Original Research

WALDEN UNIVERSITY

Counselor Lesbian, Gay, Bisexual Competency: Christian and Non-Religious Addiction Counseling Programs

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Abstract

This study compared levels of professional competency working with self-identified lesbian, gay, and bisexual (LGB) clients among graduates and field experience students of Christian and nonreligious-affiliated CACREP-accredited addiction counseling programs. Applicants completed an instrument to measure the dependent variables of awareness, knowledge, and skills to work with LGB clients. The sample consisted of 84 master's students in field experience and unlicensed counselors within 2 years of graduation. 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 $p < .000$.

Recommended Citation

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 their own (Arredondo et al., 1996; Sue et al., 1992; Wilson & Chao, 2023). A commonly used definition of multicultural competency in the literature is the tripartite model of multicultural awareness, knowledge, and skills (Hays, 2020; Sue et al.,

1982, 1992). The purpose of this study was to focus on lesbian, gay, and bisexual (LGB) counseling competencies when working with sexual minority clients.

Research by Troutman and Packer-Williams (2014) exposed the lack of clarity around required educational and training requirements in the 2009 and 2016 Council for Accreditation of Counseling and Related Education Programs (CACREP) standards. This lack of clarity then lead to a lack of guidance for counseling professionals working with sexual minority clients. Research also showed that a counselor's competency to work with LGB and gender minority clients was predicted by factors like religiosity and spirituality (Farmer, 2017; Henry & Li, 2022). Finally, research indicated that competency to work with sexual minority clients decreased as religious fundamentalism increased (Bidell, 2014).

The relationship between counselor competency and a lack of guidance 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 continued to resist extending equal rights to lesbian, gay, bisexual, and transgender (LGBT) people despite rapid gains by the LGBT movement in the United States (Coley, 2018). Religious institutions can still claim exemptions to nondiscriminatory laws based on religious faith violation (Movement Advancement Project, 2018), which may include discrimination against sexual minority students within Christian-affiliated addiction counseling programs and the LGB clients they will ultimately serve.

The purpose of this study was to determine whether there is a statistically significant counselor competency difference between recent graduates and students of Christian-affiliated and nonreligious-affiliated CACREP addiction counseling programs when it comes to working with LGB clients.

Methods

Participants

The sample 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. According to CACREP (2023), programs often use the term "CACREP equivalent" to highlight that the competency curriculum is in alignment with CACREP standards; however, these programs have not earned full CACREP accreditation status.

There were 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 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%) participants, 13 Black or African American (15.5%), six Hispanic (7.1%), and three multiple ethnicities (3.6%). Of the three participants who identified as being of multiple ethnicities, two participants identified as Black and White, and one participant identified as White and American Indian.

Measures

For this study, participants were asked to complete the Demographics Information Questionnaire (DIQ) and the Sexual Orientation Counselor Competency Scale (SOCCS), which are both self-report questionnaires. The Demographics Information Questionnaire (DIQ) was used to obtain information about participant 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). The SOCCS, developed by Bidell (2005), is theoretically grounded in the tripartite multicultural counseling model of awareness, knowledge, and skills designed by Sue et al. (1992).

The SOCCS measures the 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.

SOCCS "skills" refer to direct clinical experience, as well as the skills a counselor has in working with sexual minority clients and LGB populations (Bidell, 2005). Awareness refers to (a) awareness of the overall attitudes and worldview of sexual minorities and (b) awareness of one's own attitudes toward sexual minorities. Knowledge refers to knowledge about LGB populations. Higher scores indicate higher levels of sexual orientation competency (Bidell, 2005). Once the participants completed the SOCCS, they received a mean score in each of the areas (skills, awareness, and knowledge) using the scoring instructions (Bidell, 2015).

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).

Procedure

We used nonprobability convenience sampling to obtain the sample. At the time of the study, there were no registries of all students attending CACREP-accredited addiction counseling programs. Therefore, upon Institutional Review Board (IRB) approval, the Primary Investigator (PI) sent a request to program chairs, program liaisons, alumni coordinators, and other department staff to disseminate flyers about the study to their students and program graduates. In addition, flyers were posted to Listservs, including CESNet, COUNSGRADS, and DIVERGRAD.

To be considered for the study, participants had to meet the following inclusion criteria:

- Students or graduates from CACREP-accredited or CACREP-equivalent addiction counseling programs
- Master's counseling students who completed all core coursework
- Practicing counselors who graduated within a 2-year timeframe from the start of the study

Exclusionary criteria included 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. We were not interested in assessing counselor competency to work with LGB clients gained from professional development or training that had occurred during postgraduate work. In addition, doctoral students enrolled in counselor education and supervision programs were excluded. These individuals have received advanced training that affects counselor competency to work

with LGB clients. The purpose of excluding non-CACREP addiction counseling programs was to uphold consistency across programs and participant experiences to ensure the sample was homogenous.

According to the 2018 CACREP Annual Report, there were 10 CACREP-accredited addiction counseling programs in the United States (CACREP, 2018). In 2018, these programs enrolled a total of 212 students but only graduated 64 students. Therefore, the PI multiplied 64 by 2 to estimate a total number of 128 graduates who would meet the criteria to participate in the study. The multiplication was made to reflect the 2-year timeframe. It was estimated that about 64 field-experience students were available to participate in the study.

The PI located information about the number of field experience students enrolled in these programs in any given year; therefore, an estimated 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, but the minimum number of students enrolled in field experience (n = 64) and the estimated total number of graduates in the last 2 years (n = 128) were used to estimate the total number of participants who met the criteria to participate in the study to be 192.

G*Power was used to determine the necessary sample size. Using G*Power analysis calculation with three dependent variables and one independent variable, we determined that with a medium effect size of $f2$ = .15 at an alpha of .05 and beta of 0.80, a sample size of 78 would be the minimum needed for robustness. Additionally, Kraemer and Thiemann (1987) stated that when calculating the 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%. Therefore, the minimum sample size of 84 was determined to ensure robustness.

SurveyMonkey, an online survey software program, was used as the platform for accessing the demographic questionnaire, consent form, and the SOCCS. Participants were provided a link to the survey either on the recruitment flyer or within the listserv emails. Participants were presented with the informed consent form on the first page of the survey. The demographic questionnaire and SOCCS took participants approximately 4 to 5 minutes to complete. To ensure the anonymity of the participants, personal names, emails, and other contact information were not collected.

Data Analysis

Along with data cleaning and coding, SPSS was used to check the data for kurtosis, skewness, and outliers that might affect a normal distribution of data. Outliers that might affect the validity of the results were removed, and participant responses were reviewed to confirm that correct coding was used for each response.

Once the data were cleaned and coded, we used a MANOVA to test the hypotheses. Before running the MANOVA, we checked to ensure the following assumptions of a MANOVA were met: (a) data must be normally distributed; (b) univariate and multivariate normality; (c) multicollinearity; and (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).

Ethical Procedures

The ethical standards outlined by the ACA and IRB were adhered to throughout the study. Privacy, autonomy, and confidentiality of all participant data were protected by storing the data in a password-protected and encrypted SPSS file. 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.

Results

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. 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.

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). Winsorization alleviates losing too many datapoints and loss of power. The extreme outliers in the data set are considered interesting outliers, meaning they are not clearly errors but could be influenced by potentially interesting moderators (King, 2021). After winsorization of the awareness and skills outlier data points, all assumptions were met.

To work with LGB clients there were statistically significant differences in awareness, knowledge, and skills 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-affiliated addiction counseling programs scored higher than Christian-affiliated addiction counseling programs on the awareness, knowledge, and skills subscales. Based on these results, we rejected the null hypothesis. Table 1 shows MANOVA output, including the Wilk's Lambda statistic. Table 2 shows the overall MANOVA output.

Table 1. *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 2. *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

Discussion

The results of this study support previous 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 were higher among nonreligious-affiliated addiction program participants than among Christian-affiliated addiction program participants. Bidell (2014) also found that as religious conservatism increased, LGB competency significantly decreased.

Participants were not asked about their personal religious affiliation as a part of the DIQ. Therefore, it is difficult to measure the religious conservatism of the program participants. However, the results of the study that indicated lower LGB awareness, knowledge, and skills among 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 this 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. For example, 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 also provide insight into the alignment of the CACREP standards and ACA Code of Ethics in relation to multicultural counseling.

We chose to include only field experience students and recent graduates of CACREP-affiliated or CACREP-equivalent addiction counseling programs in this 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 factors contributing to these differences.

Partial eta squared is a way to measure the effect size of different variables in the 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). The results of this study indicated an overall large effect size with a partial eta squared of .388.

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. An overall partial eta squared of .388, therefore, indicates a very large effect size—meaning there was a very strong effect in 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.

We concluded that the effect size in this study for both awareness and knowledge was medium, whereas the effect size for skills was large. This finding 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 the LGB 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).

Implications for Future Research

It is imperative that counselors, regardless of religious affiliation, be adequately prepared to serve LGB clients, as 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). 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 (Meyer et al., 2021). These issues often negatively affect the psychological well-being of LGB individuals (Russell & Fish, 2016).

Multicultural and Social Justice Counseling Competencies (MSJCC) posit that multicultural counseling competency begins with self-awareness and comes from within the counselor. 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 among Christian-affiliated addiction counseling program participants.

The results of this study showed that participants from Christian-affiliated addiction counseling programs scored lower on the awareness, knowledge, and skills subscales of the SOCCS than participants from nonreligious-affiliated addiction programs. 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.

Limitations

Research design, data analysis, and inclusion criteria could be related to the potential limitations of this study. The most notable limitation of a descriptive research design is that it does not assess the relationships among variables (Stangor, 2011). We were unable to conclude that there is a causal relationship between the independent and dependent variables; and the initial small sample size and then expansion of inclusion criteria (to include participants from CACREP-equivalent programs), as this is not the same as CACREP accreditation.

Another potential limitation is related to the data analysis process and addressing extreme outliers. Through the winsorization process, we were able to keep outlier data points, but we replaced them with the next highest or lowest value that fell within the normal distribution. Modifying the true data values could have influenced the overall results. A potential threat to external validity is the lack of generalizability to the research findings.

Lack of diversity within the sample, especially in age and gender, was also a potential limitation. 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.

The convenience sampling method could also be a threat to external validity, as it may not be representative of the entire population (Jager et al., 2017). Internal validity may be threatened due to the reliance on self-reported data to answer the research questions. For example, self-reported data relies on participant perceptions of LGB competency, and responses may be either exaggerated or minimized.

Although history and maturation may affect results, it is unlikely due to the short duration of the study. Selection bias and social desirability are also potential threats to internal validity.

Recommendations

The results of this study confirm and extend previous research related to counselor competency to work with LGB clients and the relationship between religious conservatism and this competency. MANOVA results 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 difference aligns with previous research findings in this area.

Farmer (2017) found religiosity to have a negative relationship with LGB competency; Bidell (2014) found that as religious conservatism increased, LGB competency significantly decreased; and Dillon et al. (2004) and Matthews (2005) found that counselors still lack competency in working with LGB clients. The results of our study align 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. Researchers should also determine the extent to which LGB content and skills are covered in addiction counseling curricula, as well as explore how values and beliefs influence counselor competency to work with LGB clients within the addiction counseling field.

One recommendation for future research is 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, and 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 their perspectives on 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 for 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, as 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.

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 the study support the MSJCC theory, which suggests multicultural counseling competency starts with self-awareness within the counselor. Also, counselors must possess knowledge, relevant multicultural information, and theoretical competencies to guide multicultural practice (Ratts et al., 2016).

Data analysis showed that the mean scores for awareness, knowledge, and skills when working with LGB clients were 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.

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