: affiliation, service attendance, personal practices, and importance of religion. In contrast, the U. S. Census Bureau (2010) does not collect data on religiosity in its demographic surveys due to Public Law 94-521, which prohibits asking questions on religious affiliation on a mandatory basis. However, questions about religious practices are sometimes asked on a voluntary basis through household surveys.

Given these existing brief measures of religiosity, the current study utilized a 4-item religiosity index including questions about religious affiliation, personal practices, service attendance, and importance of religion in one’s life. This index is described further in Chapter 3.

## **Measuring Spirituality**

Like religiosity, researchers have used a variety of ways to measure spirituality. However, spirituality has been identified as a complex, multi-faceted construct that may be best

understood through personal experience (Brown, Johnson, & Parrish, 2007). Cashwell and Young (2005) stated that spirituality is difficult to define, given that it is both universal and highly personal, and individuals can create their own meaning.

Given that spirituality is highly complex and multi-dimensional, there are a variety of assessment instruments that measure different aspects of spirituality (Brown, Johnson, & Parrish, 2007). Some instruments measure one's spiritual experience (Kass, Friedman, Lesserman, Zuttermeister, & Benson, 1991), spiritual development or maturity (Hall & Edwards, 2002), or spiritual well-being (Ellison & Paloutzian, 1982). The current study employed four items from the Spiritual Transcendence Index (Seidlitz et al, 2002), a brief assessment of spirituality designed to clarify distinctions of spirituality from religiousness. Rather than using more lengthy and complex assessments, a shorter instrument designed to distinguish spirituality from religiosity was especially useful to the study. The researcher named the instrument the STI-Modified, which is described in further detail in Chapter Three.

### **LGB Friends and Relatives**

Berg-Cross and Chinen (1995) found that "cultural knowledge devoid of personal knowledge inevitably leads to stereotyping and an inability to relate empathically" (p. 339). Therefore, through close and frequent contact with LGB individuals, non-LGB people are inclined to develop greater empathy, leading to more affirming and accepting attitudes toward LGB identities. Indeed, in her study of college counselors, Day (2009) found that the number of LGB friends or relatives predicts LGB knowledge, attitudes, and skill competence. Empirical evidence for the value of establishing LGB friendships also supports the assertion that culturally-skilled counselors become actively involved with minority individuals, such as LGB persons,

through friendships (Sue et al., 1992). Following the example in Day's study, the current study also measured and reported counselors' LGB friends and relatives.

### **Participation in LGB Cultural or Advocacy Events**

Similar to having contact with friends and relatives who identify as LGB, attending LGB cultural or advocacy events increases one's contact with LGB persons and enhances awareness of important issues facing the LGB community. According to Sue et al. (1992), culturally skilled counselors engage with minority individuals outside the counseling setting, such as through community or cultural events, social and political functions, and celebrations. These experiences broaden counselors' perspective of minority issues beyond an academic perspective. Therefore, frequency of attendance or participation in LGB cultural or advocacy events was measured and reported descriptively in the current study.

### **Formal LGB Training Experiences**

The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) requires that counseling programs integrate training components that involve social and cultural diversity competencies, including populations such as the LGB community. There are a variety of models for incorporating LGB counseling competency into counselor training curriculum. For example, Whitman (1995) designed a 5-week course that met once a week for a 3-hour class. The course included affective-attitudinal components designed to increase students' understanding of human diversity, sexual and emotional expression, and enhance self-awareness of personal feelings and thoughts related to LGB individuals. Interventions were designed to increase empathy and provide students with gay affirmative counseling strategies. Self-reflective assignments, thought-provoking exercises and role-plays also guided the course. Whitman (1995) offers suggestions for other content areas to include in

future LGB-related counseling courses; in particular, group work modalities and information regarding counseling specific populations, such as LGB youth or elderly persons.

Dillon, Worthington, Savoy, Rooney, Becker-Shutte, and Guerra (2004) formed a research team of graduate students to participate in weekly, seminar-style education sessions on LGB issues. Ten graduate students in counseling psychology volunteered to be part of the research team whose purpose was to investigate the attitudes of heterosexual members toward members of sexual minorities. The research team met for 2 hours each week throughout an academic year. Weekly meetings were seminar-style and included guest speakers, as well as readings and discussions on LGB identity development, homophobia and heterosexism. At the end of the academic year, the graduate students agreed to participate in a self-evaluative, reflective exercise about their experiences as part of the research team using four open-ended focus questions. Written narratives were collected and analyzed resulting in ten categories or themes. Overall, team members' growth developed from "maintaining socialized heterosexist and homophobic beliefs, assumptions, and behaviors toward becoming professional and personal heterosexual allies of the LGB community" (Dillon et al., 2004, p. 174).

Pearson (2003) described the effectiveness of one formal training design for including LGB counseling issues into counselor preparation. Pearson (2003) implemented a counselor training seminar on sexual orientation and LGB issues that included experiential activities with popular songs, readings, and class discussions about sexual identity, the coming out process, and LGB identity development. The seminar was designed to increase students' awareness of sexual identity development, stereotypes, and counseling interventions for LGB clients. The seminar was taught during one 2-½ hour class session, as part of an 8-week summer seminar course on a variety counseling topics. Pre- and post-course surveys were completed by class members,

which asked respondents to rate their knowledge, interest, and attitudes about the course topic. Overall, students reported increased levels of knowledge, interest, and attitudes regarding LGB issues following the seminar. Open-ended responses were overwhelmingly positive and reflected the activities or written materials that were most useful for each individual. Due to the lack of statistical control in Pearson's study, one cannot with certainty infer that all students experienced positive changes or that the changes experienced were due to the seminar alone. However, this seminar design provides another example of how LGB counseling competency can be incorporated into graduate counselor training.

### **LGB Infusion in Graduate Courses**

Many counselor training programs offer a multicultural counseling course in alignment with CACREP (2009) standards. It is believed that through this course, issues related to sexual orientation and LGB issues in counseling are addressed to some extent. Counselor training programs may also take efforts to incorporate LGB topics and counseling scenarios into other courses across the curriculum, such as counseling techniques, human development, and couple and family systems, for example. Matthews (2005) suggests ways that counselor educators may infuse LGB material more completely into core counseling courses. Hartung (1996) and Pope (1995) argue that the more broadly and consistently LGB issues and themes are infused into graduate counseling courses, the greater opportunities to impact developing counseling students' overall competency with LGB issues. Likewise, the multicultural literature also supports broad infusion of multicultural material throughout a curriculum to better train students (Bowman, 1996; Ponterotto, Alexander, & Grieger, 1995).

In another study of LGB graduate training, Rock, Carlson, and McGeorge (2010) examined 190 couple and family therapy (CFT) students' beliefs about sexual orientation and the

amount of affirmative training received in their graduate programs. Participants included master's- and doctoral-level graduate students in training. A modified version of the SOCCS (Bidell, 2005) was used to assess trainees' self-perceived competency with the LGB population, including minor re-wording of several questions to better fit the limited experience of trainees and altering the 7-point Likert scale to only 6 points in order to eliminate the "neutral" response at mid-point. The authors also developed an "Affirmative Training Scale" (ATS) to assess the extent to which participants' training programs integrated LGB affirmative training practices into curricula. Results indicated primarily positive attitudes among CFT students, and the level of affirmative training was directly related to self-reported competency working with LGB clients. Among limitations of this study, the authors relied on program directors to forward the invitation to participate in the research study, so it is possible that program directors with more affirming beliefs about LGB individuals were more likely to follow through. The study by Rock et al. provides strong evidence for the value of infusing LGB-affirmative training throughout graduate coursework and the impact on counselors' resulting self-perceived LGB counseling competence.

### **Impact of Supervision on LGB Issues**

Along with coursework that addresses LGB issues in counseling, regular participation in clinical supervision is known to increase supervisees' self-efficacy beliefs in counseling (Cashwell & Dooley, 2001). Self-efficacy theory describes four types of experiences that increase self-efficacy beliefs: a) mastery experiences, b) vicarious learning experiences, c) verbal persuasion, which includes receiving feedback about one's progress, and d) emotional arousal (Bandura, 1977). For mastery experiences, counselors may work directly with LGB clients or participate in role-plays to increase self-efficacy in working with this population (Daniels & Larson, 2001; Larson et al, 1999). Vicarious learning experiences may take place in the process

of triadic or group supervision with peers, through supervisor modeling, or through classroom discussion or video examples (Larson et al., 1999). Verbal persuasion may be the most powerful tool for enhancing trainees' self-efficacy through supervision. Verbal feedback provides direction for trainees by communicating progress, strengths, and areas for improvement (Barnes, 2004). Many supervisees depend on supervisors for detailed feedback on counseling performance. Finally, emotional arousal is often viewed as the anxiety experienced by counselors-in-training during the counseling session. Significant levels of anxiety can impede performance and negatively affect self-efficacy beliefs (Hiebert, Uhlemann, Marshall, & Lee, 1998). When considering LGB counseling competency, there may be factors related to attitudes toward LGB individuals that may significantly increase counselor anxiety (i.e. homophobia), thus affecting counseling performance and competence. A barrier like this could be addressed through active supervision practices and process.

As a more focused tool for supervision use on LGB-related issues, Long and Lindsey (2004) created the Sexual Orientation Matrix for Supervision (SOMS). The SOMS is designed to assist supervisors and counselor trainers in preparing trainees to work competently with LGB clients. The SOMS examines two primary issues: degree of heterosexual bias and degree of acceptance of LGB orientations and behaviors. The matrix is used to explore supervisors' and supervisees' levels of comfort, knowledge, and experience working with LGB clients and same-sex couples. In addition, Long and Lindsey recommend several tasks for supervision around LGB issues based on which quadrant of the matrix supervisees find themselves. Reflective questions are posed based on developmental needs and where supervisees are in the process of becoming more affirming counselors.

Burkard, Knox, Hess, and Schultz (2009) interviewed LGB supervisees about their experiences of LGB-affirmative and non-affirmative supervision. Participants were 17 doctoral students in various professional counseling or psychology programs across the United States. Supervisees were asked to describe one of each type of event (affirming, non-affirming) from prior supervision experiences. In LGB-affirmative events, supervisees felt supported in their LGB-affirmative work with clients and also perceived positive effects on the supervisory relationship, client outcomes, and themselves. On the other hand, in LGB non-affirming supervision, supervisees perceived their supervisors to be biased or oppressive toward supervisees' clients or themselves based on LGB identity or related concerns. In addition, non-affirming events were perceived to negatively impact the supervision relationship, client outcomes, and supervisees. The authors suggest future research investigate the impact of supervision on counselor competence working with LGB clients.

While regular participation in supervision is known to increase counselors' self-efficacy (Cashwell & Dooley, 2001) and multicultural-focused supervision is known to enhance supervisees' self-efficacy for multicultural counseling (Constantine, 2001), no studies have examined the impact of LGB-focused supervision on counseling trainees. This study will explore this variable by reporting descriptive statistics on supervision as it relates to counselors' self-perceived competency with LGB clients. To date, there are no studies that investigate LGB supervision competencies. Further, no studies have documented the impact of providing supervision on the supervisor. Therefore, in this study, the impact of LGB-focused supervision was measured and reported descriptively to provide fodder for future study in this area.



## **Summary**

This concludes the review of literature pertinent to the current study on LGB counselor competence. Each of the variables in the current study has been identified in the literature and was examined further using quantitative analysis. The next chapter will discuss methodology that was utilized to address the research questions that guided the study.

## Chapter Three

### **Methodology**

The purpose of the study was to examine counselors' self-perceived competency when counseling lesbian, gay, and bisexual (LGB) clients. The study was designed to look at factors that are related to LGB counseling competence and factors that predict LGB counseling competence. Participants were members of the state's professional counseling organization and completed the instruments electronically. The following research questions were examined through quantitative study:

1. What are counselors' self-perceived competencies, including attitudes, knowledge, and skills competencies, when counseling LGB clients?
2. How do counselors' self-perceived competencies vary by counselors' primary practice settings?
3. How do the variables: (a) religiosity and (b) spirituality predict counselors' self-perceived competence when counseling LGB clients?

This chapter is focused on methodology that was employed for the study. It contains information on the research design, participant selection, survey procedures, and instruments used in the study. A thorough description of data collection and analysis is also provided.

### **Research Design**

A quantitative research design was used for this study. Quantitative designs are best suited for studies that aim to determine causal factors, relationships between variables, and predictive factors. Utilizing a large sample of participants is necessary for quantitative studies to achieve valid results (Pedhazur, Pedhazur, & Schmelkin, 1991). The calculated a-priori sample size at the .05 alpha-level for multiple regression analysis with two predictor variables

(religiosity and spirituality) is a minimum of 67 participants. This calculation applies to a medium anticipated effect size ( $f^2 = .15$ ).

## **Participants**

The population included members of a state professional counseling organization located in the southeastern region of the U.S. Members of this organization included licensed professional counselors (LPCs), professional school counselors, counselors-in-residence (post-masters counselors who are working toward state licensure), masters-level counseling students, doctoral-level counseling students, and counselor educators. For the purposes of the study, participants were grouped into four primary practice settings: community counselors (LPCs and counselors-in-residence), school counselors, counselor educators, and counseling students (masters- and doctoral-level). All members of the professional counseling organization with a valid email address, approximately 1,509, were sent the recruitment email requesting their participation in the study.

The researcher obtained participant information from the state organization's membership directory, including name, email address, and primary setting for each member. This information was used to personalize emails to each participant using an email merge. When conducting a meta-analysis of web- and internet-based surveys, Cook, Heath, and Thompson (2000) found a mean response rate of 35-40%. Therefore, with 1,509 potential participants, the researcher anticipated achieving the needed medium effect size ( $n = 67$ ).

The researcher received email replies from some individuals in the original participant pool who indicated they were not qualified to participate in the study for a variety of reasons. Some members stated they had been retired for 10 or more years and felt that their perspective might skew results of the study. Others responded that they held a position in the school system

(e.g. career counselor, transfer student coordinator) but did not have a background in counseling; therefore, these persons were eliminated from the participant pool due to ineligibility. After removing 29 members from the original pool due to ineligibility, the remaining pool consisted of 1,480 participants.

The professional counseling organization in a southeastern state was selected for this study in hopes of achieving greater generalizability of results. The southeastern region of the United States is a primary choice for the study due to the range of political views represented. While historically, many southeastern states have been considered a “red states” signifying more conservative views, in recent years several of these states have voted in more democratic ways with different areas in the state representing the full range of political views. Similarly, the state selected has a variety of urban, suburban, and rural areas across the state. The population diversity that the state chosen provides is ideal for this type of study, which is designed to explore a politically sensitive topic.

### **Survey Procedures**

The population that was asked to participate in the web survey most likely had convenient access to a computer due to the nature of the counselor work setting. Therefore, to assist with achieving an optimal response rate, data was collected by electronic survey (Survey Monkey) to increase efficiency and provide greater convenience for the participants (Dillman, 2000). When compared to postal mail surveys, web surveys have been found to achieve comparable response rates (Kaplowitz, Hadlock, & Levine, 2004). In order to assist those counselors who may have decreased computer literacy, the recruitment email provided a direct link to the electronic survey, creating a more respondent-friendly survey method (Dillman, 2000). The recruitment email included disclosure regarding the purpose of the study, a request

for informed consent regarding participation, procedures of the study, anticipated risks and benefits, protection of confidentiality, a description of compensation, and permission to withdraw at any time. See Appendix A for the complete Informed Consent. Virginia Tech Institutional Review Board approval was obtained prior to data collection. The approval protocol is presented in Appendix B. The recruitment email is presented in Appendix C.

An incentive was offered to participants upon completion of the survey. Offering a financial incentive such as a lottery is a technique used in internet-based research to improve response rates (Wright, 2005). Due to the generous nature of the population being studied and assuming like-mindedness of the counseling profession, the researcher decided that a more motivating incentive might involve voting for a charity to receive a donation. Therefore, when participants reached the end of the web-survey, they received a message thanking them for their time and willingness to participate. As a token of appreciation, participants were asked to select a charitable organization to which they would like a \$100.00 donation made. Participants were provided with six options of charities: The state professional counseling organization's foundation, Human Rights Campaign, Mental Health America, Prevent Child Abuse (state chapter), American Cancer Society, and Parents, Families and Friends of Lesbians and Gays (PFLAG). Participants were informed that the charitable organization receiving the highest number of votes would receive a \$100.00 donation made by the researcher in gratitude for the participants' time completing the survey. As this final question concluded the survey in Survey Monkey, respondent identities remained anonymous to the researcher.

Two follow-up emails were distributed to the participant pool including the survey link. Follow-up contact is recommended as a way of increasing online response rates (Cook et al., 2000; Dillman, 2000). The first follow-up email (Appendix D) was sent five days after the initial

recruitment email. The second follow-up email (Appendix E) was sent five days after the first follow-up email. After all data was collected, the charity organization that had won the highest number of participant votes was PFLAG (25%). As promised, the researcher contributed a \$100.00 donation to PFLAG and notified participants of the result by sending one final email to the pool.

### **Instruments**

The following instruments were used to collect data for the quantitative study: an Information Questionnaire developed by the researcher to include demographic and background information, a Religiosity Index (Lippman et al., 2005; Statistics Canada, 2006), the Spiritual Transcendence Index - Modified (STI -Modified; Seidlitz et al., 2002), the Marlowe-Crowne Social Desirability Scale – Short Form C (MC-C; Reynolds, 1982), and the Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005).

#### **Information Questionnaire**

The information questionnaire was developed by the researcher to include variables identified in the literature as well as demographic information that will be used to describe the sample. Demographic questions included age, gender, sexual orientation, and ethnicity/race. Background information supported by the literature discussed in chapter two included: religiosity (4-item Religiosity Index), spirituality (5-item STI-Modified), primary practice setting in the counseling field (community, school, or counselor educator), number of LGB friends and relatives (open-ended), number of LGB cultural or advocacy events attended (open-ended), highest level of education (options include current masters student, completed masters, current doctoral student, completed doctorate degree), accreditation status of program(s) (reference to CACREP), LPC licensure status (options include: obtained LPC, working toward LPC

requirements, not pursuing LPC), experience providing clinical supervision (yes/no), number of times LGB issues were specifically addressed in supervision as the supervisor, number of times LGB issues were specifically addressed in the process of receiving supervision (include prior experiences), number of LGB clients worked with (open-ended), number of hours of formal LGB training received (open-ended), and number of hours of graduate training focused on counseling LGB clients. In addition, two open-ended, short answer questions were asked at the end of the questionnaire. These questions were designed to explore future areas of research in the area of LGB counselor competence. The first open-ended question asked respondents to describe the most influential experience that has impacted their beliefs about the LGB population. The second open-ended question asked how the respondents' religious and/or spiritual beliefs impact their work with LGB clients. The researcher created all of the items listed in the background information questionnaire. See Appendix F for the complete questionnaire.

### **Religiosity Index**

A brief, 4-item Religiosity Index was included based on previous studies and census methods of measuring religiosity (Lippman et al., 2005; Statistics Canada, 2006). Participants were asked about the importance of religion in one's life (0 = not at all, 1 = somewhat, 2 = important, 3 = very important), service attendance (0 = never, 1 = few times a year, 2 = few times a month, 3 = once a week or more), personal practices (0-7 scale = number of days per week spent engaging in religious behavior such as praying, reading scripture), and religious affiliation (open-ended; identified affiliation = 1; no identified affiliation = 0). The Religiosity Index is computed by transforming item scores into z-scores and then obtaining the sum of the

standardized scores. Higher scores indicate higher levels of religiosity and lower scores indicate lower levels of religiosity.

### **Spiritual Transcendence Index - Modified**

The STI (Seidlitz et al., 2002) is a brief assessment of spirituality that was developed to clarify distinctions of spirituality from religiousness, which provides a valid rationale for its use in this study. Spiritual transcendence refers to “a subjective experience of the sacred that affects one’s self-perception, feelings, goals, and ability to transcend difficulties” (Seidlitz et al., 2002, p. 441). The STI is an eight-item measure of this construct that was developed by the authors through (1) theoretical discussions and the generation of an item pool reflecting the experiences and perceptions of the authors, (2) collecting views and feedback about the items from focus groups and colleagues, and (3) a reciprocal process of empirical analysis of the items followed by writing and revising the items using several successive samples of respondents. Using four separate samples, the STI demonstrated internal consistency and validity. Samples varied widely and included 226 Rochester-area residents, clergy and religious leaders at a regional Presbyterian Church Convention, and Fuller Theological Seminary graduate students. Cronbach’s alphas ranged from .90 in the sample of seminary students to .97 in a large community sample of randomly-selected residents. The STI demonstrated convergent validity through having higher correlations with intrinsic religiousness than either organized or non-organized religiousness. It was also nonsignificantly correlated to a set of “openness to experience” items on the NEO Personality Inventory (Costa & McCrae, 1989), indicating it does not measure or reflect this personality trait.

Several adaptations were made to the original STI instrument to more accurately address the purpose of the current survey. This process resulted in a revised instrument the researcher



named the STI-Modified. Among changes, the STI was altered to include four of the eight original questions. The four questions eliminated from the original instrument used language specifically focused on one's relationship with God ("I try to strengthen my relationship with God," "God helps me rise above my immediate circumstances," and "I experience a deep communion with God"). While some spiritual people readily identify with the concept of God, others may be excluded from responding due to a lack of personal identification with this language. In the focus group discussions held by Seidlitz et al. (2002), some indicated that a broader view of spirituality might not include God. Therefore, to offer a more inclusive assessment of spirituality, these four items were dropped from the scale. Finally, one additional question was posed in a similar format to Nelson et al. (2002) in that importance of religion in one's life was mirrored by the same question regarding spirituality.

### **Marlowe-Crowne Social Desirability Scale – Short Form C**

The Marlowe-Crowne Social Desirability Scale – Short Form C (MC-C; Reynolds, 1982) is a 13-item self-report instrument used to measure participants' tendency to answer questions in order to present oneself in highly favorable ways. The MC-C is derived from the Marlowe-Crowne Social Desirability Scale (MCSD; Crowne & Marlowe, 1960), a 33-item measure of the impact of social desirability on self-report instruments. The shorter length MC-C was created from the original version in order to stimulate greater use by researchers (Reynolds, 1982). When conducting a self-report study, it is important to assess for the effects of social desirability, particularly when probing sensitive areas that are related to personal values and judgments indicative of discrimination (Haghighat, 2007).

In Reynolds' (1982) study, 608 undergraduate students completed the MCSD. All students completed demographic information and a subgroup of 68 students completed the

Edwards Social Desirability Scale (Edwards, 1957). An initial Marlowe-Crowne short form was derived from a principal component factor analysis of the MCSD. Other short forms were developed using items selected based on the item-total correlation. All short forms were correlated with the Edwards Social Desirability Scale. Three Marlowe-Crowne short forms were created with 11, 12, and 13 items, respectively. Through further testing of these forms, the 13-item MC-C showed the greatest internal consistency reliability ( $KR-20 = .76$ ). In addition, the MC-C and a Marlowe-Crowne shortened form by Strahan and Gerbasi (MC-XX; 1976) correlated the highest with the 33-item Marlowe-Crowne standard form for concurrent validity. The MC-C has a moderate correlation with the Edwards Social Desirability Scale ( $r = .47, p < .01$ ), yet is similar to the .35 correlation found by Crowne and Marlowe (1960). The MC-C and MC-XX demonstrate similar reliability and validity, but the MC-C is one-third shorter in length. Because the MC-C is brief and easy to administer, it is recommended as a viable short form for measuring socially desirable responses in self-report instruments (Reynolds, 1982).

The 13 MC-C items are answered as either “True” or “False”, with T = 1 and F = 2. Items 5, 7, 9, 10, and 13 are reverse-scored with T = 2 and F = 1. The 13 items are summed for a total score, with scores ranging from 13-26. High scores on the MC-C reflect higher levels of socially desirable responses. In other words, as scores increase, they reflect participants’ desire to answer in a more socially acceptable manner. Therefore, due to the sensitive nature of this study, there is a risk that results may be impacted by social desirability. Cronbach’s alpha was reported for this study’s sample to denote internal consistency of the instrument. The researcher also used correlational analysis between the MC-C and other three instruments (SOCCS, STI-Modified, and Religiosity Index) to determine relatedness. Appendix G contains the complete MC-C instrument.

## **Sexual Orientation Counselor Competency Scale**

The Sexual Orientation Counselor Competency Scale (SOCCS) measures participants' self-reported perceptions of attitudes, knowledge, and skills when counseling LGB clients (Bidell, 2005). The SOCCS contains 29 items that are rated on a 1-7 Likert-type scale (1 = not at all true, 7 = totally true). Within the SOCCS, ten questions are designed to measure Attitudes competency, eleven questions measure Skills competency, and eight questions measure Knowledge competency. Questions are randomly ordered and include 11 reverse scored or negatively stated items. Participants rate the truth of each item as it applies to them.

In Bidell's (2005) study, an exploratory factor analysis was conducted on the original 42 SOCCS items. A subset of that study, including 101 participants, completed the SOCCS one week after the original test to determine test-retest reliability. The test-retest reliability correlation coefficients were .84 for the overall SOCCS, and .85 for the Attitudes, .83 for the Skills, and .84 for the Knowledge subscales. Based on the results of the exploratory factor analysis and a-priori decision rules, a three-factor solution emerged. The three-factor solution (attitudes, skills, knowledge) accounted for 40% of the total variance with a total of 29 questions. Attitudes had 10 items accounting for 9.66% of variance, Skills had 11 items accounting for 24.91% of variance, and Knowledge had 8 items accounting for 5.41% of variance. Bidell reported the coefficient alpha for the overall SOCCS was .90. The coefficient alphas for individual subscales were .88 for Attitudes, .91 for Skills, and .76 for Knowledge. See Appendix H for the complete instrument.

To establish criterion validity, Bidell (2005) examined sexual orientation and education level effects on SOCCS scores. Using their multicultural counselor competency instrumentation research, Ponterotto, Rieger, Barrett, and Sparks (1994) found that ethnic minorities as well as

participants with higher education and training had higher competency scores. From these findings, Ponterotto et al. (1994) postulated that ethnic minorities scored higher due to their real-life experiences. Similarly, Bidell (2005) theorized that LGB participants would also score higher on the SOCCS due to the impact of real-life experiences on their LGB counseling competency. As predicted, LGB respondents scored significantly higher on the overall SOCCS and subscales than did heterosexual participants. Also supporting Ponterotto et al.'s (1994) research, Bidell found that the participants with higher education levels scored significantly higher on the overall SOCCS and subscales.

Convergent validity was determined for each of the three subscales by comparing the Attitudes subscale with the Attitudes Toward Lesbians and Gay Men Scale (ATLG; Herek, 1998), the Skills subscale with the Counselor Self-Efficacy Scale (CSES; Melchert, Hays, Wiljanen, & Kolocek, 1996), and the Knowledge subscale with the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002). As hoped, each of the subscales correlated strongest with the scales with which they were compared. Lastly, Bidell examined divergent validity by comparing the SOCCS scored with the mean of three social desirability cluster questions interspersed in the scale. The bivariate correlation revealed weak associations between the social desirability cluster and total SOCCS scores ( $r = .27$ ). Weak associations were also indicated between the social desirability cluster and Attitudes subscale scores ( $r = -.03$ ), skills subscale scores ( $r = .33$ ), and knowledge subscale scores ( $r = .17$ ). These results suggest that the SOCCS does not correlate very strongly with social desirability. Therefore, Bidell was able to conclude that the SOCCS exhibits initial evidence of divergent validity. Due to the preliminary nature of the validity findings for this

newly developed instrument, the current study utilized a measure of social desirability (MC-C; Reynolds, 1982) along with the SOCCS to cross-validate results.

### **Data Analysis**

The following section describes how the data was analyzed as guided by each research question. The rationale for each of the chosen analysis methods is explained, as well as the usefulness and limitations.

#### **Research question 1: What are counselors' self-perceived competencies, including attitudes, knowledge, and skills competencies, when counseling LGB clients?**

To address the first research question, descriptive statistics were reported for total LGB competency as well as the subscales of attitudes, knowledge, and skills competency for the sample of counselors. Reporting descriptive statistics involves computing means, standard deviations, minimum and maximum scores for total LGB competency and subscales of LGB competency. Data derived from the SOCCS provided descriptive statistics on the sample. With regard to the SOCCS, higher scores signified higher levels of counselor competency.

#### **Research question 2: How do counselors' self-perceived competencies vary by counselors' primary practice settings?**

To analyze results for the second research question, an analysis of variance (ANOVA) was used to determine which means were statistically different ( $p = .05$ ) among primary practice settings (school, community, and counselor educator) and LGB total competency scores. This analysis resulted in a comparison of competency levels among the three primary practice settings. An alpha level of .05 was selected based on the response rate and sample size ( $n = 479$ ).

**Research question 3: How do the variables: (a) religiosity and (b) spirituality predict counselors' self-perceived competence with LGB clients?**

To analyze the third research question, multiple regression analysis was used to determine whether there are predictive relationships among the independent variables (religiosity and spirituality) and LGB counseling competency. Multiple regression analysis is indicated because it overcomes limitations of separate linear regression analyses (Pedhazur et al., 1991). Further, multiple regression analysis allows for multiple independent variables, categorical and continuous, while controlling for interrelatedness of the variables and covariant effects (Pedhazur et al., 1991).

The chosen model of multiple regression analysis for this study was simultaneous regression. When using simultaneous regression, all independent variables are entered simultaneously and are assumed to be of equal importance (Cohen & Cohen, 1983). This model of regression analysis is most appropriate when there is no logical or theoretical basis for considering any variable to be of greater or lesser importance than another, whether by hypothetical causal structure of the data or its relevance to research goals (Cohen & Cohen, 1983). Thus, this model represents the best option for this study due to the lack of a research-based theory to determine importance of the variables.

**Addressing Limitations**

To address unforeseen challenges or problems that may be associated with using an online survey method, the survey was piloted to five individuals who are not currently members of the same state's professional counseling organization: a school counselor, community counselor, counseling master's student, counseling doctoral student, and counselor educator. Some of these individuals were recruited from out-of-state and each received \$10.00

compensation for completing the pilot survey and providing feedback to the researcher on how the survey might be improved. Each pilot participant was asked to describe the clarity of the survey items, length of time to complete the survey, general reactions to the survey, and any mechanical errors they may have encountered during the process. The researcher made revisions to the electronic survey as indicated by the pilot study participants.

Response bias is a concern and potential limitation for any self-report study that involves a controversial or sensitive topic (Pryor, 2004). However, when comparing anonymous versus confidential methods of data collection, Durant, Carey, and Schroder (2002) found that anonymous methods resulted in a slightly lower prevalence of incomplete responses. This finding provides a compelling argument for anonymous administration of surveys on sensitive topics, as the current study intends to do. Within the informed consent, Pryor (2004) recommends using the term anonymity and clearly describing what this term means so that respondents do not misperceive it as confidentiality. Anonymity of responses is often a more reassuring safeguard for respondents than confidentiality. Therefore, anonymity was clearly stated and described to ensure that participants understood this important safeguard for protecting their identity.

There are also advantages to using an existing instrument for surveys on sensitive topics because it allows comparative data to emerge across a discipline (Pryor, 2004). The SOCCS (Bidell, 2005) was developed and validated within the last five years and has been used to measure LGB counseling competency in several studies that have been cited in this document. The results of the current study provide further comparative data to examine across the counseling discipline, specifically for counseling specializations (i.e. community counselors, school counselors) that have not been previously examined using this instrument.

Finally, reporting issues may be a concern for those being asked to participate in a survey on a sensitive topic and may contribute to non-response bias. Pryor (2004) recommends that specifics about reporting should be considered and communicated to participants to avoid misunderstandings. To address this concern, the informed consent included a statement addressing the intended use of the survey results and clearly stated that the state organization's identity would remain confidential in any written documentation of the results.

### **Summary**

Participants in the study were asked to respond to questions on the Information Questionnaire, Religiosity Index (Lippman et al., 2005; Statistics Canada, 2006), STI-Modified (adapted from Seidlitz et al., 2002), MC-C (Reynolds, 1982), and SOCCS (Bidell, 2005). The research questions for the study were addressed using quantitative analyses, including descriptive statistics, ANOVA, and multiple regression. Results are presented in the next chapter, making contributions to the counseling profession by providing important data on progress toward training LGB-competent counselors and the factors contributing to competency.



## Chapter Four

### Results

This quantitative study was guided by three research questions related to counselors' self-perceived competence when working with LGB clients. In Chapter four, results of the study are reported for each of the following research questions:

1. What are counselors' self-perceived competencies, including attitudes, knowledge, and skills competencies, when counseling LGB clients?
2. How do counselors' self-perceived competencies vary by counselors' primary practice settings?
3. How do the variables: a) religiosity and b) spirituality predict counselors' self-perceived competence when counseling LGB clients?

In this chapter, indicators of quality and rigor for the research study are discussed. The sample of respondents is described and reliability of scales used in the study is reported. Finally, results of the study are reported as guided by each research question. The final chapter, Chapter five, is a report of implications of the findings for counselor training, limitations of the study, and future directions for research on LGB counseling competence.

### Participants

The sample for this study was comprised of counseling professionals, including community counselors, school counselors, counselor educators, and counseling graduate students. All participants were current members of the state's professional counseling organization. The participant pool consisted of 1,480 counseling professionals; 556 persons agreed to participate. Before beginning data analysis, a thorough review of the participant responses and missing items was conducted. The data cleaning procedures described below

resulted in a final sample of 479 participants, yielding a response rate of 32.4%. A comparison of the participant pool and final sample by counselors' primary practice setting is displayed in Table 1. The final sample of respondents was representative of the participant pool in terms of primary practice setting.

Table 1

*Comparison of Participant Pool and Final Sample by Primary Practice Setting*

Setting	<u>Participant Pool</u>	<u>Final Sample</u>
	N (%)	N (%)
School	732 (49.5)	212 (44.4)
Community	224 (15)	110 (23)
Counselor Educator	57 (4)	38 (8)
Student or Other	467 (31.5)	118 (24.6)
Total	1480	479

## **Instruments**

### **Information Questionnaire**

The researcher created an Information Questionnaire to collect background information from all participants. The Information Questionnaire gathered data on participants' demographic and personal background as well as professional and training experiences.

### **Religiosity Index**

A brief, 4-item Religiosity Index (Lippman et al., 2005; Statistics Canada, 2006) was used to assess personal and behavioral aspects of religiosity. Participants were asked about the importance of religion in their own life (0 = not at all, 1 = somewhat, 2 = important, 3 = very important), service attendance (0 = never, 1 = few times a year, 2 = few times a month, 3 = once

a week or more), personal practices (0-7 scale = number of days per week spent engaging in religious behavior such as praying, reading scripture), and religious affiliation (open-ended; identified affiliation = 1; no identified affiliation = 0). The Religiosity Index is computed by transforming item scores into z-scores and then obtaining the sum of the standardized scores. Higher scores indicate higher levels of religiosity and lower scores indicate lower levels of religiosity.

For the four items on the Religiosity Index after converting raw scores to z-scores, there was an internal consistency of .81 (N = 479) in this sample. Along with most other authors, Nunnally (1978) agrees that reliability estimates of 0.7-0.8 are acceptable for most instruments. Therefore, the reliability estimate on the Religiosity Index is sufficient for analysis in this study.

### **Spiritual Transcendence Index - Modified**

The Spiritual Transcendence Index (STI; Seidlitz et al., 2002) is a brief assessment of spirituality that was developed to clarify distinctions of spirituality from religiousness. The STI is an eight-item measure of spiritual transcendence, which refers to “a subjective experience of the sacred that affects one’s self-perception, feelings, goals, and ability to transcend difficulties” (Seidlitz et al., 2002, p. 441). Several modifications were made to the STI to more accurately address the purpose of the current survey. Four items were dropped from the scale in order to offer a more inclusive assessment of spirituality (namely, items that included the term “God” were eliminated). Also, one question was posed in a similar format to Nelson et al. (2002), asking respondents to rate the importance of spirituality in one’s life. These modifications resulted in a 5-item measure of spirituality that the researcher named the STI-Modified.

For the five items on the STI-Modified, the internal consistency was .95 (N = 479) representing a high degree of reliability in this sample. Other studies using the STI have yielded Cronbach's alphas ranging from .90 to .97 (Seidlitz et al., 2002).

### **Marlowe-Crowne Social Desirability Scale – Short Form C**

The MC-C is a 13-item self-report instrument used to measure participants' tendency to answer questions in order to portray oneself in highly favorable ways. The 13 MC-C items are answered as either "True" or "False", with T = 1 and F = 2. Items 5, 7, 9, 10, and 13 are reverse-scored with T = 2 and F = 1. The 13 items were summed for a total score, with scores ranging from 13-26. High scores on the MC-C reflect higher levels of socially desirable responses. In other words, as scores increase, they reflect participants' desire to answer in a more socially acceptable manner. Due to the sensitive nature of this study, there was a risk that results could be impacted by social desirability. In this sample, internal consistency of the 13 items in the MC-C was .76 (N = 479), which is comparable to previous tests of the internal consistency reliability of the MC-C (Reynolds, 1982).

### **Sexual Orientation Counselor Competency Scale**

The SOCCS measures participants' self-reported perceptions of attitudes, knowledge, and skills when counseling LGB clients (Bidell, 2005). The SOCCS contains 29 items that are rated on a 1-7 Likert-type scale (1 = not at all true, 7 = totally true). Within the SOCCS, ten questions are designed to measure Attitudes competency, eleven questions measure Skills competency, and eight questions measure Knowledge competency. Questions are randomly ordered and include 11 reverse scored or negatively stated items. Participants rate the truth of each item as it applies to them.

The internal consistency (Cronbach's alpha) of the 29 items in the SOCCS was .87 (N = 479), suggesting strong reliability of the items. Previously, Bidell (2005) reported the coefficient alpha for the overall SOCCS was .90. Among the SOCCS subscales, the internal consistency of the Knowledge subscale was .73, for eight items. The internal consistency for the Attitudes subscale was .88, for ten items. Finally, the internal consistency for the Skill subscale was .87, for eleven items. These reliability coefficients are comparable to Bidell's original validation study (2005) reporting coefficient alphas of .88 for Attitudes, .91 for Skills, and .76 for Knowledge subscales.

### **Data Cleaning**

For this study, 1,480 counselors were invited to participate in an electronic survey. There were 556 respondents. Following data cleaning procedures that are described below, there was a final sample of 479 participants.

The study included four scales: The SOCCS, MC-C, Religiosity Index, and the STI-Modified. The total score on each of the four scales was used in the statistical analyses associated with the research questions. To ensure quality and rigor in those analyses, participants who answered less than 70% of the items on any scale were eliminated from the sample. The minimum of 70% was determined based on the methodology of Henke et al. (2009) who also conducted a study utilizing the SOCCS. There were 61 participants who did not complete the required 70% minimum (20 of 29 items) on the SOCCS, therefore they were eliminated from the sample.

For the Religiosity Index and STI-Modified, there were very few items (four items and five items, respectively) and a varying range of values for each item. Therefore, respondents who omitted even one item on these measures were deleted from the sample. The researcher

could not account for missing values on these scales in a systematic way. On the Religiosity Scale, consisting of only 4 items, six respondents omitted one or more items and were deleted from the sample. For the STI, consisting of 5 items, 10 respondents omitted items and were deleted from the sample. There was no apparent pattern of the items skipped for either of these scales.

None of the remaining 479 participants failed to meet the 70% minimum on the other scales. Therefore, no other participants were eliminated from the sample.

Of the 479 participants, omitted items were replaced with the scale mean. This represents a traditional method used to account for missing data, termed mean imputation (Montiel-Overall, 2006). Mean imputation prevents the omitted item from impacting the mean scale score due to uncertainty about how the participant would have responded.

For the SOCCS, 101 cases were modified by entering the individual's mean scale score as the missing value for the respondent. The most frequently skipped items were item 5 (30 times), item 13 (21 times), and item 16 (13 times). Item 5 states: "LGB clients receive 'less preferred' forms of counseling treatment than heterosexual clients." Item 13 states: "Heterosexist and prejudicial concepts have permeated the mental health professions." Finally, item 16 states: "There are different psychological/social issues impacting gay men versus lesbian women." Each of these three items is designed to measure LGB knowledge competency of the respondent. It is possible that respondents were so uncertain about the meaning of these statements, they chose not to respond.

For the MC-C, eight cases were modified by entering the mean score as the missing value for the respondent. There was no pattern of frequently skipped items in the MC-C.

## Description of the Sample

A variety of data on the sample regarding personal characteristics, training, and professional experiences of counselors was derived from the information questionnaire. Of the 479 participants, 110 (23%) described their primary practice setting as “Community”, 212 (44.4%) identified “School” as their primary setting, 38 (7.9%) identified “Counselor Educator” as their primary setting, 93 (19.4%) identified as “Student – not yet in practice”, and 25 (5.2%) chose “Other” as their primary setting (one omitted this item). Among school counselors, 73 participants (34.4%) worked in a high school, 56 (26.4%) worked in a middle school, and 83 (39.2%) worked in an elementary school.

Participants’ ages ranged from 22 to 87 years, with an average age of 42 years ( $SD = 13.8$ ). Seventy-eight (16.3%) participants were male and 400 (83.5%) were female (1 participant omitted this item). With regard to race, 393 participants (82%) were Caucasian, 61 (12.7%) were African-American, three (0.6%) were American Indian, one (0.2%) was Asian, nine (1.9%) were Hispanic, one (0.2%) was Hawaiian or Pacific Islander, and nine (1.9%) were Multiracial or Other (two participants omitted this item). Regarding sexual orientation, 447 participants (93.3%) identified as heterosexual, 9 (1.8%) identified as lesbian, 5 (1%) identified as gay, 6 (1.2%) identified as bisexual, 2 (0.4%) identified as questioning, and 4 (0.8%) identified as Other (six participants omitted this item).

Within the personal data collected, counselors were asked how many LGB cultural or advocacy events they had attended. Examples of advocacy events were provided, such as an equality rally or march, pride festival, or human rights campaign event. Surprisingly, more than half of counselors (57%) reported they had never attended an LGB cultural or advocacy event.

Only 23% reported they had attended one or two events, and 18% reported attending three or more LGB advocacy events (2% omitted this item).

Counselors were also asked about the number of LGB friends or relatives they have in their lives. Twenty-seven percent of counselors in the study reported having only two or fewer friends or relatives that identify as LGB, 38% reported having three to five LGB friends or relatives, and 33% reported having more than five (2% omitted this item).

Other personal characteristics gathered for this sample included religiosity and spirituality, as measured by a Religiosity Scale and the STI-Modified. Possible scores on the Religiosity Scale range from 0 to 14, where higher scores indicate higher levels of religiosity. Possible scores on the STI range from 4 to 27, where higher scores indicate higher levels of spirituality. Table 2 displays descriptive statistics on religiosity and spirituality.

Table 2

*Scale Scores for Religiosity and Spirituality*

	N	M	Median	Mode	SD	Min	Max
Religiosity	479	7.80	8	14	4.46	0	14
Spirituality	479	22.24	23	27	5.03	4	27

Data was gathered from participants regarding training and professional experiences to prepare counselors for working with LGB clients. Among training experiences, participants were asked about the number of hours of formal training (e.g. conference presentations or workshops) they have attended that focused primarily on counseling LGB clients. Participants were also asked about the number of hours in their graduate training program that were devoted to learning how to counsel LGB clients. Table 3 displays descriptive statistics on these items.



Table 3

*Counselors' Training Experiences: Hours of Formal Training and Hours of Graduate Training Focused on Counseling LGB Clients*

	Formal Training N (%)	Graduate Training N (%)
None	121 (25.3)	133 (27.8)
1 - 2	234 (48.9)	231 (48.2)
3 - 5	55 (11.5)	62 (12.9)
6 - 10	29 (6.3)	16 (3.3)
11-15	11 (2.3)	8 (1.7)
16+	8 (1.7)	7 (1.5)
Item Missing	21 (4.4)	22 (4.6)
Total	479 (100)	479 (100)

While previous research studies have not yet shown a direct link between supervision and counselors' self-perceived competence with LGB clients, the review of literature supported that clinical supervision may increase self-efficacy beliefs in supervisees (Cashwell & Dooley, 2001), which could be applied to a specific population. All participants were assumed to have received clinical supervision at some point in their training. Therefore, participants were also asked about the number of times they recall LGB issues being addressed in the context of clinical supervision as a supervisee. Table 4 displays descriptive statistics for this item.

Table 4

*Professional Experiences: Number of Times LGB Issues Addressed in Supervision as Reported by Supervisees*

	Supervisees N (%)
None	148 (30.9)
1 - 2	124 (25.9)
3 - 5	79 (16.5)
6 - 10	42 (8.8)
11-15	14 (2.9)
16+	15 (3.1)
Item Missing	57 (11.9)
Total	479 (100)

Finally, the MC-C measured levels of social desirability exhibited in the sample. The MC-C measures the tendency to respond to questions in order to present oneself in a favorable way. Scores on the MC-C ranged from 13 to 26, with higher scores indicating higher levels of social desirability. The average MC-C score for this sample was  $M = 19.86$ ,  $SD = 3.15$  for  $N = 479$ . To determine whether the study results were significantly impacted by social desirability, the researcher used correlational analysis to examine the strength of relationships among the variables and the MC-C scores. Although two of the variables (Spirituality and SOCCS) were significantly correlated with social desirability, the  $r^2$  values were very weak (.10 and -.15, respectively). From these findings, the researcher concluded that the study was not significantly impacted by social desirability, thereby increasing the validity of the results. A correlation matrix of all variables is displayed in Table 5.

Table 5

*Correlation Matrix of STI-Modified, Religiosity Index, SOCCS, and MC-C*

	1	2	3	4
1 STI-Modified				
2 Religiosity Index	.59**			
3 SOCCS	-0.06	-.30**		
4 MC-C	.10*	0.08	-.15**	

Note: \*  $p < .05$ , \*\*  $p < .01$

### Findings

This section describes results of the study as guided by each of the research questions.

Chapter 5 will provide implications and discussion of the results.

### Assumptions of the Analysis

Variables were inspected to ensure that several assumptions were met in order to conduct regression analysis and ANOVA. The first assumption is normal distribution of each of the variables (Osborne & Waters, 2002). The researcher visually inspected data plots for each variable and found that religiosity, spirituality, and SOCCS scores all adhere to a normal curve. As an additional check on normality, skewness and kurtosis were reviewed for each of the variables: religiosity, spirituality, social desirability, and self-perceived counseling competence with LGB clients.

Multicollinearity among variables must be examined in order to determine that variables do not have a linear relationship with each other (Garson, 2011). In other words, variables must be measuring distinctly different constructs; otherwise, there is an increased risk for error in the regression equation. One way to determine whether multicollinearity exists is to examine

variables for strong correlations. A Pearson correlation  $r^2$  value greater than .6 indicates a strong relationship, and values below .3 indicate a weak relationship (Pedhazur et al., 1991). A correlational matrix was generated and is displayed in Table 5. Religiosity and spirituality are two variables that demonstrated a significant correlation ( $r^2 = .59$ ), with an  $r^2$  value nearly indicating possible multicollinearity. Hence, further assessment was warranted.

A second and more accurate method of assessing multicollinearity is to examine tolerance and Variance Inflation Factor (VIF), two diagnostic factors that are generated through statistical analysis (Braunstein, 2007). Small tolerance levels indicate that a linear relationship may exist, and tolerance of less than 0.1 should be investigated further (Braunstein, 2007). In the regression analysis for this study, tolerance levels were .60. The VIF also determines multicollinearity by measuring the impact of collinearity among variables in a regression model. Values of VIF that exceed 10 present a cause for concern. In this study, VIF values were 1.66. Both of these diagnostic factors point to an absence of multicollinearity among variables.

Finally, reliability of measurement is a critical assumption that must be met prior to analysis (Osborne & Waters, 2002). Reliability coefficients for each of the measures (Religiosity Index = .81, STI-Modified = .95, MC-C = .76, and SOCCS = .87) are reported in the Instruments section above. All of the measures utilized in this study are reliable as evidenced by Cronbach's alpha coefficients.

**Research Question 1: What are counselors' self-perceived competencies, including attitudes, knowledge, and skills competencies, when counseling LGB clients?**

Counselors' self-perceived counseling competency with LGB clients was measured by the SOCCS. Overall, counselors perceived themselves as most competent in their attitudes toward LGB clients, followed by knowledge of LGB issues. Counselors felt least competent in

their skills when working with LGB clients. Mean scores and descriptive statistics for the SOCCS and subscales (knowledge, attitudes, and skill) are reported in Table 6.

Table 6

*Counselors' SOCCS Scores, Including Knowledge, Attitudes, and Skill Subscales*

	N	M	SD	Min	Max
SOCCS - Total	479	4.69	.80	2.65	6.61
Knowledge	479	4.20	1.00	1.00	6.75
Attitudes	479	6.40	.83	2.70	7.00
Skill	479	3.48	1.40	1.00	6.91

**Research Question 2: How do counselors' self-perceived competencies vary by counselors' primary practice settings?**

To prepare the data for this analysis, the researcher eliminated one subject due to not indicating a primary practice setting. The researcher also eliminated 25 subjects from the analysis who indicated their primary practice setting as “other” due to uncertainty about the actual setting these participants work. Descriptive statistics for SOCCS scores according to counselors' primary practice setting are displayed in Table 7.

Table 7

*Descriptive Statistics for SOCCS Score by Primary Practice Setting*

	N	M	SD	Min	Max
Community	110	5.05	.75	3.38	6.61
School	212	4.42	.71	2.65	6.10
Counselor Educator	38	5.50	.81	3.66	6.59
Student	93	4.54	.67	2.69	5.69

A one-way between subjects ANOVA was conducted to compare the effect of primary practice setting on self-perceived competence when counseling LGB clients, including community counselors, school counselors, counselor educators, and counseling students. The ANOVA revealed a significant effect of primary practice setting on counselors' self-perceived LGB competence at the  $p < .001$  level for the four primary practice settings [ $F(5, 473) = 21.95, p = .00$ ]. Levene's test of homogeneity of variances revealed no significant differences in variance between groups.

Tukey's post hoc test was selected to further explore the results by comparing each of the settings with the other settings. Tukey's HSD is recommended by statisticians because it is less conservative than other tests, therefore, it is more likely to detect differences if they exist (Lund & Lund, 2010). Post hoc comparisons using Tukey HSD test indicated that the mean score for counselor educators ( $M = 5.50, SD = .81$ ) was significantly greater than community counselors ( $M = 5.05, SD = .75$ ), school counselors ( $M = 4.42, SD = .71$ ), and counseling students ( $M = 4.54, SD = .67$ ). The mean score for community counselors ( $M = 5.05, SD = .75$ ) was also significantly greater than school counselors ( $M = 4.42, SD = .71$ ), counseling students ( $M = 4.54, SD = .67$ ).

**Research Question 3: How do the variables: a) religiosity and b) spirituality predict counselors' self-perceived competence when counseling LGB clients?**

Multiple regression analysis was used to test whether levels of religiosity and spirituality in counselors predicted self-perceived counseling competence with LGB clients. A Religiosity Index was used to measure religiosity and the STI-Modified measured spirituality in participants. The results of the regression analysis indicated that the two predictors explained 11% of the variance ( $Adj R^2 = .11$ ,  $F(2,476) = 30.83$ ,  $p > .001$ ). It was found that religiosity significantly predicted counselors' self-perceived competence with LGB clients ( $\beta = -.41$ ,  $p < .001$ ), as did spirituality ( $\beta = .19$ ,  $p < .001$ ). Religiosity inversely predicted self-perceived LGB counseling competence ( $\beta = -.41$ ), whereas spirituality positively predicted LGB competence ( $\beta = .19$ ).

**Summary**

There were several key findings that resulted from this study of counselors' self-perceived competence when working with LGB clients. First, counselors perceived themselves as most competent in their attitudes toward LGB clients, followed by their knowledge of LGB issues. Counselors perceived themselves to be least competent in their counseling skills with LGB clients.

Secondly, counselors' self-perceived competence with LGB clients was examined across primary practice settings. This analysis revealed that counselor educators had the highest levels of self-perceived LGB competence, followed by community counselors. School counselors had significantly lower levels of self-perceived competence with LGB clients compared to the other settings.

Finally, counselors' self-reported levels of religiosity and spirituality significantly predicted self-perceived LGB competence. Religiosity inversely predicted LGB counseling

competence, and spirituality had a positive predictive relationship with LGB counseling competence.

In the final chapter, implications of the results are described as they pertain to the field of counseling and counselor education. The researcher will discuss how the results of this study may impact future counselor training strategies to improve LGB counseling competence. Limitations of the current study are also discussed, as well as the need for future research on LGB counseling competence.



## Chapter Five

### **Discussion**

In this chapter, the results of the study are discussed. First, a brief overview of the study and importance of the topic is presented. Next, the results are discussed for each of the research questions that guided the study, including implications for the field of counselor education. Finally, limitations of the current study and recommendations for future research are made.

### **Overview of the Study**

Counselors are required to provide competent counseling services to diverse populations (American Counselors Association, 2005; Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992), including individuals who identify as LGB (ALGBTIC, 2005; Logan & Barret, 2005). Adequate training to work with LGB clients is mandated by ethical and accreditation standards of the counseling profession (ACA, 2005; CACREP, 2009), yet it is uncertain whether counselors are receiving ample training, participating in relevant field experiences, and engaging in professional discourse to the extent that they feel clinically competent to work effectively with LGB clients. Additionally, personal characteristics such as religiosity and spirituality may contribute to LGB counseling competence. While religiosity has been explored in relationship to attitudes toward LGB individuals (Balkin et al., 2009; Satcher & Leggett, 2007; Rudolph, 1988, 1990), spirituality has yet to be examined in the literature.

Similar to the multicultural competency components of awareness, knowledge, and skills (Arredondo et al., 1996; Sue et al., 1992), the components of LGB counseling competency include attitudes, knowledge, and skills (Bidell, 2005; Israel et al., 2003). Attitudes that support LGB competency include: affirming attitudes toward same-sex relationships, rejecting the idea that homosexuality is wrong, sinful or should be changed, acceptance and openness to discuss

diverse sexual practices, viewing same-sex intimacy as healthy, and being willing to advocate for LGB persons (Israel et al., 2003). Knowledge competency for counselors involves developing a working knowledge of LGB supports and resources in one's community, as well as knowledge about the coming out process (Chutter, 2007), models of identity development (Cass, 1979; Coleman, 1987; Troiden, 1989), and the negative impact of heterosexism and homophobia (Kocarek & Pelling, 2003). Finally, skills competency includes practices such as: proper conceptualization of the client's sexual identity concurrently with presenting concerns (Palma & Stanley, 2002), using consistent affirmation of the client's identity to build safety and trust, and exercising caution with diagnosis and assessments that may not represent minority groups equally (Sue et al., 1992; Zalaquett et al., 2008).

The purpose of this study was to examine counselors' self-perceived competence, consisting of attitudes, knowledge, and skills, when working with LGB clients. The researcher examined whether a relationship exists between counseling specialization (community, school, or counselor educator) and LGB counseling competence. The researcher also examined the predictive value of counselor religiosity and spirituality on LGB counseling competence.

## **Participants**

Participants for the study included counseling professionals who were current members of the state's professional counseling organization, located in the southeastern region of the United States. The participant pool consisted of 1,480 counseling professionals, including community counselors, school counselors, counselor educators, and counseling graduate students. The final sample consisted of 479 participants, yielding a response rate of 32.4%.

Of the 479 participants, 212 (44.4%) described themselves as school counselors, 110 (23%) were community counselors, 38 (7.9%) were counselor educators, 93 (19.4%) were

graduate students not yet in practice, and 25 (5.2%) chose “Other” as their primary setting.

Among school counselors, 73 participants (15.2%) worked in a high school, 56 (11.7%) worked in a middle school, and 83 (17.3%) worked in an elementary school. Participants’ ages ranged from 22 to 87 years, with an average age of 42 years (SD = 13.8). Seventy-eight (16.3%) participants were male and 400 (83.5%) were female (1 participant omitted this item). With regard to race, 393 participants (82%) were Caucasian, 61 (12.7%) were African-American, three (0.6%) were American Indian, one (0.2%) was Asian, nine (1.9%) were Hispanic, one (0.2%) was Hawaiian or Pacific Islander, and nine (1.9%) were Multiracial or Other (two participants omitted this item). Regarding sexual orientation, 447 participants (93.3%) identified as heterosexual, 9 (1.8%) identified as lesbian, 5 (1%) identified as gay, 6 (1.2%) identified as bisexual, 2 (0.4%) identified as questioning, and 4 (0.8%) identified as Other (six participants omitted this item).

### **Descriptive Data**

The researcher developed an Information Questionnaire that was used to collect background information from each of the participants regarding personal and professional experiences. Several of these items are included in this discussion, as they are highly relevant to the current study.

#### **Professional Experiences**

Counselors were asked to approximate the number of hours of training in their graduate programs that were devoted to learning how to counsel LGB clients. They were also asked about the number of hours of formal training (e.g. conference presentations, workshops) they had attended that focused primarily on counseling LGB clients. Approximately 75% of the sample of counselors reported only two or fewer hours of graduate training and devoted to counseling

LGB clients. The same was true for counselors' formal training on LGB issues with about 75% reporting two or fewer hours. Furthermore, 28% of the sample reported that zero hours of their graduate training program were focused on counseling the LGB population. The descriptive information derived from these items reveals a significant deficit in the counselor training curriculum. However, the amount of time that has elapsed since participants completed their training program is unknown. One could hope that since the CACREP standards were revised in 2009, counselor educators are infusing LGB counseling competencies into the graduate training curriculum at a higher frequency. It is also unclear whether participants included hours spent in a multicultural counseling course, or if the hours reported represent class discussions and activities specifically about counseling LGB clients. A qualitative method of collecting this data, such as conducting interviews, would add details regarding how students are being trained to work with culturally unique groups, such as the LGB population.

Counselors were also asked about their supervision experiences. The most notable finding for this item was that 31% of counselors reported that LGB issues had never been addressed in the context of supervision. With recent literature that supports conversations about broaching cultural differences in the counseling relationship (Day-Vines et al., 2007), it is alarming that sexual orientation was not addressed at all in 31% of supervisees' experiences in supervision. Clinical supervisors may need to be more mindful of discussing all aspects of diversity in the counseling relationship, while modeling this openness in the supervision relationship.

### **Perceived Competence in Working with LGB Clients**

Self-perceived counseling competence was measured using the SOCCS instrument developed by Bidell (2005). On the 1-7 likert scale used in the SOCCS, counselors had a total

mean score of 4.69 (SD = .80). This would fall between “somewhat agree” and “agree” on Bidell’s scale. Therefore, it appears that participants in this study reported being fairly confident in their abilities to counsel LGB clients. The mean value for counselors in this study compares with the findings of Henke et al. (2009) in a study of couple and family therapists, which found therapists’ average SOCCS total score was 4.21 (SD = .80). The current study found counselors had a mean score that was slightly higher than therapists in the study of Henke et al. (2009), which may indicate that as a profession, counselors and therapists are increasing over time in their overall counseling competence with LGB clients. It may be helpful for future researchers to study counselors’ competency development over time.

On each of the subscales, counselors had a mean score of 4.20 for Knowledge, 6.40 for Attitudes, and 3.48 for Skill. Overall, counselors reported the highest levels of self-perceived competence with their attitudes toward LGB clients (M = 6.40). This subscale assessed affirming attitudes as well as bias toward individuals that identify as LGB. On Bidell’s scale, 6.40 falls between “strongly agree” and “totally agree”, reflecting that counselors in this study were in strong agreement with positive, affirming attitudes toward the LGB population.

Counselors scored the next highest on the Knowledge subscale, with a mean score of 4.20. This finding indicates that counselors perceive themselves to have a moderate amount of knowledge about heterosexism and key issues that may impact LGB clients’ experiences in counseling. Henke et al. (2009) also examined SOCCS Knowledge in their sample of couple and family therapists, finding a mean score of 3.93. Once again, counselors in the current study perceived themselves to be slightly more knowledgeable about LGB issues compared to Henke’s earlier findings.

Finally, among the subscales of the SOCCS, counselors scored lowest on the Skill subscale with a mean score of 3.48. This score indicates that counselors feel that they are “somewhat” prepared by their training and experience to counsel LGB clients. By comparison to previous studies, this mean score is lower than that of Henke’s study of therapists that reported a mean Skill score of 4.37. This finding is interesting given that participants in this study reported competence when counseling LGB clients, yet only perceived themselves to have “somewhat” of the necessary skills and training to do so.

The finding that counselors felt least competent in their skills with LGB clients is critical to the field of counselor education. Based on this study’s findings, counselors are receiving adequate knowledge about the LGB population and also hold positive attitudes toward LGB individuals. However, when a counselor is in the room with a LGB client, counselors feel somewhat unprepared with the skills they need to address the client’s goals or provide therapy. Counselor educators and clinical supervisors may benefit from this information by incorporating more experiential aspects into training that could help counselors feel better prepared with the skills needed to work with LGB clients. Some activities might include counseling role-plays (Kocarek & Pelling, 2003), practice conceptualizing client issues concurrently with sexual identity (Israel et al., 2003; Palma & Stanley, 2002), practice broaching the topic of sexual orientation (Day-Vines et al., 2007; Todd & Storm, 2002), and fostering discussions about assessment and diagnostic practices that could result in more culturally-responsive interventions (Zalaquett et al., 2008).

### **LGB Counseling Competence Across Practice Settings**

An ANOVA was used to investigate whether a relationship exists between counselors’ primary practice settings (community, school, or counselor educator) and LGB counseling

competence. The analysis revealed that when assessing counselors' self-perceived competence with LGB clients, significant differences exist among groups of counselors based on their primary practice settings. Tukey's post hoc analyses revealed that counselor educators perceived themselves as the most competent group when counseling LGB clients. Community counselors' self-ratings of LGB competence were also significantly higher than those of school counselors.

### **Counselor Educators**

Counselor educators' scores on the SOCCS were significantly higher than community counselors and school counselors. In many ways, this finding is expected and hoped for because counselor educators are primarily responsible for training and educating future counselors. This finding should be considered alongside the study by Miller et al. (2007), which found that counselor educators reported higher levels of bias regarding sexual orientation compared with other characteristics such as race and gender. While this study did not compare sexual orientation bias with that of race or gender, the outcome of this study demonstrated that counselor educators were significantly more LGB-competent, in attitudes, knowledge, and skills, than counselors in any other practice setting. When considering the finding of Miller et al., it may be that all counselors are prone to higher levels of bias regarding sexual orientation than toward race or gender due to the continued influence of biased laws in society (e.g. gay couples are not afforded the right to marry or adopt in most states) against the LGB population.

Furthermore, counselor educators are usually the first to provide clinical supervision to counselors in training. While some studies have questioned the amount of clinical experience some counselor educators may have prior to their teaching positions (Bodenhorn et al., under review), these findings suggest that counselor educators feel the most knowledgeable and skilled when it comes to counseling this diverse group of clients. Moreover, counselor educators have

the most opportunities to shape the initial experiences of counselors-in-training through classroom discussion, role-play, reading assignments, and multiculturally competent supervision.

### **Differences Between Community and School Counselors**

The ANOVA analysis also revealed a significant difference between community counselors and school counselors regarding self-perceived LGB counseling competence. Community counselors reported greater self-perceived competence to work with LGB clients than school counselors. This finding is noteworthy considering that school counselors are often the first counselors to have the opportunity to address sexual orientation due to their placement in the schools (DePaul et al., 2009). While community counselors may work with more adults and couples who are LGB, school counselors are often the initial and sometimes primary source of counseling support for LGB youth.

The rise in bullying behavior targeting sexual minorities, real or perceived, is also concerning for the role of school counselors. Reis (1996) reported that for every LGB student that is harassed in schools, four heterosexual students are harassed for being perceived as LGB. Therefore, authors have suggested school counselors practice targeted prevention (DePaul et al., 2009), a proactive effort to support specific groups of vulnerable students who face significant risks. Goodrich and Luke (2009) also developed an LGBTQ responsive school-counseling curriculum to help counselors advocate for and respond to the needs of this student group.

So why do school counselors feel so ill-equipped to work with LGB students? There are several possible factors that may contribute to this deficit in self-efficacy for counselors in schools. First, it is possible that a lack of focus on LGB issues in counselor training leaves school counselors feeling unprepared to handle the budding sexual orientation questions they may be presented with by students.



Secondly, school counselors may experience some level of uncertainty about addressing sexual orientation with students due to pressures from the school system, parents, and other sources of job-related stress. School counselors are often pulled in many different directions and are skilled at working collaboratively with lots of different players in the school system (e.g. administrators, parents, teachers). The downside of this unique role of school counselors is that there may be conflicting pressures and needs that these different players contend for, expecting school counselors to fulfill them all.

Particularly in the southeastern state in which this study was conducted, many schools may not have an LGB-affirming student group such as a Gay-Straight Alliance, due to conservative views in the community in which the school resides. Further, school counselors may not be permitted to display LGB-affirming symbols (e.g. “safe zone”, rainbow, or equality symbol in their office) or communicate an LGB-affirming stance for fear of a negative reaction from the administration or surrounding community. In some school systems, administrators may communicate a preference for school counselors to refer any student issues related to sexual orientation to an outside counselor in an effort to avoid backlash from those who disapprove of such conversations taking place in schools.

Ultimately, the variety of pressures, political opinions, and pulls that a school counselor experiences could result in self-doubt. Such doubts might creep into the minds of school counselors when they are faced with a student who wishes to discuss his or her sexual identity, thus impacting the counselors’ sense of self-efficacy to work with the student on the issue he or she presents.

A third possibility for school counselors having a lesser sense of competence to counsel LGB students is that counselors placed in elementary or middle school settings may mistakenly

think that students are not yet questioning or realizing their sexual orientation. If so, school counselors in these settings may feel unprepared because they are not experiencing an influx of students wishing to discuss sexual identity issues. However, the age of first awareness of sexual orientation is generally between 8 to 11 years, while the age of first identifying as LGB is usually between the ages of 15 to 17 (Savin-Williams & Diamond, 2000). In addition, some LGB individuals state from a very early age, they could recognize that they “felt different” from their peers (PFLAG, 2009). Yet understanding one’s sexual orientation and identity can be a lifelong process. Therefore, school counselors are more important key players than they may realize in providing the necessary support to LGB or “questioning” youth as they begin to experience this developmental process.

Finally, students may not feel that the school setting is a private enough place to disclose or discuss issues surrounding sexuality, even in the confidential office space of a school counselor. Many school counselors must leave their doors open, taking away from a students’ sense of absolute privacy. Often there is plenty of noise in the hallways with other students scurrying to class, which may remind a vulnerable student that his or her peers are nearby.

In contrast, the quiet, off-site office space of a community counselor may provide the privacy clients need to discuss one’s sexuality and perceive that they are in a safe space. If so, then community counselors may actually have more experience working with LGB clients in their own setting. Having more experience working with LGB clients would seem to improve one’s self-perception of competence with this population.

In future studies, it would be helpful to assess the number of schools in a given state that sustain an advocacy group for LGB(TQ) students. A school-sponsored display of LGB advocacy such as this might impact the self-perceived LGB counseling competence of school counselors.

In addition, the researcher for this study asked about the number of LGB clients or students that a counselor had worked with. Yet, there seemed to be confusion on this item, particularly for school counselors. Several school counselors reported the number of students they are assigned at their school (e.g. 450) rather than the number of LGB students they had counseled, which inflated the data and made this item invalid for analysis. A more clearly stated item, or perhaps several specific items for school counselors about the students they serve, would improve participant responses.

### **Religiosity and Spirituality Predict LGB Counseling Competence**

For the third research question, multiple regression analysis revealed that religiosity and spirituality are predictors of LGB counseling competence. However, religiosity inversely predicted LGB counseling competence, while spirituality positively predicted competence. Both of these predictors explained 11% of the total variance in the regression equation, which means that 89% of variance is explained by other factors. While discovering that spirituality and religiosity predict LGB counseling competence is important, many questions remain. Thus, more research is needed to better understand other factors that predict LGB counseling competence.

These findings are consistent with other studies that have explored religiosity and LGB counseling competence. Specifically, previous studies have shown religiosity to be a significant predictor of negative attitudes toward LGB individuals (Balkin, et al., 2009; Barrett & McWhirter, 2002; Israel & Selvidge, 2003; Rainey & Trusty, 2007; Satcher & Leggett, 2007). Likewise, this study found that higher levels of religiosity predicted lower levels of LGB competence.

There are several possible explanations for this finding. Balkin et al. (2009) found that counselors who engage in more rigid thinking about their faith may be more likely to have homophobic beliefs or behaviors. For example, a highly religious person may view his or her scriptural text as the law of God and may not be able to reconcile scriptural inconsistencies about sexual orientation because they are following a literal interpretation of some passages. Others who hold rigid religious beliefs may experience confusion about where the scriptural “rule book” stands on the issue and may cling to one specific passage or another as the law. In contrast, those who do not score as high on the Religiosity Index and consider themselves only somewhat religious may be more adept at accepting multiple interpretations of scripture. For example, they may not view a scriptural text as the ultimate authority, but instead are able to incorporate their own personal sense of spirituality or relationship with God as a moral compass. Most moral objections to LGB orientations are derived from religious roots; therefore, it stands to reason that those who have low scores on the Religiosity Index would be likely to hold more open, affirming stances toward individuals identifying as LGB.

Spirituality has not been widely explored with regard to LGB counseling competence in previous studies. Smith and Gordon investigated whether spirituality was related to college students’ attitudes toward the LGB population; no relationship was found. In contrast, the researcher for this study found spirituality had a positive predictive relationship with LGB counseling competence.

As a profession, counselors tend to value meaning-making, which is closely akin to spirituality. Therefore, it is not surprising that many counselors in this study identified themselves as highly spiritual. What is surprising is that higher levels of spirituality predicted higher levels of LGB counseling competence. What implications can be drawn from this

finding? Considering that spirituality is sometimes conceptualized as a sense of inner-connectedness with others and the universe (Myers & Sweeney, 2005), perhaps counselors who have a strong sense of spirituality feel a greater sense of connection and compassion for working with LGB clients. This finding could be generalized to counselors' work with other diverse populations. Future studies should be developed to investigate this possibility.

Implications of these findings for the field of counselor education and supervision are somewhat complex. One might surmise that counselor educators should consider ways of nurturing students' spirituality. While there are many potential benefits to this practice (e.g. educating the whole person of the counselor, improving self-care and resilience), findings of this study would suggest that increasing spirituality might also increase counselors' sense of compassion and connection to the diverse clients they work with, thus improving competency with LGB clients. On the other hand, religiosity was found to negatively impact LGB counseling competence. Counselor educators may consider monitoring students for rigid thinking and belief systems that may impact their ability to follow through with ethical treatment of LGB clients. This type of monitoring could take place as early as during admission interviews. While some students might experience a "stretching" process that takes place over two to three years of counselor training and end up embracing an affirming stance, other students may struggle with certain ideals of the counseling profession that conflict with their own personal religious creed. These types of hidden biases can prove dangerous when in the context of counseling practice (Crisp, 2006; Barret & Logan, 2002). Therefore, counselor educators and supervisors have an important role to fulfill as gatekeepers of the counseling profession by monitoring and addressing biases in trainees.

## **Limitations**

While counselors in this study had high scores on the LGB Attitudes subscale, indicating affirming beliefs toward LGB clients, previous research has pointed to the complexity of counselor attitudes on sexual orientation (Rudolph, 1988). Specifically, counselors tend to be influenced by the affirming stance of the counseling profession but are also influenced by the more biased attitudes of society. Ultimately, counselors may believe they are open and affirming but may remain influenced by heterosexist norms and traditional values held by society. Therefore, counselors may have been more strongly influenced by social desirability when responding to items on the attitudes subscale, but felt it was acceptable to answer more honestly to items on the knowledge and skill subscales, as these items were less related to personal views. On the other hand, perhaps counselors who responded to this survey held more affirming attitudes toward the LGB population in general, thus compelling them to participate in a survey about this topic. The researcher received a small number of email replies from counselors requesting to be removed from future emails about the study because they did not have a desire to participate, or because their school system would not allow them to participate in such a study. However, there was no method employed to capture the reasons for declining participation in the study. Future studies on this topic would benefit from devising a means to capture the sentiments of non-respondents.

The Information Questionnaire, which was designed to gather demographic, personal and professional information about participants, could be improved for future studies on LGB counseling competence, graduate training, and supervision. For example, it may have been helpful to include an item about the year respondents graduated from their training or anticipate graduating, which could have helped the researcher explore whether LGB infusion into graduate

courses is improving. Including an item like this would provide information about a counselor who received their graduate training 30 years ago, compared to a student who has only completed one semester of study so far. In addition, the researcher did not capture as much information about doctoral students who participated. Doctoral students and doctoral graduates were not asked to differentiate between their masters-level training and doctoral-level training, which may have provided important data.

For the purposes of this study, spirituality and religiosity were measured as different constructs despite significant overlap for many people. Furthermore, spirituality is a complex concept to describe and is difficult to assess through quantitative methodology. The challenges of quantifying religiosity and spirituality through the use of a brief 4- and 5-item instrument may have limited these constructs.

### **Implications**

This study assessed counselors' self-perceptions of their ability to competently serve LGB clients. Among findings, there were significant differences in self-perceived LGB competence based on counselors' primary practice settings. While counselor educators had the highest levels of self-perceived LGB counseling competence, school counselors had significantly lower confidence in their ability to serve LGB students compared to community counselors. Counselor educators and supervisors may need to focus more energy on providing education, training, and practical experiences for school counselors to increase LGB counseling competence. While self-perceptions differ from actual competence, a counselor's self-efficacy beliefs have an impact on actual ability. On a systemic level, professional school counselors should be able to advocate for LGB students and families without fear of reprisal. While surrounding communities may have different beliefs and values, counselors must work to create

safe schools in the system they are in. This effort might require school counselors to find creative ways to address LGB students' needs and communicate their affirmation while remaining discreet amidst disapproving authorities. Perhaps a comprehensive training for school counselors at the local or state level could provide school counselors with the LGB knowledge, training, and skills necessary to feel more confident in their roles of serving diverse students.

A multiple regression analysis revealed that counselors who are highly religious have lower self-perceived LGB counseling competence. In contrast, counselors who are highly spiritual have higher self-perceived LGB counseling competence. From this finding, counselor educators and supervisors might consider adopting strategies in the classroom and supervision room to help counselors-in-training explore their own personal values and beliefs that may contribute to bias. Ultimately, counselor educators and supervisors are responsible for helping counselors-in-training develop affirming attitudes, beliefs, and practices to work compassionately and effectively with LGB individuals (ACA, 2005; CACREP, 2009).

As stated previously, future studies on this topic would benefit from employing a means to capture the sentiments of non-respondents. When value-laden, emotionally-charged, or otherwise sensitive topics are being researched using voluntary participation, the data that can be derived from non-respondents may be just as important as data from actual participants. Future research in the area of LGB counseling competence would also benefit from a method that assesses counselors' implicit biases toward LGB individuals, as opposed to the explicit bias that is captured through self-report assessments.

Because of the inherent difference between self-perceived competency and actual competency, future research is needed to assess LGB clients' perceptions of counseling. A quantitative assessment could be developed and used as a post-session measure, or in-depth



interviews or observations of clients could also capture important findings. The client's perception of a counselor's competence to work with LGB individuals would be a critical contribution to this field of research.

The findings of Henke et al. (2009) included a study of couple and family therapists and were discussed as part of the literature review for this project. A research study investigating differences in LGB counseling competence across disciplines would be a helpful addition to the literature, perhaps including clinical social workers, marriage and family therapists, psychologists, and professional counselors.

### **Conclusion**

The researcher of this study examined counselors' self-perceived competence when working with LGB clients. The researcher found significant differences in LGB competency based on counselors' primary practice settings. Counselor educators had the highest levels of self-perceived competence compared with all groups, and school counselors had significantly lower levels of self-perceived competence than community counselors. The researcher also concluded that counselors' religiosity and spirituality predict LGB counseling competency. Specifically, counselors who were more religious had lower levels of self-perceived LGB competence, and counselors who were more spiritual had higher levels of self-perceived LGB competence. For the purposes of this study, religiosity was defined in behavioral terms (e.g. service attendance, religious activities, denomination involved with) and spirituality was defined as a more personal, transcendent experience of the sacred.

While the findings in this study are important to the counseling profession, future work needs to be done. For example, participants in this study included counselors from a single state in the southeastern region of the United States. In order to increase the generalizability of

findings, this study should be replicated in other states and regions across the United States. It is also important that future researchers examine counselors' implicit biases toward LGB clients through a means other than self-report. Finally, gathering data on LGB clients' perceptions of counselor competence may be essential to improving counselor training and practice on a broader scale.

## References

- Allport, G. W. (1951). *The individual and his religion: A psychological interpretation*. London: Constable.
- American Association for Marriage and Family Therapy. (2001). *AAMFT code of ethics*. Alexandria, VA: Author.
- American Counseling Association. (2005). *ACA code of ethics*. Alexandria, VA: Author.
- American School Counselor Association. (2010). *Ethical standards for school counselors*. Alexandria, VA: Author.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders*. Washington, DC: Author.
- American Psychiatric Association. (2009). *The principles of medical ethics with annotations specifically applicable to psychiatry*. Arlington, VA: Author.
- American Psychological Association. (2010). *Ethical principles of psychologists and code of conduct*. Washington, DC: Author.
- Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling. (2005). *Competencies for counseling gay, lesbian, bisexual, and transgendered (LGBT) clients*. Retrieved from <http://www.algbtic.org/competencies.html>
- Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling. (2009). *Competencies for counseling with transgender clients*. Alexandria, VA: Author.
- Arredondo, P., Toporek, R., Brown, S. P. Jones, J., Locke, D. C., Sanchez, J., et al. (1996). Operationalization of the multicultural counseling competencies. *Journal of Multicultural Counseling and Development*, 24, 42-78.

- Balkin, R. S., Schlosser, L. Z., & Levitt, D. H. (2009). Religious identity and cultural diversity: Exploring the relationships between religious identity, sexism, homophobia, and multicultural competence. *Journal of Counseling & Development, 87*, 420-427.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*, 191-215.
- Barnes, K. (2004). Applying self-efficacy theory to counselor training and supervision: A comparison of two approaches. *Counselor Education & Supervision, 44*(1), 56-69.  
Retrieved from Education Research Complete database.
- Barret, B., & Logan, C. (2002). *Counseling gay men and lesbians: A practice primer*. Pacific Grove, CA: Brooks/Cole.
- Barrett, K. A., & McWhirter, B. T. (2002). Counselor trainees' perceptions of clients based on client sexual orientation. *Counselor Education & Supervision, 41*, 219-232.
- Bidell, M. (2005). The sexual orientation counselor competency scale: Assessing attitudes, skills and knowledge of counselors working with lesbian, gay and bisexual clients. *Counselor Education and Supervision, 44*, 267-279.
- Bieschke, K. J., McClanahan, M., Tozer, E., Grzegorek, J. L., & Park, J. (2000). Programmatic research on the treatment of lesbian, gay, and bisexual clients: The past, the present, and the course for the future. In R. M. Perez, K. A. DeBord & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 309-335). Washington, DC: American Psychological Association.
- Bowman, V. E. (1996). Counselor self-awareness and ethnic self-knowledge as a critical component of multicultural training. In J. L. DeLucia-Waack (Ed.), *Multicultural*

- counseling competencies: Implications for training and practice* (pp. 7-30). Alexandria, VA: Association for Counselor Education and Supervision.
- Boysen, G. (2010). Integrating implicit bias into counselor education. *Counselor Education and Supervision, 49*(4), 210-227.
- Boysen, G. A., & Vogel, D. L. (2008). The relationship between level of training, implicit bias, and multicultural competency among counselor trainees. *Training and Education in Professional Psychology, 2*(2), 103-110. doi: 10.1037/1931-39182.2.103
- Braunstein, J. W. (2007). Identifying multicollinearity in multiple regression. ResearchConsultation.com. Retrieved from <http://www.researchconsultation.com/multicollinearity-regression-spss-collinearity-diagnostics-vif.asp>
- Brown, D. R., Johnson, E. P., & Parrish, M. S. (2007). Spirituality assessments: Limitations and recommendations. VISTAS Online. Retrieved from <http://counselingoutfitters.com/vistas/vistas07/Brown.htm>
- Burkard, A., Knox, S., Hess, S., & Schultz, J. (2009). Lesbian, gay, and bisexual supervisees' experiences of LGB-affirmative and nonaffirmative supervision. *Journal of Counseling Psychology, 56*(1), 176-188. doi:10.1037/0022-0167.56.1.176.
- Carroll, L., & Gilroy, P. (2001). Teaching "Outside the Box": Incorporating queer theory in counselor education. *Journal of Humanistic Counseling, Education & Development, 40*(1), 49-58. Retrieved from Education Research Complete database.
- Carroll, L., Gilroy, P. J., & Ryan, J. (2002). Counseling transgendered, transsexual, and gender-variant clients. *Journal of Counseling & Development, 80*, 131-139.

- Cashwell, T., & Dooley, K. (2001). The impact of supervision on counselor self-efficacy. *Clinical Supervisor, 20*(1), 39. Retrieved from Education Research Complete database.
- Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality, 4*(3), 219-235.
- Castillo, L. G., Brossert, D. F., Reyes, C. J., Conoley, C. W., & Phoummarath, M. J. (2007). The influence of multicultural training on perceived multicultural counseling competencies and implicit racial prejudice. *Journal of Multicultural Counseling and Development, 35*, 243-254.
- Chutter, K. (2007). Opening our awareness to heterosexist and homophobic attitudes in society. *Relational Child and Youth Care Practice, 20*(3), 23-28.
- Cohen, J., & Cohen, P. (1983). *Applied multiple regression/correlation analysis for the behavioral sciences, 2nd Ed.* Hillsdale, NJ: Erlbaum.
- Coleman, E. (1987). Assessment of sexual orientation. *Journal of Homosexuality, 14*(1/2), 9-24.
- Constantine, M. (2001). Multiculturally-focused counseling supervision: Its relationship to trainees' multicultural counseling self-efficacy. *Clinical Supervisor, 20*(1), 87-98. Retrieved from Education Research Complete database.
- Cook, C., Heath, F., & Thompson, R. L. (2000). A meta-analysis of response rates in web- or internet-based surveys. *Educational and Psychological Measurement, 60*(6), 821-836.
- Costa, P., & McCrae, R. (1989). The NEO personality inventory. *Mental Measurements Yearbook.* Ipswich, MA.
- Council for Accreditation of Counseling and Related Educational Programs. (CACREP, 2009). *2009 Standards.* Retrieved from <http://www.cacrep.org/template/index.cfm>
- Crisp, C. (2006). The gay affirmative practice scale (GAP): A new measure for assessing cultural

- competence with gay and lesbian clients. *Social Work, 51*(2), 115-126.
- Cross, W. E., Jr. (1995). The psychology of nigrescence: Revising the Cross model. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 93-122). Thousand Oaks, CA: Sage.
- Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology, 24*, 349-354.
- Daniels, J. A., & Larson, L. M. (2001). The impact of performance feedback on counseling self-efficacy and counselor anxiety. *Counselor Education and Supervision, 41*, 120-130.
- Day, S. W. (2008). *College counselors' self-perceived competency in counseling lesbian, gay male, and bisexual college students* (Unpublished doctoral dissertation, University of Texas at San Antonio). San Antonio, TX. Retrieved from Virginia Tech Interlibrary Loan.
- Day-Vines, N. L., Wood, S. M., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. J. (2007). Broaching the subjects of race, ethnicity, and culture in the counseling process. *Journal of Counseling & Development, 85*, 401-409.
- DePaul, J., Walsh, M., & Dam, U. (2009). The role of school counselors in addressing sexual orientation in schools. *Professional School Counseling, 12*(4), 300-308. Retrieved from Psychology and Behavioral Sciences Collection database.
- Dillman, D. A. (2000). *Mail and internet surveys: The tailored design method, 2<sup>nd</sup> ed.* New York, NY: John Wiley & Sons.
- Dillon, F. R., Worthington, R. L., Savoy, H. B., Rooney, S. C., Becker-Shutte, A., & Guerra, R. M. (2004). On becoming allies: A qualitative study of lesbian-, gay-, and bisexual-affirmative counselor training. *Counselor Education & Supervision, 43*(2), 162-178.

- Donaldson, S. M. (1998). Counselor bias in working with gay men and lesbians: A commentary on Barret and Barzan (1996). *Counseling and Values, 42*(2), 88-91.
- Durant, L. E., Carey, M. P., & Schroder, K. E. E. (2002). Effects of anonymity, gender, and erotophilia on the quality of data obtained from self-reports of socially sensitive behaviors. *Journal of Behavioral Medicine, 25*(5), 439-467.
- Dy-Liacco, G. S., Piedmont, R. L., Murray-Swank, N. A., Rodgerson, T. E., & Sherman, M. F. (2009). Spirituality and religiosity as cross-cultural aspects of human experience. *Journal of Religion and Spirituality, 1*(1), 35-52.
- Edwards, A. (1957). *The social desirability variable in personality assessment and research*. New York, NY: Dryden.
- Ellison, C., & Paloutzian, R. (1991). Spiritual well-being scale. Retrieved from Mental Measurements Yearbook database.
- Fassinger, R. (1991). The hidden minority: Issues and challenges in working with lesbian women and gay men. *Counseling Psychologist, 19*(2), 157. Retrieved from Education Research Complete database.
- Fassinger, R. E., & Miller, B. A. (1996). Validation of an inclusive model of sexual minority identity formation on a sample of gay men. *Journal of Homosexuality, 32*, 52-78.
- Faulkner, A. H., & Cranston, K. (1998). Correlate of same-sex sexual behavior in a random sample of Massachusetts high school students. *American Journal of Public Health, 88*, 262-266.
- Fukuyama, M. A., & Ferguson, A. D. (2000). Lesbian, gay and bisexual people of color: Understanding cultural complexities and managing multiple oppressions. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with*



- lesbian, gay and bisexual clients* (pp. 81-106). Washington, DC: American Psychological Association.
- Gay and Lesbian Educators of B.C. (GALE B.C.) (2004). *Challenging homophobia in schools*. Vancouver: Gay and Lesbian Educators of B.C.
- Gill, C., Barrio Minton, C., & Myers, J. (2010). Spirituality and religiosity: Factors affecting wellness among low-income, rural women. *Journal of Counseling & Development, 88*(3), 293-302.
- Gonsiorek, J., & Weinrick, J. (1991). The definition and scope of sexual orientation. In J. Gonsiorek & J. Weinrich (Eds.), *Homosexuality: Research implications for public policy*. Newbury Park, CA: Sage.
- Goodrich, K. M., & Luke, M. (2009). LGBTQ responsive school counseling. *Journal of LGBT Issues in Counseling, 3*, 113-127.
- Graham, S. R. (2009). *Counseling competency with lesbian, gay, and bisexual clients: Perceptions of counseling graduate students* (Unpublished doctoral dissertation, Auburn University). Auburn, AL. Retrieved from Google Scholar.
- Gramick, J. (1984). Developing a lesbian identity. In T. Darty & S. Potter (Eds.), *Women-identified women* (pp. 31-44). Palo Alto, CA: Mayfield.
- Green, E. J., McCollum, V. C., & Hays, D. G. (2008). Teaching advocacy counseling within a social justice framework: Implications for school counselors and educators. *Journal for Social Action in Counseling and Psychology, 1*(2), 14-30.
- Greenwald, A. G., & Banaji, M. R. (1995). Implicit social cognition: Attitudes, self-esteem, and stereotypes. *Psychological Review, 102*, 4-27.

- Grove, J. (2009). How competent are trainee and newly qualified counsellors to work with Lesbian, Gay, and Bisexual clients and what do they perceive as their most effective learning experiences? *Counselling and Psychotherapy Research, 9*(2), 78-85.
- Haghighat, R. (2007, November). The development of the brief social desirability scale (BSDS). *Europe's Journal of Psychology*. Retrieved from [http://www.ejop.org/archives/2007/11/the\\_development.html](http://www.ejop.org/archives/2007/11/the_development.html)
- Hall, T. W., & Edwards, K. J. (2002). The spiritual assessment inventory: A theistic model and measure for assessing spiritual development. *Journal for the Scientific Study of Religion, 41*, 341-357.
- Bodenhorn, N., Hartig, N., Ghoston, M., Graham, J., Lile, J., Sackett, C. R., Farmer, L. B. (under review). Counselor education faculty positions: Requirements and preferences in CESNET announcements 2005-2009.
- Hartung, P. J. (1996). Transforming counseling courses: From monocultural to multicultural. *Counselor Education and Supervision, 36*, 6-13.
- Hayford, S. R., & Morgan S. P. (2008). Religiosity and fertility in the United States: The role of fertility intentions. *Social Forces, 86*(3): 1163–1188. doi: 10.1353/sof.0.0000.
- Henke, T., Carlson, T. S., & McGeorge, C. R. (2009). Homophobia and clinical competency: An exploration of couple and family therapists' beliefs. *Journal of Couple and Relationship Therapy, 8*, 325-342. doi: 10.1080/15332690903246101.
- Herek, G. M. (1990). The context of anti-gay violence: Notes on cultural and psychological heterosexism. *Journal of Interpersonal Violence, 5*, 316-333.

- Herek, G. M. (1998). The attitudes toward lesbians and gay men (ATLG) scale. In C. M. Davis, W. L. Yarber, R. Bauserman, G. Schreer, & S. L. Davis (Eds.), *Handbook of sexuality-related measures* (pp. 392-394). Thousand Oaks, CA: Sage.
- Herek, G. M. (2002). Heterosexuals' attitudes toward bisexual men and women in the United States. *Journal of Sex Research, 39*(4), 264-265.
- Israel, T., Ketz, K., Detrie, P. M., Burke, M. C., & Shulman, J. L. (2003). Identifying counselor competencies for working with lesbian, gay, and bisexual clients. *Journal of Gay & Lesbian Psychotherapy, 7*(4), 3-21. doi: 10.1300/J236v07n04\_02
- Israel, T., & Selvidge, M. (2003). Contributions of multicultural counseling to counselor competence with lesbian, gay, and bisexual clients. *Journal of Multicultural Counseling and Development, 31*, 84-98.
- Kaplowitz, M. D., Hadlock, T. D., & Levine, R. (2004). A comparison of web and mail survey response rates. *Public Opinion Quarterly, 68*(1), 94-101. doi: 10.1093/poq/nfh006.
- Kass, J. D., Friedman, R., Leserman, J., Zuttermeister, P. C., & Benson, H. (1991). Health outcomes and a new index of spiritual experience. *Journal for the Scientific Study of Religion, 30*, 203-211.
- Kelly, T. A. (1990). The role of values in psychotherapy: A critical review of process and outcome effects. *Clinical Psychology Review, 10*, 171-186.
- Kocarek, C., & Pelling, N. (2003). Beyond knowledge and awareness: Enhancing counselor skills for work with gay, lesbian, and bisexual clients. *Journal of Multicultural Counseling & Development, 31*(2), 99-112. Retrieved from Education Research Complete database.

- Larson, L. M., Clark, M. P., Wesley, L. H., Koraleski, S. F., Daniels, J. A., & Smith, P. L. (1999). Video versus role-plays to increase counseling self-efficacy in prepractica trainees. *Counselor Education and Supervision, 38*, 237-248.
- Lippman, L., Michelsen, E., & Roehlekepartain, E. C. (2005). Indicators of child, family and community connections: The measurement of family religiosity and spirituality. *Paper prepared for the Office of the Assistant Secretary for Planning and Evaluation, U. S. Department of Health and Human Services*. Retrieved from <http://aspe.hhs.gov/hsp/connections-papers04>
- Logan, C. R., & Barret, R. (2005). Counseling competencies for sexual minority clients. *Journal of LGBT Issues in Counseling, 1*(1), 3-15. doi:10.1300/J462v01n01\_02
- Long, J., & Lindsey, E. (2004). The Sexual Orientation Matrix for Supervision: A tool for training therapists to work with same-sex couples. *Journal of Couple & Relationship Therapy, 3*(2/3), 123-135. Retrieved from CINAHL database.
- Lund, A., & Lund, M. (2010). One-way ANOVA. *Lund Research Ltd*. Retrieved from <http://statistics.laerd.com/statistical-guides/one-way-anova-statistical-guide-4.php>
- Maletic, J. I., & Marcus, A. (2000). Data cleansing: Beyond integrity analysis. *Proceedings of the Conference on Information Quality*, 1-10. Citeseer. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.37.5212&rep=rep1&type=pdf>
- Matthews, C. R. (2005). Infusing lesbian, gay, and bisexual issues into counselor education. *Journal of Humanistic Counseling, Education & Development, 44*(2), 168-184. Retrieved from Education Research Complete database.

- Melchert, T. P., Hays, V. L., Wiljanen, L. M., & Kolocek, A. K. (1996). Testing models of counselor development with a measure of counseling self-efficacy. *Journal of Counseling & Development, 74*, 640-644.
- Miller, K. L., Miller, S. M., & Stull, J. C. (2007). Predictors of counselor educators' cultural discriminatory behaviors. *Journal of Counseling & Development, 85*, 325-336.
- Morrison, M. A., & Morrison, T. G. (2002). Development and validation of a scale measuring modern prejudice toward gay men and lesbian women. *Journal of Homosexuality, 43*, 15-37.
- Morrison, T. G., Parriag, A.V., & Morrison, M. A. (1999). The psychometric properties of the homonegativity scale. *Journal of Homosexuality, 37*, 111-126.
- Myers, J. E., & Sweeney, T. J. (2005). *Counseling for wellness: Theory, research, and practice*. Alexandria, VA: American Counseling Association.
- National Association of Social Workers. (2008). *Code of ethics of the national association of social workers*. Washington, DC: Author.
- Nelson, C. J., Rosenfield, B., Breitbart, W., & Galietta, M. (2002). Spirituality, religion, and depression in the terminally ill. *Psychosomatics, 43*(3), 213-220.
- Osborne, J., & Waters, E. (2002). Four assumptions of multiple regression that researchers should always test. *Practical Assessment, Research & Evaluation, 8*(2). Retrieved from <http://PAREonline.net/getvn.asp?v=8&n=2>.
- Palma, T., & Stanley, J. (2002). Effective counseling with lesbian, gay, and bisexual clients. *Journal of College Counseling, 5*(1), 74. Retrieved from Education Research Complete database.

- PFLAG Parents, Families, and Friends of Lesbians and Gays. (2009). Frequently asked questions. Retrieved from <http://community.pflag.org/page.aspx?pid=290>
- Pedersen, P. (1999). *Multiculturalism as a fourth force*. Philadelphia, PA: Brunner/Mazel.
- Pedhazur, E. J., Pedhazur, L., & Schmelkin, L. P. (1991). *Measurement, design, and analysis: An integrated approach*. Hillsdale, MI: Lawrence Erlbaum.
- Pearson, Q. M. (2003). Breaking the silence in the counselor education classroom: A training seminar on counseling sexual minority clients. *Journal of Counseling & Development, 81*, 292-300.
- Piedmont, R. L. (1999). Does spirituality represent the sixth factor of personality? Spiritual transcendence and the five-factor model. *Journal of Personality, 67*, 985-1014.
- Piedmont, R. L. (2001). Spiritual transcendence and the scientific study of spirituality. *Journal of Rehabilitation, 67*, 4-14.
- Piedmont, R. L. (2004). Assessment of spirituality and religious sentiments (ASPIRES) technical manual. Columbia, MD: Author.
- Piedmont, R. L., Ciarrocchi, J. W., Dy-Liacco, G. S., & Williams, J. E. G. (2005). The empirical and conceptual value of the spiritual transcendence and religious involvement scales for personality research. *Psychology of Religion and Spirituality, 1*(3), 162-179.
- Ponterotto, J. G., Rieger, B. P., Barrett, A., & Sparks, R. (1994). Assessing multicultural counseling competence: A review of instrumentation. *Journal of Counseling & Development, 72*, 316-322.
- Ponterotto, J. G., Alexander, C. M., & Grieger, I. (1995). A multicultural competency checklist for counseling training programs. *Journal of Multicultural Counseling and Development, 23*, 11-20.

- Ponterotto, J. G., Gretchen, D., Utsey, S. O., Rieger, B. P., & Austin, R. (2002). A revision of the multicultural counseling awareness scale. *Journal of Multicultural Counseling and Development, 30*, 153-180.
- Pope, M. (1995). The "salad bowl" is big enough for us all: An argument for the inclusion of lesbians and gay men in any definition of multiculturalism. *Journal of Counseling & Development, 73*, 301-304.
- Pryor, J. H. (2004). Conducting surveys on sensitive topics. *New Directions for Institutional Research, 121*, 39-50.
- Rainey, S., & Trusty, J. (2007). Attitudes of masters-level counseling students toward gay men and lesbians. *Counseling & Values, 52*, 12-24.
- Raja, S., & Stokes, J. P. (1998). Assessing attitudes toward lesbians and gay men: The modern homophobia scale. *Journal of Gay, Lesbian, and Bisexual Identity, 3*(2), 113-134.
- Reis, B. (1996). *Safe schools anti-violence documentation project, third annual report*. Seattle, WA: Safe Schools Coalition.
- Reynolds, W. M. (1982). Development of reliable and valid short forms of the Marlowe-Crowne Social Desirability Scale. *Journal of Clinical Psychology, 38*, 119-125. doi: 10.1002/1097-4679(198201)38:1<119::AID-JCLP2270380118>3.0.CO;2-I
- Rock, M., Carlson, T. S., & McGeorge, C. R. (2010). Does affirmative training matter? Assessing CFT students' beliefs about sexual orientation and their level of affirmative training. *Journal of Marital and Family Therapy, 36*(2), 171-184. doi: 10.1111/j.1752-0606.2009.00172x
- Ryan, B. (2003). *A new look at homophobia and heterosexism in Canada*. Ottawa: Canadian Aids Society.

- Rudolph, J. (1988). Counselors' attitudes toward homosexuality: A selective review of the literature. *Journal of Counseling & Development, 67*, 165-168.
- Rudolph, J. (1990). Counselors' attitudes toward homosexuality: Some tentative findings. *Psychological Reports, 66*(3), 1352-1354.
- Rutter, P. A., Estrada, D., Ferguson, L. K., & Diggs, G. A. (2008). Sexual orientation and counselor competency: The impact of training on enhancing awareness, knowledge, and skills. *Journal of LGBT Issues in Counseling, 2*(2), 109-125.
- Sandkjaer, B., Steinsvag, B., & Storksen, I. (2001). Coming out of the closet, into the network: Facilitating coming out and coming in for lesbian, gay, and bisexual persons. *Journal of Child and Youth Care, 15*(3), 107-121.
- Satcher, J., & Leggett, M. (2007). Homonegativity among professional school counselors: An exploratory study. *Professional School Counseling, 11*(1), 10-16. Retrieved from Academic Search Complete database.
- Savin-Williams, R. C., & Diamond, L. M. (2000). Sexual identity trajectories among sexual-minority youths: Gender comparisons. *Archives of Sexual Behavior, 29*, 607-627.
- Schmidt, P. (July 27, 2010a). Judge upholds dismissal of counseling student who balked at treating gay clients. *The Chronicle of Higher Education*. Retrieved from <http://chronicle.com/article/Judge-Upholds-Dismissal-of-/123704/>
- Schmidt, P. (July 22, 2010b). Augusta State U. is accused of requiring a counseling student to accept homosexuality. *The Chronicle of Higher Education*. Retrieved from <http://chronicle.com/article/Augusta-State-U-Is-Accused/123650/>



- Seidlitz, L., Abernethy, A. D., Duberstein, P. R., Evinger, J. S., Change, T. H., & Lewis, B. L. (2002). Development of the Spiritual Transcendence Index. *Journal for the Scientific Study of Religion, 41*(3), 439-453.
- Smith, M., & Gordon, R. (2005). College students' attitudes toward lesbians and gay men: A half-decade follow-up and the insignificance of spirituality. *Online Submission*, Retrieved from ERIC database.
- Smyth, J., Dillman, D., Christian, L., & McBride, M. (2009). Open-ended questions in web surveys. *Public Opinion Quarterly, 73*(2), 325-337. Retrieved from Academic Search Complete database.
- Stanard, R., Sandhu, D., & Painter, L. (2000). Assessment of spirituality in counseling. *Journal of Counseling & Development, 78*(2), 204-210. Retrieved from Education Research Complete database.
- Statistics Canada. (2006). Religiosity: Religiosity Index. *Spotlight - archives*. Retrieved from [http://www42.statcan.ca/smr04/2006/05/smr04\\_12806\\_05-eng.htm](http://www42.statcan.ca/smr04/2006/05/smr04_12806_05-eng.htm)
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development, 20*(2), 64-89.
- Todd, T. C., & Storm, C. L. (2002). *The complete systemic supervisor: Context, philosophy, and pragmatics*. Lincoln, NE: Authors Choice Press.
- Troiden, R. R. (1989). The formation of homosexual identities. *The Journal of Homosexuality, 17*(1/2), 43-73.
- U. S. Census Bureau. (2010). United States Census 2010: Question and Answer Center. Retrieved from: <https://ask.census.gov/cgi->

bin/askcensus.cfg/php/enduser/std\_adp.php?p\_faqid=29&p\_sid=7RrqVmek&p\_created=1074732806&p\_sp=cF9zcmNoPSZwX3NvcnRfYnk9JnBfZ3JpZHNvcnQ9JnBfcm93X2NudD0mcF9wcm9kcz0mcF9jYXRzPSZwX3B2PSZwX2N2PSZwX3BhZ2U9MQ!!

Washington, J., & Evans, N. J. (1991). *Becoming an Ally*. In N. J. Evans and V. A. Wall (Eds.), *Beyond tolerance: Gays, lesbians and bisexuals on campus*. Alexandria, VA: American College Personnel Association.

Waters, E., Woods, P., & Noel, S. (1992). Role-play: A versatile cooperative learning activity. *Contemporary Education*, 63, 216-218.

Whitman, J. (1995). Providing training about sexual orientation in counselor education. *Counselor Education & Supervision*, 35(2), 168. Retrieved from Academic Search Complete database.

Wright, K. B. (2005). Researching internet-based populations: Advantages and disadvantages of online survey research, online questionnaire authoring software packages, and web survey services. *Journal of Computer-Mediated Communication*, 10(3), article 11. Retrieved from <http://jcmc.indiana.edu/vol10/issue3/wright.html>

Zalaquett, C. P., Fuerth, K. M., Stein, C., Ivey, A. E., & Ivey, M. B. (2008). Reframing the DSM-IV-TR from a multicultural/social justice perspective. *Journal of Counseling & Development*, 86, 364-371.

## Appendix A:

### Informed Consent

#### VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

##### Consent to Act as a Human Participant

For the study you are being asked to participate in, the researcher will inquire about personal, professional and training experiences related to counselor preparation for working with lesbian, gay, and bisexual (LGB) clients and students.

You have been selected to participate in this research because you are a counseling professional or trainee in [state name has been removed] whose input is vital to this study. The only inclusion criterion for this study is that you are a member of the counseling community in [state name has been removed], which includes professional school counselors, licensed professional counselors, community counselors, counseling students, and counselor educators. The state in which you practice will remain anonymous in the publication and presentation of results.

The study will take approximately 15-25 minutes to complete. The survey instrument includes questions about professional and personal experiences as well as beliefs. Among risks of participation, it is possible that some survey questions may cause emotional discomfort. Should this occur, you may consider consulting a trusted colleague or supervisor for support. The Virginia Tech Institutional Review Board has approved this research study and has determined that participation poses minimal risk to participants.

Benefits of participation include the opportunity to provide needed data on counselor preparation for working with LGB clients. Additionally, there are potential benefits to counselor education and the field of clinical supervision as this study will lead to increased information for

the educational community of counselors and counselor educators. Finally, if you choose to participate, you will have the opportunity upon completion of the survey to cast your vote for a \$100.00 donation to be made to one of several charitable organizations. As a token of gratitude for your time, the researcher will donate \$100.00 to the organization receiving the highest number of votes.

Participation in the current study is voluntary and your responses will not be identifiable or connected to you in any way. The electronic survey link is secure and protected. No identifying information will be collected; therefore, there will be no identifying information associated with survey responses.

You have the right to refuse to participate. You also have the right to withdraw from participating at any time. You may do so by closing the survey window. If you do withdraw, it will not affect you in any way.

By selecting the button below, you are agreeing that you have read and fully understand the information provided to you, and you are indicating your consent to take part in this study. In addition, you are agreeing that you are 18 years of age or older and that you are a counseling professional or graduate student in [state name has been removed].

If you should have any questions about the protection of human research participants regarding this study, you may contact:

Dr. David Moore, Chair  
Virginia Tech Institutional Review Board for the Protection of Human Subjects  
(540) 231-4991  
[moored@vt.edu](mailto:moored@vt.edu)  
Office of Research Compliance, 2000 Kraft Drive, Suite 2000 (0497), Blacksburg, VA 24060

I hereby acknowledge the above and give my voluntary consent to participate in the research study. Please take me to the survey now.

Appendix B:

IRB Approval Letter

# VirginiaTech

## MEMORANDUM

**DATE:** January 11, 2011

**TO:** Laura Welfare, Laura Farmer

**FROM:** Virginia Tech Institutional Review Board (FWA00000572, expires October 26, 2013)

**PROTOCOL TITLE:** Counselors' Self-Perceived Competency with Lesbian, Gay, and Bisexual Clients

**IRB NUMBER: 11-021**

Effective January 11, 2011, the Virginia Tech IRB PAM, Andrea Nash, approved the new protocol for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at <http://www.irb.vt.edu/pages/responsibilities.htm> (please review before the commencement of your research).

### **PROTOCOL INFORMATION:**

Approved as: **Exempt, under 45 CFR 46.101(b) category(ies) 2**

Protocol Approval Date: **1/11/2011**

Protocol Expiration Date: **NA**

Continuing Review Due Date\*: **NA**

\*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

### **FEDERALLY FUNDED RESEARCH REQUIREMENTS:**

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals / work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

Appendix C:

Initial Recruitment Email

Dear [First Name],

I am writing to request your assistance in a research study about counselors' preparation to work with lesbian, gay, and bisexual clients and students. Your participation is requested because you are a [School Counselor/Community Counselor/Counselor Educator] in [state name has been removed] whose input is vital to this study. The online survey takes approximately 15-30 minutes to complete. Your identity as a participant is anonymous; therefore, no identifying information can be linked to your responses.

If you choose to participate, you will have the opportunity to cast your vote for a \$100.00 donation to be made to the charitable organization of your choice. As a token of my gratitude for your time, I will donate \$100.00 to the organization receiving the highest number of votes. So, complete the survey and the charity you care about most could win!

You may read the informed consent and decide to participate in this research study by clicking on the link below:

*[Survey Monkey link inserted here.]*

If you have questions now or at any time during the survey you may contact the lead investigator, Laura Farmer, at [lbfarmer@vt.edu](mailto:lbfarmer@vt.edu).

Thank you for your time and participation!

Sincerely,

Laura Boyd Farmer, LPC, PhD Candidate

Virginia Tech, Counselor Education & Supervision

Appendix D:

First Follow-up Email

The following email will be sent out five days following the initial recruitment email:

Dear [First Name]:

I am writing to make a second request for your assistance in a research study about counselors' preparation to work with lesbian, gay, and bisexual clients. Your participation is requested because you are a [School Counselor/Community Counselor/Counselor Educator] in [state name has been removed] whose input is vital to this study. The online survey takes approximately 15-30 minutes to complete. Your identity as a participant is anonymous; therefore, no identifying information can be linked to your responses.

If you choose to participate, you will have the opportunity to cast your vote for a \$100.00 donation to be made to the charitable organization of your choice. As a token of my gratitude for your time, I will donate \$100.00 to the organization receiving the highest number of votes. So, complete the survey and the charity you care about most could win!

You may read the informed consent and decide to participate in this research study by clicking on the link below:

*[Survey Monkey link inserted here.]*

If you have questions now or at any time during the survey you may contact the lead investigator, Laura Farmer, at [lbfarmer@vt.edu](mailto:lbfarmer@vt.edu).

Thank you in advance for your time and participation!

Sincerely,

Laura Boyd Farmer, LPC, PhD Candidate

Virginia Tech, Counselor Education & Supervision

Appendix E:

Second Follow-Up Email

The following email will be sent out five days following the first follow-up email:

Dear [First Name]:

This is a final request for your assistance in a research study about counselors' preparation to work with lesbian, gay, and bisexual clients. Your participation is requested because you are a [School Counselor/Community Counselor/Counselor Educator] in [state name has been removed] whose input is vital to this study. The online survey takes approximately 15-30 minutes to complete. Your identity as a participant is anonymous; therefore, no identifying information can be linked to your responses.

If you choose to participate, you will have the opportunity to cast your vote for a \$100.00 donation to be made to the charitable organization of your choice. As a token of my gratitude for your time, I will donate \$100.00 to the organization receiving the highest number of votes. So, complete the survey and the charity you care about most could win!

You may read the informed consent and decide to participate in this research study by clicking on the link below:

*[Survey Monkey link inserted here.]*

If you have questions now or at any time during the survey you may contact the lead investigator, Laura Farmer, at [lbfarmer@vt.edu](mailto:lbfarmer@vt.edu).

Thank you in advance for your time and participation!

Sincerely,

Laura Boyd Farmer, LPC, PhD Candidate

Virginia Tech, Counselor Education & Supervision



Appendix F:

Information Questionnaire

*Demographic and Professional Information*

1. Age:

2. Gender: Male      Female      Other description:

3. Race/Ethnicity: Caucasian, African American, Hispanic, Multiracial, Other: \_\_\_\_\_

4. I define my sexual orientation as:

Gay \_\_\_\_\_ Lesbian \_\_\_\_\_ Bisexual \_\_\_\_\_ Heterosexual \_\_\_\_\_ Other definition: \_\_\_\_\_

5. My primary setting in the counseling field is (select best fit):

Community (ex: community agency, private practice, college/university, inpatient, couples/family) \_\_\_\_\_

School (Professional school counselor, employed in school setting) \_\_\_\_\_

Counselor Educator (employed by university; train and supervise graduate counseling students)\_

Student (not yet in practice) \_\_\_\_\_

6. My highest level of counseling-related education is:

Current Master's Student \_\_\_\_\_

Completed Master's degree \_\_\_\_\_

Completed Education Specialist degree \_\_\_\_\_

Current Doctoral Student \_\_\_\_\_

Completed Doctorate degree \_\_\_\_\_

7. With regard to your training as a counselor, please select which of your programs of study are/were accredited by CACREP?

Master's \_\_\_\_ Doctoral \_\_\_\_ Both masters and doctoral programs \_\_\_\_ I don't know \_\_\_\_

8. With regard to LPC licensure, I am currently:

A Licensed Professional Counselor \_\_\_\_

Working toward LPC requirements \_\_\_\_

Not pursuing LPC or undecided \_\_\_\_

9. Have you **provided** clinical supervision? (skip logic: if yes go to #9, if no go to #10)

Yes \_\_\_\_ No \_\_\_\_

10. As a supervisor, how many times have you specifically addressed LGB issues with your supervisees?

None          1-2          3-5          6-10          11-15          16+

11. Consider your prior experiences **receiving** clinical supervision during your graduate training and afterward. How many times were LGB issues specifically addressed in supervision?

None          1-2          3-5          6-10          11-15          16+

12. Approximately how many clients/students have you worked with in your clinical practice, school setting, or practicum/internship that identify as gay, lesbian, or bisexual? \_\_\_\_



19. In a typical week, how many days from 0 to 7 do you do something religious such as go to church, pray, or read scripture from a religious text? \_\_\_\_\_

20. What is your religious affiliation, if any? \_\_\_\_\_

21. How important is *spirituality* in your life?

0	1	2	3
not at all	somewhat	important	very important

22. Please respond to the following items by choosing the number that describes the extent to which you agree or disagree with the statement.

1	2	3	4	5	6
strongly disagree	disagree	slightly disagree	slightly agree	agree	strongly agree

[Items 22a-d are derived from the Spiritual Transcendence Index. Permission to reproduce this instrument was not granted by the author. The instrument is viewable in the following article:

Seidlitz, L., Abernethy, A. D., Duberstein, P. R., Evinger, J. S., Change, T. H., & Lewis, B. L.

(2002). Development of the Spiritual Transcendence Index. *Journal for the Scientific*

*Study of Religion*, 41(3), 439-453.]

23. Describe what you consider to be the most influential personal or professional experience that has impacted your beliefs about the LGB population.

---

24. Describe how your religious and/or spiritual beliefs impact your work with LGB clients.

---

Additional Comments:

Thank you for completing this questionnaire.

## Appendix G

### Marlowe-Crowne Social Desirability Scale – Short Form C

Permission to reproduce this instrument was not granted by the author. The instrument is viewable in the following article:

Reynolds, W. M. (1982). Development of reliable and valid short forms of the Marlowe-Crowne Social Desirability Scale. *Journal of Clinical Psychology, 38*, 119-125. doi: 10.1002/1097-4679(198201)38:1<119::AID-JCLP2270380118>3.0.CO;2-I

## Appendix H

### Sexual Orientation Counselor Competency Scale

Permission to reproduce this instrument was not granted by the author. The instrument is viewable in the following article:

Bidell, M. (2005). The sexual orientation counselor competency scale: Assessing attitudes, skills and knowledge of counselors working with lesbian, gay and bisexual clients. *Counselor Education and Supervision, 44*, 267-279.

Appendix I:

Permission to use SOCCS Instrument

from Markus Bidell, Ph.D. <[mbidell@hunter.cuny.edu](mailto:mbidell@hunter.cuny.edu)>  
to Laura Farmer <[lbfarmer@vt.edu](mailto:lbfarmer@vt.edu)>  
date Wed, Nov 10, 2010 at 4:53 PM  
subject Re: using SOCCS instrument

Laura -

Thanks for your request - I am always honored to have other researchers utilize the SOCCS. I only request that you provide me a brief summary of your methods and results when complete.

Good Luck - Markus

Markus P. Bidell, Ph.D., Associate Professor, NY Certified School Counselor  
Hunter College of the City University of New York Educational Foundations &  
Counseling Department 695 Park Avenue, W1114, New York, N.Y. 10065  
[mbidell@hunter.cuny.edu](mailto:mbidell@hunter.cuny.edu); 212/772-4714 (Fax:X-4731)



Appendix J:

Permission to use Spiritual Transcendence Index

from Alexis Abernethy <aabernet@fuller.edu>  
to Laura Farmer <lbfarmer@vt.edu>  
date Tue, Nov 9, 2010 at 1:19 PM  
subject RE: request to use STI instrument

Laura,

Pleased to hear of your interest. There are no restrictions, but I do request that you send me your descriptive results on the STI for your sample. Best wishes on your dissertation.

***Please note that I am on sabbatical through December 2010. I will check my messages periodically on a weekly basis.***

May the peace of God be with you,

AA

Alexis D. Abernethy, PhD  
Professor of Psychology  
Graduate School of Psychology  
Fuller Theological Seminary  
180 North Oakland Avenue  
Pasadena, CA 91101  
Phone - (626) 584-5359  
Fax - (626) 584-9630  
[aabernet@fuller.edu](mailto:aabernet@fuller.edu)