2021

Counselors' LGB Awareness, Knowledge, and Skills Between Christian and Nonreligious Addiction Counseling Programs

Kelly Ann King
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Kelly A. King

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Corinne Bridges, Committee Chairperson, Counselor Education and Supervision Faculty
Dr. Sidney Shaw, Committee Member, Counselor Education and Supervision Faculty
Dr. Marilyn Haight, University Reviewer, Counselor Education and Supervision Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2021

Abstract

Counselors' LGB Awareness, Knowledge, and Skills Between Christian and Nonreligious Addiction Counseling Programs

by

Kelly A. King

MA, Indiana Wesleyan University, 2016

BA, Purdue University, 2009

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

November 2021

Abstract

Past research has shown that the rate of substance abuse in lesbian, gay, and bisexual (LGB) communities is substantially higher when compared to the general population. However, the literature has revealed that many counselors lack competency in working with clients who identify as LGB. Research also has shown that counselor competency to work with LGB clients has a negative relationship with religiosity. The purpose of this descriptive, quantitative study was to determine if there is a statistically significant difference in counselor competency to work with LGB clients between recent graduates and students of Christian and nonreligious affiliated Council for the Accreditation of Counseling and Related Educational Programs addiction counseling programs. This study, grounded in the multicultural and social justice counseling competency theory and the tripartite model of multicultural counselor competency, included administration of the Sexual Orientation Counselor Competency Scale to measure the dependent variables of awareness, knowledge, and skills to work with LGB clients. The sample consisted of 84 participants who met inclusion criteria. Multivariate Analysis of Variance was used to test the hypotheses. Participants from nonreligious affiliated addiction counseling programs scored higher on the awareness (M = 68.82, M = 63.03), knowledge (M = 50.22, M = 35.88), and skills (M = 43.20, M = 37.91) subscales than participants from Christian-affiliated programs. These differences were found to be statistically significant at p = .000. Such use of data could positively impact social change within the counselor education and supervision field by encouraging evaluation of curricula for inclusion of LGB content, assessment of supervisees for LGB affirmative care, and a stronger focus on addressing biases and discrimination against LGB individuals.

Counselors' LGB Awareness, Knowledge, and Skills Between Christian and Nonreligious Addiction Counseling Programs

by

Kelly A. King

MA, Indiana Wesleyan University, 2016

BA, Purdue University, 2009

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

November 2021

Dedication

I dedicate my dissertation work to all of those who have supported me throughout my life, especially loved ones who have supported me throughout my PhD journey. I want to express tremendous gratitude to my parents, Jim and Loretta, who have always shown me unconditional love and been a voice of encouragement. My siblings, Brian and Molly, have both been a source of inspiration and have always motivated me to be the best version of myself. My wife, Holly, has provided daily encouragement and support throughout the years. I also want to dedicate this dissertation to the incredible addiction counselors who show compassion and help instill hope and direction in those struggling with substance abuse issues every day.

Acknowledgements

I want to thank my dissertation committee for that unwavering support and guidance throughout the dissertation process. Dr. Corinne Bridges, Dr. Sidney Shaw, and Dr. Marilyn Haight instilled confidence, provided guidance and support, and taught me to trust the research process throughout this dissertation journey. I am forever grateful to them for sharing their knowledge with me. I also want to extend gratitude to Dr. Kimberly Mason for her mentorship throughout my PhD program. I also want to acknowledge Dr. Donald Osborn from Indiana Wesleyan University for giving me a chance and providing an initial opportunity to grow as a counseling professional. This opportunity has led me to many rewarding destinations, and I am forever grateful.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

Introduction

Multicultural counselor competency (MCC) refers to the degree of counselor effectiveness in providing counseling services to clients whose cultural worldviews and affiliations differ from those of their own (Arredondo et al., 1996; Sue et al., 1992). A commonly used definition of multicultural competency in the literature has suggested the use of the tripartite model of multicultural awareness, knowledge, and skills (Sue et al., 1982, 1992). This study was focused specifically on counselor competency when working with the lesbian, gay, and bisexual (LGB) population. The research has suggested a lack of affirmative practice and training from counselor education programs and a lack of competency in working with LGB clients (Dillon et al., 2004; Matthews, 2005). Additionally, research has shown that counselor competency to work with LGB clients is predicted by factors such as religiosity and spirituality (Farmer, 2017). The research has indicated that competency to work with sexual minority clients decreases as religious fundamentalism increases (Bidell, 2014b). The negative relationship between these two variables has raised questions about the presence and depth of LGB curricula content and LGB-specific training within religious-affiliated addiction counseling programs. Many Christian faith traditions continue to resist extending equal rights to lesbian, gay, bisexual, and transgender (LGBT) people, despite the rapid gains by the LGBT movement in the United States (Coley, 2018). Religious institutions can still claim exemptions to nondiscriminatory laws on the basis that it violates their religious faith (Movement Advancement Project, 2018). This might include discrimination against

sexual minority students within Christian-affiliated addiction counseling programs and the LGB clients they will ultimately serve.

In this study, I investigated if a statistically significant difference exists in counselor competency to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious-affiliated Council for the Accreditation of Counseling and Related Educational Programs (CACREP) addiction counseling programs. The results of this study may have social change implications by calling for evaluation of current addiction counseling curricula about the inclusion of LGB content and training. The results could encourage reform of addiction counseling program curricula design to be more inclusive of LGB content, regardless of religious affiliation. The findings of this study may also provide insights into the alignment of the CACREP standards and the American Counseling Association (ACA) Code of Ethics in relation to multicultural counseling. There may also be social change implications for clinical supervisors within the addiction counseling field and addiction counselors. Clinical supervisors may be encouraged to assess supervisees for LGB affirmative care and help build counselor competency to work with LGB clients throughout the supervision process. Additionally, clinical supervision may benefit from a stronger focus on addressing biases and discrimination against LGB individuals. Addiction counselors may be called to self-reflect on their own biases and work diligently on challenging those biases. They may also be encouraged to seek additional training and professional development opportunities to help grow in their competency to work with LGB clients.

In this chapter, I present the background for my study, relevant existing research, and the gap in literature that this study addressed. Additionally, I discuss the conceptual framework of the multicultural and social justice counseling competency theory (MSJCC), nature and design of my study, definition of terms used in the study, assumptions, delimitations, limitations, and potential significance of my research.

Background

There has been increased focus on MCC as the United States has become a more diverse nation (Cornish et al., 2010; Sue et al., 1992). One implication this increase in diversity has for the mental health field is the need to educate and train more multiculturally competent counselors to effectively serve the diverse population. Professional counseling organizations, such as the ACA, created multicultural competencies and standards for practice. CACREP was also created to promote unity to the counseling profession and provide accreditation for master's and doctoral programs that meet certain standards. The Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) developed competencies in 2006 that were considered necessary in providing clinical services to sexual and gender minority populations (Logan & Barret, 2006). These competencies were most recently updated in 2013 (Harper et al., 2013). One of the most notable differences is that the 2013 version of the competencies worked to extend the role of the counselor to address systemic issues that are responsible for added stressors for LGB individuals. This included competencies related to advocacy for LGB+ individuals within communities, promotion of LGB+ empowerment, and work toward a more socially-just society (Harper et al., 2013).

Despite efforts made by leaders in the field, there is still a lack of LGB affirmative practice and training from counselor education programs and a lack of LGB competency among counselors (Dillon et al., 2004; Matthews, 2005). Research related to counselor competency to work with LGB clients is specifically lacking in addiction literature. It was important to address this gap in literature, largely due to the higher prevalence of addiction issues among the LGB population than among the heterosexual population (Chaney, 2019). Addiction counselors must be adequately educated and trained within their counselor education programs to effectively serve the LGB population. While counseling programs are not required to or intended to address every possible specialization area, addiction counselors could benefit to gain a solid foundation in LGB-related knowledge and skills within their counseling training programs. Research has shown that sexual minority clients have reported that negative counseling experiences lead to a lack of comfort, acceptance, openness, trust, and a lack of follow-up (Zazzarino & Bridges, 2019).

There is also research that supports factors such as religiosity, spirituality, education, number of LGB clients counseled, and LGB interpersonal contact affect LGB affirmative counseling competence. Farmer (2017) found spirituality to have a positive relationship with LGB competence, whereas religiosity was negatively related to LGB competence. Bidell (2014b) found that as religious conservatism increased, LGB competency significantly decreased. Despite legislative efforts to stop discrimination based on sexual orientation, private religious institutions that receive federal funding can still claim exemptions to nondiscriminatory law on the basis that it violates their religious

faith (Movement Advancement Project, 2018). Thus, private, religious universities can legally discriminate against LGB students. Therefore, it is imperative for counseling program leaders to determine if discrimination occurs within their respective programs and that it is addressed appropriately to adhere to the ACA Code of Ethics.

Prior to this study, there was no research that determined if a statistically significant difference in counselor competency to work with LGB clients exists between recent graduates and students of Christian-affiliated and nonreligious affiliated CACREP addiction counseling programs. The results of this study may have social change implications by calling for evaluation of current addiction counseling curricula about the inclusion of LGB content and training. After completion of this study, quantitative data were evaluated to determine if statistically significant differences in counselor competency to work with LGB clients exist between addiction counseling program types. The results provide direction to future research in the areas of counselor competency to work with LGB clients and inclusion of LGB-related curricula within CACREP addiction counseling programs. The results could encourage reform of addiction counseling program curricula design to be more inclusive of LGB content, regardless of religious affiliation.

Problem Statement

Individuals who identify as being part of sexual minority communities often experience oppression and discrimination, as well as higher rates of suicide and violent attacks (Baker & Garcia, 2012). These issues often negatively affect the psychological well-being of LGB individuals (Russell & Fish, 2016). Past research has revealed that the

rate of substance abuse in LGB communities is also substantially higher when compared to individuals in the general population (Chaney, 2019). Despite a higher rate of substance abuse in the LGB population, the literature has shown that many counselors in-training and practicing counselors reported a lack of affirmative practice and training from their counselor education programs and a lack of competency in working with clients who identify as LGB (Dillon et al., 2004; Matthews, 2005). This lack of training and competency can lead to negative counseling experiences for clients. Sexual minority clients have reported that negative counseling experiences lead to a lack of comfort, acceptance, openness, trust, and a lack of follow-up (Zazzarino & Bridges, 2019).

CACREP standards require that CACREP accredited programs meet certain standards related to multicultural counseling, including implementation of specific content and skills within program curricula. In alignment with the CACREP standards is the ACA Code of Ethics, which prohibits counselors from discriminating against clients based on sexual orientation or religion (ACA, C.5, 2014). However, religious institutions can still claim exemptions to nondiscriminatory laws on the basis that it violates their religious faith (Movement Advancement Project, 2018). Despite religious affiliation, it is imperative that addiction counseling programs prepare counselors to work with the LGB population.

A substantial amount of research exists related to the integration of MCCs into counselor education programs. However, prior to this study, I found no existing research focused on LGB content and training in addiction counseling programs and how that is related to counselor competency to work with LGB clients for addiction counselors.

Additionally, I found no research measuring differences in counselor competency to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated CACREP addiction counseling programs. In this study, I measured differences in counselor competency to work with LGB clients between these two types of programs by surveying recent graduates and current field experience students using the Sexual Orientation Counselor Competency Scale (SOCCS). The results of this study could have social change implications such as calling for evaluation of current addiction counseling curricula to provide information about the inclusion of LGB content and training.

Purpose of Study

The purpose of this descriptive, quantitative study was to determine if there is a statistically significant difference in counselor competency to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated CACREP addiction counseling programs. The dependent variables of the study were awareness, knowledge, and skills, which are scores measured on the SOCCS. The independent variable was addiction counselor program type, which was either Christian-affiliated or nonreligious affiliated CACREP addiction counseling programs. I used Multivariate Analysis of Variance (MANOVA) to determine if there is a significant difference between the type of addiction counseling program and mean SOCCS scores (awareness, knowledge, and skills). I interpreted the results of the MANOVA to determine if a significant relationship was present.

Research Question and Hypotheses

Research Question (RQ): Is there a statistically significant difference in counselor awareness, knowledge, and skills to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated addiction counseling programs as evidenced by scores on the SOCCS?

H_0: There is no statistically significant difference in counselor awareness, knowledge, and skills to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated addiction counseling programs as evidenced by scores on the SOCCS.

H_a: There is a statistically significant difference in counselor awareness, knowledge, and skills to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated addiction counseling programs as evidenced by scores on the SOCCS.

Conceptual Framework

The theoretical base for this study was the MSJCC. Ratts et al. (2016) stated that the MSJCC evolved from the MCC, which was developed by Sue et al. in 1992 and has been influential in helping counselors address the needs of culturally diverse individuals and groups. The MSJCC is a conceptual framework that draws a visual map of the relationships between the constructs and competencies within the MSJCC. Ratts et al. helped illustrate this visual map and described the developmental domains by stating the following: (a) The quadrants are used to show the intersection of identities and the dynamics of power, privilege, and oppression that both the counselor and the client in the

counseling relationship; and (b) developmental domains lead to multicultural and social justice competence in counselor self-awareness, client worldview, counseling relationship, and counseling and advocacy interventions. Finally, Ratts et al. stated that in the MSJCC, it is believed that multicultural and social justice competence begins with counselor self-awareness. This self-awareness then extends to the clients, counseling relationship, and counseling and advocacy interventions and strategies.

The MSJCC was effectively used as the conceptual framework for my dissertation topic because, as a framework, it provides multicultural and social justice competent counselor training and supervision with a focus on supervision practice that encourages counselors-in-training to establish a safe and supportive environment for culturally diverse clients (Ratts et al., 2016). Furthermore, the MSJCC is organized into four aspirational and developmental competencies: (a) attitudes and beliefs, (b) knowledge, (c) skills, and (d) action. These competencies are aligned with the variables measured on the SOCCS, which was the instrument used in the study. According to the MSJCC, multicultural competency starts within the counselor in the form of awareness around attitudes and beliefs. In this study, I measured counselor awareness, knowledge, and skills to work with the LGB population. Awareness subscale scores may be positively correlated with knowledge and skills subscale scores because counselor competency to work with LGB clients starts with awareness. Thus, the MSJCC suggests that attitudes and beliefs should be addressed first if lower counselor competency to work with LGB clients exists. The MSJCC as the conceptual framework is discussed more in Chapter 2.

Nature of Study

The nature of this study was a descriptive, quantitative study with survey methods. Descriptive research describes a population, situation, or phenomenon that is being studied. This type of research is "concerned with and designed only to describe the existing distribution of variables, without regard to causal or other hypotheses" (Grimes & Schulz, 2002, p. 145). In this type of research design, the researcher makes no effort to control extraneous variables, and the variables are not manipulated in any way. According to Borg and Gall (1989), descriptive research is aimed at finding out "what is," so observational and survey methods are often used to collect descriptive data. For my dissertation, I did not influence the dependent or independent variables in any way. I was only interested in working with the existing variables of counselor competency to work with LGB clients (e.g., self- reported awareness, knowledge, and skills) and addiction counseling program type. I administered the SOCCS and used a MANOVA to determine if there was a statistically significant difference in counselor competency to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated addiction counseling programs. A MANOVA allowed me to compare means for multiple dependent variables across two groups.

I used survey methods in my dissertation to describe characteristics of a group or population. Mertler (2016) stated that in most cases, researchers will select a sample of respondents from the population, and a probability sampling technique would be most beneficial to use to select the sample to ensure a more accurate representation of the population. I used a convenience sampling technique to select the sample for my

dissertation. I addressed possible limitations of using convenience sampling as the sampling method for this study, such as generalizability issues. Mertler also explained that surveys can be used in a descriptive, investigative, or comparative manner. For my dissertation, I used the SOCCS in a descriptive manner because I sought to describe an existing relationship between variables. The SOCCS was administered to recent graduates and current field experience students of selected addiction counseling programs through web-based surveys. There are three subscales on the SOCCS: awareness, knowledge, and skills. Once the participant completed the SOCCS, they received a mean score in each of these areas using the scoring instructions (see Bidell, 2015). These scores were calculated using the results exported from SurveyMonkey. The purpose of the study was to determine if a statistically significant difference in counselor competency to work with LGB clients existed between Christian-affiliated and nonreligious affiliated CACREP addiction counseling programs. This was accomplished by comparing the SOCCS scores on the three subscales (awareness, knowledge, and skills) between students and recent graduates of these two program types and running a MANOVA to determine if any statistically significant differences existed.

Definitions

Accreditation: A system for recognizing educational institutions and professional programs affiliated with those institutions for a level of performance and integrity based on review against a specific set of published criteria or standards. The process includes (a) the submission of a self-study document that demonstrates how standards are being met, (b) an onsite review by a selected group of peers, and (c) a decision by an

independent board or commission that either grants or denies accredited status on the basis of how well the standards are met (CACREP, 2016b).

Addiction counselor: Addiction counselors possess a body of knowledge, skills, training, and work experience in the treatment of addictive behaviors that distinguishes the addiction counseling profession from other health care professions (Office of Behavioral Health, 2018).

American Counseling Association (ACA): The ACA is a "not-for-profit, professional, and educational organization that is dedicated to the growth and enhancements of the counseling profession" (ACA, 2020, para. 1).

Council for Accreditation of Counseling and Related Educational Programs (CACREP): CACREP accredits master's and doctoral programs in counseling and related programs that are offered by colleges and universities in the United States and around the world (CACREP, 2020b).

Counselor: Counselors are individuals who develop professional relations with others that empower diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals (ACA, 2020).

Counselor competency: This term refers to "the extent to which a therapist has the knowledge and skill required to deliver a treatment to the standard needed for it to achieve its expected effects" (Fairburn & Cooper, 2011, p. 373).

Field experience: Field experience, or professional practice, provides for the application of theory and the development of counseling skills and professional identity under direct supervision (CACREP, 2016a).

Multicultural: This term denotes the diversity of racial, ethnic, and cultural heritage; socioeconomic status; age; gender; sexual orientation; and religious and spiritual beliefs, as well as physical, emotional, and mental abilities (CACREP, 2016b).

Tripartite model of multicultural counseling competency: The tripartite model of multicultural counseling competency has three components: awareness, knowledge, and skills (Sue et al., 1992).

Assumptions

I requested participation of recent graduates and current field experience students of CACREP-accredited addiction counseling programs. The specific criteria for participants were as follows: (a) They must have graduated within a 2-year timeframe from the start of the study, or (b) they must have been enrolled as a field experience student within a CACREP-accredited addiction counseling program at the time of taking the survey. The survey used in this study was the SOCCS, which consists of questions that assess the awareness, knowledge, and skills to work with sexual minority clients. An assumption of this study was the belief that participants would answer the survey questions honestly. I took precautions to preserve anonymity and confidentiality of the participants through an online survey. Participants were informed that their participation was voluntary, and they could withdraw from the study anytime without penalty.

Scope and Delimitations

In the study, I sought to determine if there was a statistically significant difference in counselor competency to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated CACREP addiction counseling

programs. Results of this study could support future research, counselor education curricula and training, and clinical practice of counselors. Delimitations of this study included the following:

1. This study was delimited to addiction counseling graduates within a 2-year timeframe of the start of the study and current addiction counseling field experience students.
2. This study was delimited to recent graduates and current field experience students of/within CACREP-accredited addiction counseling programs.
3. This study was delimited to participants over the age of 18 years of age.
4. This study was delimited to counselors who had an internet connection and access to email.

Some of these delimitations could affect the generalizability of the results. At the time of the study, there were only three Christian-affiliated CACREP-accredited addiction counseling programs. It is possible that the results of the study might be more reflective of the specific programs studied and not all Christian-affiliated CACREP-accredited addiction counseling programs. This could threaten the generalizability of the results.

Limitations

There were potential limitations of this study related to use of a descriptive and survey methods design. The most notable limitation of a descriptive research design is that it does not assess the relationships among variables. Descriptive research cannot be used to draw conclusions about the causal relationships among the measured variables

(Stangor, 2011). There were also a few limitations of using survey methods in research. Blackstone (2012) stated that some of the weaknesses of survey methods are related to inflexibility and validity. Validity can be a problem with surveys because the questions are standardized. For this study, one potential limitation related to validity was the use of the SOCCS for the instrument, which relies solely on self-report data. This could bring into question whether the study truly measured counselor competency to work with LGB clients or the participant's perception of competency in this area.

Significance

The findings of my dissertation study could have many different implications for social change for counselor preparation and education. First, the findings of this study could inform addiction counseling program directors of potential gaps in LGB curricula that need to be addressed in order to foster counselor development in this area. The results raised questions about potential gaps within addiction counselor education programs in the area of LGB issues, specifically the differences between Christian-affiliated and nonreligious affiliated programs. Second, the findings of this study provided insight into the alignment of the CACREP standards and ACA Code of Ethics in relation to multicultural counseling. The results could support the need for reevaluation of the alignment between CACREP standards and the ACA Code of Ethics to ensure that all CACREP addiction counseling programs adequately meet multicultural standards. The results could encourage future research in this area, specifically investigating how CACREP accreditation is acquired by Christian-affiliated programs if there is still a lack of focus on LGB issues within those types of addiction counselor education programs.

The results of this study may have social change implications by calling for evaluation of current addiction counseling curricula to provide information about the inclusion of LGB content and training. The results could encourage reform of addiction program curricula design to be more inclusive of LGB content, regardless of religious affiliation. The findings of this study may also provide insights into the alignment of the CACREP standards and the ACA Code of Ethics in relation to multicultural counseling. There are CACREP standards related to multicultural competency (2.2.1., 2.2.b., 2.2.c.). The preamble of the ACA Code of Ethics states the importance of "honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" (ACA, 2014, p. 3). There are also specific codes within the ACA Code of Ethics related to multicultural competency (E.8., F.2.b., F.7.c., F.11.c.). Counselor competency to work with LGB clients falls under the general umbrella of multicultural competency and should be adequately and comprehensively included in addiction counseling program curricula. A lack of counselor competency to work with LGB clients might call for assessment of this inclusivity and revisions where necessary.

There may also be social change implications for clinical supervisors within the addiction counseling field and addiction counselors. Clinical supervisors should have a general understanding that differences in counselor competency to work with LGB clients exist between supervisees and to be intentional in supervisory practices around LGB content and skills. The SOCCS could be a useful tool to assess the perceived counselor competency to work with LGB clients of supervisees and used to understand

specific areas where supervisees lack competency. There may also be implications for social change for addiction counselors. Addiction counselors should continually self-assess counselor competency to work with LGB clients and seek supervision in areas where they need additional growth and development. This might include attending LGB-focused trainings or working on these issues directly with a clinical supervisor. The responsibility of becoming LGB competent is shared by multiple entities and should be addressed at each level.

Summary

In this quantitative study, I sought to determine if a statistically significant difference in counselor competency to work with LGB clients existed between recent graduates and students of Christian-affiliated and nonreligious affiliated addiction counseling programs. The results of this study have social change implications by calling for evaluation of current addiction counseling curricula to provide information about the inclusion of LGB content and training. Provided in the results are also quantitative data related to differences in LGB competency between addiction counseling program types. The results could encourage reform of addiction program curricula design to be more inclusive of LGB content, regardless of religious affiliation.

In Chapter 2, I discuss the existing literature on this topic and strategies used to search for this literature. Additionally, I provide a review and rationale of the conceptual framework MSJCC used in this study. In Chapter 3, I provide information about the research design, methodology, population, data analysis plan, and ethical considerations. In Chapter 4, I provide the results of the study and the statistical evidence that led to the

conclusions of the study. In Chapter 5, I provide interpretations of the findings, limitations of the study, recommendations for future research, and the implications of positive social change.

Chapter 2: Literature Review

Introduction

The purpose of this descriptive, quantitative study was to determine if statistically significant differences exist in counselor competency to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious-affiliated CACREP addiction counseling programs. Scholars have not specifically researched counselor competency to work with LGB clients within addiction counseling programs. The literature is focused more on general counseling and psychology. In Chapter 2, I discuss the following: (a) theoretical foundation of the MSJCC, (b) population of current study, (c) historical perspectives of multicultural and LGB counseling competencies, (d) CACREP standards, (e) ACA Code of Ethics and ethics within the counseling profession, (f) sexual orientation discrimination in higher education, (g) CACREP accreditation of religious counseling programs, (h) LGB population in mental health counseling, (i) counselor competency to work with LGB clients, and (j) addiction issues and the LGB population.

Literature Review Strategy

I reviewed scholarly, peer-reviewed journal articles and empirical studies to support my study by searching the following databases: PsycArticles, PsycINFO, SAGE, GenderWatch, LGBT Life, ProQuest, SocINDEX, PsycCritique, and EBSCO. I also gathered information about the ACA Code of Ethics from the ACA's website to provide an explanation of ACA Code of Ethics history and to identify codes of ethics related to multiculturalism, client diversity, and nondiscriminatory practices. I also collected

information from the CACREP website for the history of CACREP and the 2016 CACREP Standards that relate to social and cultural diversity. I referenced the Association for Multicultural Counseling and Development (AMCD) website regarding the history and mission of the association. Websites that included census and statistical data from surveys were also accessed to provide support for the increase in population diversity and high prevalence of substance abuse issues amongst the LGB population. Sources used included peer-reviewed articles and empirical studies, journals, web pages, reports, and scholarly books.

The sources that I selected were within the scope of subject of my study and were filtered by the input of key terms and references from online resources. The peer-reviewed articles and studies were limited to those published between 1975 and 2019. Much of the research cited older than 10 years were included to provide historical perspectives about multicultural counseling competency in mental health, counseling the LGB population, multicultural counselor competencies, and discrimination based on sexual orientation in higher education.

There weas one area with limited existing research that had to be handled with intentionality. Counselor competency to work with LGB clients has been highly researched within the general mental health counseling setting. However, there was a lack of literature related to this type of competency within addiction counseling. Therefore, I used the existing literature within my literature review to provide a foundation in LGB competency across counseling professions. I could not directly apply the existing

literature related to counselor competency to work with LGB clients to the addiction counseling field, as this was outside of the scope of this study.

The search terms included the following: *multiculturalism, LGBTQ+, LGBT, LGB, LGBTQ+ counselor competency, LGB counselor competency, gay, lesbian, bisexual, gender, gender identity, sexual orientation, Christian, religion, religious, discrimination, higher education, curriculum, curricula, counseling, counselor education, LGB-affirmative practice, multicultural counseling competencies, minority, sexual identity, counselor preparedness, advocacy, social justice, addiction, substance abuse, mental health,* and *education.*

Multicultural and Social Justice Counseling Competency Theory

The theoretical base for this study was the MSJCC. Ratts et al. (2016) stated that the MSJCC evolved from the MCC, which was developed by Sue et al. (1992) and has been influential in helping counselors address the needs of culturally diverse individuals and groups. The MCC influenced the development of the ACA Code of Ethics and other ethical codes within ACA divisions. The MCC is also often argued as the catalyst to encourage the development of additional competencies for specific populations, such as the ALGBTIC competencies for counseling with transgender clients and the ALGBTIC competencies for counseling with lesbian, gay, bisexual, queer, questioning, intersex, and ally individuals. The integration of MCCs and these subsequent competencies into the counseling profession has led to viewing the experiences of marginalized groups more holistically. Additionally, the integration has led to philosophical and paradigmatic shifts toward integrating multicultural constructs in counseling practice. As society evolves,

counselor multicultural competency must also evolve if the counseling profession is to continue to address the needs of the diverse population it serves (Ratts et al., 2016).

The 1922 MCCs were updated by Ratts et al. (2016) as a part of Carlos P. Hipolito-Delgado's 2014 - 2015 presidential initiative for the AMCD. The updates reflect a more inclusive and broader understanding of culture and diversity that includes the intersection of identities and to more effectively address the expanding role of professional counselors to include individual counseling and social justice advocacy. This process culminated in the development of the MSJCC. The term *social justice* was incorporated into the title to reflect the growing changes in the profession and society at large. The change also reflects the increasing body of literature on the interactive nature of multicultural and social justice competence (Ratts et al., 2016).

The MSJCC as a conceptual framework draws a visual map of the relationships between the constructs and competencies within the MSJCC. Ratts et al. (2016) helped illustrate this visual map and described that quadrants are used to show the intersection of identities and the dynamics of power, privilege, and oppression within the counseling relationship. Ratts et al. also described developmental domains that lead to multicultural and social justice competence in counselor self-awareness, client worldview, counseling relationship, and counseling and advocacy interventions. The domains within the MSJCC are (a) counselor awareness, (b) client worldview, (c) the counseling relationship, and (d) counseling and advocacy interventions. The competencies within the MSJCC are (a) attitudes and beliefs, (b) knowledge, (c) skills, and (d) action. The MSJCC posits that multicultural and social justice competence needs to begin internally within the counselor

and that counselors must possess knowledge and relevant multicultural information and theoretical competencies to guide multicultural practice (Roysircar et al., 2003; Sue et al., 1992; Sue & Sue, 2013). Third, the background for counselors to develop multicultural, skill-based interventions is based on their multicultural and social justice informed attitudes, beliefs, and knowledge. Further, Ratts et al. stated that in the MSJCC, multicultural and social justice competence begins with counselor self-awareness. This self-awareness then extends to the clients, counseling relationship, and counseling and advocacy interventions and strategies.

There has been an extensive body of multicultural scholarship over the past 3 decades demonstrating the use of MCC as a guide to counseling research (Gallardo & McNeill, 2009). Much of the existing research has examined the previous MCC in various areas of counselor practice. However, research on the role of social justice in counseling has increased over the past decade (Chen et al., 2008; Pieterse et al., 2009; Worthington et al., 2007). Because the current MSJCC more specifically denotes the connection between multiculturalism and social justice, future counseling research can aim to further bridge multicultural and social justice competence scholarship (Ratts et al., 2016).

The MSJCC was used as the conceptual framework for the current study for a variety of reasons. Counselor educators can use the MSJCC as a framework for providing multicultural and social justice competent counselor training and supervision with a focus on supervision practice that encourages counselors-in-training to establish a safe and supportive environment for culturally diverse clients (Ratts et al., 2016). CACREP (2016)

included standards related to multicultural competency and social justice. Furthermore, the MSJCC is organized into four aspirational and developmental competencies: (a) attitudes and beliefs, (b) knowledge, (c) skills, and (d) action.

Multicultural Counseling Competencies: Historical Perspectives

History of Multicultural Counseling in the United States

The United States has become increasingly more diverse over the past 3 decades. The U.S. Census Bureau (2012) projected that within the next 50 years, the United States will be a plurality nation, meaning there will be no sole racial or ethnic group in the majority. In the early 1990s, Sue et al. (1992) called attention to the diversification of America, as evidenced by the growing multiracial, multicultural, and multilingual U.S. society. This increase in diversity has resulted in efforts within the counseling field to integrate multiculturalism into graduate clinical curricula, training, and research to meet the needs of clients to train more multiculturally competent counselors (Cornish et al., 2010).

The Tripartite Model

MCC refers to the degree of counselor effectiveness in providing counseling services to clients whose cultural worldviews and affiliations differ from those of their own (Arredondo et al., 1996; Sue et al., 1992). Although there are many different definitions of MCC found in the literature, the most applied definition of multicultural counseling in the literature suggests the use of the tripartite model of multicultural awareness, knowledge, and skills (Sue et al., 1982, 1992). Multicultural knowledge involves seeking information about various cultural factors to inform one's counseling.

Multicultural awareness involves awareness of one's own worldview and cultural biases and how this influences the counseling process. Multicultural skills involve the counselor's ability to use culturally relevant approaches with clients, including building rapport with clients who share a different culture or worldview (Ivey et al., 2017; Sue et al., 1992).

There is a substantial amount of existing literature related to awareness, knowledge, and skills and multicultural competency. Many of these studies are grounded in the tripartite model of multicultural awareness, knowledge, and skills introduced by Sue et al. (1982, 1992). When Sue et al. (1982) first introduced the tripartite model of multicultural competency, it had a broader focus and was directed toward multicultural competency (e.g., clients' culture and cultural identity). In 1996, Arrendondo et al. operationalized the tripartite model of multicultural competency and provided some measurable objectives and competencies in areas of awareness, knowledge, and skills (Arrendondo et al., 1996).

Over the last 3 decades, there have been a few instruments that have been deemed valid and reliable to measure awareness, knowledge, and skills in relation to multicultural competency. Some of these instruments are Multicultural Counselling Inventory, the Cross-Cultural Counselling Inventory-Revised (CCCI-R), the Multicultural Awareness-Knowledge-and-Skills Survey, and the Multicultural Counseling Knowledge and Awareness Scale. These surveys are of short, multifactorial design and were developed specifically for the counseling profession. All surveys except the CCCI-R are considered self-report instruments (Bernhard et al., 2015). This may be a limitation of these

instruments, as they might be measuring perceived multicultural competency. Additionally, it was found that the Multicultural Counseling Knowledge and Awareness Scale, the Multicultural Counselling Inventory, and CCCI-R did not support three-dimensional structure (Boyle & Springer, 2001; Dunn et al., 2006). Other potential limitations of these instruments include high correlations between dissimilar subscales within the instruments and a lack of clarity of constructs (Hays, 2008). There also has been lack of consistency across studies regarding the operational definitions of awareness, knowledge, and skills (Hays, 2008). Therefore, it is difficult to report with certainty and confidence what is known about these variables. It is known that current instruments to measure these variables are measured on a self-report basis (Bernhard et al., 2015). Thus, it is imperative to review and consider the operational definitions for these variables based on the study and instrument in use to interpret the results accurately.

Association for Multicultural Counseling and Development

A division of the American Personnel and Guidance Association (APGA), the Association for Non-White Concerns in Personnel and Guidance, was founded in 1972. The Association for Non-White Concerns focused on quality service delivery to minorities and on the positive recognition of non-White concerns within the association. Some of the goals included the expansion of membership, nurturance of leaders, and strengthening of the region concept (McFadden & Lipscomb, 1985). The name of the division was changed in 1985 to the AMCD to more accurately reflect the efforts of the association (AMCD, 2020). The initial goal of AMCD was to create programs

specifically to improve ethnic and racial empathy and understanding (AMCD, 2020). Perhaps the most significant contribution of AMCD is its development of multicultural counselor competencies, which detail core competencies focused primarily on the impact of ethnicity. However, it did not include any specific language related to sexual orientation or gender identity (Arrendondo et al., 1996). AMCD is still an active association within ACA with the goal to "sustain personal growth and improve educational opportunities for members from diverse cultural background" (AMCD, 2020, para. 1).

Development of AMCD Multicultural Competencies

The development of the AMCD multicultural competencies was spearheaded by Thomas Parham, the president of AMCD from 1991 to 1992. The original AMCD multicultural competencies were developed by Sue et al. (1992) and operationalized by Arredondo et al. in 1996 (as cited in Ratts et al., 2016) with the goal of training multiculturally skilled counselors to provide ethical and effective counseling interventions with culturally diverse clients (Arredondo et al., 1996). These MCCs were updated in 2014 by a committee appointed by the AMCD (Ratts et al., 2016). The multicultural competencies continue to provide guidelines for multicultural counselor training as well as the criteria by which multicultural training outcomes are addressed (Tomlinson-Clarke, 2013).

LGB Associations and Competencies

In 1975, the ALGBTIC, originally known as The Gay Caucus, became an ACA division as the need for the recognition of sexual minority counseling professionals

became a necessity to its members (Logan & Barret, 2006). ALGBTIC membership grew substantially over the next decade. The AIDS epidemic highlighted a serious void of information necessary for clinicians to work effectively with sexual minority populations at this time. To address this void, ALGBTIC developed competencies that were considered necessary in providing clinical services to sexual minority populations (Logan & Barret, 2006). The ALBBTIC Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally Individuals Taskforce was created in 2013 to provide a framework for creating safe, supportive, and caring relationships with sexual minority individuals, groups, and communities that foster self-acceptance and personal, social, emotional, and relational development (Harper et al., 2013). Although the AMCD and ALGBTIC differed with each other at times, they have both played integral roles within the political and social justice movements in the counseling profession.

The American Psychological Association (APA) also developed multicultural competencies called APA Guidelines for Psychotherapy with Lesbian, Gay, Bisexual Clients. These guidelines were created in 2000 to provide clinicians with (a) a frame of reference for the treatment of LGB clients and (b) basic information and further references in the areas of assessment, intervention, identity, relationships, and the education and training of psychologists. These guidelines were built upon the Ethical Principles of Psychologists and Code of Conduct and other APA and mental health organization policies (Committee on Lesbian, Gay, & Bisexual Concerns Task Force, 2000).

Introduction to CACREP Standards

In the late 1960s and early 1970s, the Association for Counseling Education and Supervision (ACES) created numerous standards and accreditation-related documents that allowed them to conduct voluntary accreditation of counseling programs. In 1981, ACES approached the APGA, a pre-cursor to ACA, about cooperating accreditation efforts (CACREP, 2020a). The result of this cooperation was the establishment of CACREP, which now accredits master's and doctoral degree counseling-related programs offered by colleges and universities (CACREP, 2020b). CACREP accreditation is both a process and a status, and it signifies a commitment to program excellence. The 2016 CACREP Standards were written to simplify and clarify the requirements for accreditation and support a unified counseling profession (CACREP, 2016a).

Ethics in Counseling

Introduction to the ACA Code of Ethics

In 1961, the APGA, now ACA, recognized that the counseling profession needed a code of ethics to be considered a profession. This led to the creation of the APGA Ethical Standards in 1961, which was about five pages long. Subsequent codes were added in 1974, 1981, 1988, 1995, 2005, and 2014. The ACA Code of Ethics defines professional values for the counseling profession, which are principles for the foundation of ethical behavior and decision-making. The fundamental principles of professional ethical behavior in the counseling field according to the ACA Code of Ethics (2014) are (a) autonomy, (b) nonmaleficence, (c) beneficence, (d) justice, (e) fidelity, and (f) veracity. The ACA Code of Ethics (2014) consists of nine main sections that address the

following areas: (a) The Counseling Relationship, (b) Confidentiality and Privacy, (c) Professional Responsibility, (d) Relationships with Other Professionals, (e) Evaluation, Assessment, and Interpretation, (f) Supervision, Training, and Teaching, (g) Research and Publication, (h) Distance Counseling, Technology, and Social Media, and (i) Resolving Ethical Issues. Counselor behaviors should align with the ethical standards outlined in the ACA Code of Ethics.

ACA Codes Related to Multicultural Competency and Nondiscriminatory Practices

There are several codes in the ACA Code of Ethics that relate to multicultural competency and nondiscriminatory practices. Part of the preamble reads, "honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" (ACA, 2014, p.3). The specific codes related to multicultural competency and nondiscriminatory practices are A.4.b., A.11.b., and C.5.

ACA Code of Ethics (A.4.b., 2014) states that counselors are to avoid imposing their own values, attitudes, beliefs, and behaviors and respect the diversity of clients. For example, if a counselor identifies as Christian, it would be unethical to impose those religious values and beliefs onto his or her clients. Furthermore, if a counselor disagrees with the morality of same-sex or non-heterosexual relationships, it would be unethical to impose those values and beliefs onto the client or discriminate against the client based on sexual orientation (ACA, A.4.b., C.5., 2014).

ACA Code of Ethics (A.11.b., 2014) states counselors must refrain from referring clients based solely on the counselor's values, attitudes, beliefs, and behaviors. However,

they instead should seek training in those areas. Due to the unethical practice of referring clients based solely on counselor's values, attitudes, beliefs, and behaviors (ACA, A.11.b., 2014), it is imperative that all counselors be competent in working with the LGB population regardless of their own values and religious beliefs.

ACA Code of Ethics (C.5., 2014) states that counselors shall not condone or engage in discrimination against any client or student based on any reason, including sexual orientation (ACA, C.5., 2014). This code is pertinent to this study because a counselor cannot ethically discriminate against a client based on sexual orientation. Counselors must be able to competently serve LGB clients in a non-judgmental, non-discriminatory manner (ACA, C.5., 2014).

The ACA Code of Ethics also addresses the ethical roles of counselor educators. Counselor educators must infuse material related to multiculturalism and diversity into all courses and workshops for the development of professional counselors (ACA, F.7.c., 2014) as well as actively attempt to recruit and retain a diverse student body (ACA, F.11.b., 2014). Additionally, counselor educators must actively infuse multicultural/ diversity competency in their training and supervision practices (ACA, F.11.c., 2014).

Counselor Education

CACREP Standards

CACREP accredits master's and doctoral degree counseling-related programs offered by colleges and universities (CACREP, 2020b). CACREP accreditation is both a process and a status, and it signifies a commitment to program excellence. The 2016 CACREP Standards were written to simplify and clarify the requirements for

accreditation and support a unified counseling profession (CACREP, 2016a). The 2016 CACREP Standards include six sections: (1) The Learning Environment, (2) Professional Counseling Identity, (3) Professional Practice, (4) Evaluation of Program, (5) Specialized Content for Specialty Areas, and (6) Doctoral Standards for Counseling Education and Supervision. In section 2.2a labeled *Social and Cultural Diversity*, there are several standards related to social and cultural diversity including

- multicultural and pluralistic characteristics within and among diverse groups nationally and internationally
- theories and models of multicultural counseling, cultural identity development, and social justice and advocacy
- multicultural counseling competencies
- the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's views of others
- the effects of power and privilege for counselors and clients help-seeking behaviors of diverse clients
- the impact of spiritual beliefs on clients' and counselors' worldviews
- strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination (CACREP, 2016a, para. 3)

CACREP Standards: Addiction Counseling Specialty Area

Section 5.A of the 2016 CACREP Standards presents standards that are specific to counseling programs that specialize in addiction counseling. According to CACREP

(2016), students who are preparing to specialize in addictions are expected to possess a wide range of knowledge and skills to address issues in the context of addiction counseling, treatment, and prevention programs. Sections 5.A.2.c., 5.2.A.g., and 5.2.A.j. of the 2016 CACREP Standards are pertinent to this study.

Section 5.A.2.c. states CACREP-accredited addiction counseling programs must teach counselors-in-training about factors that increase the likelihood for a person, community, or group to be at risk for or resilient to psychoactive substance use disorders. This standard is pertinent to this study because it reinforces the need for addiction counselors to be adequately trained to work with populations that are at a high risk of developing substance use disorders. The existing research shows there is a higher prevalence of addiction issues among the LGB population than the heterosexual population (Chaney, 2019).

Section 5.A.2.g states that CACREP-accredited addiction counseling programs must be culturally and developmentally relevant and raise awareness and support addiction and substance abuse prevention and the recovery process. Awareness is a component of the tripartite model developed by Sue et al. (1992) that helps determine counselor competency to work with LGB clients.

Section 5.A.2.j. states these programs must teach counselors-in-training cultural factors relevant to addiction and addictive behavior. Like Section 5.A.2.c., this section provides further evidence that addiction counselors must be adequately trained to work with clients of diverse cultures and backgrounds, especially clients who are a higher risk

of developing a substance use disorder. There is substantial literature to support the high prevalence of addiction issues amongst the LGB population (Chaney, 2019).

Sexual Orientation Discrimination Within Higher Education

There have been a variety of laws and accreditation standards from professional associations that protect sexual and gender minority college students and employees against discrimination. According to APA (2019), discrimination is the unfair treatment of individuals or groups based on characteristics such as race, gender, age, or sexual orientation. Perhaps the most well-known law, Title IX, was passed in 1972. Title IX prohibited federally funded institutions from discriminating on the basis of sexual orientation and gender identity in K-12 and higher education. However, private institutions that receive federal funding can still claim exemptions to Title IX on the basis that it violates their religious faith. According to the Movement Advancement Project (2018), these exemptions have had a profoundly negative impact on LGB students. If private universities can legally discriminate against LGB students, then counseling programs must consider potential areas of discrimination and address appropriately.

CACREP Accreditation of Religious Counseling Programs

There has been recent dialogue about the systemic problems that lead to potential misalignment between the ACA Code of Ethics, CACREP standards, and codes of conduct at religious-affiliated universities (Smith & Okech, 2016; Wolff et al., 2020). Smith and Okech (2016) listed 262 CACREP-accredited programs that are housed within institutions that disaffirm sexual minority identities and/ or have policies and codes of

conduct that disallow LGB sexual expression. They raised the following questions that were at the foundation of this study:

1. Are the institutional codes of conduct that disaffirm or disallow sexual minority identity orientation on religious grounds acts of discrimination?
2. Do institutional policies influence counseling programs, and if so, how do CACREP-accredited counseling programs negotiate the stated doctrinal statements and codes of conduct advanced by the administration within their universities?
3. How has CACREP negotiated the adherence to its own standards on diversity and multiculturalism when reviewing accreditation applications from counselor education programs located in religious institutions whose codes of conduct or policies disaffirm/disallow LGB identities? (Smith & Okech, 2016, p.252)

Smith and Okech (2016) provided strong responses to the above questions that are not yet based in empirical research findings. Therefore, they call on researchers to explore how CACREP accredited programs within conservative, Protestant can negotiate non-discriminatory policies, disaffirm LGB minorities, and also adhere to CACREP standards. They also call on counselor educators to develop empirically informed practices to guide educators who are required to navigate such discriminatory institutional norms.

LGB Population and Mental Health Counseling

Historical Perspectives

Prior to the 1970's, the most widely used approach in working with the LGB population in counseling was focused on curing or treating homosexuality. In 1975, the APA adopted a resolution stating that "homosexuality per se implies no impairment in judgement, stability, reliability, or general social or vocational capabilities" (Conger, 1975, p. 633). This resolution led to the term "homosexuality" being removed by the APA as a mental health diagnosis from the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Despite these changes, many counselors still treated same-sex sexuality and transgender identity as a form of mental illness, neglecting to address marginalization issues (Byers et al., 2019). It was during this time when divisions of ACA and APA began creating multicultural competencies and guidelines for counseling LGB individuals.

Counselor Competency to Work With LGB Clients

Despite efforts made to develop multicultural competencies, the literature shows many counselors in-training and practicing counselors reported a lack of affirmative practice and training from their counselor education programs and a lack of competency in working with clients who identify as LGB (Dillon et al., 2004; Matthews, 2005). This lack of training and competency can lead to negative counseling experiences for clients. Sexual minority clients have reported negative counseling experiences which lead to a lack of comfort, acceptance, openness, trust, and a lack of follow-up (Zazzarino & Bridges, 2019). There is support that factors such as religiosity, spirituality, education,

number of LGB clients counseled, and LGB interpersonal contact all predict LGB-affirmative counseling competence (Farmer, 2017). Spirituality was found to have a positive relationship with LGB competence, whereas religiosity was negatively related to LGB competence (Farmer, 2017). Bidell (2014b) found as religious conservatism increased, LGB competency significantly decreased. The results also showed the strongest predictor of LGB-affirmative counselor competency was religious fundamentalism. Balkin et al. (2009) also found that counselors who are more rigid and authoritarian in their religious identity tended to show more homophobic attitudes. If there is a positive relationship with religiosity and lack of competency to work with LGB clients, then program leaders must consider ways to address potential discriminatory practices within program training and curricula.

Relevant Legal Cases and Legislation

Two recent legal cases (*Keeton v. Anderson-Wiley,* 2011*; Ward v. Wilbanks,* 2010) sparked the dialogue regarding the intersection of heteronormative religious values systems and the counseling profession's affirmation of diverse sexual orientations (Hutchens et al., 2013; Phan et al., 2013). Both cases addressed the refusal of two counselors-in-training to provide counseling services to clients who identify as LGB. In both cases, the counselors-in-training identified as Protestant Christians, citing a conflict with their religious views as the reason for the refusal (Francis & Dugger, 2014).

The case of Jennifer Keeton involved a counseling student who sued Augusta State University for being asked to complete a remediation program for perceived lack of competence in multicultural counseling as it related to treating LGB clients. In her

homework assignments, Ms. Keeton has suggested that she would tell a client who identified as homosexual that it was morally wrong, and that she would work with the client to change the behavior. Additionally. Ms. Keeton shared that she would refer the client to conversion therapy and urged her fellow students to do the same (*Keeton v. Anderson-Wiley,* 2011). The counseling faculty grew concerned and developed a remediation plan to address the issue. Ms. Keeton shared that this violated her First Amendment rights and claimed that the university was trying to change her beliefs (*Keeton v. Anderson-Wiley,* 2011). The case was filed with the 11th Circuit Court of Appeals, which rejected Ms. Keeton's claims. Judge J. Randal Hall stated, "the policies which govern the ethical conduct of counselors... with their focus on client welfare and self-determination, make clear that the counselor's professional environs are not intended to be a crucible for counselors to test metaphysical or moral propositions" (*Keeton v. Anderson-Wiley,* 2010). The 11th Circuit Court of Appeals found there was no evidence that asking the counseling student to comply with the ACA Code of Ethics was designed to make her change or alter her religious beliefs (*Keeton v. Anderson-Wiley,* 2011; Hancock, 2014).

The case of Julea Ward involved a graduate student at Eastern Michigan University (EMU) within a school counseling program who was assigned a client in her practicum experience who wanted assistance coping with depression related to a same-sex relationship. Ms. Ward decided to refer the client another student because of her moral beliefs. Leaders within the EMU counseling programs informed Ms. Ward that refusing to treat the client based on sexual orientation is a direct violation of the ACA

Code of Ethics and, therefore, Ms. Ward needed to set her moral beliefs aside to work with this client. Ms. Ward continued to stand by her decision not to work with this client, stating that it violated her moral beliefs. Due process hearings led to the dismissal of Ms. Ward from the counseling program at EMU. Alliance Defense Fund (ADF) filed a subsequent lawsuit in U.S. district court on the basis that Ms. Ward has basic, fundamental rights to free speech, free exercise of religion, and freedom from retaliation for exercising these rights. ACA became involved in the case and provided expert testimony for the district court because (1) ACA wanted to support the CACREP accredited counselor education program and its adherence to the ACA Code of Ethics, and (2) the case challenged the validity and enforceability of the ACA Code of Ethics. In July 2010, the judge ruled in favor of EMU and against Ms. Ward (Kaplan, 2012). However, the case was sent to the Eastern District of Michigan for retrial. It was the decision of the court to rule in favor of Ms. Ward because a jury could find that the counseling program discriminated against her for exercising freedom of speech and freedom of religion. The EMU counseling program was required to provide the Ms. Ward with a monetary settlement, and the dismissal was removed from her record (*Ward v. Wilbanks, 2010*).

Legislation was passed in Arizona and Michigan around the same time as the Keeton and Ward cases. Arizona House Bill 2565, also known as the Students' Rights Amendment, was signed into law in 2011. This bill states that a university or college cannot withhold a certificate or degree based on a student's religious viewpoint or expression. Additionally, the bill states that a university cannot discipline or discriminate

against a student in a counseling program strictly due to a student's refusal to counsel a client about goals that conflict with the student's held religious belief or moral conviction (Ariz. H.B. 2565, 2011, § 15-1862). Michigan passed a similar bill in 2012 called House Bill 5040. It was added that a student can sue an institution for such treatment (Mich. H.B. 5040, 2011, § 3).

Addiction Issues and the LGB Population

Individuals who identify as being part of the LGB community often experience oppression and discrimination, as well as higher rates of suicide and violent attacks (Baker & Garcia, 2012). These issues often negatively affect the psychological well-being of LGB individuals (Russell & Fish, 2016). Past research shows the rate of substance abuse in LGB communities is also substantially higher when compared to individuals in the general population (Chaney, 2019). According to the 2015 data from the National Survey on Drug Use and Health (NSDUH), sexual minority adults were more than twice as likely as heterosexual adults to have use any illicit drug in the past year (Medley et al., 2016). A 2013 survey conducted by the U.S. Census Bureau found that a higher percentage of LGB adults between ages 18 and 64 reported past-year binge drinking than heterosexual adults (Ward et al., 2014). LGB individuals in treatment for substance use disorders started consuming alcohol earlier than their heterosexual counterparts (McCabe et al., 2013). The high prevalence of substance abuse issues amongst the LGB population increases the need for counselor competency to work with LGB clients to address the unique issues experienced by this population. Additionally,

Chaney (2019) found a lack of research in substance abuse focused on the LGB population.

Summary

Development of multicultural counseling competencies was an essential step in setting multicultural standards and guidelines for working with diverse populations. Additionally, the ACA Code of Ethics outlines principles and codes for ethical counseling practice. CACREP also promotes unity for the counseling profession and outlines standards counseling-related programs should meet to be considered a program of excellence. Despite the efforts made to infuse multicultural knowledge and skills into counseling curricula, the research suggests a lack of counselor competency when working with the LGB population. This could be particularly detrimental within the addiction counseling realm due to the high prevalence of addiction issues amongst the LGB population. The literature shows religious institutions can still legally discriminate based on sexual orientation, choosing the extent to which LGB issues are covered in counseling curricula. While counseling programs are not required to or intended to address every possible specialization area, addiction counselors would benefit to gain a solid foundation in LGB-related knowledge and skills within their counseling training programs, regardless of religious affiliation.

Chapter 3: Research Method

Introduction

The purpose of this descriptive, quantitative study was to determine if there is a statistically significant difference in counselor competency to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated CACREP addiction counseling programs. In this chapter, I present each of the following: (a) research design and rationale; (b) target population; (c) sampling and sampling procedures; (d) procedures for recruitment, participation, and data collection; (e) instrumentation and operationalization of constructs; (f) data analysis plan; (g) threats to validity; and (h) ethical procedures.

Research Design and Rationale

The primary purpose of this descriptive, quantitative study was to assess for statistically significant differences in counselor competency to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated CACREP addiction counseling programs. I wanted to determine if a statistically significant difference existed between groups so that future research could be guided by the quantitative data analyzed in this study. This study was descriptive in nature, meaning that the subjects were measured only once. This study was not experimental in nature because I did not manipulate any of the variables in any way (see Miller, 1987). The participants completed an online, self-reporting survey instrument for the study data collection. The instrument used for this study was the SOCCS. There are many advantages to using surveys in quantitative research, including having a large population

and therefore a greater statistical power. Surveys are also cost-effective and allow the researcher to gather large amounts of information quickly (Jones et al., 2013).

For data analysis, I used a MANOVA to determine whether there were statistically significant differences in counselor competency to work with LGB clients (awareness, knowledge, and skills) between recent graduates and students of Christian-affiliated and nonreligious affiliated CACREP addiction counseling programs. MANOVAs are used to determine whether there is a statistically significant difference between independent groups on two or more continuous dependent variables. The independent groups in this study were Christian-affiliated and nonreligious affiliated addiction counseling programs, which were measured on a categorical scale. The three continuous dependent variables were awareness, knowledge, and skills. After the participants completed the SOCCS, I used a MANOVA to determine if there were statistically significant differences in the dependent variables across the two independent variable groups.

Methodology

Population

The target population for this study was recent graduates and students enrolled in field experience within CACREP-accredited addiction counseling programs. The recent graduates must have had graduated within a 2-year timeframe of the start of the study. The field experience that students must have had included completing all core coursework and being currently enrolled in practicum or internship. I chose to include recent graduates and field experience students because I wanted the results of the study to

reflect counselor competency to work with LGB clients as a result of awareness, knowledge, and skills gained when the participant was enrolled in their respective addiction counseling program. I was not interested in competency gained after graduation (e.g., professional development or training received postgraduation). I decided to include field experience students in my study because at the time of being enrolled in field experience, those students had completed all core coursework. This included any multicultural coursework when specific LGB issues were covered. According to CACREP (2016), field experience allows students the opportunity to apply theory and the development of counseling skills and professional identity under direct supervision.

According to the *2018 CACREP Annual Report*, there are 10 CACREP-accredited addiction counseling programs (CACREP, 2018). In 2018, these programs enrolled a total of 212 students but only graduated 64 students. I multiplied 64 by 2 to estimate a total number of 128 graduates who would meet criteria to participate in the study. I multiplied 64 by 2 because I was only interested in including participants who graduated within a 2-year timeframe from the start of my study.

I also estimated about 64 field experience students who were available to participate in the study. I was unable to locate information about the number of field experience students enrolled in these programs in any given year. I estimated that a minimum of 64 students were enrolled in any given year because these programs graduated a total of 64 students in 2018. It is possible that there were more students enrolled in field experience than those who graduated in 2018. I added the minimum number of students enrolled in field experience (n = 64) and estimated total number of

graduates in the last 2 years (n = 128) to estimate the total number of participants who met criteria to participate in the study to be 192.

Sampling and Sampling Procedures

I used the nonprobability sampling method of convenience sampling to obtain my sample. Convenience sampling is a method of collecting samples by taking samples that are conveniently located around a certain location (Edgar & Manz, 2017). At the time of the study, there were no registries of all students attending CACREP-accredited addiction counseling programs. Therefore, I relied heavily on connections with program chairs, program liaisons, alumni coordinators, and other department staff to impart information about my study to their students and program graduates. Once institutional review board (IRB) approval was obtained, I reached out to program contacts requesting help in disseminating information about my study. I also supplied them with a flyer to disseminate and post in areas that are frequented by potential participants (see Appendix A). I also posted information about my study on CESNet, COUNSGRADS, and DIVERGRAD listservs.

I excluded any students enrolled in core coursework, as the curricula covered in these courses might have contributed to the student's counselor competency to work with LGB clients and might have affected the validity of the results. If a counselor did not graduate within a 2-year timeframe from the start of the study, they were excluded from the study. I was not interested in assessing counselor competency to work with LGB clients gained from professional development or training that had occurred during postgraduate work. I also excluded doctoral students enrolled in counselor education and

supervision programs. These individuals have received advanced training that affects counselor competency to work with LGB clients. I also only recruited participants who were either graduates or field experience students within CACREP-accredited addiction counseling programs. The purpose of excluding non-CACREP addiction counseling programs was to uphold consistency across programs and participant experiences to ensure the sample was homogenous.

I used G*Power to determine the necessary sample size. G*Power is a power analysis program used to conduct a range of statistical tests (Faul et al., 2009). Cohen (1988) suggested that an effect size of .20 (or $f^2 = .02$) is small, .50 (or $f^2 = .15$) is medium, and .80 (or $f^2 = .35$) is large. Using G*Power analysis calculation, I determined with three dependent variables and one independent variable that a medium effect size $f^2 = .15$ at an alpha of .05 and beta of 0.80, a sample size of 78 would be the minimum sample size needed for robustness. Additionally, Kraemer and Thiemann (1987) stated that when calculating minimum sample size, if researchers use 14 participants per cell, given at least three cells and an effect size of .50, it will yield power of approximately 80%. I also calculated the minimum sample size using this rule of thumb by Kraemer and Thiemann and determined a minimum sample size of 84 to ensure robustness. I recruited 84 participated to meet the minimum standard for sample size for both G*Power and Kraemer and Thiemann.

Procedures for Recruitment, Participation, and Data Collection

This study began once I obtained approval from Walden University's IRB. I reached out to faculty and program contacts within CACREP-accredited addiction

counseling programs to disseminate information about my study directly with field experience students and program graduates. I established professional relationships via email with these contacts once IRB approval was obtained. I used the CACREP directory to locate webpages of all CACREP-accredited addiction counseling programs. On the webpages, I searched for the contact information of program chairs, program liaisons, and alumni coordinators and created an Excel spreadsheet that included this contact information to be easily accessed when it was time to recruit participants for my study. Once IRB approval was obtained, I sent out an initial email to each of these contacts about my study and my request for participants. I provided these contacts a recruitment flyer (see Appendix A) to forward or disseminate to potential participants once a professional relationship with the contacts was established. I suggested posting the flyer in locations that are frequented by potential participants. At the same time the initial email was sent out, I also sent an email on CESNet, COUNSGRADS, and DIVERSEGRAD listservs with the same information. I sent follow-up emails every 2 weeks until I obtained my desired sample size.

I used SurveyMonkey as the platform to access the demographic questionnaire, consent form, and the SOCCS. SurveyMonkey is an online survey software that helps individuals create and run professional online surveys and collect information important to them (SurveyMonkey, 2020). Participants were provided a link to the survey either on the recruitment flyer or within the listserv emails.

The participants were presented with the informed consent form on the first page of the survey. The informed consent form included a statement including the following:

(a) the research involved in the study, (b) inclusion and exclusion criteria, (c) information about all researchers and their roles in this project, (d) purpose of the study, (e) study procedures, (f) estimated duration of participation, (g) potential benefits of research, (h) procedures to protect the confidentiality and privacy of the participants, (i) contact information if participants have questions about the research or participants' rights, (j) potential conflicts of interest, and (k) potential risks associated with participation in the study. Participants were also provided permission to retain a copy of the informed consent document. The language in the informed consent form was developmentally appropriate for the participants. I informed participants that they would not receive compensation for participation in my study, participation was completely voluntary, and participants could end their participation in the study at any time without consequence. At the bottom of the form, participants were asked to give their consent prior to continuing to the next page. Once consent was given, they were granted access to the survey through SurveyMonkey.

The demographic questionnaire and SOCCS took participants approximately 4 to 5 minutes to complete. To ensure the anonymity of the participants, I did not collect personal names, emails, or any other contact information. Participations received a completion email generated by SurveyMonkey that consisted of a completion confirmation and a thank you message once they submitted the survey.

Instrumentation and Operationalization of Constructs

The self-report questionnaire is one of the most widely used assessment strategies in clinical psychology. Self-report questionnaires consist of a set of written questions

used for describing certain qualities or characteristics of the test subject (Demetriou et al., 2015). For this study, I asked participants to complete a demographics information questionnaire and the SOCCS, which were both self-report questionnaires.

Demographic Information Questionnaire (DIQ)

I used a demographics questionnaire to collect information about the demographics of my sample. Specially, the demographics questionnaire was used to obtain information about the participants' gender classification, age, sexual orientation, race/ ethnicity, academic institution affiliation (Christian-affiliated or nonreligious affiliated), and program affiliation (current field experience student or program graduate). My dissertation chair and committee member both reviewed and approved the questions prior to launch of the survey.

SOCCS

The SOCCS was developed by Bidell (2005). The SOCCS is a self-report assessment that is theoretically grounded in the tripartite multicultural counseling model of awareness, knowledge, and skills designed by Sue et al. (1992). The SOCCS measures attitudinal awareness, knowledge, and skill competency of mental health professionals working with LGB client populations (Bidell, 2015). It is a 29-item self-report survey with a 7-point Likert Scale response set, with responses ranging from 1 (*not at all true*) to 7 (*totally true*). The scale consists of 11 questions that are used to assess skill, 10 questions used to assess awareness, and eight questions used to assess knowledge. Skills refer to direct clinical experience and skills that a counselor has had working with sexual minority clients. Awareness refers to awareness of attitudes, worldview, and own

attitudes and beliefs toward LGB individuals. Knowledge refers to knowledge about LGB populations. Skills refers to the skills to work with LGB populations (Bidell, 2005).

Higher scores indicate higher levels of sexual orientation competency (Bidell, 2005). Once the participant has completed the SOCCS, they receive a mean score in each of these areas using the scoring instructions (Bidell, 2015). The purpose of my study was to assess for statistically different scores (awareness, knowledge, and skills) between recent graduates and students of Christian-affiliated and nonreligious affiliated addiction counseling programs.

Bidell (2005) conducted a study that examined the psychometric properties of the SOCCS and found it to be a valid and reliable instrument. In the sample, 85% (n = 266) of participants identified as heterosexual; 12.2% (n = 38) identified as lesbian, gay, or bisexual; and 2.5% (n = 8) did not respond to this question. The sample was ethnically diverse with participants identifying as 7.1% (n = 22) African American, 10.6% (n = 33) Asian, 61.2% (n = 191) European, 13.1% (n = 41) Latino, 2.2% (n = 7) biracial, 1.3% (n = 4) Native American, and 4.5% (n = 14) described themselves as other. Bidell (2005) found the internal consistency of the SOCCS to be .90 with a 1-week test-rest reliability correlation of 0.84. The internal consistency for awareness, knowledge, and skills was 0.88, 0.76, and 0.91 respectively. Bidell (2005) stated, “Criterion, concurrent, and divergent validity tests established the SOCCS as a psychometrically sound instrument (p. 267).”

Rutter et al. (2008) conducted a pilot study that explored the potential impact of a training program on graduate counseling students’ competency to serve LGB students.

Rutter et al. administered the SOCCS to students in a counselor education program. The results indicated that the training program had a positive impact upon the competency areas of knowledge and skills measured by the SOCCS.

The SOCCS was designed to assess counselor competency to work with sexual minority clients in general. This scale has been widely used in social sciences research because the scale was developed in 2005. The developer, Bidell, conducted some of his own research using the SOCCS. Bidell (2012) found that school counseling students had significantly lower self-reported multicultural and self-reported multicultural and sexual orientation counselor competency scores than community agency students. Bidell (2014a) found that multicultural courses significantly predicted students' multicultural but not counselor competency to work with LGB clients. He also found political conservatism to be the strongest predictor for both multicultural and sexual orientation competencies. In another study, Bidell (2014b) found that as religious conservatism increased, LGB competency significantly decreased. He also found the strongest predictor of LGB affirmative counselor competency to be religious fundamentalism. The SOCCS continues to be used in a variety of studies to examine counselor competency when working with sexual minorities. Written permission to use the SOCCS was obtained by the developer of the SOCCS, Markus P. Bidell, Ph.D., prior to the launch of the survey (see Appendix B).

Operationalization

The independent variable in this study was the categorical variable of program type. The dependent variables were continuous values of awareness, knowledge, and

skills. Bidell (2005) defined awareness based on the work of Sue et al. (1982) and the tripartite model of multicultural counselor competency. Below are the operational definitions of each variable:

Program type: In this study, program type is referring to either Christian-affiliated or nonreligious affiliated CACREP addiction counseling programs.

Awareness: Awareness refers to awareness of attitudes, worldview, and own attitudes and beliefs toward LGB individuals (Bidell, 2005).

Knowledge: Knowledge refers to knowledge about LGB populations (Bidell, 2005).

Skills: Skills refers to the skills to work with LGB populations (Bidell, 2005).

Program type information was collected directly from the participants on the Demographic Information Questionnaire (DIQ) as self-identifying information, where they selected the most appropriate option from a drop-down list. Awareness, knowledge, and skills were measured using the SOCCS. The SOCCS consists of 29 questions with three subscales. The awareness, knowledge, and skills subscales contained 10, eight, and 11 items respectively (Bidell, 2015). Once the participant had completed the SOCCS, they receive a mean score in each of these areas using the scoring instructions (Bidell, 2015). Higher scores on each subscale indicate higher levels of competency in that area (Bidell, 2005).

Data Analysis Plan

A data analysis plan provides a roadmap for how a researcher plans to organize and analyze the survey data. In this section, I will restate the research questions and

hypotheses for the study. I also will describe the data cleaning and coding process and the process for checking assumptions for a MANOVA were met prior to data analysis.

Research Question

I addressed the following questions to fill the gap in counselor education literature:

RQ: Is there a statistically significant difference in counselor awareness, knowledge, and skills to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated addiction counseling programs as evidenced by scores on the SOCCS?

Hypotheses

The following are the null and alternative hypotheses of the study:

$H_{0:}$ There is no statistically significant difference in counselor awareness, knowledge, and skills to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated addiction counseling programs as evidenced by scores on the SOCCS.

H_{a}*:* There is a statistically significant difference in counselor awareness, knowledge, and skills to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated addiction counseling programs as evidenced by scores on the SOCCS.

Data Cleaning and Coding

Once the desired number of participants completed the survey on SurveyMonkey, I exported the data into an Excel file and proceeded to code and clean the data. Data

cleaning involves the detection, removal, or correction of errors and inconsistencies in a data set due to the corruption or inaccurate entry of the data (Rahm & Hai Do, n.d.). This improved overall data quality. Data coding is the process of categorizing the collected non-numerical information into groups and assigning numerical codes to these groups (Allen, 2017a). This helped facilitate data conversion and measurement comparisons. Along with data cleaning and coding, I used SPSS to check the data for kurtosis, skewness, and outliers that might affect a normal distribution of data. In SPSS, I analyzed the descriptive statistics and used graphing functions to identify outliers that existed in the data. Once outliers were identified, I removed any outliers that might affect the validity of the results. I checked each of the participant's responses to confirm that correct coding was used for each response. I also verified that the participant's responses were rational responses to each of the survey questions.

MANOVA Assumptions

Once the data were cleaned and coded, I used a MANOVA to test my hypotheses. Before running the MANOVA, I checked to ensure the following assumptions of a MANOVA were met: (a) data must be normally distributed; (b) univariate and multivariate normality; (c) multicollinearity; (d) homogeneity of the covariance P, P matrices, and independence of observations. If these assumptions are not met, rates of Type I and II errors can be significantly distorted (Christensen & Rencher, 2012).

Threats to Validity

External validity examines whether the findings of a study can be generalized to other contexts (Andrade, 2018). One threat to external validity is the lack of

generalizability to the research findings. There are only three Christian-affiliated CACREP accredited addiction counseling programs. It is possible that the results of the study might be more reflective of the specific programs studied and not all Christian-affiliated CACREP-accredited addiction counseling programs. Due to the limitations of the study population, results from this study cannot be generalizable across all student populations or academic settings. Lack of diversity within the sample size could also be a threat to external validity. The use of a convenience sampling method could also be a threat to external validity because it may not be representative of the entire population (Jager et al., 2017).

Internal validity examines whether the manner in which a study was designed, conducted, and analyzed allows trustworthy answers to the research questions in the study (Andrade, 2018). A potential threat to internal validity is the reliance on self-report data to answer the research questions. Self-report data relies on the participant's perceptions of LGB competency. Responses may be either by exaggerated or minimized. Although history and maturation might affect the results, it is unlikely due to the short duration of the study. Selection bias and social desirability are also potential threats to internal validity.

Ethical Procedures

I adhered to the ethical standards outlined by the ACA and Walden IRB while conducting this study. Additionally, I provided each participant with informed consent that they were required to read and agree to prior to being granted access to the survey. As a requirement of Walden IRB, I submitted the CITI Program Human Subjects

Protection Training Module certificate to the Walden IRB. SurveyMonkey allows the researcher to export data in various formats. I protected the privacy, autonomy, and confidentiality of all participant data by storing the data in a password protected and encrypted SPSS file. I will store the data on a password protected USB for five years, and then it will be destroyed according to Walden IRB protocol. Dissertation committee members will have access to the data for five years post-study until the data is destroyed (Walden University, 2020). The study or instrument questions could have caused participants some discomfort, as they were asked questions about their counselor competency to work with LGB clients. Participants were provided information about counseling referrals in the informed consent form. The Walden IRB approval number for this study is 12-23-20-0743559.

Summary

The purpose of the study was to determine if a statistically significant difference in counselor competency to work with LGB clients exists between Christian-affiliated and nonreligious affiliated CACREP addiction counseling programs. This was accomplished by comparing the SOCCS scores on the three subscales (awareness, knowledge, and skills) between students and recent graduates of these two program types. In this chapter, I described the (a) research design and rationale; (b) target population; (c) sampling and sampling procedures; (d) procedures for recruitment, participation, and data collection; (e) instrumentation and operationalization of constructs; (f) data analysis plan; (g) threats to validity; and (h) ethical procedures. The data collected and analyzed in this study helped me determine if differences in counselor competency to work with LGB

clients exist between groups. In Chapter 4, I will describe the results of this study, including information about (a) data collection; (b) data cleaning and coding; (c) testing for statistical assumptions; (d) descriptive statistics; and (e) MANOVA results.

Chapter 4: Results

Introduction

The purpose of this descriptive, quantitative study was to determine if there is a statistically significant difference in counselor competency to work with LGB clients between recent graduates and field experience students of Christian-affiliated and nonreligious affiliated CACREP addiction counseling programs. For this study, I asked participants to complete the DIQ prior to completion of the SOCCS. This allowed me to collect demographic information in addition to information about the participant's institution affiliation and academic status. Demographic information collected using the DIQ included gender, age, sexual orientation, and race/ ethnicity. I measured participant's awareness, knowledge, and skills related to LGB competency using the SOCCS.

I addressed the following research question in this study: Is there a statistically significant difference in counselor awareness, knowledge, and skills to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated addiction counseling programs as evidenced by scores on the SOCCS?

The null and alternative hypotheses included the following:

H_0*:* There is no statistically significant difference in counselor awareness, knowledge, and skills to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated addiction counseling programs as evidenced by scores on the SOCCS.

H_a: There is a statistically significant difference in counselor awareness, knowledge, and skills to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated addiction counseling programs as evidenced by scores on the SOCCS.

In Chapter 3, I described the research design, research hypotheses, population sample, methodology, instrumentation, data analysis plan, ethical considerations, and limitations of this study. I also explained and provided rationale for my sampling methodology and procedures. In Chapter 4, I provide a detailed description of the data collection process, process of checking the MANOVA assumptions, and a detailed summary of the results of the data analysis.

In this results section, I describe my complete data analysis process. I explain the process of cleaning and coding the data and calculating the descriptive statistics of the sample to address the research question and outcome of the MANOVA more holistically. I describe my sample based on the demographic information I obtained, including gender, age, sexual orientation, race/ethnicity, academic institution affiliation, and academic status. I also detail the statistical tests ran in SPSS to ensure that the assumptions of a MANOVA had been met. Finally, I describe how I used a MANOVA to determine if there was a statistically significant difference in awareness, knowledge, and skills between Christian-affiliated and nonreligious affiliated addiction counseling field experience students and program graduates.

Data Collection

There were many steps to the data collection process. Prior to obtaining Walden IRB approval, I sent the survey link to my dissertation committee members who completed the survey to check for errors. I chose to make it mandatory that all questions be answered prior to submission to eliminate the number of incomplete questionnaires submitted. I waited to obtain Walden IRB approval once this quality assurance step was completed. Also prior to obtaining Walden IRB approval, I created a list of programs, listservs, and professional association contacts and their email addresses and organized the information in an Excel spreadsheet. I was granted Walden University IRB approval on December 28, 2020, and shortly afterwards started sending my recruitment materials via email to program contacts at universities and colleges, posting on listservs, and disseminating information in ACA Connect. These recruitment strategies were approved by Walden IRB prior to reaching out via email. I collected data from December 28, 2020 through June 30, 2021. During that time, I encountered some recruitment challenges that led to me expanding the inclusion criteria to include field experience students and recent graduates from CACREP-equivalent addiction counseling programs. According to CACREP (2021), CACREP-equivalent programs have not gone through the external, multistage review process validating adherence to the CACREP standards and are not officially accredited by CACREP. This change was also approved by Walden IRB. I concluded data collection once I met my minimum sample size of 84 participants.

The sample population received information about my study via the program contacts within addiction counseling programs, listserv emails, and direct posts within

ACA Connect. Each of those emails or postings included information about my study and a SurveyMonkey link to my survey. The SurveyMonkey link included the informed consent, DIQ, and SOCCS to measure awareness, knowledge, and skills related to LGB counseling competency. The sample size was $N = 84$ participants. I used G*Power and a rule of thumb presented by Kraemer and Thiemann (1987) to determine the necessary sample size. G*Power is a power analysis program used to conduct a range of statistical tests (Faul et al., 2009). Cohen (1988) suggested that an effect size of .20 (or $f^2 = .02$) is small, .50 (or $f^2 = .15$) is medium, and .80 (or $f^2 = .35$) is large. Using G*Power analysis calculation, I determined with three dependent variables and one independent variable that a medium effect size $f^2 = .15$ at an alpha of .05 and beta of 0.80, a sample size of 78 would be the minimum sample size needed for robustness. Additionally, Kraemer and Thiemann stated that when calculating minimum sample size, if researchers use 14 participants per cell, given at least three cells and an effect size of .50, it will yield power of approximately 80%. I also calculated the minimum sample size using this rule of thumb by Kraemer and Thiemann and determined a minimum sample size of 84 to ensure robustness. I recruited 84 participated to meet the minimum standard for sample size for both G*Power and Kraemer and Thiemann.

The sample for this study included 84 total participants, all of whom were either current field experience students or recent graduates from CACREP-accredited or CACREP-equivalent addiction counseling programs (see Table 1). The sample for this study consisted of 50 participants from nonreligious affiliated addiction counseling programs and 34 participants from Christian-affiliated addiction counseling programs. A

total of 33 participants were current field experience students, and 51 participants were recent addiction counseling program graduates. The participants were asked to select the age range that represented them, so the exact age of participants was unknown. The participants consisted of one participant between the ages of 18 and 24 years old (1.2%), 40 between the ages of 25 and 34 years old (47.6%), 24 between the ages of 35 and 44 years old (28.6%), 17 between the ages of 45 and 54 years old (20.2%), and two between the ages of 55 and 64 years old (2.4%). A total of 22 participants identified as male (26.2%), 61 participants identified as female (72.6%), and one participant identified as genderqueer (1.2%). For sexual orientation, 61 participants identified as heterosexual (72.6%), seven participants identified as gay/lesbian (8.3%), 15 participants identified as bisexual (17.9%), and one participant identified as pansexual (1.2%). Based on the completed surveys, the sample consisted of 62 White (73.8%), 13 Black or African American (15.5%), six Hispanic (7.1%), and three multiple ethnicities (3.6%). Of the three participants who identified with being of multiple ethnicities, two participants identified as Black and White, and one participant identified as White and American Indian.

It appears that the demographic make-up of my sample is similar to the demographics of the substance abuse counselor population as a whole. According to DATA USA (2021), the average age of substance abuse counselors in the United States is 38.7 years old. Additionally, about 74% of substance abuse counselors identify as female and 58% identify as White. This is similar to the demographics of my sample. My sample consisted of 72.6% female and 73.8% White participants. It appears my sample is less

diverse in terms of race/ethnicity than the substance abuse counseling population. I did not collect information about the exact age of my participants. Rather, I chose to collect information about age ranges. The age range that included the most participants for my study was 25 to 34 years old. However, my sample included several participants who identified as being between 35 and 44 years old (28.6%).

Table 1

Table of Demographic Data for Nominal Variables

Demographic variable		Frequency	Percent
Academic institution affiliation	Christian-affiliated	34	40.48%
	Nonreligious affiliated	50	59.52%
Academic status	Current field experience	33	39.29%
	student	51	60.71%
	Recent program graduate		
Age		1	1.19%
	18-24 years old	40	47.62%
	25-34 years old	24	28.57%
	35-44 years old	17	20.24%
	45-54 years old	2	2.38%
	55-64 years old		
Gender		22	26.19%
	Male	61	72.62%
	Female	1	1.19%
	Genderqueer		
Sexual orientation		61	72.62%
	Heterosexual	7	8.33%
	Gay/Lesbian	15	17.81%
	Bisexual	1	1.19%
	Pansexual		
Race/Ethnicity		62	73.81%
	White	13	15.29%
	Black/ African American	6	7.14%
	Hispanic	2	2.38%
	Black and White	1	1.19%
	White and American Indian		

Results

In this section, I describe in detail my data analysis process. I started by cleaning and coding the data and checking to ensure the assumptions for a MANOVA had been met. Next, I addressed extreme outliers using winsorization and rechecked assumptions. Finally, I ran the MANOVA and interpreted the results.

Data Cleaning and Coding

I began my data analysis process by downloading the SurveyMonkey data as an SPSS file onto my computer. I then inspected the data for any missing data points and ensured all data points for each variable were within an appropriate range. I deleted any data that were collected prior to obtaining Walden IRB approval, as these were likely completed surveys submitted by myself and committee members when testing for quality assurance. I had a total of 84 completed surveys after deleting the three quality assurance submissions. All 84 participants completed all DIQ and SOCCS questions. Once the data were cleaned and coded, I began running descriptive statistics and testing to ensure the MANOVA assumptions had been met.

Statistical Assumptions

Sample Size

The first assumption of a MANOVA is the need to have more cases in each cell than there are dependent variables. It would be ideal to have more cases in each cell, but this is the absolute minimum (Pallant, 2020). My study consisted of three dependent variables and six cells. According to these guidelines, it would be necessary for me to have a minimum of 18 participants to run an MANOVA. As discussed previously in this

chapter, I determined that the sample size needed to be much larger than that to ensure the MANOVA had adequate power. Using G*Power analysis calculation, I determined with three dependent variables and one independent variable with two groups that a medium effect size f^2 (.15) at an alpha of .05 and beta of 0.80, a sample size of 78 would be the minimum sample size necessary for my study according to G*Power. Additionally, Kraemer and Thiemann (1987) stated that when calculating minimum sample size, if researchers use 14 participants per cell, given at least three cells and an effect size of .50, it will yield power of approximately 80%. I also calculated the minimum sample size using this rule of thumb by Kraemer and Thiemann and determined a minimum sample size of 84 to ensure robustness. I recruited 84 participated to meet the minimum standard for sample size for both G*Power and Kraemer and Thiemann. Therefore, the sample size assumption for a MANOVA was met.

Normality and Outliers

The second assumption of a MANOVA is the assumption of univariate and multivariate normality. According to Oppong and Agbedra (2016), graphical methods can be used to check for univariate normality, such as Q-Q plots, histograms, box plots, or dot plots. I tested for univariate normality by examining box plots and calculating the skewness and kurtosis coefficients for each dependent variable.

The assumption of multivariate normality is met when each variable in a set is normally distributed around fixed values on all other variables in a set (Henson, 1999; Nimon, 2012). One way to test for multivariate normality is to calculate Mahalanobis distances, which is the distance of a particular case from the centroid of the remaining

cases, where the centroid is the point created by the means of all the variables (Tabachnick & Fidell, 2013). According to Pallant (2020), with three dependent variables, the Mahalanobis distance needs to be below the 16.27 cutoff to assume multivariate normality.

I found that the assumption of univariate and multivariate normality was not met when initially running the normality tests in SPSS. I found three data points that were considered extreme outliers for the awareness dependent variable. I also found one data point that was considered an extreme outlier for the skills dependent variable. According to Parke (2013), SPSS identifies extreme outliers as those data points that fall more than three box lengths from the lower or upper hinge of the box. These extreme outliers are labeled with an asterisk (*). I also determined that the assumptions of univariate normality were not met because the kurtosis coefficient for the awareness dependent variable was not within an acceptable range. Kim (2013) directed that for medium-sized samples ($50 < n < 300$), the researcher should reject the null hypothesis if the skewness coefficient does not fall between -3.29 and +3.29 and the kurtosis coefficient does not fall between -7 and +7. Although the skewness coefficient ($z = 2.68$) for the awareness dependent variable was within an acceptable range, the kurtosis coefficient ($z = 7.703$) for this variable was outside of the acceptable range. Therefore, these extreme outliers were labeled problematic and needed to be addressed prior to running the MANOVA. I also calculated Mahalanobis distance for my three dependent variables and found that the distance was above 16.27, indicating that I should reject the assumption of multivariate normality.

I addressed the extreme outliers by using a process called winsorization. Winsorization is a way of recoding outliers, where all outliers are transformed to a value at a certain percentile of the data (Leys et al., 2019). One reason I chose to use winsorization is to avoid losing too many datapoints and loss of power. The extreme outliers in my data set are considered interesting outliers, meaning they are not clearly errors but could be influenced by potentially interesting moderators. Leys et al. suggested keeping and recoding interesting outliers so, in future studies, the reason for these outliers can be examined. This could offer insight into the phenomenon of interest and could potentially improve theoretical models. Figure 1 shows a boxplot of awareness scores. Figure 2 shows a boxplot of knowledge scores. Figure 3 shows a boxplot of skills scores.

Figure 1

Boxplot of Awareness Scores

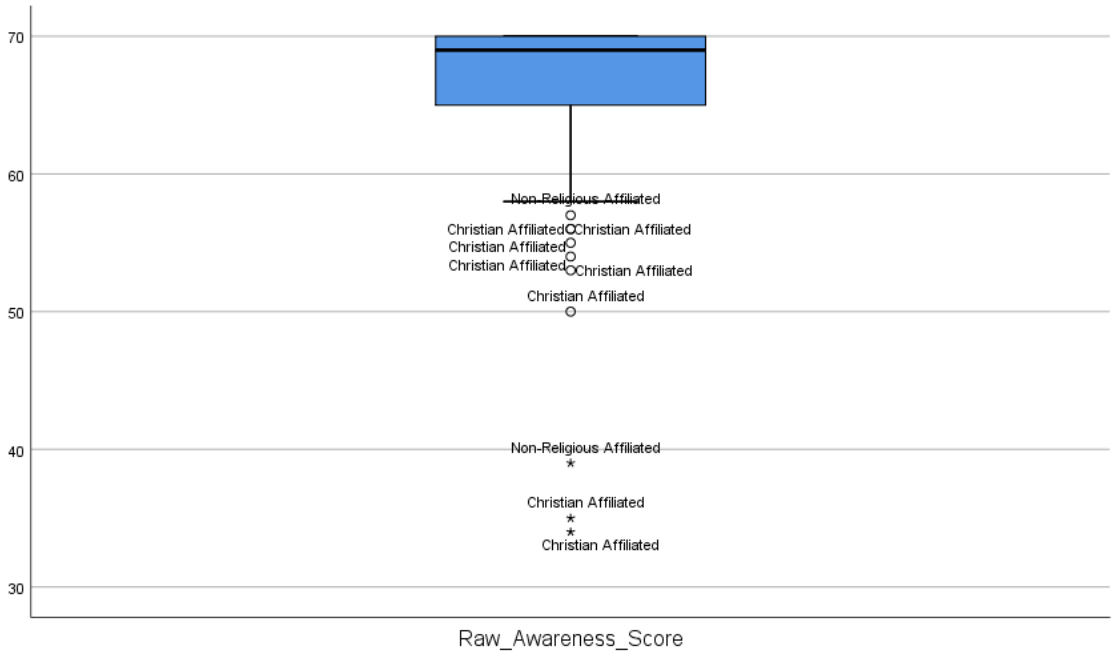


Figure 2

Boxplot of Knowledge Scores

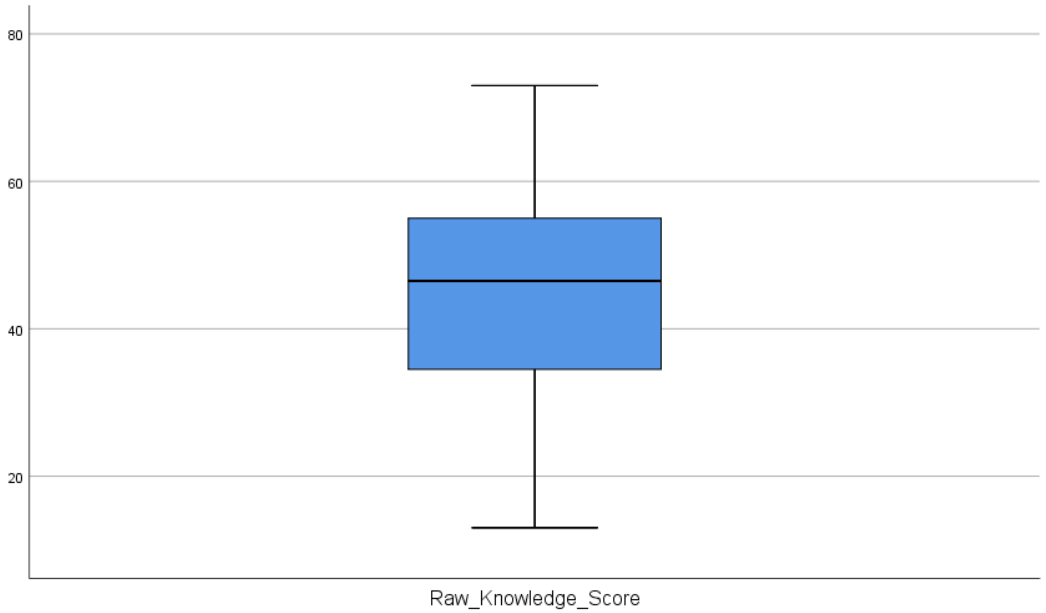
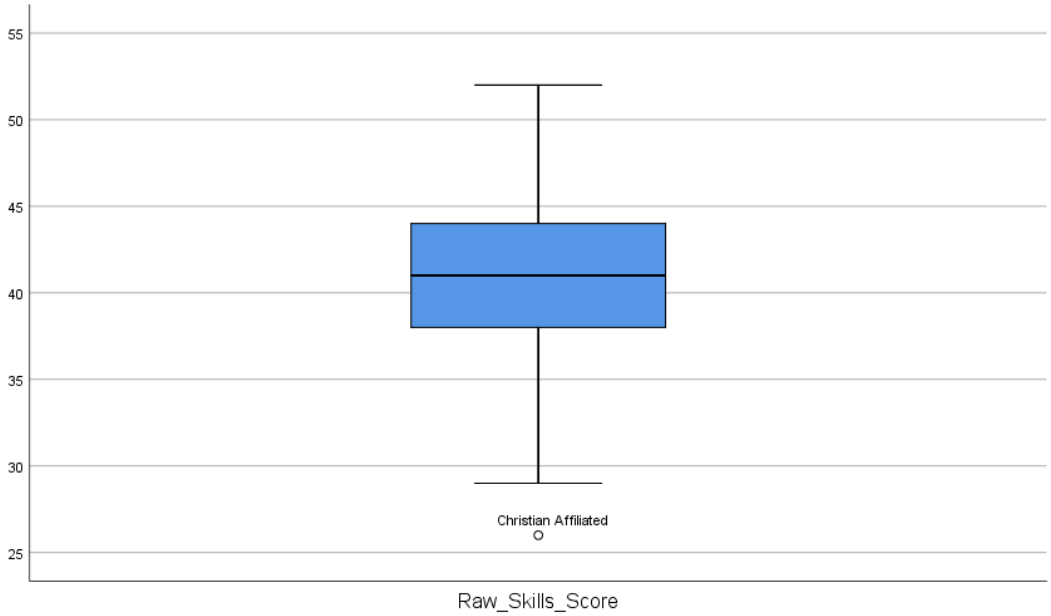


Figure 3

Boxplot of Skills Scores



After winsorizing the extreme outliers, I checked the assumption of univariate and multivariate normality again. Winsorization helped pull the kurtosis coefficient back into an acceptable range for the awareness dependent variable. Respectively, the skewness and kurtosis coefficients for awareness was -1.741 and 1.914; for knowledge was -.135 and -.736; and for skills was -.097 and -.195. I determined the assumption of univariate normality had been met. I then recalculated the Mahalanobis distance for my three dependent variables and found the distance had reduced to 12.68. This is below the cutoff of 16.27. Therefore, I determined the assumption of multivariate normality had also been met. Table 2 shows the skewness and kurtosis coefficients for the SOCCS subscales post winsorization.

Table 2

Table of Skewness and Kurtosis Coefficients for SOCCS Subscales Post Winsorization

SOCCS subscales	Skewness	Kurtosis
Awareness	-1.741	1.914
Knowledge	-0.135	-0.736
Skills	-0.097	-0.195

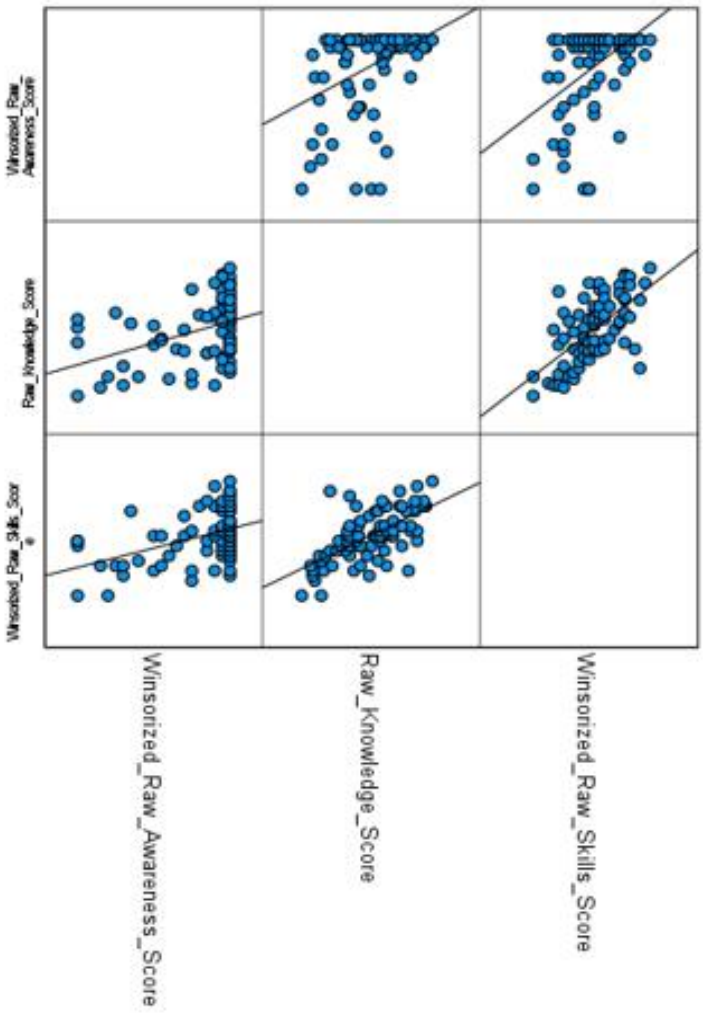
Linearity

The third assumption of a MANOVA is related to linearity. According to Pallant (2020), the assumption of linearity refers to the presence of a straight-line relationship between each pair of dependent variables. One of the best ways to determine linearity is

to generate a matrix of scatterplots between each pair of variables (Pallant, 2020). Based on the scatterplot matrix, the dependent variables are moderately, linearly related to one another. Therefore, I determined that the assumption of linearity was met. Figure 4 shows a scatterplot matrix for the dependent variables of awareness, knowledge, and skills.

Figure 4

Scatterplot Matrix for Dependent Variables



Homogeneity of Regression

The fourth assumption of a MANOVA is homogeneity of regression. According to Pallant (2020), this assumption is only important if the research intends to perform a stepdown analysis. A step-down approach might be necessary if the researcher has some theoretical or conceptual reason for ordering the dependent variables (Pallant, 2020). I did not check for this assumption since I do not have a reason to order my dependent variables.

Multicollinearity

The fifth assumption of a MANOVA is the assumption of multicollinearity. According to Pallant (2020), a MANOVA works best when the dependent variables are moderately correlated. Multicollinearity occurs when the dependent variables are highly correlated. Correlations around .8 or .9 are reason for concern. The simplest way to check for multicollinearity is to run a correlation and check the strength of the correlations between dependent variables (Pallant, 2020). The correlation between each of my dependent variables was moderately correlated. The correlation coefficient between awareness and skills was $r = .449$, awareness and knowledge was $r = .402$, and skills and knowledge was $r = .622$. I also calculated the variance inflation factor (VIF), which is the measure of multicollinearity in a set of multiple regression variables. According to Akinwande et al. (2015), I can assume no multicollinearity if the VIF statistic is below 5. The VIF statistic for my dependent variables was 1.252, which is below the cutoff of 5. Therefore, I can assume that the assumption of multicollinearity was met. Table 3 shows the Pearson correlation coefficients between the dependent variables.

Table 3

Table of Pearson Correlation Coefficients Between Dependent Variables

Dependent variables	Pearson coefficient *r*
Awareness and knowledge	.402
Awareness and skills	.449
Skills and knowledge	.622

Homogeneity of Variance-Covariance Matrices

The sixth and final assumption of a MANOVA is the assumption of homogeneity of variance-covariance matrices. According to Allen (2017b), homogeneity of variance means that the population of variances of the groups or cells being compared are not homogenous or equal. The best way to test for this assumption is to run the MANOVA and check the significant level of the Box's Test of Equal of Covariance Matrices in the SPSS output. According to Tabachnick and Fidell (2019), if the sample sizes are unequal and Box's *M* is significant a $p < .001$, then robustness is not guaranteed. The Box's M in my data analysis was not significant at $p = .001$, therefore I can assume that this assumption was met.

Statistical Analysis

Descriptive Statistics

After the MANOVA assumptions were assessed and met, I calculated the descriptive statistics for demographic, independent, and dependent variables. These

descriptive statistics included the mean, median, mode, range, standard deviation, and maximum and minimum data points for each variable. The demographic variables included gender, sexual orientation, race/ ethnicity, academic institution affiliation, and academic status. The independent variable was the categorical variable of academic institution affiliation (program type), which was either Christian- affiliated or nonreligious affiliated. The dependent variables were continuous variables of awareness, knowledge, and skills. The DIQ was used to collect demographic information. The SOCCS consisted of three subscales that were used to collect information about the three dependent variables of LGB awareness, knowledge, and skills. The awareness subscale consisted of 10 questions (maximum 70 points possible), knowledge subscale consisted of 11 questions (maximum 77 points possible), and skills subscale consisted of eight questions (maximum 56 points possible). The higher a participant scored in each category, the higher the perceived LGB awareness, knowledge, or skills. According to SurveyMonkey, the typical time spent on taking the DIQ and SOCCS combined was 4 minutes and 42 seconds. During the initial data analysis process, the descriptive statistics showed three extreme outliers within the awareness variable and one extreme outlier within the skills variable. The three extreme outliers for awareness were 34, 35, and 39 out of a maximum total of 70 points. The one extreme outlier for skills was 26 out of a maximum total of 56. It was determined that it was most appropriate to address these extreme outliers using a process called winsorization.

After winsorization, the mean score for the awareness subscale was *(M)* = 66.48, with a standard deviation of *(SD)* = 5.73, and a median score was *(Mdn)* = 69. The

maximum score on the awareness subscale was 70, minimum score was 50, and the range was 60.00. The mean score for the knowledge subscale was *(M)* = 44.42, with a standard deviation of *(SD)* = 14.56, and a median score of *(Mdn)* =46.50. The maximum score on the knowledge subscale was 73.00, minimum score was 13.00, and range was 60.00. The mean score for the skills subscale was *(M)* = 41.06, with a standard deviation of *(SD)* = 4.95, and a median score of *(Mdn)* =41.00. The maximum score on the skills subscale was 52, minimum score was 29, and the range was 23.00. The results seem to indicate that the study participants overall perceived their LGB awareness as high and their skills and knowledge as moderate.

I also calculated the mean for each dependent variable and compared these statistics between the two groups of the independent variable academic institution affiliation (program type). The mean score on the awareness subscale for Christian-affiliated addiction program affiliates was *(M)* = 63.03 and nonreligious program addiction affiliates was *(M)* = 68.82. The mean score on the knowledge subscale for Christian-affiliated addiction program affiliates was *(M)* = 35.88 and nonreligious addiction program affiliates was *(M)* = 50.22. The mean score on the skills subscale for Christian-affiliated addiction program affiliates was *(M)* = 37.91 and nonreligious addiction program affiliates was *(M)* = 43.20. The results indicate nonreligious addiction program affiliates had a higher mean score for the three subscales of awareness, knowledge, and skills when compared to the mean scores of the Christian-affiliated addiction program affiliates. Table 4 shows the mean scores for each SOCCS subscale per academic affiliation.

Table 4

Table of SOCCS Subscale Means per Academic Institution Affiliation

Dependent variable	Academic institution affiliation	Mean scores (*M*)
Awareness		
	Christian-affiliated	63.03
	Nonreligious affiliated	68.82
Knowledge		
	Christian-affiliated	35.88
	Nonreligious affiliated	50.22
Skills		
	Christian-affiliated	37.91
	Nonreligious affiliated	43.20

MANOVA

The last analytical step was to run a MONOVA to see if the mean differences in LGB awareness, knowledge, and skills between groups were statistically significant.

The null and alternative hypotheses included:

$H_{0:}$ There is no statistically significant difference in counselor awareness, knowledge, and skills to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated addiction counseling programs as evidenced by scores on the SOCCS.

H_{a}*:* There is a statistically significant difference in counselor awareness, knowledge, and skills to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated addiction counseling programs as evidenced by scores on the SOCCS.

A one-way between-groups MANOVA was performed to determine differences in counselor competency to work with LGB clients between participants from the two program types (Christian-affiliated and nonreligious affiliated). Three dependent variables were used: awareness, knowledge, and skills. The independent variable was academic institution affiliation (program type). Preliminary assumptions testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity or variance-covariance matrices, and multicollinearity. After winsorization of the awareness and skills outlier data points, there were no serious violations noted. There were statistically significant differences in awareness, knowledge, and skills to work with LGB clients between field experience students and recent graduates of Christian-affiliated and nonreligious affiliated addiction counseling programs, $F(3, 80) = 16.89$, $p = .000$; Wilk's Lambda = 0.612, partial eta squared = .388. The partial eta squared for the predictor variables of awareness, knowledge, and skills was .249, .237, and .278 respectively. An inspection of the mean scores indicated that participants from nonreligious addiction counseling programs scored higher than Christian-affiliated addiction counseling programs on the awareness knowledge, and skills subscales. Based on these results, I rejected the null hypothesis. Table 5 shows MANOVA output including the Wilk's Lambda statistic. Table 6 shows the overall MANOVA output.

Table 5

Table of MANOVA Output: Wilks' Lambda

Value	*F*	Hypothesis *df*	Error *df*	Sig	Partial Eta Squared
.612	16.889	3.000	80.000	.000	.388

Table 6

Table of MANOVA Output

Dependent variable	Type III sum of squares	*df*	Mean square	*F*	Sig.	Partial eta squared
Awareness	678.60	1	678.60	27.14	.000	.249
Knowledge	4160.31	1	4160.31	25.41	.000	.237
Skills	565.97	1	565.97	31.64	.000	.278

Summary

The purpose of this descriptive, quantitative study was to determine if there is a statistically significant difference in counselor competency to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated CACREP addiction counseling programs. For this study, the independent variable was program type (Christian-affiliated or nonreligious affiliated). The dependent variables were awareness, knowledge, and skills and were measured using the SOCCS. I conducted a MANOVA to answer my research question, assessed at the statistical significance using

an alpha level of .05, and tested the hypothesis of this study. The MANOVA indicated that was a statistically significant difference in counselor awareness, knowledge, and skills to work with LGB clients between recent graduates and students of Christian-affiliated and nonreligious affiliated addiction counseling programs. Based on the results of the MANOVA, I rejected the null hypothesis. In Chapter 5, I will discuss implications and limitations of these results. In Chapter 5, I will discuss (a) interpretations of findings, (b) limitations of the study, (c) recommendations for future research, and (d) implications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this descriptive, quantitative study was to determine if there is a statistically significant difference in counselor competency to work with LGB clients between recent graduates and field experience students of Christian-affiliated and nonreligious affiliated CACREP addiction counseling programs. Past research has revealed that the rate of substance abuse in LGB communities is substantially higher when compared to individuals in the general population (Chaney, 2019). Despite a higher rate of substance abuse in the LGB population, the literature has shown that many counselors-in-training and practicing counselors reported a lack of affirmative practice and training from their counselor education programs and a lack of competency in working with clients who identify as LGB (Dillon et al., 2004; Matthews, 2005). There has been a tremendous lack of literature on LGB competency and affirmative practice since the early 2000s. However, there is research to support to negative relationship between religious conservatism and counselor competency to work with LGB clients. Farmer (2017) found spirituality to have a positive relationship with LGB competence, whereas religiosity was negatively related to LGB competence. Bidell (2014b) also found that as religious conservatism increased, LGB competency significantly decreased. The existing literature in this area prompted my interest if significant differences in counselor competency to work with LGB clients existed between field experience students and recent graduates of Christian-affiliated and nonreligious affiliated addiction counseling programs.

The purpose of this study was to increase the overall body of knowledge regarding counselor competency to work with LGB clients amongst addiction counselors and to determine if statistically significant differences existed between field experience students and recent graduates of Christian-affiliated and nonreligious affiliated addiction counseling programs. The results of the data analysis showed that the mean scores for awareness, knowledge, and skills when working with LGB clients was higher for nonreligious affiliated addiction counseling program participants than for Christian-affiliated addiction counseling program participants. The results of the MANOVA showed that these differences were statistically significant at $p = .000$. In Chapter 5, I discuss the interpretation of these findings, limitations of the study, recommendations for future research, and implications for positive social change.

Interpretation of Findings

The results of this study support previously existing literature related to counselor competency to work with LGB clients. Farmer (2017) found spirituality to have a positive relationship with LGB competence, whereas religiosity was negatively related to LGB competence. This was confirmed and supported by the results of this study. The mean scores for awareness, knowledge, and skills to work with LGB clients was higher amongst nonreligious affiliated addiction program participants than among Christian-affiliated addiction program participants. Bidell (2014b) also found that as religious conservatism increased, LGB competency significantly decreased. I did not ask participants about their personal religious affiliation as a part of the DIQ. Therefore, it is difficult to measure the religious conservatism of my program participants. However, the

results of my study that indicated lower LGB awareness, knowledge, and skills amongst Christian-affiliated program participants seem to support the findings of Bidell in that religious affiliation, particularly on a program level, might contribute to a decrease in counselor competency to work with LGB clients. The results also suggested that both groups perceived awareness toward LGB clients as relatively high; however, they did not score as high on the knowledge and skills subscales. The results of my study both confirm and extend knowledge in the area of counselor competency to work with LGB clients. The results specifically expand knowledge of the differences in counselor competency to work with LGB clients between graduates and field experience students of Christian-affiliated and nonreligious affiliated addiction counseling programs. Prior to this study, there was no existing literature related to this type of counselor competency that addressed participants in or from addiction counseling programs. Most studies focused more broadly on mental health counseling programs.

There are many ways to interpret the results of this study. The results of this study could call on addiction counseling program leaders to assess for gaps in LGB curricula that need to be addressed to foster counselor development and adhere to the CACREP standards. The findings of this study may provide insight into the alignment of the CACREP standards and ACA Code of Ethics in relation to multicultural counseling. I chose to only include field experience students and recent graduates of CACREP-affiliated or CACREP-equivalent addiction counseling programs in my study to minimize the number of possible contributing factors to differences in counselor competency to work with LGB clients between program types. A better understanding of the differences

in counselor competency to work with LGB clients between Christian-affiliated and nonreligious affiliated addiction counseling programs might prompt further investigation into the contributing factors to these differences.

The results also indicated an overall large effect size with a partial eta squared of .388. Partial eta squared is a way to measure the effect size of different variables in Analysis of Variance models. Specifically, it measures the proportion of variance explained by a given variable of the total variance remaining after accounting for variance explained by other variables in the model (Lane, 2014). According to Cohen (1988), a partial eta squared of .02 indicates a small effect size, .13 indicates a medium effect size, and .26 indicates a large effect size. Therefore, an overall partial eta squared of .388 indicates a very large effect size, meaning there was a very strong effect the different groups accounted for on the variance of the dependent variables. The partial eta squared for the predictor variables of awareness, knowledge, and skills was .249, .237, and .278 respectively. I concluded the effect size for both awareness and knowledge were medium, whereas the effect size for skills was large. This means that skills accounted for more of the variance in results than awareness or knowledge. Therefore, specific skills to serve LGB clients should be a focus for addiction counseling program improvement. Counselors-in-training could benefit from more skills-specific training to serve this population in order to meet their needs. Some of these skills might include taking a strengths-based approach in practice and nurturing the capacity for positive adaptation and psychological health of LGB clients (Lytle et al., 2014).

Analysis in Context of Theoretical Orientation

The theoretical base for this study was the MSJCC theory, which was developed by Sue et al. in 1992. Ratts et al. (2016) helped illustrate a visual map and describe the developmental domains by stating the following: (a) The quadrants are used to show the intersection of identities and the dynamics of power, privilege, and oppression that both the counselor and the client in the counseling relationship; and (b) developmental domains lead to multicultural and social justice competence in counselor self-awareness, client worldview, counseling relationship, and counseling and advocacy interventions. This study was more focused on the competencies within the MSJCC than the domains. However, the results of this study have a few implications for the domains as well.

The domains within MSJCC are (a) counselor awareness, (b) client worldview, (c) the counseling relationship, and (d) counseling and advocacy interventions. The competencies within MSJCC are (a) attitudes and beliefs, (b) knowledge, (c) skills, and (d) action. The results of my study indicated higher mean scores amongst nonreligious affiliated addiction program participants than among Christian-affiliated addiction program participants on the awareness, knowledge, and skills subscales of the SOCCS. MSJCC posits that multicultural and social justice competence needs to begin internally, within the counselor (Roysircar et al., 2003; Sue et al., 1992; Sue & Sue, 2013).

All participants, regardless of academic institution affiliation, scored higher on awareness subscale when compared to the knowledge and skills subscales. Most participants had high perceived awareness towards LGB individuals, which is where the MSJCC posits that multicultural and social justice competence begins. Ratts et al. (2016)

stated that in the MSJCC, it is believed that multicultural and social justice competence begins with counselor self-awareness. This self-awareness then extends to the clients, counseling relationship, and counseling and advocacy interventions and strategies. Christian-affiliated addiction counseling program participants scored lower than nonreligious addiction counseling program participants on the awareness subscale, likely contributing to lower scores on the knowledge and skills subscales.

Nonreligious affiliated participants scored significantly higher than Christian-affiliated addiction program participants on both knowledge and skills subscales on the SOCCS. According to the MSJCC, counselors must possess knowledge and relevant multicultural information and theoretical competencies to guide multicultural practice. Additionally, the background for counselors to develop multicultural, skill-based interventions is based on their multicultural and social justice informed attitudes, beliefs, and knowledge (Ratts et al., 2016). The lower scores amongst Christian-affiliated addiction counseling program participants leads to concern about their ability to competency serve the LGB client population.

Limitations of the Study

There are some potential limitations of this study related to use of a descriptive and survey methods design. The most notable limitation of a descriptive research design is that it does not assess the relationships among variables. Descriptive research cannot be used to draw conclusions about the causal relationships among the measured variables (Stangor, 2011). One limitation of this study is that I am unable to conclude that there is a causal relationship between my independent and dependent variables. For example, I

cannot conclude program type is a cause of lower or higher SOCCS scores. The MANOVA results only illustrated if statistically significant differences existed between groups. There are also a few limitations of using survey methods in research. Blackstone (2012) stated that some of the weaknesses of survey methods are related to inflexibility and validity. Validity can be a problem with surveys because the questions are standardized. For this study, one potential limitation related to validity is the use of the SOCCS for the instrument, which relies solely on self-report data. This brings into question whether the study is truly measuring counselor competency to work with LGB clients or the participant's perception of competency in this area.

Another limitation of this study is related to the inclusion criteria. Overall, there was a lack of willingness on behalf of program contacts within addiction counseling programs to disseminate information about my study to potential participants. This made it difficult for me to reach current field experience students and required me to lean more heavily on program graduates for data. I was able to recruit far more program graduates ($N = 51$) than current field experience students ($N = 33$). The results from the SOCCS could have been influenced by the level of training that participants had received. Additionally, I allowed any graduate within 2 years who met the other inclusion criteria to participate in my study. Those participants could have an increased counselor competency to work with LGB clients due to practice in the field and additional professional development opportunities. Therefore, it is possible that some of the differences in counselor competency to work with LGB clients were due to the level of training participants had received postgraduation.

Another potential limitation of this study is having to expand my sample to include CACREP-equivalent addiction counseling programs in addition to CACREP-accredited addiction counseling programs due to recruitment challenges. Although CACREP-equivalent programs claim to follow CACREP standards, there is no oversight of this by CACREP. It is possible that some of the CACREP-equivalent programs do not fully adhere to CACREP standards. This could have an impact on my results. Part of the foundation of this study was reliant on all programs being CACREP-accredited to limit the number of variables that might contribute to counselor competency to work with LGB clients. It is possible that some of the participants of my study were not held to the same training and curriculum standards.

Another potential limitation of this study is related to the data analysis process and addressing extreme outliers. I chose to use a process called winsorization to address a few extreme outliers in my data. Through this process, I was able to keep these data points, but I replaced them with the next highest or lowest value that fell within the normal distribution. There were many advantages to using this method to address extreme outliers. However, modifying the true data values could have influenced my overall results.

Recommendations

The results of this study confirmed and extended previous research related to counselor competency to work with LGB clients and the relationship between religious conservatism and this competency. The results of the MANOVA confirmed that there was a statistically significant difference in awareness, knowledge, and skills to work with

LGB clients between field experience students and recent graduates of Christian-affiliated and nonreligious affiliated addiction counseling programs. This aligns with previous research findings in this area. Farmer (2017) found religiosity to have a negative relationship with LGB competency. Bidell (2014b) found that as religious conservatism increased, LGB competency significantly decreased. Dillon et al. (2004) and Matthews (2005) found that counselors still lack a competency in working with LGB clients. The results of my study algin with these studies and provide further evidence that there is a statistically significant difference between counselor competency to work with LGB clients between field experience students and program graduates of Christian-affiliated and nonreligious affiliated addiction counseling programs. These results also expand the body of knowledge by providing information about counselor competency to work with LGB clients as a result of addiction counseling programs.

Recommendations for future research include determining contributing factors to the differences in counselor competency to work with LGB clients between groups, determining the extent to which LGB content and skills are covered in addiction counseling curricula, and exploring how values and beliefs influence counselor competency to work with LGB clients within the addiction counseling field. One recommendation is for researchers to investigate and determine the contributing factors to lower counselor competency to work with LGB clients amongst participants from Christian-affiliated addiction counseling programs. The results of this study indicated that a statistically significant difference existed between program types. A recommendation for future research is to conduct a more detailed correlational analysis of the variables

that contribute to lower counselor competency to work with LGB clients amongst participants from Christian-affiliated addiction counseling programs. This could also be established from a qualitative perspective by interviewing field experience and recent graduates about their lived experiences and perspective of their own counselor competency to work with LGB clients. At this point, it cannot be concluded that lower counselor competency to work with LGB clients is caused by gaps in Christian-affiliated addiction counseling program multicultural curriculum. Therefore, another recommendation for future research is to analyze and evaluate the extent to which LGB content is covered within Christian-affiliated addiction counseling programs and compare this information to the CACREP standards to see if there is alignment. According to the MSJCC, multicultural counseling competency starts within the counselor (Ratts et al., 2016). Another recommendation of future research is to investigate the MSJCC domain of attitudes and beliefs. It is possible that students might enter a counseling program with predetermined values or beliefs that affect their counselor competency to work with LGB clients. It may not be a direct reflection of the education and training received within their respective addiction counseling programs. It is important to understand the contributing factors to counselor competency to work with LGB clients beyond the differences established by the results of this study.

Implications

It is imperative that counselors, regardless of religious affiliation, be adequately prepared to serve LGB clients. This is especially important within the addiction counseling field due to the higher prevalence of addiction issues amongst the LGB

population when compared to the general population (Chaney, 2019). Additionally, individuals who identify as being part of the LGB community often experience oppression and discrimination, as well as higher rates of suicide and violent attacks (Baker & Garcia, 2012). These issues often negatively affect the psychological well-being of LGB individuals (Russell & Fish, 2016). Lack of training and competency can lead to negative counseling experiences for clients. Sexual minority clients have reported negative counseling experiences lead to a lack of comfort, acceptance, openness, trust, and a lack of follow-up (Zazzarino & Bridges, 2019).

MSJCC posits that multicultural counseling competency begins with self-awareness and comes from within the counselor. The results of my study showed participants from Christian-affiliated addiction counseling program scored lower on the awareness, knowledge, and skills subscales of the SOCCS than participants from nonreligious affiliated addiction programs. According to MSJCC, the low scores on the awareness subscale could directly affect the scores on the knowledge and skills subscales, since counselor competency to work with LGB clients starts within the counselor. Therefore, it is imperative to further investigate the contributing factors to lower counselor competency to work with LGB clients amongst Christian-affiliated addiction counseling program participants. These contributing factors will be important to address in order to increase the counselor competency to work with LGB clients of addiction counselors and more effectively serve the LGB population.

Social Change

There are many implications for social change beyond the call for future research in this area. These results have implications for counselor educators and supervisors (CES) and other counseling program leaders. CES's and other program leaders could evaluate existing curricula and training standards within their respective addiction programs, assess for the inclusion of LGB content and training, and incorporate changes to be more inclusive and intentional. There are CACREP standards related to multicultural competency (2.2.1., 2.2.b., 2.2.c.). The preamble of the ACA Code of Ethics states the importance of "honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" (ACA, 2014, p. 3). There are also specific codes within the ACA Code of Ethics related to multicultural competency (E.8., F.2.b., F.7.c., F.11.c.). Counselor competency to work with LGB clients falls under the general umbrella of multicultural competency and should be adequately and comprehensively included in addiction counseling program curricula. The results showing lower mean scores on the SOCCS for Christian-affiliated addiction counseling programs encourage assessment of this inclusivity and revisions where necessary within these addiction counseling programs.

There are also social change implications for clinical supervisors within the addiction counseling field and addiction counselors. Clinical supervisors within field experience should be LGB affirmative in their practice and working with students to improve their counselor competency to work with LGB clients. The results of this study encourage accountability for clinical supervisors within field experience to demonstrate

LGB competency. This might include additional training or coursework required in this area or participating in clinical supervision themselves. Additionally, a stronger focus on addressing biases and discrimination and not imposing values onto clients should be considered. These changes and increased oversight could contribute to higher counselor competency to work with LGB clients of the students within those programs. The results also have implications for clinical supervisors in agency practice who work directly with addiction counselors. Clinical supervisors should have a general understanding that differences in counselor competency to work with LGB clients exist between supervisees and be intentional in supervisory practices around LGB content and skills. The SOCCS could be a useful tool to assess the perceived counselor competency to work with LGB clients of supervisees and used to understand specific areas where supervisees lack competency. There are also implications for social change for addiction counselors. Addiction counselors should continually self-assess counselor competency to work with LGB clients and seek supervision in areas where they need additional growth and development. This might include attending LGB-focused trainings or working on these issues directly with a clinical supervisor. The responsibility of becoming LGB competent is shared by multiple entities and should be addressed at each level.

Conclusion

The purpose of this study was to increase the overall body of knowledge regarding counselor competency to work with LGB clients amongst addiction counselors and to determine if differences in counselor competency existed between field experience students and recent graduates of Christian-affiliated and nonreligious affiliated addiction

counseling programs with respect to how they work with clients who identify as LGB. The results of study support the MSJCC theory which suggests multicultural counseling competency starts with self-awareness within the counselor; also, counselors must possess knowledge and relevant multicultural information and theoretical competencies to guide multicultural practice (Ratts et al., 2016). The data analysis showed that the mean scores for awareness, knowledge, and skills when working with LGB clients was higher for nonreligious affiliated addiction program participants than Christian-affiliated addiction program participants. The results of the MANOVA showed that these differences were statistically significant at $p = .000$. There was no prior research that determined if differences in awareness, knowledge, and skills to work with LGB clients existed between field experience students and recent graduates of Christian-affiliated and nonreligious affiliated addiction counseling programs. The counseling field would benefit from future research to determine contributing factors to lower counselor competency in working with clients who identify as LGB amongst participants from Christian-affiliated addiction counseling programs.

References

Akinwande, O., Dikko, H. G., & Agboola, S. (2015). Variance inflation factor: As a condition for the inclusion of suppressor variable(s) in regression analysis. *Open Journal of Statistics, 5*(7), 754-767. https://doi.org/10.4236/ojs.2015.57075

Allen, M. (2017a). Coding of data. In *The SAGE Encyclopedia of Communication Research Methods*. https://doi.org/10.4135/9781483381411.n63

Allen, M. (2017b). Heterogeneity of variance. In *The SAGE Encyclopedia of Communication Research Methods*. https://doi.org/10.4135/9781483381411.n229

American Counseling Association. (2014). *ACA code of ethics* [PDF file]. https://www.counseling.org/resources/aca-code-of-ethics.pdf

American Counseling Association. (2020). *About ACA.* https://www.counseling.org/about-us/about-aca

American Psychological Association. (2019). *Discrimination: What it is, and how to cope.* https://www.apa.org/topics/racism-bias-discrimination/types-stress

Andrade, C. (2018). Internal, external, and ecological validity in research design, conduct, and evaluation. *Indian Journal of Psychological Medicine, 40*(5), 498–499. https://doi.org/10.4103/IJPSYM.IJPSYM_334_18

Arredondo, P., Toporek, R., Brown, S. P., Jones, J., Locke, D. C., Sanchez, J., & Stadler, H. (1996). Operationalization of the multicultural counseling competencies. *Journal of Multicultural Development, 24*(1), 2-80. https://doi.org/10.1002/j.2161-1912.1996.tb00288.x

Association for Multicultural Counseling and Development. (2020). *Join AMCD.* https://multiculturalcounselingdevelopment.org/about/history/

Baker, K., & Garcia, J. (2012, April 26). *National action alliance for suicide prevention tackles LGBT suicide*. http://actionallianceforsuicideprevention.blogspot. com/ 2012/04/national-action-alliance-for suicide.html

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*(4), 420–427. https://doi.org/10.1002/j.1556-6678.2009.tb00126.x

Bernhard, G., Knibbe, R. A., von Wolff, A., Dingoyan, D., Schultz, H., & Mosko, M. (2015). Development and psychometric evaluation of an instrument to assess cross-cultural competence of healthcare professional (CCCHP). *PLoS One, 10*(12), e0144049. https://doi.org/10.1371/journal.pone.0144049

Bidell, M. P. (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*(4), 267–279. https://doi.org/10.1002/j.1556-6978.2005.tb01755.x

Bidell, M. P. (2012). Examining school counseling students' multicultural and sexual orientation competencies through a cross-specialization comparison. *Journal of Counseling & Development*, *90*(2), 200-207. https://doi.org/10.1111/j.1556-6676.2012.00025.x

Bidell, M. P. (2014a). Are multicultural courses addressing disparities? Exploring multicultural and affirmative lesbian, gay, and bisexual competencies of counseling and psychology students. *Journal of Multicultural Counseling & Development, 42*(3), 132-146. https://doi.org/10.0000/j.0000- 0000.2013.00000.x

Bidell, M. P. (2014b). Personal and professional discord: Examining religious conservatism and lesbian-, gay-, and bisexual-affirmative counselor competence. *Journal of Counseling & Development, 92*, 170–178. https://doi.org/10.1002/j.1556-6676.2014.00145.x

Bidell, M. P. (2015). Using the Sexual Orientation Counselor Competency Scale (SOCCS) in mental health and healthcare settings: An instructor's guide. *MedEdPORTAL, 11*(1). https://doi.org/10.15766/mep_2374-8265.10040

Blackstone, A. (2012). *Principles of sociological inquiry – Qualitative and quantitative methods.* Saylor Foundation.

Borg, W. R., & Gall, M. D. (1989). *Educational research. An introduction* (5th ed.). Longman.

Boyle, D. P., & Springer, A. (2001). Toward a cultural competence measure for social work with specific populations. *Journal of Ethnic & Culturally Diversity in Social Work, 9*(3-4), 53-71. https://doi.org/10.1300/J051v09n03_03

Byers, D. S., Vider, S., & Smith, A. (2019). Clinical activism in community-based practice: The case of LGBT affirmative care at the Eromin Center, Philadelphia, 1973–1984. *American Psychologist, 74*(8), 868–881. https://doi.org/10.1037/amp0000523

Chaney, M. P. (2019). LGBTQ+ addiction research: An analysis of the *Journal of Addictions & Offender Counseling*. *Journal of Addictions & Offender Counseling, 40*(1), 2-6. https://doi.org/10.1002/jaoc.12053

Chen, E. C., Kakkad, D., & Balzano, J. (2008). Multicultural competence and evidence-based practice in group therapy. *Journal of Clinical Psychology, 64*(11), 1261–1278. https://doi.org/10.1002/jclp.20533

Christensen, A. C., & Rencher, W. F. (2012). *Methods of multivariate analysis* (3rd ed.). Wiley. Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Erlbaum.

Coley, J. S. (2018). Theologies of exclusion: Christian universities and discriminations against sexual minorities. *Sociological Spectrum, 38*(6), 422-437. https://doi.org/10.1080/02732173.2018.1564097

Colorado Department of Behavioral Health (OBH). (2018). *Handbook for addiction counselors (CAC/LAC)* [PDF file]. https://www.cce-global.org/Assets/StateLicensure/HandbookforAddictionCounselors.pdf

Committee on Lesbian, Gay, & Bisexual Concerns Task Force (2000). Guidelines for psychotherapy with lesbian, gay, and bisexual clients. *American Psychologist, 55*(12), 1440-1451. https://doi.org/10.1037//0003-066X.55.12.1440

Conger, J. J. (1975). Proceedings of the American Psychological Association, Incorporated, for the year 1974: Minutes of the annual meeting of the Council of Representatives. *American Psychologist, 30*(6), 620-651. https://doi:10.1037/h0078455

Cornish, J. A., Schreier, B. A., Nadkarni, L. I., Metzger, L. H., & Rodolfa, E. R. (2010). *Handbook of multicultural counseling competencies.* John Wiley & Sons.

Council for Accreditation of Counseling and Related Educational Programs. (2016a). *2016 CACREP standards.* https://www.cacrep.org/for-programs/2016-cacrep-standards/

Council for Accreditation of Counseling and Related Educational Programs. (2016b). *Glossary: Glossary to accompany the 2016 CACREP standards.* https://www.cacrep.org/glossary/

Council for Accreditation of Counseling and Related Educational Programs. (2018). *CACREP Annual Report 2018* [PDF file]. http://www.cacrep.org/wp-content/uploads/2019/05/CACREP-2018-Annual-Report.pdf

Council for Accreditation of Counseling and Related Educational Programs. (2020a). *About CACREP.* https://www.cacrep.org/about-cacrep/

Council for Accreditation of Counseling and Related Educational Programs. (2020b). *Welcome to CACREP*. https://www.cacrep.org/

Council for Accreditation of Counseling and Related Educational Programs. (2021). *Student FAQs.* https://www.cacrep.org/for-students/student-faqs-2/#FAQ23

DATA USA. (2021). *Substance abuse counselors and behavioral disorder counselors.* https://datausa.io/profile/soc/substance-abuse-and-behavioral-disorder-counselors

Demetriou, C., Ozer, B. U., & Essau, C. A. (2015). Self-report questionnaires. *In The Encyclopedia of Clinical Psychology*. https://doi.org/10.1002/9781118625392.wbecp507

Dillon, F. R., Worthington, R. L., Savoy, H. B., Rooney, S. C., Becker-Schutte, A., & Guerra, R. M. (2004). On becoming allies: A qualitative study of lesbian-, gay-, and bisexual affirmative counselor training. *Counselor Education and Supervision, 43*(3), 162- 178. https://doi.org/10.1002/j.1556-6978.2004.tb01840.x

Dunn, T. W., Smith, T. B., & Montoya, J. A. (2011). Multicultural competency instrumentation: A review and analysis of reliability generalization. *Journal of Counseling & Development, 84*(4), 471-481. https://doi.org/10.1002/j.1556-6678.2006.tb00431.x

Edgar, T. W., & Manz, D. O. (2017). *Research methods for cyber security.* Syngress.

Fairburn, C. G., & Cooper, Z. (2011). Therapist competence, therapy quality, and therapist training. *Behaviour Research and Therapy*, *49*(6-7), 373–378. https://doi.org/10.1016/j.brat.2011.03.005

Farmer, L. B. (2017). An examination of counselors' religiosity, spirituality, and lesbian-, gay-, and bisexual- affirmative counselor competence. *The Professional Counselor, 7*(2), 114-128. https://doi.org/10.15241/lbf.7.2.114

Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods, 41*, 1149-1160. https://doi.org/10.3758/BRM.41.4.1149

Francis, P. C., & Duggar, S. M. (2014). Professionalism, ethics, and value-based conflicts in counseling: An introduction to the special section. *Journal of Counseling & Development, 92*(2), 131-134. https://doi.org/10.1002/j.1556-6676.2014.00138.x

Gallardo, M. E., & McNeill, B. W. (2009). *Counseling and psychotherapy: Investigating practice from scientific, historical, and cultural perspectives. Intersections of multiple identities: A casebook of evidence-based practices with diverse populations.* Routledge/Taylor & Francis Group.

Grimes, D. A., Schulz, K. F. (2002). Descriptive studies: What they can and cannot do. *Lancet Medical Journal, 359*(9301), 145-149. https://doi.org/10.1016/S0140-6736(02)07373-7

Hancock, K. A. (2014). Student beliefs, multiculturalism, and client welfare. *Psychology of Sexual Orientation and Gender Diversity, 1* (1), 4-9. https://www.doi.org/10.1037/sgd0000021

Harper, A., Finnerty, P., Martinez, M., Brace, A., Crethar, H. C., Loos, B., Harper, B., Graham, S., Singh, A., Kocet, M., Travis, L., Lambert, S., Burnes, T., Dickey, L. M., & Hammer, T. R. (2013). Association for lesbian, gay, bisexual, and transgender issues in counseling competencies for counseling with lesbian, gay, bisexual, queer, questioning, intersex, and ally individuals. *Journal of LGBT Issues in Counseling, 7*(1), 2-43. https://doi-org.ezp.waldenulibrary.org/10.1080/15538605.2013.755444

Hays, D. G. (2011). Assessing multicultural competence in counselor trainees: A review of instrumentation and future directions. *Journal of Counseling & Development, 86*(1), 95-101. https://doi.org/10.1002/j.1556-6678.2008.tb00630.x

Henson, R. K. (1999). Multivariate normality: What is it and how is it assessed? *Advances in Social Science Methodology, 5*, 193-211.

Hutchens, N., Block, J., & Young, M. (2013). Counselor educators' gatekeeping responsibilities and students' first amendment rights. *Counselor Education and Supervision, 52*(2), 82-95. https://doi.org/10.1002/j.1556-6978.2013.00030.x

Ivey, A. E., Ivey, M. B., & Zalaquett, C. P. (2017). *Intentional interviewing and counseling: Facilitating client development in a multicultural setting* (9th edition). Cengage Learning.

Jager, J., Putnick, D. L., & Bornstein, M. H. (2017). More than just convenient: The scientific merits of homogenous convenience samples. *Monographs of the Society for Research in Child Development*, *82*(2), 13–30. https://doi.org/10.1111/mono.12296

Jones, T. L., Baxter, M. A., & Khanduja, V. (2013). A quick guide to survey research. *Annals of the Royal College of Surgeons of England*, *95*(1), 5–7. https://doi.org/10.1308/003588413X13511609956372

Julea Ward Freedom of Conscience Act of 2011, Mich. H.B. 5040. (2011). https://www.legislature.mi.gov/documents/2011-2012/billengrossed/House/htm/2011-HEBH-5040.htm

Kaplan, D. M. (2012). Ethical implications of a critical legal case for the counseling profession: Ward v. Wilbanks. *Journal of Counseling & Development, 92,* 142 – 146. https://doi.org/10.1002/j.1556-6676.2014.00140.x

Keeton v. Anderson-Wiley, 733 F. Supp. 2d 1368 (Dist. Ct., S.D. Ga. 2010).

Keeton v. Anderson-Wiley, 664 F.3d 865 (U.S. Ct. App., 11th Cir. 2011).

Kim, H. (2013). Statistical notes for clinical researchers: Assessing normal distribution (2) using skewness and kurtosis. *Restorative Dentistry & Endodontics, 38*(1), 52-54. http://doi.org/10.5395/rde.2013.38.1.52

Kraemer, H. C., & Thiemann, S. (1987). *How many subjects? Statistical power analysis in research.* Sage.

Lane, D. M. (2014). *Online statistics education: An interactive multimedia course of study.* http://onlinestatbook.com/

Leys, C., Delarce, M., Mora, Y. L., Lakens, D., & Ley, C. (2019). How to classify, detect, and manage univariate and multivariate outliers, with emphasis on pre-registration.

Logan, C., & Barret, R. (2006). Counseling competencies for sexual minority clients. *Journal of LGBT Issues in Counseling, 1*(1), 3-22. https://doi.org/10.1300/J462v01n01_02

Lytle, M. C., Vaughan, M. D., Rodriguez, E. M., & Shmerler, D. L. (2014). Working with LGBT individuals: Incorporating positive psychology into training and practice. *Psychology of Sexual Orientation and Gender Diversity, 1*(4), 335-347. https://doi.org/10.1037/sgd0000064

Matthews, C. R. (2005). Infusing lesbian, gay, and bisexual issues into counselor education. *Journal of Humanistic Counseling, Education, and Development, 44*, 168-184. https://doi.org/10.1002/j.2164-490X.2005.tb00029.x

McCabe, S. E., West, B. T., Hughes, T. L., & Boyd, C. J. (2013). Sexual orientation and substance abuse treatment utilization in the United States: Results from a national survey. *Journal of Substance Abuse Treatment, 44*(1), 4-12. https://doi.org/10.1016/j.jsat.2012.01.007

McFadden, J., & Lipscomb, W. D. (1985). History of the Association for Non-White Concerns in Personnel and Guidance. *Journal of Counseling & Development, 63*(7), 444–447. https://doi.org/10.1002/j.1556-6676.1985.tb02828.x

Medley, G., Lipari, R. N., Bose, J., Cribb, D. S., Kroutil, L. A., & McHenry, G. (2016). *Sexual orientation and estimates of adult substance use and mental health: Results from the 2015 National Survey on Drug Use and Health.* https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.htm

Mertler, C. A. (2016). *Introduction to educational research.* Sage.

Miller, N. (1987). Facts, expert facts, and statistics: Descriptive and experimental research methods in litigation. *Rutgers Law Review* 101 (1987-1988): 105.

Movement Advancement Project. (2018). *Title IX, religious exemptions, and campus climate: LGBT protections in higher education.* https://www.lgbtmap.org/Title-IX-Religious-Exemptions-Higher-Education

Nimon, K. F. (2012). Statistical assumptions of substantiative analyses across the general linear model: A mini review. *Frontiers in Psychology, 28*. https://doi.org/10.3389/fpsyg.2012.00322

Oppong, F. B., & Agbedra, S. Y. (2016). Assessing univariate and multivariate normality, a guide for non-statisticians. *Mathematical Theory and Modeling, 6*(2), 26-33.

Pallant, J. (2020). *SPSS survival manual: A step by step guide to data analysis using IBM SPSS* (2nd ed.). Routledge.

Parke, C. S. (2013). *Essential first steps to data analysis: Scenario-based examples using SPSS.* Sage. https://doi.org/10.4135/9781506335148.n5

Phan, L. T., Hebert, D., & DeMitchell, T. A. (2013). School counselor training with LGBTQ clients: A constitutional conflict. *Journal of LGBT Issues in Counseling, 7*(1), 44-64. https://doi.org/10.1080/15538605.2013.756362

Pieterse, A. L., Evans, S. A., Risner-Butner, A., Collins, N. M., & Mason, L. B. (2009). Multicultural competence and social justice training in counseling psychology and counselor education: A review and analysis of a sample of multicultural course syllabi. *The Counseling Psychologist, 37*(1), 93–115. https://dor.org/10.1177/0011000008319986

Rahm, E., & Hai Do, H. (n.d.). *Data cleaning: Problems and current approaches* [PDF file]. http://dc-pubs.dbs.uni-leipzig.de/files/Rahm2000DataCleaningProblemsand.pdf

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, K., & McCullough, J. R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development, 44*(1), 28-48. https://doi.org/10.1002/jmcd.12035

Roysircar, G., Arredondo, P., Fuertes, J. N., Ponterotto, J. G., & Toporek, R. L. (2003). *Multicultural counseling competencies, 2003: Association for Multicultural Counseling and Development.* American Counseling Association.

Russell, S. T., & Fish, J. N. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology, 12,* 465–487. https://doi.org/10.1146/annurev-clinpsy-021815-093153

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. http://doi.org/80/15538600802125472

Smith, L. C., & Okech, J. E. A. (2016). Ethical issues raised by CACREP accreditation of programs within institutions that disaffirm or disallow diverse sexual orientations. *Journal of Counseling & Development, 94*(3), 252–264. https://doi.org/10.1002/jcad.12082

Stangor, C. (2011). *Research methods for the behavioral sciences* (4th ed.). Cengage.

Students' Rights Amendment, Ariz. H.B. 2565, Title 15, Ch. 14, art. 6, § 15–1862. (2011). http://www.azleg.gov/legtext/50leg/1r/bills/hb2565s.pdf

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Development 20*(2), 64-88. https://doi.org/10.1002/j.2161-1912.1992.tb00563.x

Sue, D. W, Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Vasquez-Nuttall, E. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist, 10*(2), 45–52. https://doi.org/10.1177/0011000082102008

Sue, D. W., & Sue, D. (2013). *Counseling the culturally diverse: Theory and practice* (6th ed.). Wiley.

SurveyMonkey. (2020). *Get started.* https://www.surveymonkey.com

Tabachnick, B. G., & Fidell, L. S. (2019). *Using multivariate statistics* (7th ed.). Pearson.

Tomlinson-Clarke, S. (2013). Multicultural counseling competencies: Extending multicultural training paradigms toward globalization. *VISTAS Online, 60*, 1-10. https://www.counseling.org/docs/default-source/vistas/multicultural-counseling-competencies.pdf?sfvrsn=7

U.S. Census Bureau. (2012). *U.S. Census Bureau projections show a slower growing, older, more diverse nation a half century from now.* http://www.census.gov/newsroom/releases/archives/population/cb12-243.html

Walden University. (2020). *2020 – 2021 Walden University Student Handbook.* https://catalog.waldenu.edu/content.php?catoid=176&navoid=63054

Ward, B. W., Dahlhamer, J. M., Galinsky, A. M., & Joestl, S. S. (2014). Sexual orientation and health among adults: National Health Interview Survey, 2013. *National Health Statistics Reports, 77*, 1-10. https://www.cdc.gov/nchs/data/nhsr/nhsr077.pdf

Ward v. Wilbanks, 700 F. Supp. 2d. 803 (Dist. Ct., S.D. Mich. 2010).

Wolff, J. R., Okech, J. E., Smith, L. C., & Southwick, P. J. C. (2020). Protecting sexual and gender minorities in academic institutions with disallowing policies: Psychological, ethical, and accreditation concerns. *Training and Education in Professional Psychology, 14*(3), 249-256. https://doi.org/10.1037/tep0000272

Worthington, R. L., Soth-McNett, A. M., & Moreno, M. V. (2007). Multicultural counseling competencies research: A 20-year content analysis. *Journal of Counseling Psychology*, *54*(4), 351–361. https://doi.org/10.1037/0022-0167.54.4.351

Zazzarino, A., & Bridges, C. W. (2019). A population at risk: Counseling sexual minorities with a serious mental illness. *Journal of Counseling Sexology & Sexual Wellness, 1*(1). https://doi.org/10.34296/01011005

Appendix A: Recruitment Flyer

Online survey study seeks current addiction field experience students or recent graduates

There is a new study called *"Differences in LGB Counselor Competency between Christian and Nonreligious Addiction Counseling Programs"* that could inform the counselor education field of lesbian, gay, bisexual (LGB) counselor competency within different types of CACREP accredited addiction counseling programs. For this study, you are invited to take a short survey describing LGB competency gained as a result of studying within your addiction counseling program.

This survey is part of the doctoral study for Kelly King, a Ph.D. student at Walden University.

About the study:

- One 15-20-minute online survey
- To protect your privacy, no names or identifying information will be collected

Volunteers must meet these requirements:

- Currently enrolled in field experience (completed all core coursework) OR graduate within last 2 years of CACREP accredited addiction counseling program

To confidentially volunteer, click the following link:
[insert survey link]

Appendix B: Permission Letter

Re: Seeking Permission to Use SOCCS

MB

Markus P Bidell <mbidell@hunter.cuny.edu>
Tue 9/15/2020 11:31 AM
To: Kelly King

JCD-Whitman-Bidell_Affrmt L... 3 MB

LGBT-DOCSS_2017Rvsd.pdf 2 MB

Show all 6 attachments (7 MB) Download all Save all to OneDrive - Laureate Education - ACAD

Thank you for inquiring about the SOCCS and LGBT-Development of Clinical Skills Scale (LGBT-DOCSS) and you are free to utilize the scale in your research and educational endeavors in accordance with your institutional and professional approvals. I've included several publications that I hope will support your work.
Good Luck with your research,
Markus Bidell

Markus P. Bidell, Ph.D., LMHC
He, him, his – what's this?
NYS-LMHC & School Counselor (Permanent Certificate)
Associate Professor
Counseling & Psychology
Hunter College & CUNY Graduate Center