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Do American Psychological Association (APA) or Council for Accreditation of Counseling & Related Educational Programs (CACREP) Accreditations Make a Difference? A Look at GLB Competency Among Faculty and Graduate Students

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Abstract

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

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Abstract

A lack of knowledge and training on the topic of gay, lesbian, and bisexual persons (GLB) in mental health graduate programs can lead to a culture of ignorance and ineffective treatment for a subset of the population. Multicultural competency is defined as having self-awareness of one's own values and biases, knowledge, and skills to work with a given population; and it is important in order to ensure appropriate mental healthcare. The purpose of the current study was to identify if there is a difference in GLB competency among graduate students and faculty (dependent variables) from mental health programs that are accredited by organizations like the APA and CACREP versus those from nonaccredited programs (independent variables). The key theoretical foundation that grounded this study was Multicultural Counseling and Therapy Theory (MCT). The research questions explored herein center on whether GLB competency differs between graduate students and faculty from accredited programs versus those from nonaccredited programs. Results of this quantitative comparative research design study were derived via a multivariate analysis of covariance (MANCOVA) procedure in order to compare mean scores among the four groups. Results identified a significant difference between the groups in skills and knowledge; however, mean averages for graduate students from accredited programs (Skills $M = 2.54$, Knowledge $M = 3.83$) were below four, indicating little to no skills/knowledge. In order to optimize mental health treatment for the GLB community, graduate students in mental health programs must be exposed to GLB counseling training curriculum. The implications for social change focus on policy and accreditation standards set forth by APA and CACREP accrediting bodies.

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Dedication

I would like to dedicate this dissertation to my loved ones, past, current, and future who identify as gay, lesbian, or bisexual. It is my sincere desire that this research will help the mental health profession prepare counselors to serve the great need among GLB youth. This dissertation is also dedicated to my family, who have sacrificed a great deal for my continuing education. John, I could not have done this without your unconditional love and support. This truly was a team effort. I would also like to thank my mother, Lupe, and my mother-in-law, Hilda, for being a part of the village that helped raise my beloved children. I am so blessed to have you both. Aaron, thank you for being a cool uncle, stepping in to bus my children to their various activities, and for being the best brother a girl could have. Alma, thank you for always being a great sounding board, a trailblazer in your own right, and a supportive younger sister. Lastly, Miranda, Julian, and Javier thank you for reminding me of what is truly important in life. Everything I do is for you. I hope that my work will inspire you to help those in need and to continue the fight for social justice.

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Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

Kocarek and Pelling (2003) and Sue, Arredondo, and McDavis (1992) stated that being multiculturally competent means having knowledge, self-awareness of one's own values and biases, and skills to work with a given population. The topic of this study is the gay, lesbian, bisexual (GLB) competency of faculty and graduate students in mental health programs. This study is vital because: (a) there are an increasing number of GLB individuals who are publicly disclosing their sexual orientation (Black, Gates, Sanders, & Taylor, 2000; Human Rights Campaign [HRC], 2014), (b) GLB individuals, especially GLB youth, are more likely to need and utilize mental health services than heterosexual individuals (Cochran, Sullivan, & Mays, 2003; Grella, Greenwall, Mays, & Cochran, 2009; Williams & Chapman, 2012), (c) there is a high likelihood that mental health professionals will serve this population regardless of their preference or training (Hall, McDougald, & Kresica, 2013/2014; Henke, Carlson, & McGeorge, 2009; Murphy, Rawlings, & Howe, 2002), and (d) there is a documented lack of GLB training in mental health programs (Johnson & Federman, 2014; Mahadi, Jeverston, Schrader, Nelson, & Ramos, 2014; Rock, Carlson, & McGeorge, 2010). Results from this study may reveal factors responsible for the continued lack of GLB proficient graduate students and may influence APA and CACREP accreditation standards and programs and the faculty that teach in these programs. A brief background justifying the need for this study will be provided. Research questions, hypotheses, and the theoretical and conceptual framework for this study will be detailed in this chapter. Operational definitions will also be provided. Lastly, limitations and potential impact of the current study will be discussed.

Background

In the United States, there is a growing number of individuals who identify as GLB (Black et al., 2000; Human Rights Campaign [HRC], 2014) and those who engage in same gender sexual behavior, but do not necessarily identify with the GLB label (Chae & Ayala, 2010; Crary, 2010). An increase in GLB presence does not translate to a GLB individual's ease in assimilating to a predominately heterosexual community. Problems inherent to being a sexual minority in a majority heterosexual community include anxiety, depression, confusion, and anger (Berg, Mimiaga, & Safren, 2008; Cochran et al., 2003; Kosciw, Greytak, Bartkiewicz, Bosen, & Palmer, 2012). Often, GLB individuals resort to suicide, suicidal ideation, substance abuse, and/or risky sexual behavior as a way to cope (Fischgrund, Halkitis, & Carroll, 2012; Marshal et al., 2008; Meyer, 2003; Paul et al., 2002). Rosario, Schrimshaw, and Hunter (2011) indicated that GLB youth are more likely to utilize the aforementioned coping mechanisms as they struggle to integrate their sexual identity. Thus, it appears that GLB individuals experience mental health issues related to coming out and living in a predominately heterosexual community and would benefit greatly from effective mental health services.

Unlike other obvious distinguishing characteristics (e.g., gender, ethnicity), sexual orientation can be easily concealed and thus can pose issues for effective treatment by mental health professionals. In spite of the lack of GLB training and/or preferences for serving this population, most professionals report serving, at minimum, a small percentage of GLB individuals in their current caseloads (Hall et al., 2013/2014; Murphy et al., 2002). Henke et al. (2009) found that, "91.0% of our participants reported working

with a LG client during the course of their career and 55.8% of our sample reported seeing 10 or more LG clients" (p. 337). Benoit (2005) reminded mental health professionals (e.g., faculty, students, and practitioners) that they have an ethical responsibility to advocate for minorities and provide "quality services equally to all people" (p. 315). Graduate programs preparing professional counselors are mandated by ethics and accreditation standards to ensure their students are prepared to work with GLB clients. Ensuring that future mental health professionals are trained to meet the needs of GLB individuals is part of the ethical responsibility of faculty (Dessel & Rodenborg, 2017). Mintz, Bartles, and Rideout (1995) and Sehgal et al. (2011) confirmed that most graduate programs fail to provide training in line with APA accreditation standards, especially with regard to multicultural training. Those directly responsible for ensuring adequately trained mental health professionals are APA and CACREP accredited graduate programs and the faculty who teach in those programs (Urofsky, 2012).

The history of heterosexism and prejudice toward GLB in the field of psychology has undoubtedly influenced generations of mental health professionals. In fact, APA's Division 44, The Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues, created guidelines for psychological practice with GLB clients in 1997 as an answer for lack of GLB training in graduate programs. The APA has made great efforts to correct previous misperceptions of GLB individuals by the mental health profession; however, APA's commitment to correct the injustices on GLB individuals has not translated into GLB competent clinicians. Rees-Turyn (2007) argued that lack of GLB proficient counselors is a sign of underlying heterosexism and prejudice against

GLB individuals in graduate mental health programs today. Numerous studies attest to graduate students' perceived bias toward GLB individuals, students' perceived bias in graduate coverage of GLB issues, and lack of GLB training in graduate, in spite of the need for GLB training.

It appears that mental health graduate programs have room for improvement in implementing GLB and multicultural curriculum that will improve mental health services for GLB individuals. Most importantly, mental health programs must determine if their faculty is equipped to train graduate students in GLB competency. This study will be unique in that it will compare faculty and students from accredited and nonaccredited institutions in order to provide a possible explanation for lack of GLB training in mental health graduate programs. A review of the literature reveals several reasons for ineffective GLB training in mental health programs.

Reasons for Ineffective GLB Training

Graduate students. Heterosexual mental health graduate students, especially those who are male, religious, and have not had positive contact with someone who identifies as GLB tend to have negative attitudes toward GLB individuals (Herek & McLemore, 2013; Kilgore, Sideman, Amin, Baca, & Bohanske, 2005). Knowledge, experience, and educational training can positively influence attitudes and behaviors, especially those attitudes which are formed around religious or political affiliations (Arora, Kelly, & Goldstein, 2016; Bidell, 2014; Carlson, McGeorge, & Toomey, 2013).

The responsibility to impart knowledge and provide positive experiences and educational training that leads to students' improved attitudes toward GLB lies with

counselor educators. Rainey and Trusty (2007) stated that attitudes can be changed in students much like they are in our clients; that is, provide meaningful information and consistently engage students throughout the program. While Graham (2009) and Rock et al.'s (2010) research showed positive attitudes toward GLB individuals and moderate knowledge regarding GLB issues, it indicated low skills among graduate counseling students. So, this means that mental health educators must continue to improve their efforts in producing GLB competent mental health students.

Faculty in mental health programs. While it is important to assess GLB competency in mental health graduate students, it is also important to determine GLB knowledge, attitudes, and skills of faculty/supervisors who teach in these mental health programs (Pieterse et al., 2009). The Association for the Study of Higher Education (ASHE, 2012) said that successful engagement in diversity issues occurs when instructors focus on "intention, awareness, knowledge, and skills developed over time" (p. 46). Unfortunately, there is little research that has assessed faculty GLB competency. When graduate students in mental health training programs have been surveyed, they report receiving inadequate GLB training (Kocarek & Pelling, 2003; Lidderdale, 2002; Murphy et al., 2002; Pieterse et al., 2009). Only Cox (2011) has focused on GLB attitudes among counselor educators from a Christian institution of higher education. Cox (2011) concluded that religious heterosexual counselor educators are neutral to accepting in their attitudes toward GL individuals. This study may lead one to conclude that counselor educators' attitudes are becoming more accepting of GLB individuals, but it still fails to explain untrained and unknowledgeable graduate students.

One must consider the possibility that these Christian counselor educators could have been influenced by social expectations of their profession and thus answered in a way that was congruent with what society expects and not necessarily what their true feelings or attitudes are about GLB individuals (Cox, 2011). There may be a difference between cognitive and affective attitudes or modern homophobia or heterosexism. Herek (1988) defined cognitive attitudes as those "developed through actual experience" (p. 471) or exposure to society's views. Israel and Hackett (2004) define affective attitudes as, "discomfort having contact with lesbians and gay men" (p. 183). So, cognitive attitudes can be seen as revealing one's thoughts or perceptions about GLB individuals and affective attitudes can be seen as revealing one's feelings about GLB individuals. Israel and Hackett (2004) and Rye and Meaney (2010) contend that subtle prejudice toward GLB individuals is not being detected by current assessments. Cox (2011) focused on faculty cognitive attitudes.

Another point to consider when discussing GLB competency in faculty who teach in mental health programs is that the guidelines for psychological practice with GLB clients were only created 13 years ago and recently revised in 2011. Perhaps the guidelines have not had sufficient time to take root in faculty who teach in mental health programs. The guidelines were an answer to graduate school's lack of training in treating this population. However, like aspirational/general principles of the APA's Ethics Code, these guidelines are only recommendations and not enforceable like the ethical standards. This could mean that mental health educators trained before 2001 received little to no GLB training and information on counseling GLB individuals (Cochran & Robohm,

2015). If this is the case, mental health educators would need to seek training on GLB issues of their own accord. Unfortunately, there is no mechanism to ensure that faculty in mental health graduate programs are adequately equipped to train students in GLB issues (Cochran & Robohm, 2015).

Knowledgeable and effective teachers can greatly impact their students' attitudes, knowledge, and skill acquisition (Conrad, Conrad, Misra, Pinard & Youngblood, 2010; Kek & Huijser, 2011; Schein, 1990). Umbach and Wawrzynski (2005) suggested that faculty, specifically their attitudes and behaviors, are the most influential in impacting student learning. Given the impact knowledgeable and trained faculty can have on their students and the dearth of literature on faculty GLB competency, it seems important to reassess faculty attitudes toward GLB individuals with a more sensitive assessment and assess GLB knowledge and skills in order to determine faculty GLB competency.

Current GLB training in mental health programs. The APA has been at the forefront of eliminating the stigma associated with GLB individuals by incorporating GLB guidelines in their accreditation criteria (APA, 2011). Today, there are 280 U.S. graduate programs accredited by the APA. Another premier accrediting organization for graduate counselor programs is CACREP. Currently, close to 600 counseling programs are CACREP accredited with 27 of those programs being doctoral level programs (CACREP, 2012a). CACREP espouses the values and standards of the APA (CACREP, 2012b). APA and CACREP accredited programs are committed to multicultural needs, which includes GLB competency, and reflect high standards in the training of graduate level students (Adkison-Bradley, 2011; APA, 2012a; CACREP, 2012b; Urofsky, 2012).

Both accrediting organizations pride themselves on producing better quality students than nonaccredited institutions (APA, 2012b; Adams, 2006; Milsom & Akos, 2007).

While it may be true that students from APA and CACREP accredited programs score higher on national exams, it is unclear whether these students are GLB competent when compared to their nonaccredited counterparts. Graduate students from APA and CACREP accredited programs may have enough multicultural knowledge to pass the national exam; however, they still lack the skills and positive attitudes needed to work with the GLB population (Hope & Chappell, 2015). Few studies assess multicultural competency in mental health graduate students and even fewer studies compare multicultural competency between accredited and nonaccredited programs. Mintz et al. (1995) revealed there were no differences in multicultural training between APA and non-APA accredited programs. Sehgal et al. (2011) found that, "training over the past decade (which does not appear to have changed significantly) yields professionals who are multiculturally sensitive but not multiculturally competent" (p. 6). It is important to note that over 85% of Sehgal et al.'s (2011) sample were trained in an APA accredited mental health programs. This means that the APA's support of multiculturalism via its documents and accreditation standards may not be translating to actual application of said standards. Mintz et al. (1995) found differences in multicultural training between clinical and counseling students from APA accredited programs, with counseling students having greater knowledge and skill regarding multicultural issues. Similarly, Sherry, Whilde, and Patton (2005) found that APA counseling programs are more inclined to include GLB curriculum than APA clinical programs. Multicultural training is weak in graduate

counseling and clinical programs (Chae, Foley, & Chae, 2006; Sehgal et al., 2011). Results from the proposed study can reveal whether APA and CACREP accredited programs produce better quality students with regard to GLB competency.

Typically, APA and CACREP accredited graduate programs cover GLB issues under the umbrella of multicultural counseling (MC). While multicultural courses and materials used in counselor preparation may have a GLB component, it is not nearly enough to fill the knowledge gap of graduate students. Coverage of GLB issues in mental health training programs is scant and insufficient in producing GLB competent professionals (Hope & Chappell, 2015; Murphy et al., 2002; Whitman, 1995). Pieterse et al. (2009) and Sherry et al. (2005) highlighted the inconsistency among programs in their multicultural training. One chapter, book, or course, is hardly sufficient to train future counselors in serving or advocating for the GLB population since most chapters in a multicultural course offer but a snapshot of any given group (ASHE, 2012). ASHE (2012) reported that, "To gain the necessary intercultural skills, students need ongoing practice and multiple opportunities to grow, staged over time and in new and changing contexts" (p. 45). This may explain why deficiencies in GLB competency exist among graduate programs.

Given APA and CACREP's strong advocacy language in training mental health graduate students to serve GLB individuals, it is vital to determine why mental health professionals continue to receive inadequate training—a gap in the literature. Closing the identified gap in the literature may explain why graduate mental health programs are failing to prepare their students to work with this population. It is important to know

whether mental health educators in APA and CACREP accredited programs have the necessary GLB positive attitudes, knowledge, and skills to develop GLB competent graduate students. Assessment of this information hinges on reliable and valid instruments. For these reasons, this study proposes to assess the GLB competency--attitudes, skills, and knowledge--of mental health educators and graduate students in APA and CACREP accredited graduate programs.

Problem Statement

The literature review for this study supports the notion that graduate students are ill prepared to serve the GLB population because of lack of GLB training in their mental health programs. There is a dearth of literature regarding GLB competency among faculty in mental health graduate programs and among faculty and students in accredited mental health programs. Further investigation into the GLB competency among faculty in mental health graduate programs may explain the continued lack of GLB training among graduate students in mental health programs. Also, comparing GLB competency among accredited programs, who espouse APA guidelines for psychological practice with GLB clients, to nonaccredited programs may inform interested parties whether the APA and CACREP's efforts to produce GLB competent mental health professionals has been a successful endeavor.

GLB competency among mental health graduate students is vital given an increasing number of GLB individuals who are coming out, the need for counseling services among GLB individuals, especially GLB youth, and the likelihood that a mental health professional will serve a GLB individual in their caseload. Mental health

professionals may unknowingly treat a GLB individual or a questioning GLB youth who does not feel comfortable disclosing their internal struggles. For these reasons, it is imperative that all mental health professionals be adequately prepared to serve GLB clients.

Few studies have investigated the circumstances responsible for lack of GLB training among graduate students. To date, no research has compared GLB competency among students and faculty from accredited mental health programs and those from nonaccredited mental health programs. Pieterse et al. (2009) found multicultural competence levels were drastically different between students and their supervisors, especially in practicum and internship courses, where presumably skills should be emphasized. The assumption is that the APA and CACREP are committed to reflect high standards in the multicultural training of their graduate level students. If this is the case, the accreditation standards implemented by APA and CACREP programs should result in better prepared students with regard to serving GLB clients. Therefore, it is imperative that mental health faculty's GLB competency be assessed, as it may reveal possible explanations for lack of graduate student training. This study will be unique in several ways as it will: (a) assess affective attitudes in faculty who teach in APA and CACREP accredited mental health graduate programs, and (b) compare GLB competency between faculty and students from APA and CACREP accredited programs and faculty and students from nonaccredited programs. These comparisons will be meaningful because they will inform the profession whether the efforts made by the APA via accreditation

standards for mental health programs have translated into faculty and students who are competent in serving the GLB community.

Purpose of the Study

The lack of GLB training among mental health graduate students leads the current study to focus on: (a) GLB competency among mental health educators, (b) GLB competency among mental health graduate students, and (c) a comparison of GLB competency in accredited programs versus nonaccredited programs. It should be noted that for the purposes of this study, mental health graduate student refers to students enrolled in master level and doctoral level counseling or psychology programs. The main purpose of the current quantitative study is to determine if there is a difference in GLB competency (dependent variable), as measured by attitudes, knowledge, and skills among faculty and students from accredited versus nonaccredited mental health programs (independent variable). This study will also identify if there are any differences in GLB competency in relation to these covariate variables: (a) gender, (b) age, (c) status of education (e.g., faculty completion of Ph.D. prior to 2001, multicultural/practicum enrollment, doctoral versus master's program), (d) type of graduate program, (e) number of GLB workshops attended, (f) race/ethnicity, (g) political ideology, (h) religiosity, (i) university location, and (j) number of GLB family/friends.

Research Question(s) and Hypotheses

Main Research Questions

The purpose of this study is to evaluate GLB competency of mental health educators and mental health graduate students in accredited and nonaccredited programs,

as measured by the Sexual Orientation Counselor Competency Scale (SOCCS), and the Multidimensional Heterosexism Inventory (MHI). This study aims to answer the following research questions:

RQ1: Does GLB competency (skills, cognitive attitudes, affective attitudes, and knowledge) differ between graduate students from accredited programs compared with graduate students from nonaccredited programs, controlling for gender, age, status of education, type of graduate program, number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

RQ2: Does GLB competency (skills, cognitive attitudes, affective attitudes, and knowledge) differ between faculty from accredited programs compared with faculty from nonaccredited programs, controlling for gender, age, status of education, type of graduate program, number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

Main Hypotheses

Study hypotheses include: H_01*:* There will be no significant difference between the mean scores on skills SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_a1: There will be a significant difference between the mean scores on skills SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0$2: There will be no significant difference between the mean scores on cognitive attitudes SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_a2: There will be a significant difference between the mean scores on cognitive attitudes SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0$3: There will be no significant difference between the mean scores on affective attitudes MHI (Walls, 2008) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops

attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_a3: There will be a significant difference between the mean scores on affective attitudes MHI (Walls, 2008) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0 4$: There will be no significant difference between the mean scores on knowledge SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_a 4$: There will be a significant difference between the mean scores on knowledge SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0 5$: There will be no significant difference between the mean scores on skills SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from

nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_a5: There will be a significant difference between the mean scores on skills SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0 6$: There will be no significant difference between the mean scores on cognitive attitudes SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_a6: There will be a significant difference between the mean scores on cognitive attitudes SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0 7$: There will be no significant difference between the mean scores on affective attitudes MHI (Walls, 2008) among faculty from accredited programs and those faculty

from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_a7: There will be a significant difference between the mean scores on affective attitudes MHI (Walls, 2008) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0 8$: There will be no significant difference between the mean scores on knowledge SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_a 8$: There will be a significant difference between the mean scores on knowledge SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

Further details about the rationale for the assessments being used to measure GLB competency and the justification for including the covariate variables are found in Chapter 2.

Theoretical and Conceptual Framework

Multicultural Counseling and Therapy (MCT)

The theory that supports this study is (MCT) theory. This theory acknowledges the negative influence the dominant culture has had on therapy for minority cultures (Sue, Ivey, & Pedersen, 1996). Underlying assumptions of this theory include: (a) society has a tendency toward more multiculturalism; (b) mental health professionals are not properly trained to meet the needs of an ever-increasing multicultural society; (c) learning is greatly influenced by the cultural context; and (d) multicultural training improves mental health professionals' awareness/attitudes, knowledge, and skills (Sue et al., 1996). As such, the multicultural counseling training competencies for mental health professionals based on the MCT theory center around three domains: attitudes/awareness, knowledge, and intervention strategies (Sue et al., 1996). Expert teachers who demonstrate pedagogical content knowledge and characteristics of effective teaching can have a great influence on the attitudes, knowledge, and skill acquisition of their students (Conrad et al., 2010). Therefore, the framework that will be utilized in the current study is MCT which supports GLB competency as having positive attitudes toward GLB individuals, knowledge of the GLB population, and skills to work with GLB clients. A more detailed explanation of MCT and how it relates to this study will be provided in Chapter 2.

Nature of the Study

Since it has been established that APA and CACREP accredited programs are directly responsible for implementing and ensuring adequately trained mental health professionals and the educators that teach in these programs, it will be important to assess

GLB competency in students in these accredited programs and GLB competency among the faculty who teach in these programs. Measuring faculty and graduate student GLB competency in these programs may reveal the factors important in producing GLB proficient mental health professionals. In order to establish a basis for comparison, it will be important to assess GLB competency in faculty and graduate students from nonaccredited programs. Minimum standards of professional competency in nonaccredited programs, in some cases, are determined by regional accreditations. Regional accreditation standards do not necessarily promote or emphasize GLB training, as the APA and CACREP have in their professional documents and accreditation standards. While all mental health programs abide by ethical standards that emphasize nondiscrimination to individuals based on sexual orientation, only APA and CACREP accredited programs have their accreditation to lose if they are not producing competent students. In essence, it will be important to determine whether accredited programs that purport to advocate for GLB training produce students who are GLB competent. In other words, when it comes to GLB competency, do APA or CACREP accreditations make a difference?

This study will employ a comparative research design to determine GLB competency, the dependent variable, among mental health educators and mental health graduate students from accredited and nonaccredited programs, the independent variable. As previously mentioned, this study will also identify if there are any differences in GLB competency in relation to the following covariate variables: (a) gender, (b) age, (c) status of education (e.g., faculty completion of Ph.D. prior to 2001, multicultural/practicum

enrollment, doctoral versus master's program), (d) type of graduate program, (e) number of GLB workshops attended, (f) race/ethnicity, (g) political ideology, (h) religiosity, (i) university location, and (j) number of GLB family/friends. Since APA and CACREP accredited programs claim to advocate for GLB training, it is important to determine whether such advocacy is translating into GLB competent mental health professionals. Also important in this study is to consider covariates that research has shown to impact GLB competency.

The researcher proposes to collect data electronically via Qualtrics. The researcher plans to distribute the online survey by utilizing several listservs from various professional organizations (American School Counselor Association, American Counselor Association, American Psychological Association, American Association for Marriage and Family Therapy, National Counseling Association, Texas Association for Counselor Education and Supervision, Association for Counselor Education and Supervision, and American Association of University Professors) and contacting individual university program faculty and graduate students. A MANCOVA will be used to assess population means on GLB competency among faculty and graduate students from accredited institutions and nonaccredited institutions.

Definitions

The following definitions will help clarify major terms utilized throughout this study.

Affective attitudes: Reveals one's feelings about GLB individuals or one's "discomfort having contact with lesbians and gay men" (Israel & Hackett, 2004, p. 183).

Cognitive attitudes: Reveals one's thoughts or perceptions about GLB individuals and are "developed through actual experience" (Herek, 1988, p. 471).

GLB: Refers to gay, lesbian, and bisexual individuals.

GLB competency: Sue et al. (1992) defined multicultural competency as having knowledge, self-awareness of one's own values and biases, and skills to work with a given population. Thus, GLB competency refers to one's knowledge, self-awareness of one's own values and biases, and skills to work with GLB clients.

GLBT: Refers to gay, lesbian, bisexual, and transgender individuals.

Heterosexism: Walls defined as, "An ideological system that denies, denigrates, stigmatizes [or segregates] any nonheterosexual form of behavior, identity, relationship, or community" (p. 27).

Mental health graduate programs: Counseling programs that prepare mental health professionals to counsel. In the context of this study, mental health graduate programs are those accredited via APA or CACREP.

Mental health graduate students: For the purposes of this study, mental health graduate students refer to students enrolled in mental health counseling or psychology programs which produce counselors and psychologists.

Assumptions

An assumption of this study is that participants will respond honestly in the questionnaires. Surveys will be administered electronically and can be completed in privacy. These measures ensure anonymity and provide students and faculty with the confidence needed to answer honestly (Nosek, Sriram, & Umansky, 2012). Another

assumption of this study is that a representative sample of graduate students and faculty will be obtained. In addition to sending mass requests to participate in this study, the researcher will utilize her personal faculty contacts to solicit participation from various accredited and nonaccredited mental health programs throughout the United States.

Scope and Delimitations

The scope of this study will be limited to GLB competency of graduate students and faculty. There was an intentional exclusion of the transgender population in this study for various reasons. First, there may be distinct issues between those who struggle with sexual orientation and gender identity (Brennan et al., 2012; Garofalo, Deleon, Osmer, Doll, & Harper, 2006). As such, there is no current assessment that encompasses attitudes, knowledge, and skills for the GLBT population. Therefore, it was determined to exclude the transgender group from the study.

Another delimitation of this study is the use of self-assessments. The difficulty inherent in obtaining anonymous data from entire programs that would allow for comparison of data within the same programs (e.g., comparing GLB competency scores between faculty and students in the same program) was a deciding factor for the utilization of self-assessment. Lastly, the lack of financial resources in obtaining a true random sample for this study has led the researcher to utilize a convenience and voluntary sample. Professional organization listservs and personal contacts to nonaccredited programs will be utilized; therefore, the generalizability of the data will be limited to these groups.

Limitations

There are several potential limitations to the current study. A couple of limitations center around the assessments and the possibility of acquiring a representative sample. Due to the dearth of assessments that measure GLB competency, the assessments utilized in this study pose some limitations. For example, SOCCS is the first and only assessment developed to measure an individual's GLB counseling competency. Since the instruments used in this study pose questions about GLB individuals as one singular group, it will be difficult to distinguish if responses differ across individual groups (gay, lesbian, or bisexual), which is a limitation in this study. Another general limitation of the assessments used in this study is that they are self-report measures and they cover sensitive behaviors. Udry and Chantala (2002) encouraged a certain amount of skepticism regarding the validity of a self-report measure that deals with sensitive topics. Graham (2009) also noted the possibility of participants providing socially acceptable responses in self-report measures. Given the scope of this study and the feasibility with which to obtain data, self-report questionnaires are the most practical method to obtain data on this topic. To gather data that would allow for comparisons between faculty and students within a given program (e.g., purposeful sampling) would require substantial resources and forfeit anonymity. This study will utilize other assessments to compensate perceived weaknesses in the SOCCS; however, those assessments also have limitations that will be discussed.

Assessments

SOCCS. SOCCS is comprised of 29 items divided into the three areas of GLB competency: attitudes/awareness, skills, and knowledge. In order to establish validity, each subscale was correlated to existing assessments. The skills subscale was normed to the Counselor Self-Efficacy Scale; the attitudes/awareness subscale was correlated to the Attitudes Towards Lesbians and Gay Men (ATLG) scale; and the knowledge subscale was normed to the Multicultural Counseling Knowledge and Awareness Scale (MCKAS) and the Counselor Self-Efficacy Scale (CSES).

Graham (2009), Henke et al. (2009), and Rock et al. (2010) utilized SOCCS and found moderate to high scores in participants' overall score, despite conflicting data, sometimes within the same study. Moderate to high scores in SOCCS also contradict previous research that supports lack of GLB training in mental health curriculum and negative attitudes toward GLB individuals or lack of awareness regarding how one's biases affect counseling GLB clients. Schein (1990) said, "It is quite possible for a group to hold conflicting values that manifest themselves in inconsistent behavior while having complete consensus on underlying assumptions" (p. 112).

Participants score themselves high in the attitudes/awareness and knowledge domains, which contributes to high overall SOCCS scores. Combining all three domains for one overall score in order to determine GLB competency can be a major limitation since it does not indicate an individual's skill level. Therefore, this study will evaluate competency based on each domain (e.g., attitudes, knowledge, and skills). Evaluating each domain may be more informative for graduate training purposes.

Attitude/awareness subscale. As previously mentioned, the SOCCS attitudes/awareness subscale was normed to the ATLG scale which measures cognitive attitudes toward GL individuals (Israel & Hackett, 2004). One of the criticisms of ATLG, that would also be true of the SOCCS, is that it does not measure affective attitudes toward GL individuals (Whitman & Bidell, 2014). Affective attitudes may reveal the more subtle nuances of heterosexism in heterosexuals; therefore, affective attitudes may reveal a more comprehensive understanding of heterosexuals' feelings toward GLB individuals that may otherwise go undetected when measuring cognitive attitudes.

Israel and Hackett (2004) found that information-based training positively impacted cognitive attitudes of graduate students toward GLB individuals. However, they found that the training had no impact on the affective attitudes of graduate students. So, while graduate students were not displaying negative cognitive attitudes toward GLB individuals, their affective attitudes indicated that they were still uncomfortable in the presence of GLB individuals (Israel & Hackett, 2004). As previously mentioned, there is a dearth of research on training mental health professionals to work with GLB clients.

Riggs, Rosenthal, Smith-Bonahue (2011) showed that the majority of pre-service teachers had negative affective attitudes toward the GLB population. Golom and Mohr (2011) found no significant difference in cognitive attitudes toward GL individuals; however, there was a significant difference when affective attitudes were measured. In other words, based on cognitive attitude measurement, it appeared that heterosexual individuals had positive attitudes toward GLB individuals, when in reality the affective measurement indicated negative attitudes toward GLB individuals. This research supports

the need to measure affective attitudes of both faculty and students in mental health graduate programs. Also, it is important to consider the plausibility that previous positive results of attitudes toward GLB reported on the SOCCS are really indicative of cognitive attitudes and not underlying affective attitudes. Thus, to correct for this potential limitation in the current study, Walls' (2008) MHI affective attitude assessment will be used as a way to capture more subtle forms of attitudes toward GLB individuals that may not be captured by the SOCCS.

MHI. The MHI will be utilized as a way to compensate for the limitations of the SOCCS attitudes/awareness subscale. While the MHI has been proven to be valid and reliable in measuring subtle or modern prejudices toward GLB individuals (Walls, 2008), there are several limitations of this instrument. First, there has not been sufficient testing of this assessment. One of the main criticisms of Walls' MHI is that it was normed with an undergraduate college age population and may pose generalizability issues with the graduate age population used in this study. Walls (2008) suggested that his findings may be conservative since research supports the fact that younger people have more positive attitudes toward GLB individuals (Barrett & McWhirter, 2002; Herek, 2002; McDermott & Blair, 2012). Therefore, while this instrument has not been tested on adults, the advantage is that this instrument offers an opportunity to capture the affective attitudes of this population.

Another limitation of this assessment is that it does not include bisexual individuals in its measurement of heterosexism. The current study will address this limitation by modifying the questionnaire to include the term "bisexual." Despite these

limitations, it seems necessary to investigate if there are any nuances in modern heterosexism that have not been previously detected by use of other measures. Walls (2008) stated, “the narrow focus on hostile heterosexism is no longer broad enough to capture the intricacy of attitudes that maintain stratification based on sexual orientation and continued reliance on it will make the current understanding of attitudes toward homosexuality incomplete” (p. 60).

Another potential limitation to this study may be the inability to guarantee a representative sample. This study proposes to utilize listservs from professional organizations in order to secure a robust number of participants. However, it may be possible that students and faculty who are on these professional organization listservs represent students and faculty who are more likely to be interested and involved in professional development, especially in areas like multiculturalism and GLB competency. Therefore, participants in this study may be more prone to respond in a positive manner. In other words, the goal of the researcher is to include a representative sample of heterosexual faculty and graduate students who may not necessarily be supportive of the GLB population. In order to control for this potential limitation, the researcher will utilize her personal faculty contacts to solicit participation from various accredited and nonaccredited mental health graduate school training programs.

Significance

It has been demonstrated that there is a need for GLB competency among mental health professionals (Berg et al., 2008; Chae & Ayala, 2010; Henke et al., 2009; Johnson & Federman, 2014; Mahadi et al., 2014) and the current lack of GLB training in mental

health graduate programs (Bidell, 2014; Graham, Rawlings, Halpern, & Hermes, 1984; Lidderdale, 2002; Murphy et al., 2002; Savage, Prout, & Chard, 2004). Limited research has focused on mental health graduate student attitudes and beliefs about GLB individuals. Fewer studies have focused on GLB competency among mental health graduate students and even fewer among mental health educators. It has also been established that the APA and CACREP accredited programs espouse the guidelines and ethical standards that promote multicultural competency and services for GLB individuals. Since faculty in APA and CACREP accredited programs are directly responsible for implementing GLB affirmative curriculum, it has been determined that assessing GLB competency among faculty may explain the chasm between the policies and standards APA and CACREP promote and the lack of GLB proficient graduate students that graduate from these programs. This study is significant as it will determine whether APA and CACREP guidelines and standards have resulted in GLB counseling competent students and faculty. This study is unique in that it is the first to (a) assess affective attitudes in faculty who teach in APA and CACREP accredited mental health graduate programs, and (b) compare GLB competency between faculty and students from APA and CACREP accredited programs and faculty and students from nonaccredited programs.

Implications for Social Change

Singh et al. (2010) stated, “social justice has been named the fifth force in counseling, and it is distinguished from multiculturalism by its recognition of the impact of unearned privilege and discriminatory oppression on clients’ mental health” (p. 767).

The GLB population continues to receive poor mental health services (Chae & Ayala, 2010; Israel, Gorcheva, Burnes, & Walther, 2008; Williams & Chapman, 2012), which may stem from inadequately trained mental health professionals. Still, social justice is dependent on multicultural competence emphasized in graduate mental health programs (Singh et al., 2010).

As such, results from this study may highlight key factors necessary in producing GLB competent graduate students, especially in APA and CACREP accredited programs. Study results may also impact future policy considerations in APA and CACREP accreditation standards. For example, current standards do not require that APA and CACREP accredited program graduate students to demonstrate GLB competency. Current standards also do not mandate that program faculty be GLB competent. Therefore, results from this study could impact specific requirements needed by APA and CACREP accredited programs that would ensure GLB competent graduate students and improved mental health services for GLB individuals.

Summary

The need for GLB competent mental health professionals, the lack of GLB training in mental health graduate programs, APA and CACREP's advocacy for GLB training, and a dearth of research on GLB competency are valid reasons for focusing on this research topic. This study proposes to close the identified gap in literature by assessing whether mental health educators in APA and CACREP accredited programs have the necessary GLB competency conducive to developing GLB competent graduate students. A history of how this problem has developed, a detailed review of research that

lead to this conclusion, and current assessments are detailed in Chapter 2. Results from this study may explain why graduate counseling programs are failing to prepare their students to work with the GLB population.

Chapter 2: Literature Review

Introduction

The growing number of individuals who identify as GLB in American society is at an all-time high (Black et. al., 2000; Human Rights Campaign [HRC], 2014). While a recent estimate of the portion of Americans who identify as GLB is at 1.7% or 4 million, it is believed to be higher (Leff, 2012). About four and a half percent of U. S. college students self-identified as GLB (American College Health Association, 2007). Gates (2011) estimated that 3-5% or 9 million of the U.S. population identifies with being GLB and Savin-Williams, Rieger, and Rosenthal (2013) placed estimates at 3-9%.

One reason why estimates of GLB are believed to be higher is that most surveys do not distinguish those individuals who identify as GLB versus those who do not but still engage in homosexual acts (Black et al., 2000; Chae & Ayala, 2010; Leff, 2012). Crary (2010) reported that, "7 percent of adult women and 8 percent of men identify as gay, lesbian, or bisexual, the proportion of individuals who have had same-gender sex at some point in their lives is higher" (para. 19). Bisexual behavior is even more common than homosexuality, especially among women (Rust, 2000; Vrangalova & Savin-Williams, 2010). Vrangalova and Savin-Williams (2010) found that a majority of heterosexually identified young adults (84% of heterosexually identified women and 51% of heterosexually identified men) experienced sexual attractions, sexual fantasies, and/or sexual behaviors with the same sex. Similarly, Knox, Beaver, and Kriskute (2011) found that almost half of 436 self-identified heterosexual females in their study verified that they had sexually experimented by kissing another woman.

This incongruence between self-identification and reported behavior makes a case for low estimates of bisexuality in the U.S. (Labriola, 2011). Therefore, concrete estimates of the GLB population have been difficult to secure because most national population surveys do not ask about sexual orientation, the variability in how GLB is defined, and the possibility that some GLB individuals do not label themselves as such (Morales, 2011). Knox et al. (2011) reiterated the problem that "sexual behavior, attraction, love, desire, and sexual-orientation identity do not always match" (p. 281). Estimates of GLB individuals may be a lot higher than current studies will lead to believe.

Despite recent visibility of GLB individuals and their progress in gaining acceptance and equal rights in a majority heterosexual American community, GLB individuals are still likely to experience victimization due to homophobia (Katz-Wise & Hyde, 2012; Von Drehle, 2013). Katz-Wise and Hyde (2012) found that a majority of GLB individuals experience discrimination and verbal harassment. Even after the majority of American society accepted women and Blacks as having equal rights, it took some time for educational institutions to change the climate conducive to addressing diversity in their students (Hurtado, Milem, Clayton-Pedersen, & Allen, 1998; Weiler, 1989). This is equally true of GLB individuals in institutions of higher education. In fact, even today, invisible barriers to educational attainment exist for minorities (U. S. Census Bureau, 2009a, 2009b, 2009c). McKenzie-Bassant (2007) argued that while equal opportunities policies, mission statements, and guidelines meant to protect and serve

GLB individuals exist, they are ineffective and superficial. It appears that change, especially in institutions of higher education, can be slow.

Brittney Griner, a Women's National Basketball Association (WNBA) player, revealed that she was asked by her Baylor University coaches to remain silent about her sexual orientation; this is a "sad testament to the pervasiveness of homophobia in America" (Eisenberg, 2013, para. 6). Baylor coaches were afraid that Griner's openness about her sexuality would discourage heterosexual parents from sending their heterosexual children to their university (Gregory, 2013). Baylor University is a private Baptist university and their handbook explicitly states that GLBT behavior is not condoned.

It is evident that there are a growing number of GLB individuals that are coming out, a larger number of individuals who can be classified as bisexual based on their behavior, as well as a significant amount of discrimination and victimization being experienced by these GLB individuals, especially in institutions of higher education, and despite progress in the GLB movement (Katz-Wise & Hyde, 2012; Ueno, 2005; Von Drehle, 2013). Unlike obvious distinctions, such as gender and ethnicity, sexual orientation can be easily concealed and therefore, making it difficult for mental health professionals to treat clients effectively. Research supports increased use of mental health services by GLB individuals compared to heterosexual individuals. Therefore, it appears that there is need for GLB training, especially in mental health programs, as it is likely that a mental health professional will come across a GLB client in their practice. Israel

and Hackett (2004) believed that mental health training programs are directly responsible for ensuring their students are properly trained to serve the GLB population.

Literature Search Strategy

The search for articles in this literature review began in June of 2009 via doctoral coursework assignments. A comprehensive review commenced on June of 2012, in preparation for this dissertation. The review of literature was conducted by utilizing several search methods, all in the English language. First, studies were gathered by utilizing the following search engines and databases: Academic Search Complete, LGBT Life with Full Text, PsycINFO, PsycArticles, PsycTESTS, PsycBooks, PsycCritiques, PsycEXTRA, ERIC, Education Research Complete, Teacher Reference Center, Research Starters-Education, Mental Measurement Yearbook, SocINDEX, and ProQuest Dissertations & Theses Full Text. A search in individual journals was also conducted to ensure that relevant articles were not overlooked (e.g., Counselor Education and Supervision Journal, Journal of Sex Research, and Journal of Gay and Lesbian Mental Health). Key search terms used for this literature review include combinations of the following: *GLB, GLBT Training Models, Counselor Educators, Mental Health Services, Multicultural Competence Theory, Multicultural Counseling Training, APA Accredited Programs, CACREP Accredited Programs, Multicultural Counseling Assessments*, and *GLB Assessment Instruments*. Google Scholar was also utilized in this literature review. Alerts were made on Google Scholar for any new research related to gay, lesbian, or bisexual individuals that was published after the completed searches were created, therefore ensuring that the most recent research on this dissertation topic was integrated

into the study. Lastly, seminal references from articles reviewed for this literature review were located and incorporated into this review.

Overview

This comprehensive literature review is organized in a way that will support the need for this study to determine GLB competency among graduate mental health educators and graduate students. To better understand the need for this study, general research on sexuality will be presented, a historical overview of how GLB individuals were viewed in the psychology field will be provided, the ethical guidelines for working with GLB clients will be discussed, and current GLB training in mental health programs will be reviewed. Other topics addressed in this review will include student and faculty attitudes regarding working with GLB clients, accredited mental health programs, the theoretical framework for this study, and lastly, GLB assessment instruments.

Research on Sexuality

Before looking at research specific to the GLB population, it is important to note the pioneers in sex research. Karl Maria Kertbeny was the first acknowledge homosexuality via his research. Although Kertbeny did not develop the theory of homosexuality, per se, his articles written during the late 19th century recognized, informed, and acknowledged homosexuality. Most importantly, Kertbeny claimed that "homosexuality is neither sin, illness, or crime, but is rather an innate quality of a group of individuals" (Feray & Herzer, 1990, p.25). Kertbeny sought to eliminate laws that punished men who engaged in consensual sexual relationships, a risky position for anyone in those times. It took over a century, at least in the United States, before sodomy

laws that targeted sexual minorities were deemed unconstitutional, with some states ruling as recently as 2003 (Head, 2013).

Alfred Kinsey is another integral pioneer whose work on sexuality began in 1941. He is credited with having made the study of sexuality more scientific in nature (Bullough, 1998; Hill, 2008). This was crucial since sexuality, during the early twentieth century, was considered a moral issue and thus, proved difficult to objectively research. Kinsey's data revealed the disparities "between public standards of sexual behavior and actual sexual behaviors in areas such as sexual diversity, variations . . . and same sex behaviors" (Ducharme, 2004, p.174). Therefore, Kinsey is credited with changing the public's attitudes regarding sexuality (Bullough, 1998).

Today, research on sexuality commonly combines most sexual minority individuals into one group. While it cannot be denied that there are commonalities in these sexual minority groups, some studies are beginning to recognize each group's unique struggles. GLBT individuals have long voiced their differences in experience among the different subgroups of sexual minorities. One of the main distinctions between GLB individuals and transgender can be explained via the difference between gender identity and sexual orientation. Sexual orientation describes who one is attracted to, either emotionally and/or physically (Garofalo et al., 2006). Gender identity refers to the gender one identifies with—for self-identified heterosexual individuals and most self-identified gay and lesbian individuals, their gender identity is congruent with their biological sex. However, for transgender people, their gender identity is not congruent with their biological anatomical sex (Garofalo et al., 2006). Since GLB is affiliated by sexual

orientation and most research lumps GLB together, this study has chosen to focus on GLB individuals.

The Case For Effective Mental Health Services For The GLB Population

There are several reasons why training mental health professionals to serve GLB individuals is important. One of those reasons is an increasing number of individuals who identify as GLB. Other reasons are elaborated in the following sections.

Historic Perceptions of GLB Individuals in the Field of Psychology

In the psychology field, the Diagnostic and Statistical Manual of Mental Disorders (DSM) greatly impacted the manner in which GLBT clients were treated and perceived (Goldfried, 2001). Monumental sexuality studies like Kinsey, Pomeroy, & Martin (1948) and Hooker (1957) paved the way for DSM's removal of homosexuality as a mental disorder and led the way to a more affirmative approach to GLB research (Kimmel & Garnets, 2003). This ideology paved the way for APA to stay ahead of society's cultural trend.

APA has made great efforts to correct previous misperceptions of GLB individuals by the mental health profession. First, homosexuality, which was classified as a sociopathic personality disorder, was removed from DSM in 1973. In 1975, APA "called on psychologists to take the lead in removing the sigma of mental illness that has long been associated with lesbian, gay, and bisexual orientations" (APA, 2008, para. 1). In 1987, ego-dystonic homosexuality was removed from the DSM. However, according to Appendix IX, the Chronological History of Divisions for the American Psychological Association, it took 22 years before Division 44-The Society for the Psychological Study

of Lesbian, Gay, Bisexual, and Transgender Issues was created in 1997 (APA; 2011a). It took another three years before Division 44 would create guidelines for psychological practice with GLBT clients in February 2000. The original 2000 guidelines were recently revised and adopted by the APA Council of Representatives in February of 2011. So, despite the initial removal of homosexuality from the DSM in 1973, it took some time for APA to recognize that this minority group was significant enough to merit its own interest group within the APA organization. One can also see the problem inherent in those clinicians and mental health educators that were trained prior to 2000. Ponterotto, Fingerhut, and McGuinness (2012) asserted that current day training for future counselor educators will produce a more competent multicultural clinician than in previous decades.

These historic facts have undoubtedly affected and may continue to impact how psychologists perceive and/or treat GLBT individuals today. For example, Kimmel and Garnets (2003) stated, "by the time we entered our careers, Alfred Kinsey, Hooker, and William Masters and Virginia Johnson were as well known to us as B. F. Skinner, Carl Rogers, Virginia Satir, and Abraham Maslow" (p.32). Even then, this statement seems unsupported by research based on mental health professionals' preparedness in serving sexual minorities.

While APA now seems to be on board with the advocacy of equal rights for sexual minorities, an important stipulation noted in Footnote 4 in Domain D of the Accreditation Guidelines and Principles of the Commission on Accreditation (APA, 2005) allows for psychology programs who are affiliated with religion to apply their own admission standards, even if they are discriminatory (e.g., admitting only those who

espouse the same religious beliefs). APA undermines their ethical guidelines if they continue to allow intolerance toward GLB clients based on religious affiliation, as in the case of religious training programs. As such, Vera (2009) argued that it is impossible to produce competent multicultural clinicians without first addressing these students' biases and negative attitudes. Therefore, it appears that the journey to GLB equality in mental health services is far from complete. Evidence that mental health professionals are not adequately trained to serve the GLB population attests to lingering biases toward GLB.

Mental Health Issues With the GLB Population

Studies indicate that GLB youth (Bybee, Sullivan, Zielonka, & Moes, 2009) and those who do not conform to their gender idiosyncrasies (Sandfort, Melendez, & Diaz, 2007) seek and partake in psychological services at higher rates than their heterosexual counterparts. Suicide (Remafedi, French, Story, Resnick & Blum, 1998), suicide attempts (Paul et al., 2002), depression (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009), substance abuse (Marshal et al., 2008; Rotheram-Borus et al., 1994), risky sexual behavior (Cochran et al., 2003) and anxiety (Pachankis & Bernstein, 2012; Fischgrund et al., 2012; Meyer, 2003) are prevalent among GLB individuals and undoubtedly related to coming-out and living in a predominately heterosexual community (Berg et al., 2008).

A meta-analysis by Meyer (2003) concluded that GLB individuals have a greater likelihood of developing a mental disorder when compared to their heterosexual counterparts. However, Bybee et al. (2009) was critical of Meyer (2003) since it lumped all age groups together in their study. Bybee et al. (2009) analyzed men by age groups: those age 24 and below (young) and those age 25 and above (older). Bybee et al. (2009)

clarified previous research findings that indicated higher rates of mental disorders among GLB individuals when compared to heterosexual individuals. That is, there was a significant difference in mental health among gay men and heterosexual men among the young group (age 24 and below). However, there was no significant difference in mental health among gay men and heterosexual men in the older age group (age 25 and above). In sum, when considering mental health among GLB individuals, apparently age does matter.

Chae and Ayala (2010) highlighted the importance of distinguishing between self-identified sexual orientation and reported sexual behavior, especially among minority ethnic groups. Chae and Ayala (2010) found that Asians and Latinos were less likely to identify with the GLB orientation despite their reported GLB behavior. Interestingly, those Asian/Latinos who did identified as GLB indicated higher levels of psychological distress, like depression.

A possible explanation for GLB individuals experiencing higher rates of depression, anxiety, and substance abuse may be related to integration of their sexual identity and subsequent adjustment issues (Rosario et al., 2011; Kosciw et al., 2012). Marshal et al. (2008) found that "the odds of substance use for LGB youth were, on average, 190% higher than for heterosexual youth and substantially higher within some subpopulations of LGY youth (340% higher for bisexual youth, 400% higher for females)" (p.546). These are alarming statistics for any population. Rosario, Schrimshaw, and Hunter (2004) found that GLB youth had an increased risk of substance abuse, especially during the coming-out process. This particular study seems to contradict the

idea that substance abuse is a result of having to hide one's sexual orientation. Rather, increased substance abuse may be a coping mechanism during this difficult "coming out" time for GLB individuals. Identity integration relates to an individual's own comfort in their sexual orientation, which results in being more visible as a GLB individual.

Another reason GLB individuals may be in need of psychological services could be related to their experience of prejudice and victimization within a predominately heterosexual community (Chae & Ayala, 2010; Katz-Wise & Hyde, 2012; Meyer, 2003). Chae and Ayala (2010) found higher levels of psychological distress in GLB individuals. Interpersonal stressors (e.g., victimization and isolation) caused by lack of adequate social support systems contribute to the difficulties experienced by GLB youth. Sandfort et al., (2007) found that self-identified gay and bisexual Latino men who also identified with more effeminate mannerisms experienced higher levels of mental distress and higher incidents of discrimination.

Still, it appears that there may be some justified caution in interpreting results of rates of psychopathology and sexual orientation for fear that the lay person may interpret this relationship--sexual orientation and psychopathology--as one of causality. Meyer (2003) said it best, "whether GLB populations have higher prevalences [sic] of mental disorders is unrelated to the classification of homosexuality as a mental disorder" (p.674). After the progress that has been made in this profession with regard to GLB individuals, it would be careless to revert to previously held beliefs. By the same token, it would be careless to ignore the evidence that suggests the need for psychological services, like counseling, among GLB individuals. Failing to recognize the research that supports the

need for psychological services among GLB individuals could also perpetuate the continued lack of necessary training in mental health programs.

Therefore, research supports the fact that GLB individuals, especially young GLB individuals are likely to experience depression, anxiety, and substance abuse more than their heterosexual counterparts. Also, it is important not to forget about those individuals who engage in GLB sexual behaviors, but identify themselves as heterosexual, as they too experience psychological distress inherent in not being congruent with oneself. This practice of misidentification is more prevalent among males of ethnic minority groups. Chae and Ayala (2010) advised practitioners to be aware of discrepancies among GLB self-identification and GLB behaviors since it could mean that unsuspecting practitioners may be serving GLB individuals without their awareness.

Unsuspecting psychological services to the GLB population. Garnets, Hancock, Cochran, Goodchilds, and Peplau (1991) found that psychologists reported serving GLBT individuals in their practice at least once in their career and/or having at least a small percentage (6-7%) of GLBT clients in their current caseload. Henke, Carlson, and McGeorge (2009) found that 91% of couple and family therapists had worked with at least one gay/lesbian client, with close to 56% of these therapists seeing more than 10 gay/lesbian clients. Murphy et al. (2002) also confirmed that clinical psychologists serve a significant number of GLB clients in their caseloads, despite poor graduate training in serving this population. Hall et al. (2013/2014) reported that 90.7 % of high school counselors confirmed serving a GLB client. Given what we know about the inconsistencies in reporting of GLB behavior, these percentages may be higher and

thus, psychologists/mental health professionals may unknowingly serve a significant percentage of GLB individuals. Therefore, many mental health professionals, regardless of their training, will encounter GLB clients. This has great implications for how graduate students in mental health programs are trained and makes a case for proficient GLB training in every mental health training.

Poor mental health services for GLB individuals. Chae and Ayala (2010) confirmed the need for improvement in mental health services for the GLB population. Williams and Chapman (2012) found that sexual minority youth did not receive the mental health services needed. These mental health services are especially crucial for bisexual individuals. Mohr, Israel, and Sedlacek (2001) and Israel et al. (2008) revealed that counselors who had negative attitudes toward bisexuality were more likely to negatively impact perceived bisexual clients and their therapy experience. If GLB clients perceived their counselors as having a positive attitude toward individuals that identify as GLB, then clients tended to rate their therapy experience as positive. Thus, it is vital that mental health professionals have knowledge about issues the GLB population may experience, skills to work with this population, and positive attitudes towards GLB individuals, in order to adequately serve this population.

Ethical Responsibility to Include GLB Training in Mental Health Program Curriculum

The commitment of the psychology field to advocate for and provide effective services to GLB individuals has been evident in professional ethical guidelines and policies. However, APA's commitment to correct the injustices incurred by the GLB

population has not translated into GLB competent clinicians or adequate mental health services for GLB individuals. Two major publications that guide professional's ethical responsibilities to serve GLB individuals are the APA's Ethical Principles of Psychologists and Code of Conduct, and the APA's Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients. Another important APA publication, the Guidelines and Principles for Accreditation of Programs in Professional Psychology, also provides information regarding the resolution for serving GLB individuals.

APA's Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients. The practice guidelines for GLB clients were developed by Division 44's Committee on Lesbian, Gay, Bisexual, and Transgender Concerns Joint Task Force and adopted by the APA Council of Representatives in February of 2000, as an answer to graduate school's lack of training in working with the GLB population. These guidelines were revised and approved in February of 2011. However, like aspirational/general principles of the APA's Ethics Code, these guidelines are only recommendations and not enforceable like the ethical standards. There are 21 guidelines; five of which are specific to this study and center around knowledge, awareness, and continuing education.

Guideline 3 states that mental health professionals should understand that there are normal variations in the expression of human sexuality and that, "efforts to change sexual orientation have not been shown to be effective or safe" (APA, 2012a, p.14). Even so, Spiritual Response Therapy continues to exist, especially in religious counseling settings or among mental health professionals who espouse to strong religious beliefs (Haldeman, 2004).

Guideline 4 encourages self-awareness regarding attitudes toward GLB individuals and how this may impact assessment and treatment of this population. When the mental health professional recognizes that his/her attitudes or lack of knowledge may impair treatment of GLB clients, then they should properly refer. APA strongly recommends that all psychologists be competent in serving the GLB population and seek the necessary training and experience. Guideline 7 and Guideline 20 extends the message provided by Guideline 4 which is that mental health professionals should seek continuing education regarding GLB issues. Lastly, Guideline 19 specifically states that mental health educators should include GLB issues in their courses and in training.

APA Guidelines and Principles for Accreditation of Programs in Professional Psychology. Domain D in APA's (2005) guidelines for accreditation of psychology programs, acknowledges the importance of "cultural and individual differences and diversity in training of psychologists" (p.10). Domain D also encourages training programs to make concerted efforts to reflect a diverse faculty and graduate students. However, an exception to this guideline, known as Footnote 4, is made for programs that have a religious affiliation. If a program has a religious affiliation, then they are allowed to accept only those students and faculty whose religious beliefs are similar to the program, so long as the program publically acknowledges this fact. Similarly, there are "institutions that disaffirm and/or disallow diverse sexual orientation" (Smith & Okech, 2016, p. 252) that are CACREP accredited. This is proof that conflicts between religious beliefs and an ethical responsibility to not discriminate against individuals based on sexual orientation exist and are not clear cut.

In sum, mental health professionals have an ethical responsibility to advocate for minorities and provide "quality services equally to all people" (Benoit, 2005, p. 315). Rees-Turyn (2007), a mental health professional and associate professor in a Counseling Psychology Department stated, "our professions are far from realizing the ideals set by our various practice guidelines" (p.160). All of these points are important to consider when determining whether accredited programs are effectively preparing their students to serve the mental health needs of GLB individuals. APA's ethical principles and guidelines regarding GLB clients stress the need for mental health professionals to be competent in the following domains: self-awareness, knowledge, and training/skills. These domains form the basis for GLB competency and will be investigated in the current study.

Accredited Mental Health Education Programs

APA has been at the forefront of eliminating the stigma associated with GLB, by incorporating GLB guidelines in their accreditation criteria. Today, there are 280 U.S. graduate programs in psychology accredited by APA (APA, 2012b). Another premier accrediting organization for mental health counseling is CACREP. Close to 600 counseling programs are CACREP accredited with 27 of those programs being doctoral level programs (CACREP, 2012a). CACREP espouses the values and standards of APA. APA and CACREP are both committed to reflect multicultural needs and reflect high standards in the training of graduate level students (e.g., GLBT issues; Adkison-Bradley, 2011; APA, 2012b; CACREP, 2012b; Urofsky, 2012). In fact, Adkison-Bradley (2011) spoke directly to the improvement in multicultural curriculum in CACREP accredited

doctoral programs. Both accrediting organizations pride themselves in producing better quality students than nonaccredited institutions (e.g., higher national test scores; APA, 2012b; Adams, 2006; Milsom & Akos, 2007).

An important distinction between both accrediting agencies is that APA is prominent in the accreditation of both master level and doctoral level clinical and counseling programs. CACREP, on the other hand, accredits mostly master level programs in counseling which are affiliated with the college of education. Also, CACREP only accredits one type of doctoral program, a Ph.D. in Counselor Education and Supervision (CACREP, 2013). Doctoral degrees in APA accredited clinical and counseling psychology programs prepare individuals to not only serve in academia, but also to become practitioners, once they have gained licensure. However, a CACREP doctoral degree is intended to prepare individuals to serve in academia and does not meet the standards for doctoral practitioner licensure.

Current GLB Training in Mental Health Programs

Research on the impact of educational programs on student beliefs, attitudes, values, and behaviors has been well established (Vogt, 2004). Those directly responsible for implementing GLB training curriculum and ensuring adequately trained mental health professionals are APA and CACREP accredited mental health programs and the educators that teach in these programs (Urofsky, 2012). Yet, most graduate programs fail to provide training in line with APA's accreditation standards, especially with regard to multicultural training (Chae et al., 2006; Mintz et al., 1995; Sehgal et al., 2011). It should be noted that most accredited programs cover GLB issues and training under the

multicultural umbrella. Despite APA's attempts to stifle prejudice toward the GLB population within the psychology field, graduate students feel ill-prepared to work with this population (Graham et al., 1984; Rock et al., 2010; and Savage et al., 2004). Research has documented graduate students' negative attitudes toward GLB, perceived bias in graduate coverage of GLB issues, and lack of GLB training in graduate programs in spite of the need for mental health professionals to be competent in serving GLB clients.

Pieterse et al. (2009) conducted a review of multicultural syllabi in APA and CACREP programs and found great discrepancies among multicultural syllabi with regard to course content emphasis. The majority of the syllabi indicated a content focused approach to learning about various populations. This means that most multicultural courses in APA and CACREP programs focus on "history, culture, and values of selected groups" (Pieterse et al., 2009, p. 107). Pieterse et al. also found a considerable absence in focus on developing skills training and counseling interventions in students when working with the GLB population. Only 7 (13%) of the syllabi reviewed in this study focused on developing skills training.

Studies on GLB competency. A seminal study was conducted by Rock et al. (2010) and the current study closely mirrors Rock et al. In their study, they looked at couple and family therapy graduate student's GLB competency. They utilized a modified version of the SOCCS, which was also used in the current study, and they also developed and utilized the Affirmative Training Scale (ATS) in order to determine, "(a) course content on LGB topics, heterosexism, heterosexual bias, heterosexual privilege, and

affirmative therapy practices, (b) opportunities in their training programs for personal exploration of heterosexual biases and privileges, and (c) opportunities to work with LGB clients" (Rock et al., 2010, p. 174). The ATS consisted of 10 items and was determined to have a reliability of .84 ($\alpha = .84$). Rock et al. revealed that more than 60% of the students indicated that they had not received any GLB training, any affirmative therapy training, nor GLB identity development model training. Interestingly enough, the graduate students scored moderately on the SOCCS' knowledge subscale. This means that students believed they had "a moderate level of understanding of how heterosexism and discrimination impact clinical practice" (Rock et al., 2010, p. 180), despite the same students' indication that they had not received any GLB training. However, the scores on the SOCCS skills subscale were low, which makes sense given that over 60% reported not receiving any GLB training. Students in this study also reported low levels of homophobia. Lastly, scores on the ATS seem to predict student's scores on the SOCCS skills subscale, but not on the SOCCS attitude/awareness or knowledge subscales. The number of weeks of affirmative therapy practices that students received was a strong predictor of students' overall SOCCS scores. So, an important conclusion of this study is that affirmative therapy practices utilized by mental health programs significantly impacts the skill level of the graduate student.

Another study by Graham (2009) investigated graduate counseling students' self-perceived competency in serving GLB clients. Two hundred and thirty five graduate students in APA and CACREP programs participated. Results indicated students had a high level of awareness, moderate level of GLB knowledge, and low to moderate level of

GLB skills. So, APA and CACREP graduate students have positive attitudes toward GLB individuasl and have a good knowledge base, but are lacking the skills necessary to work with this population. There was a correlation between education and overall SOCCS scores, with doctoral students scoring higher than master level students. When types of programs were analyzed, Graham found that counseling psychology graduate students scored higher than counselor education graduate students. Similar findings from other studies indicate that school counselors have lower GLB competency scores than community counselors (Bidell, 2011; Farmer, Welfare, & Burge, 2013). This means that graduate students from APA programs tend to score higher on the overall SOCCS than graduate students from CACREP programs. Also, students who indicated that they had attended a workshop on counseling GLB clients and/or had attended a general training on GLB issues scored higher overall on the SOCCS and individual subscales, than those students who had not attended GLB workshops nor participated in the general GLB training—these findings were later supported by Arora et al. (2016), Carlson et al., (2013) and Graham, Carney and Kluck (2012). Lastly, the number of GLB clients that graduate students served during practicum/internship significantly impacted the SOCCS scores.

A qualitative portion of Graham's (2009) research revealed that students had few to no opportunities to work with GLB clients, students indicated minimal coverage of GLB issues in their program curriculum and minimally covered in their multicultural course, and students recognized that their personal beliefs (e.g., religious beliefs) impaired their ability to work with GLB clients. A few students indicated that their

programs were not GLB affirmative; “it is important to note that these biased practices are still happening in graduate training programs” (Graham, 2009, pp. 113-114). Students indicated that having a close GLB friend or family member, working with GLB client, taking the multicultural counseling course, and/or attending GLB workshops/seminars had the most impact on their GLB competency.

Similar to Rock et al. (2010), Graham (2009) found conflicting quantitative and qualitative results. Qualitatively, students clearly expressed lack of experience and exposure to courses about the GLB population yet, quantitatively, they perceived themselves to be moderately competent in serving the GLB population, as indicated by their overall SOCCS scores (μ = 5.01 out of a possible score of 7). A closer look at the quantitative results showed that the attitude/awareness and knowledge subscales of the SOCCS impacted the overall score. Students reported an attitude/awareness level of (μ = 6.52 out of 7) and a knowledge level of (μ = 4.67 out of 7), while the skills subscale was clearly low at (μ = 3.88 out of 7). Therefore, in order to get a clear picture of GLB competency, SOCCS results should be interpreted by subscale and not by the composite SOCCS score.

Graham (2009) noted some limitations of the study that explained the discrepancy in his results. He believed the student self-report may have led students to report socially acceptable responses. Another limitation may have been due to inclusive bias. Lastly, Graham (2009) mentioned the possibility that SOCCS may not be valid in assessing attitudes/awareness and/or knowledge regarding the GLB population. As such, these limitations and result findings were considered in the current study.

Three of the major studies that have utilized the SOCCS (Graham, 2009; Henke et al., 2009; Rock et al., 2010) have all found moderate to high scores in participants' overall SOCCS, despite conflicting data, sometimes within the same study. Results from these studies revealed that participants scored themselves high in the attitudes/awareness and knowledge domains, which contributed to high overall SOCCS scores. Combining all three domains for one overall score in order to determine GLB competency can be a major limitation. Therefore, this study evaluated competency based on each individual domain (e.g., attitudes, knowledge, and skills). Evaluating each domain may be more informative for graduate training purposes.

Covered in multicultural counseling. APA and CACREP accredited psychology graduate programs may cover GLB issues under the umbrella of multicultural counseling (MC), but it varies. Burkard, Knox, Hess, and Schultz (2009) reported that class discussions on GLB issues were not covered in multicultural courses nor in other counseling program courses. Therefore, it appears that one chapter, in one book, in one course (e.g., multicultural course), is hardly sufficient to fill the knowledge gap of graduate students or to help them advocate for GLB individuals. Coverage of an abundance of multicultural topics in one course makes it difficult to gain proficiency in any one area since most chapters covered in multicultural courses offer but a snapshot of any given group (Pieterse et al., 2009). Proficiency in multicultural issues may be best served by infusing multicultural issues in other courses throughout the program (APA, 2012a; Biaggio, Orchard, Larson, Petrino, & Mihara, 2003; Erwin, 2006; Nutt et al., 2002). Maruyama and Moreno (2000) and Pantalone (2015) asserted that when a

university/program embraces multiculturalism it is reflected in curriculum that challenges students to reflect upon their beliefs and in programs that purposefully create opportunities for interaction with minority members. Pieterse et al. (2009) reported that most APA and CACREP programs subscribe to the single-course approach when covering GLB issues. So, GLB issues are mostly covered in the multicultural course and usually receive a week's worth of attention during a regular semester.

Kocarek and Pelling (2003) and Sue et al. (1992) stated that being multiculturally competent means having knowledge, self-awareness of one's own values and biases, and skills to work with a given population – 'skills' being the operative word. If APA and CACREP programs aspire to produce multiculturally competent clinicians, as they state in their guidelines, then these programs must go beyond the national/state assessments by assessing students' values, biases, and skills with regard to diverse populations, like the GLB population. This may require that mental health program faculty facilitate course discussions that help students resolve any biases or conflicts they may have in serving GLB clients, even when these conflicts are based on religious beliefs (Vera, 2009). This may also require that graduate programs supplement assessments specific to student's GLB competency.

Student's personal biases and beliefs go unchallenged. One of the difficulties in incorporating GLB curriculum in graduate counseling programs is the contrast between APA's aspirational principles and a student's own personal principles, which may not support working with GLB individuals. This clash in ideals creates an emotional discomfort for students, supervisors, and mental health educators, keeping them from

engaging in necessary conversations aimed at resolving personal issues in serving GLB clients. Tierney (1993) stated that "an educational process concerned with empowerment needs to engage students so that they are able to learn about themselves by coming to terms with the 'other,' with those who may be quite different" (p. 41). Henke et al. (2009) and Pantalone (2015) stressed the importance of supervisors and clinicians to undergo a process of reflection in order to become aware of and understand their own biases toward individuals who identify as GLB.

Vera (2009) stated that discussions of sexual orientation are emotionally charged because they are tied to the religious domain which, "elicits intense emotion for both therapists and supervisors and perhaps the field in general" (pp.744-745). Nonetheless, classroom discussions in graduate courses that explore potential homophobia, bias, or discrimination toward GLB individuals are crucial since religious and political beliefs are persistent and greatly impact our attitude and behavior towards GLB individuals. Additionally, research supports that knowledge, experience, and educational training can positively influence attitudes and behaviors (Arora et al., 2016; Vogt, 2004), especially those attitudes which are formed around religious or political affiliations (Pilkington & Cantor, 1996; Vera, 2009).

With regard to helping graduate students resolve any bias toward GLB individuals, Rainey and Trusty (2007) and Dessel and Rodenborg (2017) firmly believe that the responsibility falls squarely on the mental health educators and yet, research indicates a perceived heterosexual bias or discrimination toward GLB individuals in current mental health graduate programs. While it is easier to address issues of classism

and racism in trainees, homophobia has been more difficult to address because of its ties to religious beliefs. Mental health educators could play an integral role in ensuring their students have resolved any bias that may interfere with their ability to serve the GLB population.

No doubt, recent legal cases have done little to encourage mental health educators or mental health programs to challenge student's religious beliefs about GLB individuals. A graduate student was expelled from a counseling program in Eastern Michigan University (EMU) for refusing to counsel a GLB client; she sued the university and program and won a lawsuit for $75,000 (Avery, 2012). Around the same time, Jennifer Keeton, a graduate student in Augusta State University's (ASU) Counselor Education Program sued the university for requiring her to complete a remediation plan to address her anti-gay views (Wong, 2012). These cases exemplify the complexity inherent in addressing for some, this moral and ethical issue. Still, research supports the importance of repeated and intense class dialogue, especially on those topics that are controversial, like sexual orientation.

Lack of mental health educator training on GLB topics. Another possible explanation for poorly trained mental health professionals may be mental health educators' lack of training, which has been historically documented in the psychology profession. The guidelines for psychological practice with GLB clients were created 13 years ago and revised in 2011. This means that the majority of mental health educators trained before 2000 received little to no training and information regarding the GLB population. If mental health educators are concerned about providing optimum service to

GLB clients and optimal training to their mental health graduate students, they would need to seek training on GLB issues on their own accord via continuing education.

Similarly, mental health professionals who are interested in improving their services to GLB clients voluntarily seek training, but are not required to attend trainings to improve their skills with the GLB population. Rees-Turyn (2007) stated, "while the professions have defined the need for affirmative environments, many of the individuals within the professions either do not agree or are not committed to gaining the appropriate training" (p. 167). This statement could very well apply to mental health professionals that serve as educators within mental health graduate programs. Carroll and Gilroy (2001) emphasized the need for mental health educators to be knowledgeable on the spectrum of sexuality and to challenge their own personal bias in order to help their students do the same. Research on GLB competency among mental health educators is much needed.

Accredited Program Training Conclusions

Coverage of GLB issues in mental health training programs is scant and ineffective in producing GLB competent professionals. Current research supports a correlation between increased GLB competency and attendance at GLB workshops and training sessions (Arora et al., 2016; Carlson et al., 2013; Graham et al., 2012; Hall et al., 2013/2014). Therefore, low GLB competency scores in mental health graduate students could be due to lack of or insufficient coverage of GLB curricula.

The lack of GLB emphasis in mental health graduate programs may lead to inadequate services for the GLB population and/or continued bias among professionals.

While students from APA and CACREP programs score higher on national exams, it is unclear whether these students are GLB competent when compared to their nonaccredited counterparts. Indeed, APA and CACREP graduate students may have enough multicultural knowledge to pass the national exam; however, they may lack the skills and positive attitudes needed to work with the GLB population.

Programs accredited by APA and/or CACREP do require covering a multicultural domain in their curriculum. However, most programs meet this requirement by offering one course in multicultural diversity, whereby a chapter, if that, is dedicated to GLB issues (Pieterse et al., 2009; Sherry et al., 2005). In an effort to ensure GLB competency, "a small number of faculty have developed courses specific to sexual diversity, such as the Psychology of Sexual Orientation and the Psychology of Homosexuality" (Waterman, Reid, Garfield, & Hoy, 2001, p.21); however, these courses are offered on an elective/optional basis (Cochran & Robohm, 2015). An investigation of APA and CACREP accredited programs in major Texas cities (e.g., Austin, Houston, San Antonio) did not reveal an optional/elective sexuality course in the plans of study (OLLUSA, 2013; SMU, 2013, UH, 2013; UT-Austin, 2013; UTSA, 2013). Sherry et al. (2005) found that 50% of APA clinical programs and 92.9% of APA counseling programs required a multicultural course and 60% of those APA accredited clinical programs and 88% of the APA accredited counseling programs covered GLB issues in their multicultural coursework. When faculty were asked if they included GLB curriculum throughout the program and reflect these standards in their syllabi, 15.9% of APA accredited clinical

programs and 28.6% of APA accredited counseling programs said ‘yes’ (Sherry et al., 2005).

Research comparing student outcomes from accredited programs versus nonaccredited programs is also scarce. Mintz et al. (1995) and Sehgal et al. (2011) revealed no differences in multicultural training among graduate students from accredited and nonaccredited programs. This means that APA’s support of multiculturalism via its documents and accreditation standards is not translating to actual application of said standards. Sherry et al. (2005) found that, “30.5% of training directors [in APA accredited programs] believed their program to be exemplary with regard to GLB issues” (p.117). Results from this study can reveal whether APA and CACREP accredited programs do produce better quality students with regard to GLB competency.

Given the APA and CACREP’s strong advocacy language in training counselors to serve GLB individuals, it is vital to determine GLB competency among faculty and graduate students in these accredited institutions. Conrad et al. (2010) and Umback and Wawrzynski (2005) found that faculty who are knowledgeable and experienced in the subject matter they teach greatly influence student learning and positive attitudes. Therefore, it is vital to assess GLB competency among faculty who teach in APA and CACREP accredited programs.

Attitudes Toward GLB Individuals

Colleges and universities have the task of influencing students so that they leave the campus with improved or different knowledge, skills, attitudes, and values. Designated socializing agents (primarily the faculty) act on behalf of the

> organization to train, develop, modify, or in some way 'act upon' the individuals (students) who enter it, in more or less formal ways. (Feldman & Newcomb, 1969, pp. 227-228)

This quote emphasizes the importance of the educational institution and the faculty that teach in these institutions in shaping student knowledge. However, if faculty do not possess positive attitudes toward GLB individuals nor have GLB knowledge and skills, then it may negatively influence GLB competency of graduate students.

General Attitudes Toward GLB Individuals

Kilgore et al. (2005) and Schiappa, Gregg, and Hewes (2006) reported positive attitudes toward GLB individuals. Studies on attitudes toward the GLB population indicate that younger individuals and women tend to have more positive attitudes toward GLB individuals (Collier, Bos, & Sandfort, 2012; Herek & McLemore, 2013; McDermott & Blair, 2012; Woodford, Atteberry, Derr, & Howell, 2013). Knox et al. (2011) explained that women's positive attitudes toward GLB individuals may be influenced by their flexible concept of sexuality. High SES, high SAT scores, and level of education are also correlated with positive attitudes toward GLB individuals (Engberg, Hurtado, & Smith, 2007; McDermott & Blair, 2012). Knowing a GLB individual or having a positive view of this GLB individual positively influenced heterosexual's attitudes toward this population (Collier et al., 2012; Engberg et al., 2007; Herek & Glunt, 1993; Lemm, 2006; Smith, Axelton, & Saucier, 2009).

In contrast, studies support that men, self-identified conservatives, and Christians are likely to hold negative attitudes toward GLB individuals (Collier et al., 2012;

McDermott & Blair, 2012; Pearte, Renk, & Negy, 2013; Rye & Meaney, 2010). Men's concept of sexuality tends to be more rigid than it is for women. Negy and Eisenman (2005) found that men's negative attitudes toward GLB individuals were highly correlated with commitment to religion and frequency in church attendance. Mohr and Rochlen (1999) found three factors that highly correlated with negative attitudes toward GLB individuals: "frequency of religious attendance; political ideology; and prior contact with lesbian, gay, and bisexual people" (p.353). Religious affiliation has also shown to play an influential role in psychologists' attitudes toward GLB individuals. Thus, the division between those who are more likely to support GLB individuals and those who are not lies in one's gender, political affiliation, religious beliefs, and prior positive contact with the GLB population—this would also be true of graduate students and mental health educators.

Student Attitudes Toward GLB Individuals

Rainey and Trusty (2007) found that counselors-in-training who rated high on religious beliefs and conservative political views had more negative attitudes toward the GLB clients. Erwin (2006) stated that graduate counseling student beliefs of GLB individuals can be so rigid that it can be difficult to get students to see this issue from a different perspective. This can pose a problem for those programs that do espouse GLB curriculum and for those mental health educators who are not advocates of the GLB curriculum.

Israel and Hackett (2004) measured cognitive attitudes and affective attitudes of counseling graduate students toward GLB individuals. The intervention used in this study

consisted of a two and half hour workshop. Students were assigned to one of the four experimental conditions: (1) information only workshop, (2) attitude-exploration workshop, (3) a combination of information and attitude-exploration workshop, and (4) control. While information-based training positively impacted cognitive attitudes of graduate students toward GLB individuals, the training had no impact on the affective attitudes. In other words, while the subjects in this study may not have been displaying negative cognitive attitudes toward GLB individuals, their affective attitudes indicated that they were still uncomfortable in the presence of GLB individuals. This has implications for how attitudes are currently measured and for how this study measured attitudes in faculty and students.

Waterman et al. (2001) conducted a study on attitudes toward GLB individuals in undergraduate students' enrolled in a Psychology of Homosexuality course. The structure and pedagogy used in this course consisted of theoretical explanations of GLB individuals, developmental approaches to identity development, and issues affecting the GLB population. The instructor utilized guest speakers from various organizations that support GLB individuals and guest speakers from various religions that do not condone GLB sexual expression. Film was also utilized during this course. Evaluation of students' understanding of material was assessed via written exams and a class presentation. Similar to Israel and Hackett (2004), two instruments were used to assess change in students' attitude: the Index of Homophobia by Hudson and Ricketts (1980) and ATLG by Herek (1988). However, unlike Israel and Hackett (2004) that only found changes in cognitive attitudes, Waterman et al. (2001) found changes in both affective and cognitive

attitudes. It is noteworthy to point out the differences in the intervention used by these studies. Perhaps, Waterman et al.'s (2001) more intense one semester and varied approaches to introducing information (e.g., film, both pro and anti GLB guest speakers, and presentations) is what is needed to impact both cognitive and affective attitudes in students.

Engberg et al. (2007) found that frequency of quality interactions with GLB individuals and enrollment in diversity courses created positive attitudes toward GLB individuals. Engberg et al. also confirmed the impact religious involvement can have on attitudes toward the GLB population. In other words, the stronger the affiliation with religion, the less likely positive attitudes toward GLB individuals will develop, despite educational interventions. Nonetheless, Engberg et al. found that enlightenment (e.g., course content) and contact experiences had the strongest influence on cognitive attitudes. Affective attitudes were more difficult to change, especially for those students who already had negative attitudes toward the GLB population prior to entering college.

Barrett and McWhirter (2002) found that perceptions of GL clients by counselor trainees in master's and doctoral counseling programs was significantly altered based on the trainee's gender and existing homophobia. Barrett & McWhirter found that male counselor trainees tended to assign unfavorable adjectives to GL clients than female counselor trainees. Previous homophobia correlated with the assignment of positive/negative adjectives to GL clients. That is, counselor trainees who scored high on homophobia tended to assign fewer positive adjectives to their GL client case vignettes. Barrett and McWhirter also validated previous studies that show a relationship between

number of GL individuals known and more positive attitudes toward the GL population. However, the quality of the relationship with the GL individual (e.g., friend) was more significant than the number of GL individuals known (e.g., acquaintances).

Mental Health Educator Attitudes Toward GLB Individuals

Maruyama and Moreno (2000) found that older faculty are less likely to value diversity. While Maruyama and Moreno focused on racial diversity, this could translate to issues of sexuality. Dessel, Woodford, and Gutierrez (2012) found that faculty attitudes, especially those who identify as Christian, tend to be less accepting of gay and lesbian people. Cox (2011) concluded that there were no differences in attitudes toward GLB individuals among heterosexual Christian counselor educators who work in faith-based institutions and those Christian counselor educators who work in secular universities; however, this study may have been limited by not distinguishing between cognitive and affective attitudes. Rees-Turyn (2007) alluded to the difference between cognitive and affective attitudes, when she warns of heterosexuals who, "consider themselves liberal and do not harbor negative attitudes cognitively still have negative emotional reactions to Lesbigay people and issues" (p. 168). These negative emotional reactions to individuals may be indicative of underlying prejudice that may present itself as subtle prejudice.

Conrad et al. (2010) found that professors' cultural identities (e.g., values, religious beliefs, ethnicity, and societal influences) greatly influenced what and how they teach in the classroom. Perhaps, mental health educators are not incorporating GLB curriculum in their courses because of underlying negative affective attitudes or because

of their own lack of knowledge or skill. Another possibility for untrained, unknowledgeable mental health graduate students may be due to the discrepancy between attitudes and behaviors (Johnson, 2012). That is, attitudes do not necessarily lead to different behaviors. Therefore, mental health educators' attitudes may be accepting of GLB, but it is not translating into behaviors (e.g., GLB curriculum inclusion) that are conducive to producing GLB proficient graduate students. Graham et al. (2012) stressed the importance of mental health educators, especially those who teach practicum and residency courses, to be trained in working with GLB clients. Burkard et al. (2009) emphasized the need for mental health faculty who supervise counselors in training to "address their own affirming and nonaffirming behavior in their work with supervisees" (as cited in Graham et al., 2012, pp. 14-15), as it can help or hinder work with GLB clients. Therefore, it is important to assess GLB knowledge and skills in graduate students and faculty. If mental health educators are acting in ways that indicate support of GLB competency in students, then students should score high in GLB competency, especially in those APA and CACREP accredited programs that claim to espouse multicultural training.

Theoretical Framework

Multicultural Competence

The 1960s and 1970s brought about an awareness of cultural influence on mental health. Still, it took several decades before Sue et al. (1992) developed multicultural competencies for mental health professionals. The purpose of these competencies was to help mental health professionals better serve minority clients, especially those who were

of different races or ethnicities. The multicultural counseling competency standards all centered around three themes: self-awareness/attitudes, knowledge, and skills.

Arredondo et al. (1996) defined multiculturalism as, “The term multicultural, in the context of counseling preparation and application, refers to five major cultural groups in the United States and its territories: African/Black, Asian, Caucasian/European, Hispanic/Latino and Native American or indigenous groups who have historically resided in the continental United States and its territories” (p. 42). As such, the majority of the literature on multicultural counseling competence focuses on race/ethnicity. She elaborated on multiculturalism by stating that, “multiculturalism focuses on ethnicity, race, and culture. Diversity refers to other individual, people differences including age, gender, sexual orientation, religion, physical ability or disability, and other characteristics by which someone may prefer to self-define” (p. 43). While the multicultural counseling competencies were meant to focus on ethnicity and race, they now encompass other cultural groups like GLB/sexual orientation (Hays & Erford, 2014). Hope and Chappell (2015) noted that the majority of multicultural assessments still focus on ethnicity, race, and culture. Therefore, it was determined that multicultural competence nor multicultural assessments would be utilized in this study. However, multicultural competence has directly influenced how GLB competence is assessed. For this reason, Multicultural Counseling and Therapy Theory is utilized as the theoretical foundation for the current study.

Multicultural Counseling and Therapy Theory (MCT)

The multicultural counseling field began in the 1960s with the eventual development of the MCT theory in 1996. This theory acknowledged the negative influence the dominant culture has on therapy for minority cultures (Sue et al., 1996). MCT has six main propositions, two of which are pertinent to the current study:

> Proposition 3: Cultural identity development is a major determinant of counselor and client attitudes toward the self, others of the same group, others of a different group, and the dominant group. These attitudes, which may be manifested in affective and behavioral dimensions, are strongly influenced not only by cultural variables but also by the dynamic of dominant-subordinate relationships among culturally different groups. The level or stage of racial/cultural identity will both influence how clients and counselors define the problem and dictate what they believe to be appropriate counseling/therapy goals and processes.
>
> Proposition 4: The effectiveness of MCT is most likely enhanced when the counselor uses modalities and defines goals consistent with the life experiences and cultural values of the client. . . The ultimate goal of multicultural counselor/therapist training is to expand the repertoire of helping responses available to the professional . . . (Sue et al., 1996, pp. 17-19)

Other underlying assumptions of MCT pertinent to this study include:

> (a) mental health professionals will increasingly come into contact clients or client groups who differ from them racially, culturally, and ethnically; (b) mental health professionals are not adequately prepared to engage in multicultural

> practice; (c) all learning occurs and identities are formed in a cultural context; (d) multicultural training increases a counselor's repertoire of skills and perspectives; (e) increased self-awareness is an essential starting point in developing multicultural competence; (f) the accumulation of relevant knowledge depends on a well-developed cultural awareness; and (g) the appropriate application of skills in multicultural settings depends on both cultural awareness and relevant knowledge (Sue et al., 1996, p. 2)

Sue et al. (1992), associated with The Education and Training Committee of Division 17 and the Professional Standards Committee of the Association of Multicultural Counseling and Development, created the Multicultural Counseling Competencies and Standards, training competencies for mental health professionals based on MCT theory; these competencies center around three domains, attitudes/awareness, knowledge, and intervention strategies.

Barrett and McWhirter (2002), Biaggio et al. (2003), and McKenzie-Bassant, (2007) demonstrated that learning in academic institutions is influenced by the academic learning environment. Vermeulen and Schmidt (2008) identified teacher expectations, engaging academic interactions among faculty and students, and the curriculum itself as examples of influential learning environment. Conrad et al. (2010) and Woolfolk (2014) found that expert teachers who demonstrated pedagogical content knowledge and characteristics of effective teaching greatly influenced their students' attitudes, knowledge, and skill acquisition. If mental health educators are lacking the necessary knowledge, skills, and attitudes in promoting GLB competency, it stands to reason that

their students' GLB competency would be negatively impacted. Thus, it can be concluded that learning in students is greatly impacted by the faculty in the program; therefore, it is important to assess faculty attitude, knowledge, and skills.

GLB Attitude, Knowledge, and Skill Assessment Tools

Few scales measure attitudes toward GLB individuals and even fewer assess knowledge of, and counseling skills with the GLB population. Research focused on attitudes of mental health graduate students and attitudes of heterosexual counselor educators, mostly utilized the ATLG scale. The most prominent GLB attitude assessment scales are discussed in order to justify the assessment used in the current study.

Attitudes Towards Lesbians and Gay Men (ATLG) Scale

ATLG, developed by Herek (1998), demonstrates strong reliability and validity. ATLG "measures the cognitive dimension of condemnation tolerance toward lesbians and gay men" (Israel & Hackett, 2004, p.182). This assessment consists of 20 statements in "Likert-format with a 9-point scale ranging from *strongly disagree* to *strongly agree*" (Herek, 1988, p. 455). Internal consistencies for ATLG range from .90 to .95 (Herek, 1988). Israel and Hackett (2004) pointed out that despite ATLG's strong reliability and validity, it does not measure affective attitudes, nor attitudes about bisexual individuals. Rather, ATLG measures cognitive attitudes. To give an idea of the type of cognitive attitude that is measured by ATLG, a few of the assessment items are listed:

1. Lesbians just can't fit into our society.
2. A woman's homosexuality should not be a cause for job discrimination in any situation.

3. Female homosexuality is detrimental to society because it breaks down the natural divisions between the sexes.
4. State laws regulating private, consenting lesbian behavior should be loosened.
5. The idea of male homosexual marriages seems ridiculous to me.
6. Male homosexuality is merely a different kind of lifestyle that should not be condemned. (Herek, 1988)

Cox (2011) and VanDyke (2006) utilized ATLG and found that mental health graduate students and mental health educators had neutral to positive attitudes toward the GL population. Cooley (2009) and Hetzel (2008) found that undergraduate students significantly improved their ATLG scores after an intervention. Still, these studies do not explain the continued discrepancy of attitudes and behavior. A look at affective attitudes may provide a more accurate picture of attitudes toward the GLB population and may explain the discrepancy between attitudes and behavior.

Index of Homophobia (IHP)

IHP was created to measure homophobia, specifically, affective attitudes towards GL individuals (Rye & Meaney, 2010). IHP measures "a different aspect of attitudes toward homosexuality: discomfort having contact with lesbians and gay men" (Israel & Hackett, 2004, p.183). Hudson and Ricketts (1980) elaborated that IHP is, "a short-form scale designed to measure homophobic versus nonhomophobic attitudes (the fear of being in close quarters with homosexuals)" (p. 1). IHP contains 25 items in Likert format and has a reliability of .90. The assessment uses terms like, gay man, lesbian, and queer. Hetzel (2008) argued that social influence could impact cognitive attitudes; thereby

making the distinction between IHP and ATLG necessary and important. In order to compare affective attitude (IHP) and cognitive attitude (ATLG), some items from IHP are provided.

1. I would feel comfortable working closely with a gay man.
2. I would enjoy attending social functions at which queer people were present.
3. I would feel uncomfortable if I learned that my neighbor was queer.
4. If a member of my sex made a sexual advance towards me, I would feel angry.
5. I would feel comfortable knowing I was attractive to members of my gender.
6. I would feel uncomfortable being seen in a gay bar.
7. I would feel uncomfortable if a member of my sex made an advance towards me. (Hudson & Ricketts, 1980)

While IHP measures affective attitudes, the limitation of this instrument is that it does not measure affective attitudes toward bisexual individuals.

Multidimensional Heterosexism Inventory (MHI)

In a critique of existing heterosexism measures like the Modern Homonegativity Scale (MHS), Walls (2008) claimed that most measures capture overt attitudes and not covert attitudes that maintain continued discrimination against GLB individuals. He was especially critical of IHP, the Heterosexual Attitudes Toward Homosexuality Scale, and the ATLG scale. He also maintained that one must measure "behavioral aspects, positive attitudes, subtle negative attitudes, and knowledge about lesbians and gay men" (p. 25) in order to get a clear picture of homophobia. Walls contends that there are four subdomains to modern heterosexism: "aversive heterosexism, amnestic heterosexism, paternalistic

heterosexism, and positive stereotypic heterosexism" (p.20). While the MHI has proven valid and reliable in measuring subtle or modern prejudice toward GL individuals, a limitation of MHI is that it does not differentiate between attitudes toward gay men and attitudes toward lesbians. MHI also fails to include bisexual individuals in its measurement of heterosexism. Additionally, there has not been sufficient testing of this assessment to make it generalized to various populations. Even so, it may prove promising to investigate if there are any nuances in modern heterosexism that have not been previously detected by use of MHS, IHP, and ATLG, which measure aversive heterosexism only (cognitive and affective attitudes).

One of the main criticisms of MHI is that it was normed with an undergraduate college age population and may pose generalizability issues. However, the population used in this study is also a college/university population. Walls (2008) argued that his findings may be conservative since research supports the fact that younger people have more positive attitudes toward GLB. Therefore, the advantage of this instrument is that it offers an opportunity to capture the affective attitudes of adults and thus, will be utilized in this study. Walls suggested that further studies utilizing his instrument should also look at discriminatory behavior. Walls stated, "the narrow focus on hostile heterosexism is no longer broad enough to capture the intricacy of attitudes that maintain stratification based on sexual orientation and continued reliance on it will make the current understanding of attitudes toward homosexuality incomplete" (p. 60).

Sexual Orientation Counselor Competency Scale (SOCCS)

SOCCS was developed utilizing Sue et al.'s (1992) multicultural counseling competency model. This scale was developed in 2005 and is the only scale of its kind that combines all domains of multicultural competency. The SOCCS has been used by various studies reported in this literature review. The scale contains 29 items divided into three subscales: skills, attitudes/awareness, and knowledge. Each subscale was correlated to existing assessments, in order to establish validity. For example, the skills subscale was correlated to the CSES; the attitudes/awareness subscale was correlated to ATLG--cognitive attitudes; and the knowledge subscale was correlated to the MCKAS and the CSES. Bidell (2005) reported, "the coefficient alpha for the overall SOCCS was .90; it was .88 for the Attitudes subscale, .91 for the Skills subscale, and .76 for the Knowledge subscale" (p. 274). SOCCS is a reliable measure with graduate students, counselor educators, and counselor supervisors (Bidell, 2005; Graham, 2009; Henke et al., 2009; Rock et al., 2010).

SOCCS is the first assessment developed to measure an individual's counseling competency with the GLB population. GLB competency means mastery of knowledge, self-awareness, and skills. Graham (2009), Henke et al. (2009), and Rock et al. (2010) revealed moderate to high scores in participants' overall SOCCS, despite conflicting data, sometimes within the same study. For example, in Graham (2009) 20.7% of participants noted a "lack of training in graduate programs about counseling LGB clients" (p.89) and 17.6% of participants mentioned their personal beliefs would inhibit their ability to serve GLB clients. Moderate to high scores in overall SOCCS also contradicts previous

research that shows lack of GLB coverage in mental health curriculum. The only consistent subscale in Graham (2009), Henke et al. (2009), and Rock et al. (2010) was the skills subscale.

GLB Assessment Conclusion

The SOCCS will be used in this study. However, since the SOCCS does not measure subtle attitudes or nuances of attitudes toward GLB, it was decided to utilize the MHI to measure the Attitudes/Awareness domain of multicultural competency. So, in order to get a more sensitive measure of skills, attitudes, and knowledge, two different assessments will be utilized: SOCCS skills subscale, SOCCS attitudes/awareness subscale, plus MHI for the attitudes domain, and the SOCCS knowledge subscale.

Summary

This literature review reveals that more GLB individuals are coming out than in previous history. GLB individuals, especially GLB youth, are more likely to need and utilize mental health services than their heterosexual counterparts. Also, there is a high likelihood that mental health professionals will serve GLB clients despite their preference or training. Still, current mental health programs are failing to train mental health professionals in serving this population (Graham et al., 1984; Kocarek & Pelling, 2003; Murphy et al., 2002; Rock et al., 2010; and Savage et al., 2004). A look at the historic perceptions of GLB individuals in the field of psychology revealed the underpinnings of heterosexism and how it may continue to influence GLB competency in mental health programs today.

Professional organizations and accrediting bodies, such as the APA and CACREP recognize the need for advocacy of the GLB population and have sought to rectify the injustices incurred by GLB individuals at the hands of professionals in our field. However, change is slow. It appears that ethical standards and professional guidelines are only words when they are not enforced, especially in graduate programs who prepare mental health professionals. Given the literature review, a closer look at current GLB competency among graduate students and faculty, especially in APA and CACREP accredited programs, is warranted.

Therefore, this study proposes to assess knowledge, attitudes/self-awareness and skills in both faculty and students in APA and CACREP accredited mental health programs. Lack of GLB competency in mental health programs is the great social justice issue of our time. Studies that aim to correct this social injustice will be beneficial to the GLB community. What started with change in DSM terminology, has translated into change in societal views, and now demands changes in how mental health professionals are trained to serve this community.

Chapter 3: Research Method

Introduction

There is a lack of GLB competency in mental health professionals serving GLB clients (Graham et al., 1984; Kocarek & Pelling, 2003; Lidderdale, 2002; Murphy et al., 2002, Savage et al., 2004). Research regarding GLB competency among faculty is also scant. Kek and Huijser (2011), and Umbach and Wawrzynski (2005) suggested investigating faculty, as a way to understand GLB competency among mental health graduate students. Therefore, the purpose of this study is to determine GLB competency, as measured by GLB counseling skills, knowledge, and attitudes among mental health program faculty and mental health graduate students and determine if there are any differences in GLB competency between accredited and nonaccredited programs.

This chapter outlines the research design used to explore GLB competency among faculty and graduate students from accredited and nonaccredited programs, and the relationships that exist between these variables. A description of the population utilized for this study, sampling procedures, survey instrumentation, and operationalization of study constructs is discussed. Additionally, a plan for data analysis is provided and threats to the study's validity will be projected. Lastly, ethical procedures will be outlined in this study.

Research Design and Rationale

This study employed a comparative cross-sectional research design to determine if there was a relationship between accredited and nonaccredited mental health programs, the independent variable, and GLB competent graduate students and competent faculty,

the dependent variables. This study also identified if there were any differences in GLB competency in relation to these covariate variables: (a) gender, (b) age, (c) status of education (faculty completion of Ph.D. prior to 2001 or completion of multicultural course or practicum/internship courses for graduate students), (d) type of graduate program, (e) number of GLB workshops attended, (f) race/ethnicity, (g) political ideology, (h) religiosity, (i) resident location, and (j) number of GLB family/friends.

Research questions should guide the research design (Corbin & Strauss, 2008; Creswell, 2009; Gall, Gall, & Borg, 2005). Based on the research questions in this study, it was determined that a comparative research design would best investigate the relationships among the aforementioned variables (Creswell, 2009; Gall et al., 2005).

Methodology

Population

The target population for this study was faculty and students enrolled in accredited mental health graduate programs, specifically APA and CACREP accredited and nonaccredited mental health graduate programs in the United States of America. Today, there are over 280 U.S. graduate programs in psychology accredited by the APA (APA, 2012b) and close to 600 counseling programs that are CACREP accredited, with 27 of those programs being doctoral level programs (CACREP, 2012a).

According to the APA (2010), there were 11,075 first year full-time graduate students enrolled in psychology related programs in 2009-2010. Seventy-two percent of the first year full-time graduate students in APA programs were White, 8% were Black, 10% were Hispanic, 8% were Asian, and 1% were Native Americans and 1% claimed

multiple ethnicities (APA, 2010). Less diversity is common among master's level students when graduate students are divided between master's and doctoral levels (APA, 2010). The APA (2010) also reported 1,645 first year part-time graduate students for the same reporting year, 2009-2010. Therefore, it can be estimated that roughly 12,720 students enroll yearly in APA accredited master's and doctoral psychology programs. Conservatively, students would take a minimum of two to four years to graduate from master's and doctoral programs, respectively; thus, roughly 25,440 graduate students are enrolled in APA accredited master's and doctoral psychology programs at any given time.

This estimated number of graduate students is likely to be extremely conservative. According to the APA (2014b), 351 programs responded and it was determined that there were 19,916 doctoral students currently enrolled in APA programs for 2003. There were 7,310 first year doctoral graduate students (APA, 2010), a stark difference from the estimated 19,916 doctoral students in 2003. This demonstrates the conservative nature in estimating the population for the current study.

The APA (2014a) estimated the average number of core faculty in APA accredited doctoral programs to be nine. If there are over 280 graduate APA programs in the U.S., a conservative estimate of total faculty in APA programs would be 2,520. This gives an estimate of the number of core faculty in APA accredited programs.

These estimates do not account for CACREP program students. CACREP programs (close to 600) outnumber APA accredited programs (over 280). Unfortunately, there is no available data regarding student enrollment or average number of faculty in

CACREP programs. In order to get a rough estimation of the target population of accredited (APA and CACREP) students, the same APA estimations (25,440 graduate students and 2,520 faculty) will be used. Therefore, population size of accredited graduate mental health students is a little over 50,000 and over 5,000 faculty. It is difficult to estimate the population parameters for students and faculty in nonaccredited mental health programs. The important issue with this nonaccredited population size is that it is more than adequate to provide a statistically significant sample size.

Sampling and Sampling Procedures

A convenience and voluntary sample of faculty and students enrolled in APA and CACREP accredited and nonaccredited mental health graduate programs in the United States of America was used in this study. The best way to capture a representative sample of the population is via simple random sampling (Gravetter & Wallnau, 2000). However, the difficulty inherent in obtaining a truly random sample has led the researcher to utilize a convenience and voluntary sample. Listservs from professional organizations (the American School Counselor Association-ASCA, the American Counselor Association-ACA, APA, the American Association for Marriage and Family Therapy--AAMFT, the National Counseling Association--NCA, the Texas Association for Counselor Education and Supervision--TACES, the Association for Counselor Education and Supervision--ACES, and the American Association of University Professors--AAUP) was utilized to obtain a representative sample of accredited program faculty and students. This sampling procedure helped secure participants from accredited programs. In order to ensure an adequate number of participants from nonaccredited programs, Walden University

faculty and students were solicited. Also, the researcher utilized personal contacts with former colleagues to secure participants from nonaccredited institutions.

Suresh & Chandrashekara (2012) stated, "Sample size determination is an important major step in the design of a research study. Appropriately sized samples are essential to infer with confidence that sample [sic] estimated are reflective of underlying population parameters" (p. 11). Therefore, to ensure statistical significance, an a priori power analysis was conducted in order to control for Type-1 and Type-2 error probability. G*Power 3.1 was utilized to conduct the a priori power analysis. The results suggested that a total sample size of 374 participants is needed for this study. The statistical analysis used in this study will be a MANCOVA; therefore, an F test was selected on the G*Power software.

Given the use of a four group comparative design, approximately, 94 participants per group are necessary in revealing a small effect size (.0625) with a power analysis of .95 (Cohen, 1988; My Environmental Education Evaluation Resource Assistant—MEERA, 2014). Nonetheless, additional participants were sought to accommodate for elimination of participants after cleaning and screening procedures. Therefore, the goal for this study was to acquire 94+ participants for each group (e.g., faculty from accredited institutions, faculty from nonaccredited institutions, graduate students from accredited institutions, and graduate students from nonaccredited institutions).

The effect size, *f2*, tells us whether the statistically significant difference in the study is meaningful. For this study, the effect size, *f2* was set at .0625, which is considered a small effect size (Cohen, 1988; MEERA, 2014). The alpha value, α, or

significance level was set at .05. The power level (1-β) was set at .95. The number of groups was determined by the formula $k+g$, where k is the number of groups in the study and g is the number of covariates (Dattalo, 2008). For this study, number of groups were set at 14--accredited graduate students, nonaccredited graduate students, accredited faculty, and nonaccredited faculty, plus ten covariates. The number of predictors were set at two (accredited versus nonaccredited) and the response variables were set at four (MHI, SOCCS skills, SOCCS knowledge, and SOCCS attitudes). While power designations in behavioral science research range from .80 to .95, the researcher opted to select the higher range for this study. Therefore, in this study there was a 95% "or greater chance of finding a statistically significant difference when there is one" (MEERA, 2014, para. 6). These parameters are conventional and generally accepted in social science research.

Procedures for Recruitment, Participation, and Data Collection

An e-mail letter was drafted (see Appendix A) and was sent via a listserv to the members of the following organizations: ASCA, ACA, APA, AAMFT, NCA, TACES, ACES, and AAUP. In order to secure a valid sample from nonaccredited institutions, the researcher utilized personal contacts to solicit participation. The researcher recruited graduate students for participation in this study by attending classroom settings. The researcher also contacted mental health educators by telephone, e-mail, and in person to encourage participation in this study.

In the e-mail inviting participants to partake in the study, the link takes them directly to the informed consent page (see Appendix B). On the informed consent page,

the option to click on the word "NEXT" indicates that the participants understand and agree to the terms described on the informed consent. Clicking on the word "NEXT" takes participants directly to the survey. Upon completing the online survey, participants see a screen that indicates that they have concluded the survey and thanking them for their participation.

Instrumentation and Operationalization of Constructs

Via a Qualtrics created online survey, all participants received information regarding IRB approval and were asked to fill out a demographic form (see Appendix C), a modified version of the MHI, and a modified version of the SOCCS. The demographic form asked questions regarding gender, age, status of education, type of accredited program, type of graduate program, number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends. Based on the literature review, a few of the demographic questions were presented in the forced-choice (yes/no) format.

Multidimensional Heterosexism Instrument (MHI; Walls, 2008). Several measures exist that look at attitudes toward GLB; however, these instruments (MHS, IHP, ATLG, and SOCCS) look at either cognitive or affective attitudes and not both. For example, ATLG only captures cognitive attitudes, specifically hostile heterosexism. Walls (2008) contends that hostile heterosexism no longer captures nuances of attitudes that may indicate underlying negative feelings toward GLB individuals. Walls' instrument measures both cognitive and affective attitudes toward GL. Additionally, MHI measures homophobia, modern heterosexism—those positive, negative, and subtle

affective attitudes toward GLB individuals not often captured in other cognitive attitude instruments. Walls (2008) states, "all the subscales demonstrate adequate internal consistency. As it is anticipated that the various subdomains of the scale will have different relationships with other constructs and, therefore, it is not recommended that the scale be used as a whole" (p.50). The MHI supports four domains of modern heterosexism, but the researcher only utilized two domains of modern heterosexism: aversive and amnestic heterosexism since the SOCCS captures the cognitive attitudes in participants.

Scores on the MHI range from one to seven, with a neutral point of 4 (neither agree nor disagree). Since counselors and/or counselors in training may be inclined to provide socially acceptable responses on self-reports, the researcher omitted the neutral point to avoid this potential limitation (Bidell, 2005; John, 2010); thereby changing the values of the numbers. So, a standard score of 4 (slightly agree) to 6 (strongly agree) would indicate that participants hold covert forms of hostile heterosexism (aversive heterosexism) and deny the existence of discrimination toward GLB individuals (amnestic heterosexism). It would be expected that master level students, doctoral level students, and faculty from accredited programs would score below the standard score of 4, which would mean that these populations do not hold covert forms of hostile heterosexism and acknowledge the discrimination GLB individuals encounter in society.

Development and background. In order to understand the development of the MHI scale, some background information that led to its development and an explanation of the MHI domains used in this study will be discussed. All previously existing GLB

attitude assessments, except for MHS (Morrison & Morrison, 2002), focused on measuring hostile heterosexism which, "captures the traditional set of cognitive and affective components that are characterized by their aggressive, hostile nature" (Walls, 2008, p. 27). For example, the ATLG (Herek,1988) focuses on cognitive hostile heterosexism attitudes. Since there is a dearth of assessments that measure GLB attitudes, many of the more recently developed GLB attitude assessments are based on or validated with the former existing assessments. For instance, the attitude domain measured by SOCCS was correlated to the ATLG. Walls (2008) also used the ATLG, but as a way to ensure that the items in MHI and the constructs measured by MHI "were distinct from hostile heterosexist attitudes" (p. 29). Walls' (2008) initial MHI pilot research indicated, "a third cluster of attitudes" (p. 29) that he initially coined as "apathetic heterosexism". However, what began as one domain—apathetic heterosexism—in the MHI, later became two distinct domains—aversive heterosexism and amnestic heterosexism.

Aversive heterosexism. Walls (2008) defines aversive heterosexism as, "attitudes, myths, and beliefs that dismiss, belittle, or disregard the impact of sexual orientation on life chances by denying, denigrating, stigmatizing and/or segregating any [sic] nonheterosexual form of behavior, identity, relationship, or community" (p. 46). This could be described as a more covert form of hostile heterosexism. Aversive heterosexists perceive that the "lesbian/gay rights movement is pushing 'special rights'" (Walls, 2008, p. 30). A sample item from this scale states, "There is too much attention given to gay men on television and in the media". Walls also found a positive relationship between aversive heterosexism and hostile sexism.

Amnestic heterosexism. Walls (2008) defines amnestic heterosexism as, "attitudes, myths [sic] and beliefs that deny the impact of sexual orientation on life chances by denying, denigrating, stigmatizing and/or segregating any [sic] nonheterosexual form of behavior, identity, relationship, or community" (pp. 46-47). Items in this modern heterosexism domain deny the existence of discrimination toward gay and lesbian individuals and may utilize reverse discrimination language. The amnestic heterosexist would claim that discrimination no longer exists. A sample item from this scale states, "Gay men are treated as fairly as everyone else in today's society". Interestingly, Walls found that individuals who identified as being politically conservative were more likely to score higher in this domain. Regarding religious affiliation, seculars and Catholics scored significantly lower in amnestic heterosexism than conservative Protestants.

Validity and reliability. Walls (2008) utilized existing modern prejudice theory, social attitudes theory, existing GLB attitude assessments, and knowledge of existing attitudes toward GLB by various groups to create a valid and reliable instrument. Internal consistency for the MHI subscales are .91 for aversive heterosexism, and .79 for amnestic heterosexism. The overall reliability for the MHI scale is .80.

Limitations. A limitation of this assessment is that it does not include questions about bisexual individuals in its measurement of heterosexism. However, permission was granted to utilize and modify the instrument to include the bisexual population (see Appendix D). Additionally, there has not been sufficient testing of this assessment to make it generalizable to various populations. For instance, MHI has been normed to the

undergraduate college age population. However, Walls (2008) contends that the findings in his study may actually be conservative since younger people tend to have more positive attitudes toward GLB. So, while this instrument has not been tested on older adults, the advantage is that this instrument offers an opportunity to capture the affect attitudes of this population. Lastly and perhaps most importantly, MHI has not been tested on GL individuals and therefore, may not be applicable to this population. This was taken into consideration.

Justification. Recent changes in society regarding the rights of GLB individuals, may lead to more covert forms of hostile heterosexism. The SOCCS, which is correlated to ATLG, measures cognitive hostile heterosexism attitudes and not subtle attitudes toward GLB, as current research suggest is necessary (Israel & Hackett, 2004; Morrison & Morrison, 2002; Rye & Meaney, 2010; Walls, 2008). Therefore, it was decided to measure aversive heterosexism and amnestic heterosexism, more covert forms of hostile heterosexism, via the MHI as it has the potential to provide more information on the nuances of modern prejudice/attitudes toward GL individuals that has not been previously measured in faculty and graduate students in mental health programs. The use of both the MHI and the SOCCS will ensure that other domains of GLB attitudes will be assessed (hostile heterosexism via SOCCS and aversive heterosexism and amnestic heterosexism via MHI). In spite of MHI's limitations, MHI will provide another measure, albeit more sensitive measure, of attitudes of faculty and students toward GLB individuals.

Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005). This instrument was developed in part because one of the core curriculum areas of CACREP programs emphasizes the need for social and cultural diversity training and experiences (Bidell, 2005). As such, there was a need to measure whether programs were in fact providing the suggested diversity training and experiences in accredited programs. Bidell saw a gap in instruments measuring GLB competency and utilized the Sue et al. (1992) model (attitudes, knowledge, and skills) to develop the SOCCS. This 29 item is the only scale of its kind that combines all domains of multicultural competency in one assessment. For instance, an item from the knowledge subscale states, "I feel that sexual orientation differences between counselor and client may serve as an initial barrier to effective counseling of LGB individuals" (Bidell, 2005, p.273). An item from the attitudes subscale states, "The lifestyle of a LGB client is unnatural or immoral" (Bidell, 2005, p. 273). Lastly, an item from the skills subscale states, "I have experience counseling gay male clients" (Bidell, 2005, p. 273).

The SOCCS subscales range from 1 to 7, with 1 meaning low/negative, 4 meaning moderate, and 7 meaning high/positive. Historically, master level and doctoral level graduate students, and mental health educator faculty tend to score high positive attitudes (e.g., mean range from 6.32 to 6.64) toward GLB individuals, above moderate knowledge (e.g., mean range from 4.35 to 5.09) of GLB issues, and below moderate skills (e.g., mean range from 2.59 to 4.29) to work with GLB clients (Bidell, 2005; Graham, 2009; Rock et al., 2010). GLB competency is highest among mental health educators, then doctoral students, and then master's level graduate students (Bidell, 2005;

Graham, 2009; Graham, Carney, & Kluck, 2012; Rock et al., 2010). Since accredited programs claim to produce better multicultural competent students than nonaccredited programs, it would be reasonable to expect a difference in GLB competency among the accredited and nonaccredited groups. It would also be reasonable to expect a difference in GLB competency among faculty, doctoral students, and master level students.

Initial validity and reliability. The initial survey started off with 100 items, which was then scaled to 29 items divided into three distinct subscales based on statistical and item analysis. To ensure convergent validity, each subscale was correlated to existing valid and reliable assessments. For example, the skills subscale was correlated to the CSES; the attitudes/awareness subscale was correlated to ATLG (cognitive attitudes); and the knowledge subscale was correlated to the MCKAS and the CSES. To ensure criterion validity, level of education and sexual orientation were used following the hypothesis that higher levels of educational training and those who identify as GLB would score higher on the SOCCS (Bidell, 2005).

Initial means for each subscale were: "2.94 (SD = 1.53), with scores ranging from 1.00 to 6.91" for the skills subscale, "6.49 (SD = 0.79), with scores ranging from 3.10 to 7.00" for the attitudes/awareness subscale, and "4.66 (SD = 1.05), with scores ranging from 1.63 to 6.88" for the knowledge subscale (Bidell, 2005, p. 274). All of this resulted in, "the coefficient alpha for the overall SOCCS was .90; it was .88 for the Attitudes subscale, .91 for the Skills subscale, and .76 for the Knowledge subscale" (Bidell, 2005, p. 274). In its initial and subsequent analysis, SOCCS proved to be a reliable measure

with graduate students, counselor educators, and counselor supervisors (Bidell, 2005; Graham, 2009; Henke et al., 2009; Rock et al., 2010).

Previous studies. Three major studies that utilized SOCCS are Graham (2009), Henke et al. (2009), and Rock et al. (2010). They all found moderate to high scores in participants' overall SOCCS, despite conflicting data, sometimes within the same study. Results revealed that participants score themselves high in the attitudes/awareness and knowledge domains, which contributes to high overall SOCCS scores. Yet, Graham (2009) showed that 20.7% of participants noted little to no training on serving GLB individuals in their graduate programs and 17.6% of participants mentioned their personal beliefs would inhibit their ability to serve GLB clients. Rock et al. (2010) revealed that more than 60% of the students indicated that they had not received any GLB training, any affirmative therapy training, nor GLB identity development model training and yet scored themselves moderately on the SOCCS Knowledge subscale. The SOCCS Skills subscale was consistently low on all three studies.

Moderate to high scores in overall SOCCS contradicts Graham et al. (1984), Kocarek and Pelling (2003), and Murphy et al. (2002) findings that indicate a lack of GLB training in mental health programs. Schein (1990) explained this phenomena of contradicting data by stating that, "it is quite possible for a group to hold conflicting values that manifest themselves in inconsistent behavior while having complete consensus on underlying assumptions" (p.112). This may also explain why the skills (behavior) subscale was consistent across all three studies.

Attitudes subscale. The attitudes subscale is correlated to ATLG, which measures cognitive attitudes, otherwise known as hostile heterosexism. Thus, it is important to consider the plausibility that GLB positive attitude results reported on the SOCCS are really indicative of cognitive attitudes and not underlying affective attitudes. To correct for this potential limitation in the current study, Walls' (2008) MHI will be used as a way to capture subtler forms of attitudes toward GLB that may not be otherwise captured by the SOCCS Attitude subscale.

Knowledge subscale. Graham (2009), Henke et al. (2009), and Rock et al. (2010) reported a moderate level GLB knowledge among graduate students. This is in contradiction to self-reports by students who state that their programs lack training in GLB topics (Graham, 2009; Rock et al., 2010). Another concern with this subscale is the .76 coefficient alpha established by Bidell (2005). Nonetheless, the SOCCS knowledge subscale will be utilized in spite of the aforementioned limitations and since it is the only accessible GLB knowledge assessment measure.

Skills subscale. Graham (2009), Henke et al. (2009), and Rock et al. (2010) all reported low SOCCS skills scores among graduate students. This is in line with graduate students' reported lack of training in working with GLB clients. Therefore, it appears that the SOCCS skills subscale is the most reliable in detecting true skills in mental health professionals.

***Limitations and justification*.** Limitations associated with the SOCCS may be related to the fact that this assessment is a self-report. Bidell (2005) claimed that counselors and counselors in training may be encouraged to provide socially acceptable

responses on self-reports. Henke et al. (2009) noted, a limitation of the SOCCS is that it measures "perceived competence . . . which is not the same as measuring their actual competence" (p. 339). Notwithstanding the limitations of the SOCCS, it is the only instrument to measure GLB competency among mental health faculty and graduate students. Permission to use and modify the SOCCS to meet the needs of the current study was granted by Bidell (see Appendix E).

The following modifications were made to the SOCCS in this study: (a) modifying items 3, 4, 5, 8, and 18 (in the Skills subscale) in order to fit the sample being assessed (graduate mental health students), (b) adding two items that assess participants' beliefs about bisexual clients, and (c) omitting the neutral point "4-neither agree nor disagree" since some individuals may use this midpoint as a way "to avoid reporting what they see as less socially acceptable answers" (Johns, 2010, p.7). Rock et al. (2010) made similar changes to the SOCCS. For example, Rock et al. (2010) changed the SOCCS original statement, "I have experience counseling gay male clients' to "I have had the opportunity to work with gay male clients in therapy". To assess participant's beliefs about bisexual clients, Rock et al. (2010) utilized the following: "Personally, I think bisexuality (both female and male bisexuality) is a mental disorder and/or a sin and can be treated through therapy or spiritual help" (p. 174). This study incorporated Rock et al.'s (2010) modifications.

Due to misleading overall SOCCS scores, which are influenced by moderate knowledge and high attitude scores, this study will report GLP competency scores on each domain separately (e.g., attitudes, knowledge, and skills). Additionally, MHI was

utilized in this study as a way to measure subtle nuances of attitudes (affective attitudes) not captured in the SOCCS cognitive attitudes subscale.

Accreditation. This study identified accredited programs as those master's and doctoral level mental health programs that are accredited by APA and CACREP. Nonaccredited programs will be all other programs not accredited by APA and CACREP or other accrediting agencies like the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).

Data Analysis Plan. SPSS for Windows and Macintosh was used to analyze the data. Due to the number of variables in this study, two separate MANCOVAs were planned to be run—one for the graduate students and one for the faculty. This ensures some control over the effects of concomitant variables in a multivariate design. Specifically, each MANCOVA was to be used to assess the population means on the SOCCS and the MHI among faculty from accredited institutions and faculty from nonaccredited institutions, and assess the population means on the SOCCS and the MHI among graduate students from accredited institutions and graduate students from nonaccredited institutions. These relationships were also analyzed by gender, age, status of education (e.g., faculty completion of Ph.D. prior to 2001 or end of graduate students master's level program), type of graduate program, number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends, by entering these variables as covariates.

In order to maintain a representative sample of graduate students and faculty, the researcher screened the participants' identified sexual orientation, as an

overrepresentation of GLB individuals in the study could skew the results. Appropriate measures (e.g., randomly selecting a certain number of GLB individuals' data) were taken to ensure a representative sample of graduate students and faculty.

Main research questions. This study attempted to answer the following questions:

RQ1: Does GLB competency (skills, cognitive attitudes, affective attitudes, and knowledge) differ between graduate students from accredited programs compared with graduate students from nonaccredited programs, controlling for gender, age, status of education, type of graduate program, number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

RQ2: Does GLB competency (skills, cognitive attitudes, affective attitudes, and knowledge) differ between faculty from accredited programs compared with faculty from nonaccredited programs, controlling for gender, age, status of education, type of graduate program, number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

Main hypotheses. The following are the study's main hypotheses:

H_01: There will be no significant difference between the mean scores on skills SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended,

race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_a1: There will be a significant difference between the mean scores on skills SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0$2: There will be no significant difference between the mean scores on cognitive attitudes SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_a2: There will be a significant difference between the mean scores on cognitive attitudes SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0$3: There will be no significant difference between the mean scores on affective attitudes MHI (Walls, 2008) among graduate students from accredited programs and

those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_a3: There will be a significant difference between the mean scores on affective attitudes MHI (Walls, 2008) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0 4$: There will be no significant difference between the mean scores on knowledge SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_a 4$: There will be a significant difference between the mean scores on knowledge SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0 5$: There will be no significant difference between the mean scores on skills SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_a 5$: There will be a significant difference between the mean scores on skills SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0 6$: There will be no significant difference between the mean scores on cognitive attitudes SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_a 6$: There will be a significant difference between the mean scores on cognitive attitudes SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0 7$: There will be no significant difference between the mean scores on affective attitudes MHI (Walls, 2008) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_a 7$: There will be a significant difference between the mean scores on affective attitudes MHI (Walls, 2008) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0 8$: There will be no significant difference between the mean scores on knowledge SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_a 8$: There will be a significant difference between the mean scores on knowledge SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

Data analysis. Based on the factors (independent variable-accreditation status; dependent variable-SOCCS, MHI scores, and covariates) and design of this study, it was determined that a multivariate analysis of covariance (MANCOVA) would be the appropriate statistical test for all the hypotheses in this study. Prior to running the MANCOVA, the following assumptions were empirically evaluated: normal distribution of the dependent variables across covariates, population variances are equal, the independence assumption, and the homogeneity-of-slopes assumption. Results from these tests determined if the researcher could proceed with the MANCOVA. If the homogeneity-of-slopes assumption is violated, simple main effects will be analyzed.

The rationale for using confounding variables (independent variable-accreditation status) was that participants were, "neither randomly assigned to groups nor assigned to groups based on their pretest scores" (Green & Salkind, 2014, p. 190). Also, it is wise to control for the following covariates (gender, age, status of education, type of graduate program, number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends) as they have been shown to affect the dependent variable and can ultimately affect the relationship between the independent variable and dependent variable in this study.

The following key parameters were utilized in interpretation of the data results for this study. The alpha level, α, was set at the ≥.05 in order to control for Type I error. This .05 alpha level is recognized as being statistically significant (MEERA, 2014). This study also set the confidence intervals level at 95% confidence level—this is accepted in most social science fields (MEERA, 2014).

Threats to Validity

External Validity

Selection of subjects. The goal of this study was to obtain a heterogeneous sample of graduate students and faculty. Since a voluntary and convenience sample was utilized in this study, careful surveillance of study participants was conducted. That is, demographic information helped ensure that representative populations were present (e.g., accreditation status, identified sexual orientation, gender). Should any of these populations be overrepresented (e.g., self-identified GLBs), the researcher would randomly select a representative number of data representing that population.

Subject reactions. A potential threat to the validity of this study may have been the Hawthorne or placebo effect. The Hawthorne effect refers to the influence on participant's performance based on their, "knowledge . . . that they are participants in an experiment" (Yaremko, Harari, Harrison, & Lynn, 1982, p. 91). Another similar threat to the study's validity is leniency error, which refers to the participants' tendency to rate characteristics more favorably then they should. It may have been possible that faculty and graduate students in accredited programs like APA and CACREP scored themselves higher than their actual competency level because they know they are being compared to nonaccredited programs. It may also have been possible that faculty and students want to present themselves more favorably with regard to attitudes toward GLB, because that may be the social expectation. Nonetheless, the researcher remains optimistic that the anonymity of the survey allowed faculty and students to answer candidly.

Internal Validity

The researcher scanned the demographic data to ensure a representative sample due to use of a voluntary and convenience sample.

Instrumentation. A dearth of GLB attitude and GLB competency measures made the selection of instruments for this study difficult. However, a detailed description of existing GLB attitude and competency measures provided in Chapter Two showed that the best measures, albeit not perfect, were selected for this study. Also, the researcher took measures to compensate for the perceived weaknesses of the instruments used in this study by incorporating additional measures like the MHI.

SOCCS. Currently, SOCCS is the only existing measure for GLB competency, which measures attitudes/awareness of GLB, knowledge of GLB issues, and skills in working with GLB clients among faculty and graduate students. This measure is a self-report measure and may pose problems, as it measures sensitive behaviors (e.g., attitudes toward GLB). Graham (2009) and Rock et al. (2010) utilized the SOCCS indicated that participants scored high in the attitudes/awareness (6.38 out of 7) and moderate on knowledge (4.56 out of 7) domains of the SOCCS, which then influenced the overall SOCCS competency score. This information is noteworthy since there was contradicting data within the same studies that alluded these scores may not be accurate. For example, Rock et al. (2010) indicated that more than 60% of the participants had not received any GLB training, affirmative therapy training, nor GLB identity development model training and yet the participants had moderate scores on the SOCCS knowledge domain. To account for these potential limitations, the researcher incorporated the use of an

additional measure of attitudes, the MHI, which would provide additional data regarding faculty and graduate student affective attitudes toward GLB.

MHI. Since the SOCCS measures cognitive attitudes or hostile heterosexism, the researcher incorporatef the use of the MHI. The MHI measures modern heterosexism, a prejudice towards GLB that is more covert and subtle than what is measured by SOCCS. There are limitations to the use of MHI; however, a thorough review of existing GLB attitude instruments resulted in the selection of MHI in spite of its limitations. One of the limitations of the MHI is its recent development and lack of sufficient testing that may limit its generalizability to various populations. The MHI has only been normed to an undergraduate college age population. However, Walls (2008) contends that findings may be conservative estimates since younger people tend to have more positive attitudes toward GLB. Another important limitation of the MHI is that it has not been tested on GL individuals and therefore may limit the generalizability to this population. The researcher analyzed the MHI scores for the GLB population and did not find the need to omit these scores.

Lastly, the MHI does not include items that measure attitudes toward bisexual individuals. However, permission was granted to modify the existing instrument to include items questioning attitudes toward bisexual individuals and this too may pose a limitation to this instrument. While the MHI has four domains, only two domains will be used in this study: aversive heterosexism and amnestic heterosexism.

Ethical Procedures

The following organizations were contacted: ASCA, ACA, APA, AAMFT, NCA, TACES, ACES, and AAUP, in order to access their listservs. As per the Walden IRB documentation, "a letter of cooperation is not necessary if the partner's ONLY role is to distribute research invitations (in the form of flyers, packets, or emails) on the researcher's behalf because their actions will sufficiently demonstrate their willingness to cooperate with the researcher". Therefore, the researcher sent an e-mail to the aforementioned organizations detailing the study, along with the consent form, a link to the survey, and a request to forward the invitation to their members.

Potential participants were provided an online survey informed consent (see Appendix B). This document details their participation as voluntary, anonymous, and ability to withdraw at any time. Risk level was assessed as minimal for this research study for the following reasons: (a) research participants are adults over the age of 18 who either teach in, or are enrolled in, mental health graduate programs, and (b) while participants are asked to disclose their sexual orientation and answer questions about their attitudes toward gay, lesbian, and bisexual individuals, they are free to skip these questions. Since data collection occurred over the internet and was anonymous, there were no foreseeable ethical concerns. No identifying data was collected as part of this study. Participant's email address were not linked to the data, nor was it collected as part of their participation in this study. Data collected will be maintained on password protected computers and kept for the minimum five-year requirement. Only the researcher and her dissertation committee members will have access to the data. Data was

collected at the researcher's place of employment. However, additional institution IRB approval was obtained prior to approaching faculty and graduate students. Participants were reminded of their voluntary and anonymous participation.

Summary

This study focused on GLB competency among faculty and graduate students from accredited and nonaccredited mental health programs. The independent variable in this study was the accreditation status of the mental health programs (e.g., APA/CACREP accredited vs. nonaccredited institutions). The dependent variable in this study was GLB competency, as measured by SOCCS and MHI. The following covariate variables were utilized: (a) gender, (b) age, (c) status of education (e.g., faculty completion of Ph.D. prior to 2001 or completion of multicultural course or practicum/internship courses for graduate students), (d) type of graduate program, (e) number of GLB workshops attended, (f) race/ethnicity, (g) political ideology, (h) religiosity, (i) resident location, and (j) number of GLB family/friends. Based on the research questions, hypothesis, and variables for this study, it was determined that a MANCOVA was the appropriate statistical test to use.

A detailed description on how participants were recruited for this study, the limitations and justification for use of the proposed instruments, operationalization of constructs, potential threats to the study's validity, ethical procedures, and the data analysis plan were provided in this chapter. The following chapter will provide the results of the data analysis in relation to the research questions and hypothesis.

Chapter 4: Results

Introduction

The purpose of this study was to determine if there was a difference in GLB competency (dependent variable) among faculty and students from accredited versus nonaccredited mental health programs (independent variable). This study also aimed to identify if there were any differences in GLB competency related to gender, age, status of education (e.g., faculty completion of Ph.D. prior to 2001, multicultural/practicum enrollment, doctoral versus master's program), type of graduate program, number of GLB workshops attended, race/ethnicity, political ideology, religiosity, university location, and number of GLB family/friends.

The main research questions are:

RQ1: Does GLB competency (skills, cognitive attitudes, affective attitudes, and knowledge) differ between graduate students from accredited programs compared with graduate students from nonaccredited programs, controlling for gender, age, status of education, type of graduate program, number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

RQ2: Does GLB competency (skills, cognitive attitudes, affective attitudes, and knowledge) differ between faculty from accredited programs compared with faculty from nonaccredited programs, controlling for gender, age, status of education, type of graduate program, number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

The hypotheses related to the two research questions are:

$H_0$1: There will be no significant difference between the mean scores on skills SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_a1: There will be a significant difference between the mean scores on skills SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0$2: There will be no significant difference between the mean scores on cognitive attitudes SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_a2: There will be a significant difference between the mean scores on cognitive attitudes SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status

of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0 3$: There will be no significant difference between the mean scores on affective attitudes MHI (Walls, 2008) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_a 3$: There will be a significant difference between the mean scores on affective attitudes MHI (Walls, 2008) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

$H_0 4$: There will be no significant difference between the mean scores on knowledge SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_a4: There will be a significant difference between the mean scores on knowledge SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_05: There will be no significant difference between the mean scores on skills SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_a5: There will be a significant difference between the mean scores on skills SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_06: There will be no significant difference between the mean scores on cognitive attitudes SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_a6: There will be a significant difference between the mean scores on cognitive attitudes SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_07: There will be no significant difference between the mean scores on affective attitudes MHI (Walls, 2008) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_a7: There will be a significant difference between the mean scores on affective attitudes MHI (Walls, 2008) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_08: There will be no significant difference between the mean scores on knowledge SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

H_a8: There will be a significant difference between the mean scores on knowledge SOCCS (Bidell, 2005) among faculty from accredited programs and those faculty from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends.

A detailed description of how the data was collected, the results of the data analysis, and any inherent issues that resulted from data collection and/or the data analysis will be discussed in this chapter.

Data Collection

The target goal of this study was to include data from 374 participants. A minimum of 94 participants per group (i.e., accredited program faculty, nonaccredited program faculty, accredited program graduate students, nonaccredited program graduate students) was the target goal. After the proposal and IRB approvals, data collection commenced on June 27, 2016. The target time frame to collect data for this study was six months. Potential participants were invited to complete an anonymous Qualtrics (online) survey via postings on professional organization websites, Walden Participant Pool, listservs, e-mails, and personal contacts with former and current colleagues to invite faculty, and graduate students.

Three separate invitations were posted requesting eligible individuals to participate in this study on ACA Connect Community Networks Call for Study Participants (34 members), ACA Ethics Interest Network (455 members), ACES CESNET-L Listserv (over three thousand members), ASCA SCENE, AFFIRM-

Psychologists Affirming their LGBT Family, and TACES-Texas Association for Counselor Education and Supervision; the invitation to participate in this study was also posted on the Walden Participant Pool. These efforts garnered 37 completed surveys. The decision was made to make personal contacts to former colleagues because of the low response rate. A personal invitation to the study was made to colleagues from Texas A&M University San Antonio, Texas A&M University-Corpus Christi, Texas A&M University-Kingsville, West Texas A&M University, University of Texas-San Antonio, Texas State University, Lindsey Wilson College (Columbia, Kentucky) and Texas Tech University. Several colleagues from different departments (e.g., Clinical Psychology, Rehabilitation Counseling, and School Psychology) at The University of Texas Rio Grande Valley were also contacted; in order to do a 5 minute in-person presentation to their students, inviting them to participate in this anonymous survey. As a result of these efforts, an additional IRB documentation was submitted for: University of Texas Rio Grande Valley and Texas A&M University San Antonio. These classroom visits, plus the additional recruitment efforts resulted in an uptick of completed surveys. As of January 1, 2017, a total of 273 completed online surveys were obtained.

The following Listserv administrators were contacted several times: COUNSGRADS Listserv and DIVERSEGRAD-L Listserv (both affiliated with ACA), ACA Interest Network for Professional Counselors in Schools, and APAGS-APA's National Graduate Student Organization Network; however, to no avail. Faculty at Our Lady of the Lake-Rio Grande Valley were also contacted. All of these efforts did not result in participation numbers anywhere near adequate. While the majority of the

collected data occurred as detailed in chapter three, there was one deviation. Prior to Walden University IRB submission it was believed that former professors/faculty and graduate students could be personally solicited. However, after proposal approval and submission of the IRB application, it was discovered that personal e-mail solicitations to Walden professors and graduate students could not be sent. The alternative to personal solicitation was the Walden Participant Pool, which allows for a post describing the study along with a survey link. Walden University faculty and graduate students could visit this site, if they were interested in participating in ongoing Walden research projects.

Baseline Descriptive Characteristics of Sample

Of the 273 completed online surveys, 50 were from faculty employed by accredited institutions, 21 were faculty from nonaccredited institutions, 110 were from graduate students attending accredited institutions, and 92 were graduate students from nonaccredited institutions. Two tables describing the demographics of the sample; one for faculty and one for graduate students are included (see Tables 1 and 2). While there was insufficient faculty data to run any statistical analysis, descriptive demographic data for the faculty group was still provided in Table 1. Ages for faculty ranged from 28-71 and were evenly distributed. Years of professional counseling experience among faculty ranged from 0 to 38 years. Years of teaching experience at the college level ranged from 0 to 40 years.

Table 1

Demographic Characteristics for Faculty Sample

Characteristic	*n*	%
Accreditation		
Accredited Programs	50	70.4%
Nonaccredited Programs	21	29.6%
Type of Accreditation		
CACREP	28	57.1%
APA	9	18.4%
Other	12	24.5%
Gender		
Female	55	21.4%
Male	15	78.6%
Race		
Caucasian	46	64.8%
Hispanic/Latino	16	22.5%
African American/Black	2	2.8%
Native American/Alaskan	1	1.4%
Other/Mixed	6	8.5%
Completion of Ph.D.		
1980-2004	24	37.5%
2005-2016	40	62.5%

(table continued)

Characteristic	*n*	%
Level of Courses Taught		
Master's level	44	63.8%
Doctoral level	4	5.8%
Both Master's & Doctoral	21	30.4%
Religious Affiliated Educational Institution		
Yes	13	18.3%
No	58	81.7%
Religiosity		
Not religious at all	13	18.3%
A little religious	23	32.4%
Neutral	13	18.3%
Religious	15	21.1%
Very religious	7	9.9%
Political Ideology		
Very liberal	6	8.5%
Liberal	48	67.6%
Neutral	6	8.5%
Somewhat conservative	5	7.0%
Very conservative	6	8.5%
Sexual Orientation		
Heterosexual	59	83.1%
Bisexual	3	4.2%
Gay/Lesbian	8	11.2%
Bicurious/Undetermined/ Questioning	1	1.4%

Ages for graduate students ranged from 21-63, with the majority ranging in age between 23-35 years. Students were asked how much experience they had in counseling GLB clients in their practicum courses. Sixty-one percent of the students who had taken practicum stated they had not had experience counseling GLB clients. Other demographic information on the graduate student population can be found in Table 2.

Table 2

Demographic Characteristics for Graduate Student Sample

Characteristic	*n*	%
Accreditation		
Accredited Programs	110	54.5%
Nonaccredited Programs	92	45.5%
Type of Accreditation		
CACREP	76	69.7%
APA	22	20.2%
Other	11	10.1%
Gender		
Female	159	78.7%
Male	43	21.3%
Student Classification		
Master's level student	179	88.6%
Doctoral level student	23	11.4%
Race		
Caucasian	45	22.3%

(table continued)

Characteristic	*n*	%
Hispanic/Latino	136	67.3%
African American/Black	6	3.0%
Asian	2	1.0%
Other/Mixed	13	6.4%
Multicultural courses completed		
0 multicultural course	52	25.7%
1 multicultural course	104	51.5%
>2 multicultural courses	46	22.8%
Elective GLB graduate courses taken		
0 GLB elective courses taken	16	30.8%
1 GLB elective courses taken	24	46.1%
>1 GLB elective courses taken	12	23.1%
Religious Affiliated Educational Institution		
Yes	13	6.4%
No	189	93.6%
Religiosity		
Not religious at all	25	12.4%
A little religious	67	33.3%
Neutral	36	17.9%
Religious	64	31.8%
Very religious	9	4.5%
Political Ideology		
Very liberal	16	8.0%

(table continued)

Characteristic	*n*	%
Liberal	76	37.8%
Neutral	64	31.8%
Somewhat conservative	34	16.9%
Very conservative	11	5.5%
Sexual Orientation		
Heterosexual	176	87.1%
Bisexual	6	3.0%
Gay/Lesbian	18	8.9%
Bicurious/Undetermined/ Questioning	2	1.0%

Sample Size

The sample size needed for this study was determined by using G*Power, 3.1. G*Power indicated that a minimum sample size of 374 participants was needed. That is, a minimum of 94 participants per group would be needed. Two hundred and seventy three online surveys were collected, 50 were from faculty employed by accredited institutions, 21 were faculty from nonaccredited institutions, 110 were from graduate students attending accredited institutions, and 92 were graduate students from nonaccredited institutions. The target goal of 94 per group was not met among the faculty group; thus, rendering any statistical analysis unreliable for faculty. However, the 94 per group goal for graduate students was very close to being met, which allowed for statistical analyses on the graduate student participant data.

Univariate Analysis

In order to validate the inclusion of the proposed covariates (gender, age, status of education, type of graduate program, number of GLB workshops attended, race/ethnicity, political ideology, religiosity, institution location, and number of GLB family/friends), independent samples *t* test were run on all covariates. The independent samples *t* test served to determine if there was a statistically significant difference between the groups' GLB competency mean scores. Results of these analyses were organized by dependent variable: affective attitudes-Table 3, skills-Table 4, knowledge-Table 5, and cognitive attitudes-Table 6.

Table 3

Between Group Differences for MHI Affective Attitudes

Covariate	*M(SD)*	*T*	*p*
Gender		2.45	.015*
Male	2.45 (1.10)		
Female	1.99 (1.06)		
Age		2.44	.016*
>=35	2.38 (1.32)		
<35	1.94 (.90)		
Political Ideology		6.76	.000*
>=4 (conservative)	3.09 (1.13)		
<4 (neutral to liberal)	1.81 (.88)		
Religiosity		-2.56	.012*
>=4 (religious)	2.36 (1.19)		
<4 (neutral to not religious)	1.93 (.98)		
# of GLB Friends		-2.25	.030*
>=2	2.00 (.99)		
<2	2.56 (1.37)		

* $p \leq .05$

Table 4

Between Group Differences for SOCCS Skills

Covariate	*M(SD)*	*T*	*p*
Student Classification		-4.99	.000*
Master's level	2.25(1.00)		
Doctoral level	3.40 (1.27)		
Type of Program		2.02	.049*
Counseling Psy.	2.46 (1.07)		
School Psy.	1.92 (.87)		
# of GLB Workshops Attended		-6.70	.000*
0-1	2.17 (.96)		
2 or more	3.48 (1.14)		
Ethnicity		4.58	.000*
Caucasian	3.02 (1.18)		
Hispanic	2.18 (.98)		
Institution location		2.30	.024*
Large Metro	2.70 (1.25)		
Suburban	2.06 (.92)		

* $p \leq .05$

Table 5

Between Group Differences for SOCCS Knowledge

Covariate	*M(SD)*	*T*	*p*
Student Classification		-2.17	.039*
Master's level	3.64 (.78)		
Doctoral level	4.14 (1.07)		
# of GLB Workshops Attended		-3.47	.001*
0-1	3.61 (.82)		
2 or more	4.17 (.78)		
Ethnicity		3.78	.000*
Caucasian	4.09 (.89)		
Hispanic	3.55 (.79)		

* $p \leq .05$

Table 6

Between Group Differences for SOCCS Cognitive Attitudes

Covariate	*M(SD)*	*T*	*p*
Age		-2.22	.029*
>=35	5.10 (1.11)		
<35	5.44 (.81)		
Student Classification		-2.74	.010*
Master's level	5.27 (.97)		
Doctoral level	5.69 (.63)		
# of GLB Workshops Attended		-2.02	.048*
0-1	5.27 (.98)		
2 or more	5.56 (.65)		
Ethnicity		2.82	.006*
Caucasian	5.64 (.79)		
Hispanic	5.23 (.99)		
Ethnicity		2.14	.037*
Caucasian	5.64 (.79)		
Black	4.82 (1.01)		
Political Ideology		-6.03	.000*
>=4 (conservative)	4.36 (1.28)		
<4 (neutral to liberal)	5.59 (.60)		
Religiosity		4.09	.000*
>=4 (religious)	4.89 (1.17)		
<4 (neutral to not religious)	5.53 (.72)		

* $p \leq .05$

In sum, univariate analyses run on the covariates indicated a significant mean difference among the groups on at least one of the dependent variables. The purpose of a MANCOVA is to, "statistically equate groups on one or more variables" (Glass & Hopkins, 1996, p. 593). Since the dependent variables significantly differ among the covariates, it is important to control for these covariate variables (Glass & Hopkins, 1996; Grace-Martin, 2017a; Laerd Statistics, 2017). While one of the assumptions of MANCOVA is that, "covariate variable(s) should be measured on a continuous scale"

(Laerd Statistics, 2017, para. 8) the key word is ‘should’. In fact, covariate variables can be categorical (Grace-Martin, 2017a; Grace-Martin, 2017b; Laerd Statistics, 2017). So, in order to accommodate for preexisting differences among groups, a MANCOVA was utilized. The intent of this analysis is to remove ‘preexisting differences’ from the analysis (Mertler & Vannatta, 2005). Therefore, these results justified the need to utilize a MANCOVA whereby, these variables (gender, age, status of education, type of graduate program, number of GLB workshops attended, race/ethnicity, political ideology, religiosity, institution location, and number of GLB family/friends) are used as covariates.

Pre-Analysis Data Cleaning

Participants were initially asked to self-identify their sexual orientation, so as to avoid an overrepresentation of GLB individuals in the study, which could have skewed the results. For the graduate students, 176 (87%) identified as heterosexual, 6 (3%) as bisexual, 18 (9%) as gay/lesbian, and 2 (1%) as bicurious/undetermined/questioning. Such proportions closely represent the general population (Crary, 2010; Labriola, 2011; Vrangalova & Savin-Williams, 2010) and therefore, no further measures were taken in this regard.

A total of 202 surveys were collected from graduate students: 110 graduate students from accredited institutions and 92 from nonaccredited institutions. Of the 110 students from accredited institutions, approximately 90% were CACREP or APA accredited programs. Approximately 67% of the graduate students identified as Hispanic/Latino.

The data was then screened for missing cases and extreme outliers. Thirty-one cases were found to have significant amounts of data missing and therefore, were eliminated from the dataset. In order to identify extreme outliers, a stem-and-leaf plot was reviewed for each of the dependent variables. Mertler and Vannatta (2005) recommend eliminating extreme outliers. In this data analysis, the stem-and-leaf plots revealed several extreme scores that lay on the outer reaches of the distribution. According to Hair, Black, Babin, Anderson, and Tatham (2006), one should "identify cases falling outside the ranges of 2.5 versus 4 standard deviations" (p.75) when utilizing univariate methods to detect outliers. As a result, four participant (outliers) were removed from the dataset. Consequently, this reduced the total *n* to 167: 95 graduate students from accredited institutions and 72 from nonaccredited institutions.

Results

Overall Data Analysis

The design of this study utilized one fixed factor or independent variable (group membership, whether the participant attended an accredited program or nonaccredited program), four dependent variables (affective attitude, cognitive attitude, knowledge, and skills), and 10 covariates. The analysis technique utilized in this study was the multivariate analysis of covariance (MANCOVA). Due to the number of variables, this study intended to run two separate MANCOVAs—one for faculty and one for students; however, a low response rate from faculty prohibited one of the planned data analyses.

The MANCOVA determined whether significant differences existed among the groups on a linear combination of the dependent variables and whether the covariate

significantly influenced the combined dependent variables. Specifically, MANCOVA determined whether significant differences existed among the groups (i.e., accredited institutions vs. nonaccredited institutions) on GLB affective attitudes, cognitive attitudes, knowledge, and skills. In addition, the MANCOVA verified whether any of the covariates significantly influenced the dependent variables. Finally, follow-up univariate analysis of covariance (ANCOVA) tests on each dependent variable determined which dependent variables were affected by the independent variable (group factor) after adjusting for the covariate.

All hypotheses were stated in the null form and tested at the alpha <.05 level of significance. The alpha level of .05 was adjusted to control for Type I error. The follow-up univariate analyses of covariance (ANCOVA) were reported as not significant at the $p < .01$ level, using a Bonferroni adjustment to accommodate for 4 dependent variables (i.e., .05/4 = .01).

Statistical Assumptions

Before proceeding to the MANCOVA, several statistical assumptions had to be evaluated. The first assumption was to check for missing data, the second assumption was to check for outliers and normality. These steps were completed and reported previously. The assumption of linearity was also evaluated (3rd assumption). The assumption of linearity between the dependent variables and the covariates were examined using a Q-Q plot (see Figures 1-4). The Q-Q plots indicated a linear pattern; therefore, this assumption was met.

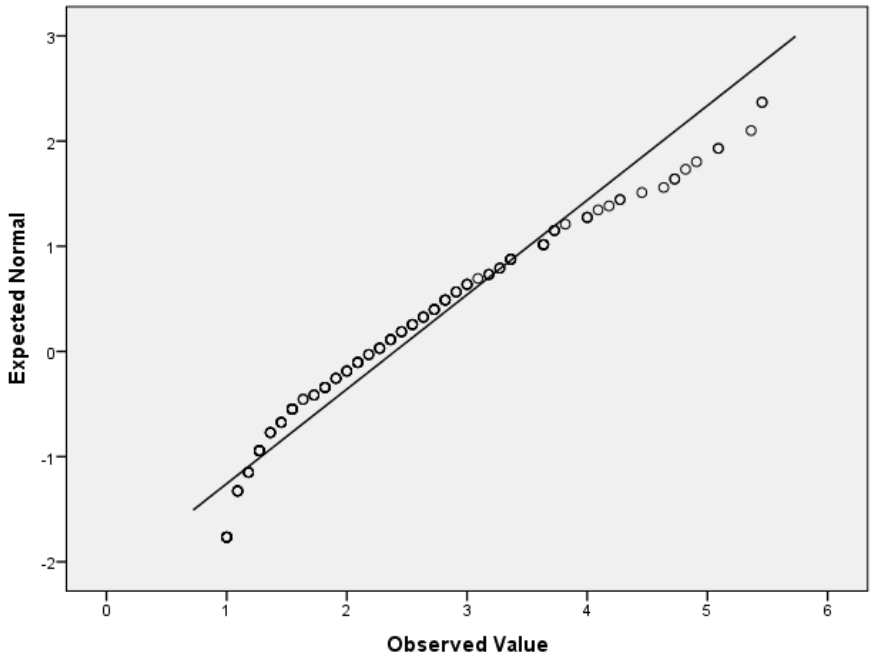

Figure 1. Normal Q-Q Plot to Assess Linearity for SOCCS Skills and Covariates

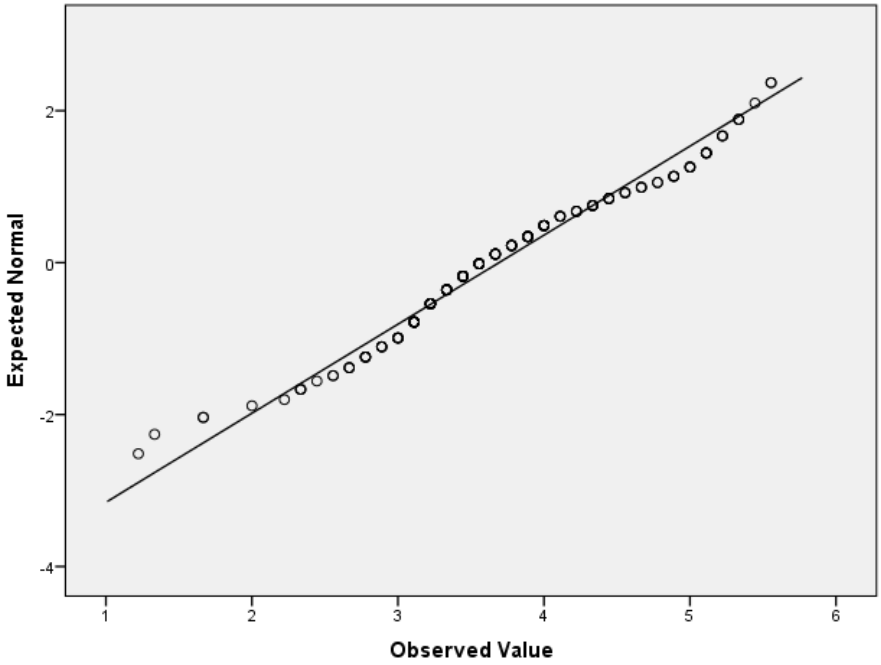

Figure 2. Normal Q-Q Plot to Assess Linearity for SOCCS Knowledge and Covariates

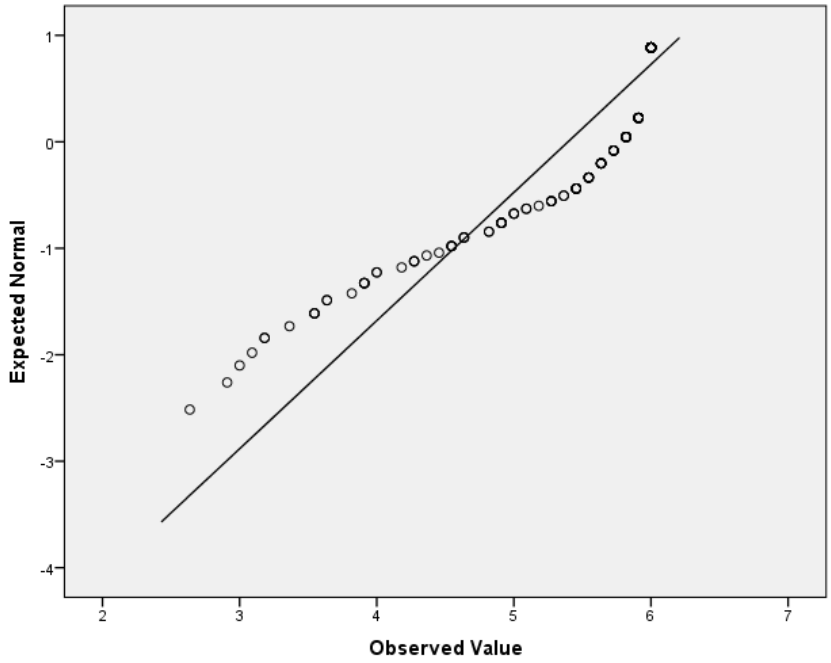

Figure 3. Normal Q-Q Plot to Assess Linearity for SOCCS Cognitive Attitudes and Covariates

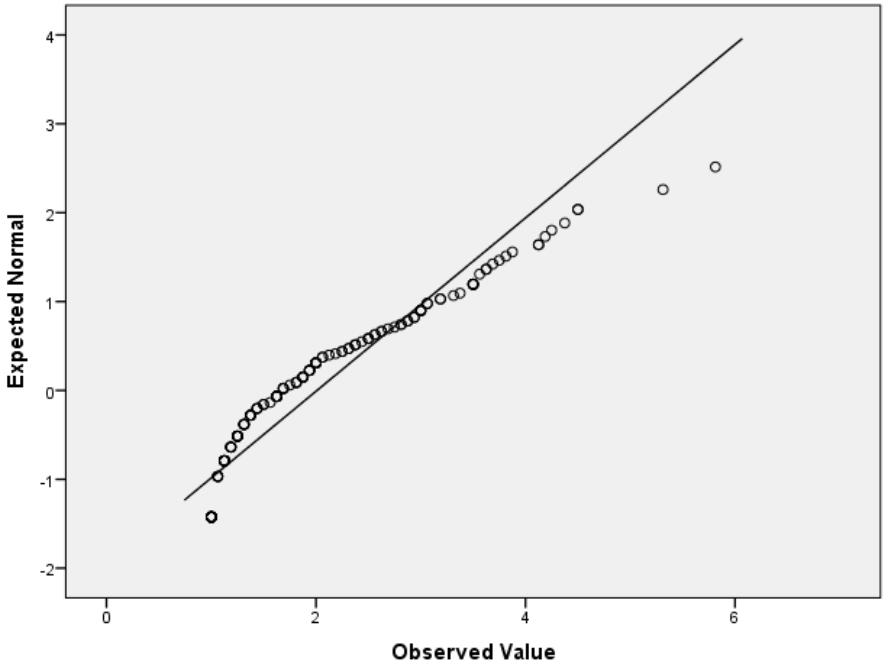

Figure 4. Normal Q-Q Plot to Assess Linearity for MHI Affective Attitudes and Covariates

These assumptions were checked before moving into the preliminary multivariate analysis of covariance (MANCOVA), which checks for homogeneity of variance and homogeneity of covariance (4th assumption) and homogeneity of regression of slopes (5th assumption). The preliminary MANCOVA evaluated whether there was an effect on affective attitudes, skills, knowledge, and/or cognitive attitudes as a result of whether the graduate program was accredited or nonaccredited. Group membership (accredited or nonaccredited) was the fixed factor/independent variable; there were 10 covariates (gender, age, status of education, type of graduate program, number of GLB workshops attended, race/ethnicity, political ideology, religiosity, institution location, and number of GLB family/friends); and affective attitudes, skills, knowledge, and cognitive attitudes served as the dependent variables.

Box's Test of Equality of Covariance Matrices, to test the null hypothesis that the population variances and covariances among the dependent variables were equal across groups, yielded $F(10, 110162) = 1.17$, $p = .31$. The critical significance level $p = .001$ was used to evaluate the observed covariance matrices. Since the resultant $p > .001$, the null hypothesis that the observed covariance matrices of the dependent variables are equal across groups is accepted. Since $p > .001$, Wilks' Lambda is an appropriate test statistic to use for future interpretations in this particular MANCOVA (Mertler & Vannatta, 2005).

The next assumption determined the robustness of the MANCOVA in this study and involved the data's homogeneity of regression of slopes—this statistic allowed the researcher to determine if an interaction existed between group membership and the

covariates. The resulting statistic was not significant, Wilks' Lambda = .95, $F(8, 300) = .91$, $p = .51$. This means the homogeneity of regression of slopes is met. Similarly, Levene's Test of Equality of Error Variances were nonsignificant (see Table 7). Therefore, the researcher could proceed with the full factorial MANCOVA.

Table 7

Levene's Test of Equality of Error Variances

Dependent Variable	*F*	*Df*	*p*
Affective Attitudes	.337	1, 165	.562
Skills	.018	1, 165	.893
Knowledge	.033	1, 165	.856
Cognitive Attitudes	1.090	1, 165	.298

* $p \leq .05$

Study Hypothesis Results

$H_0 1$: There will be no significant difference between the mean scores on skills SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends. There was a statistically significant difference in SOCCS skills mean scores between accredited ($M = 2.54$, SD = 1.16) and nonaccredited students ($M = 2.22$, SD = .93), $F(1, 155) = 4.18$, $p < .04$, partial $\eta^2 = .03$ (see Tables 8 and 9). Analysis of

adjusted and unadjusted skills means also reveals a significant difference (see Table 9 and Figure 5). This allows for the rejection of null hypothesis #1.

Table 8

Tests of Between Subjects Effects on Accreditation

Dependent Variable	*F*	*Df*	*p*	Partial Eta Squared
Affective Attitudes	2.54	1, 155	.11	.02
Skills	4.18	1, 155	.04*	.03
Knowledge	6.16	1, 155	.01*	.04
Cognitive Attitudes	.00	1, 155	.95	.00

* $p \leq .05$

Table 9

Adjusted and Unadjusted Dependent Variable Means for Accredited and Nonaccredited Programs Based on Covariates and Pairwise Comparison

Dependent Variable		Unadjusted		Adjusted		Mean Difference	*p*
	N	*M*	*SD*	*M*	*SE*		
Affective Attitudes							
Accredited	95	1.87	1.03	1.91	.10	-.24	.11
Nonaccredited	72	2.19	.99	2.15	.11		
Skills							
Accredited	95	2.69	1.16	2.54	.10	.33	.04*
Nonaccredited	72	2.02	.93	2.22	.12		
Knowledge							
Accredited	95	3.89	.85	3.83	.08	.33	.01*
Nonaccredited	72	3.43	.79	3.51	.10		
Cognitive Attitudes							
Accredited	95	5.45	.80	5.40	.07	.01	.95
Nonaccredited	72	5.32	.87	5.39	.09		

* $p \leq .05$

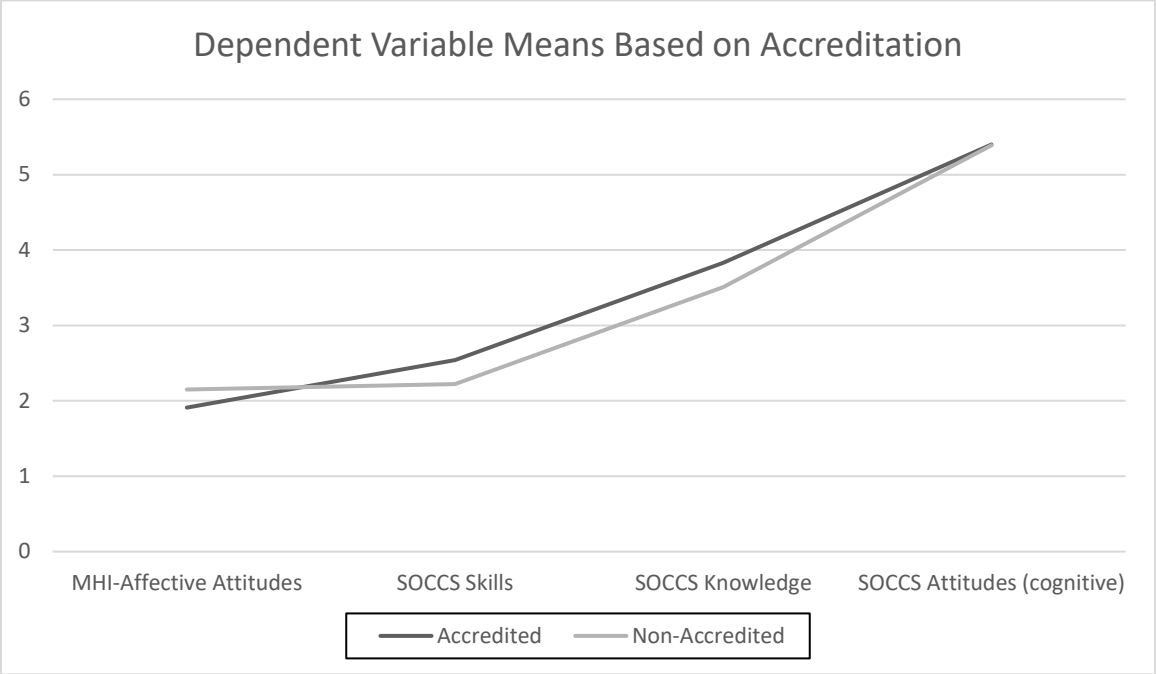

Figure 5. Adjusted Mean Dependent Variables Based on Accreditation

In order to determine how the dependent variable was affected by the covariate(s), the follow-up univariate analyses of covariance, using the Bonferroni correction, revealed that the number of workshops attended by students had a significant influence on skills, $F(1, 155) = 10.36$, $p < .002$, partial $\eta^2 = .06$ (see Table 10). Similarly, the number of GLB friends students identified as having also had a significant influence on skills, $F(1, 155) = 7.22$, $p < .008$, partial $\eta^2 = .05$ (see Table 10).

Table 10

Summary of Univariate Analysis of Covariance on the Adjusted Dependent Variables

Variable and source	SS	MS	*F*	*df*	*p*	Partial η^2
Gender						
Affective Attitudes	4.921	4.921	6.094	1, 155	.015	.038
Skills	5.081	5.081	5.767	1, 155	.018	.036
Knowledge	3.085	3.085	5.046	1, 155	.026	.032
Cognitive Attitudes	.113	.113	.237	1, 155	.627	.002
Student Classification						
Affective Attitudes	.205	.205	.254	1, 155	.615	.002
Skills	4.543	4.543	5.155	1, 155	.025	.032
Knowledge	.531	.531	.869	1, 155	.353	.006
Cognitive Attitudes	.166	.166	.348	1, 155	.556	.002
No. Workshops Attended						
Affective Attitudes	.014	.014	.017	1, 155	.896	.000
Skills	9.131	9.131	10.362	1, 155	.002*	.063
Knowledge	1.279	1.279	2.092	1, 155	.150	.013
Cognitive Attitudes	.227	.227	.477	1, 155	.491	.003
Religiosity						
Affective Attitudes	.983	.983	1.217	1, 155	.272	.008
Skills	.211	.211	.240	1, 155	.625	.002
Knowledge	.152	.152	.248	1, 155	.619	.002
Cognitive Attitudes	6.283	6.283	13.192	1, 155	.000*	.078
No. GLB Friends						
Affective Attitudes	1.774	1.774	2.197	1, 155	.140	.014
Skills	6.361	6.361	7.219	1, 155	.008*	.045
Knowledge	2.600	2.600	4.254	1, 155	.041	.027
Cognitive Attitudes	.281	.281	.590	1, 155	.444	.004
Age						
Affective Attitudes	1.918	1.918	2.375	1, 155	.125	.015
Skills	1.220	1.220	1.384	1, 155	.241	.009
Knowledge	.433	.433	.708	1, 155	.401	.005

(table continued)

Variable and source	SS	MS	*F*	*df*	*p*	Partial η^2
Cognitive Attitudes	3.198	3.198	.000	1, 155	.993	.000
Type of Graduate Program						
Affective Attitudes	.460	.460	.570	1, 155	.452	.004
Skills	2.534	2.534	2.876	1, 155	.092	.018
Knowledge	1.319	1.319	2.158	1, 155	.144	.014
Cognitive Attitudes	.009	.009	.019	1, 155	.890	.000
Political Ideology						
Affective Attitudes	21.332	21.332	26.417	1, 155	.000*	.146
Skills	.070	.070	.080	1, 155	.778	.001
Knowledge	2.234	2.234	3.655	1, 155	.058	.023
Cognitive Attitudes	16.011	16.011	33.616	1, 155	.000*	.178
Institution Location						
Affective Attitudes	.175	.175	.217	1, 155	.642	.001
Skills	.890	.890	1.010	1, 155	.316	.006
Knowledge	.700	.700	1.145	1, 155	.286	.007
Cognitive Attitudes	1.626	1.626	3.413	1, 155	.067	.022
Race						
Affective Attitudes	1.126	1.126	1.394	1, 155	.240	.009
Skills	.771	.771	.875	1, 155	.351	.006
Knowledge	.540	.540	.883	1, 155	.349	.006
Cognitive Attitudes	1.276	1.276	2.679	1, 155	.104	.017

* $p \leq .01$

$H_0 2$: There will be no significant difference between the mean scores on cognitive attitudes SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends. The difference in SOCCS cognitive attitude mean scores between

accredited and nonaccredited students was not significant, $F(1, 155) = .004$, $p > .95$, partial $\eta^2 = .00$ (see Table 8); this does not allow for the rejection of null hypothesis #2.

$H_0$3: There will be no significant difference between the mean scores on affective attitudes MHI (Walls, 2008) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends. The difference in affective attitudes mean scores between accredited and nonaccredited students was not significant, $F(1, 155) = 2.54$, $p > .11$, partial $\eta^2 = .02$ (see Table 8); this does not allow for the rejection of null hypothesis #3.

$H_0$4: There will be no significant difference between the mean scores on knowledge SOCCS (Bidell, 2005) among graduate students from accredited programs and those graduate students from nonaccredited programs holding constant gender, age, status of education, type of graduate program, controlling for number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends. There was a statistically significant difference in SOCCS knowledge mean scores between accredited ($M = 3.83$, SD = .85) and nonaccredited students ($M = 3.51$, SD = .79), $F(1, 155) = 6.16$, $p < .01$, partial $\eta^2 = .04$ (see Tables 8 and 9). Analysis of adjusted and unadjusted knowledge means also reveals a significant difference (see Table 9 and Figure 5). This allows for the rejection of null hypothesis #4.

In order to determine how the dependent variable was affected by the covariate(s), the follow-up univariate analyses of covariance, using the Bonferroni correction, revealed that none of the covariates affected the dependent variables (see Table 10).

While there was not an overall statistically significant difference between the mean scores on affective attitudes and cognitive attitudes, it should be noted that the follow-up univariate analyses of covariance, using the Bonferroni correction, revealed that religiosity has a significant influence on SOCCS-cognitive attitudes, $F(1, 155) = 13.19$, $p < .000$, partial $\eta^2 = .08$ (see Table 10). Political ideology also had a significant influence on affective attitudes, $F(1, 155) = 26.42$, $p < .000$, partial $\eta^2 = .15$ and on cognitive attitudes, $F(1, 155) = 33.62$, $p < .000$, partial $\eta^2 = .18$ (see Table 10).

Also, since two different measures were used to assess attitudes (MHI-affective attitudes and SOCCS cognitive attitudes), it is important to run bivariate correlations among the four GLB counseling competency measures (MHI affective attitudes, SOCC skills, SOCCS knowledge, and SOCCS cognitive attitudes) in order to determine the relationship of these variables. Results indicated the following: (a) a correlation between knowledge and MHI affective attitudes was significant, $r(176) = -.24$, $p < .01$, (b) a correlation between knowledge and skills was significant, $r(176) = -.36$, $p < .01$, (c) a correlation between affective attitudes and cognitive attitudes was significant, $r(178) = -.65$, $p < .01$, and (d) a correlation between cognitive attitudes and knowledge was significant, $r(178) = .19$, $p < .05$ (See Table 11).

Table 11

Correlation Coefficients for Relations Between Four Measures of GLB Counseling Competency

Measure	1	2	3	4
1. MHI-Affective Attitudes	__			
2.SOCCS Skills	-.08	__		
3.SOCCS Knowledge	-.24**	.36**	__	
4. SOCCS Cognitive Attitudes	-.65**	.13	.19*	__

*p<.05
**p<.01

Noteworthy, is the significant correlation between affective and cognitive attitudes. While the correlation was a negative correlation, it is due to the fact that the SOCCS cognitive attitudes scale was reversed in order to compare to the other SOCCS knowledge, and SOCCS skills scores. Therefore, the significant negative correlation between affective and cognitive attitudes indicates that both scales are positively correlated to each other.

Null hypothesis #5-8. These hypotheses could not be determined due to low number of faculty response.

Summary

The overall research question was whether GLB competency, as measured by affective attitudes, skills, knowledge, and cognitive attitudes differed between graduate students from accredited programs versus those graduate students from nonaccredited

programs. The overall MANCOVA revealed there was a significant difference between the groups. Further analysis revealed that students from accredited and nonaccredited institutions had a significant mean difference in skills and knowledge. The follow-up univariate analysis of covariance indicated that number of workshops attended and number of GLB friends has a significant influence on student skills. Unfortunately, lack of faculty participation in this study prevented the researcher from analyzing that data. Further discussion and implication of these findings, limitations of this study, and recommendations for further research will be addressed in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Graduate students do not have the proper training to competently serve GLB clients (Graham, 2009; Rock et al., 2010; Savage et al., 2004). Additionally, there is a dearth of literature on the GLB competency of faculty who teach in mental health graduate programs. Efforts by APA and CACREP accrediting bodies have aimed at improving the GLB competency of graduate students. The purpose of this study was to determine if there was a difference in GLB competency among faculty and graduate students from accredited mental health programs versus faculty and graduate students from nonaccredited mental health programs. The study informs the profession whether APA and CACREP policies and guidelines translate into faculty and graduate students who are competently trained to serve the GLB community. Unfortunately, a low response rate from faculty kept the researcher from running any meaningful statistical analyses with this group.

Summary of Key Findings

Results from this study support previous research indicating the impact the following covariates could have on GLB counseling competency: gender, age, status of education, type of graduate program, number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends. Also, key findings suggest that there is a significant mean difference in skills and knowledge between graduate students from accredited programs and those from nonaccredited programs.

Interpretation of the Findings

Impact of Covariates on Dependent Variables (Univariate Analysis)

This study confirmed the influence of the following covariates (gender, age, status of education, type of accredited program, type of graduate program, number of GLB workshops attended, race/ethnicity, political ideology, religiosity, resident location, and number of GLB family/friends) on attitudes, knowledge, and skills in those who work with the GLB population. The univariate analysis run in this study revealed that there was a significant difference on at least one of the dependent variables (affective attitudes, cognitive attitude, skills, and knowledge) due to the covariates (see Table 12).

Based on the univariate analyses run in this study, these covariates had a significant difference in at least one of the dependent variables (affective attitudes, cognitive attitude, skills, and knowledge), supporting previous research (see Table 12).

Table 12

Covariates that Showed Between Group Differences on the Dependent Variables

Covariate	Dependent Variables (A)Affective Attitudes (C)Cognitive Attitudes (S)Skills (K)Knowledge
Gender	A
Age	A, C
Student classification (master's vs. doctoral)	S, K, C
Type of graduate program	S

(table continued)

Covariate	Dependent Variables (A)Affective Attitudes (C)Cognitive Attitudes (S)Skills (K)Knowledge
No. of GLB workshops attended	S, K, C
Race/ethnicity	S, K, C
Political ideology	A, C
Religiosity	A, C
Institution location	S
No. of GLB friends/relatives	A

Affective attitudes. Affective attitudes tap into an individual's feelings about GLB individuals. Univariate analysis revealed that gender, age, political ideology, religiosity, and number of GLB friends showed a significant difference in affective attitudes—supporting previous research. Females indicated having more positive affective attitudes toward GLB individuals than males. Younger graduate students also indicated having more positive affective attitudes toward GLB individuals. With regard to political ideology, graduate students who identified as neutral to liberal had more positive affective attitudes towards GLB individuals than those who identified as conservative. Graduate students who identified as neutral to not religious had more positive affective attitudes toward GLB individuals than those who identified as religious. Lastly, univariate analysis in this study supported that number of GLB friends significantly influenced positive affective attitudes towards GLB individuals.

Cognitive attitudes. Cognitive attitudes are more overt, as compared to affective attitudes, and tap into one's thoughts or perceptions about GLB individuals. Herek (1998) purports that cognitive attitudes are those "developed through actual experience" (p. 471). In this study, univariate analysis revealed that age, student classification (master's vs. doctoral), number of GLB workshops attended, race/ethnicity, political ideology, and religiosity showed a significant difference in cognitive attitudes. Younger graduate students indicated more positive cognitive attitudes toward GLB individuals. Doctoral level students indicated more positive cognitive attitudes toward GLB individuals as compared with master level students. This finding makes sense given research supports more training/courses related to learning about the GLB population results in positive attitudes toward GLB individuals. Similarly, this study confirmed that number of GLB workshops graduate students attended outside of their program requirements had a positive impact on their cognitive attitudes toward GLB individuals. Similar to Robertson and Avent (2016), this study indicated significant racial differences on cognitive attitudes toward GLB individuals. Specifically, Caucasian (M = 5.64) graduate student's positive attitudes toward GLB individuals, were higher as compared with Hispanics (M = 5.23) and Blacks (M = 4.82). Graduate students who identified as neutral to liberal in their political ideology had more positive affective attitudes towards GLB individuals than those who identified as conservative—confirming previous research. Lastly, graduate students who identified as neutral to not religious had more positive cognitive attitudes toward GLB individuals than those who identified as religious.

Skills. Univariate analyses revealed that student classification, type of program, number of GLB workshops attended, ethnicity, and institution location showed a significant difference in skills. Doctoral level students reported higher skills in working with GLB clients than master level students. On average, students enrolled in counseling psychology programs had higher skills than those enrolled in school psychology programs. Graduate students that attended two or more GLB workshops had higher skills than those who did not attend GLB workshops or only attended one. Caucasian graduate students had higher self-reported skills than Hispanic graduate students. Lastly, graduate students who identified their institution as being located in a large metropolitan city reported having more skills than those whose institution was located in a suburban area.

Knowledge. The univariate analysis revealed that student classification, number of GLB workshops attended, and ethnicity showed a significant difference in the knowledge dimension of competence. Again, doctoral graduate students showed higher knowledge than master level students. Graduate students who attended two or more workshops had more knowledge than those who did not attend any workshops or only attended one. In this study, Caucasian students' scores on the knowledge dimension were higher than those of their Hispanic counterparts.

MANCOVA Results (Multivariate Analysis)

In order to understand the findings of this study within the context of the theoretical and conceptual framework presented in Chapter 2, the following section is organized according to the main themes laid out in the literature review. Within these sections, the results of this study are interpreted.

Effective mental health services for the GLB population and accredited mental health education programs. There is a need for effective mental health services for the GLB population due to increasing number of individuals who identify as GLB, the likelihood that mental health professionals will serve GLB individuals, and lack of emphasis on GLB competency among mental health programs.

***Skills and knowledge*.** While the findings in this study indicated that graduate students in accredited mental health programs scored significantly higher in skills and knowledge, it should be noted that the skills mean score for graduate students from accredited institutions was 2.54 and the knowledge mean score was 3.83. The scales for these variables range from one to six, where scores of five to six indicate strong skills/knowledge, scores of four would be equivalent to moderate skills/knowledge, and scores of less than four would be equivalent to little to no skills/knowledge. When considering this information, it appears that APA and CACREP accredited programs are doing a better job of preparing their students to serve GLB clients when compared to nonaccrediting programs—a finding that is different to previous research that indicated no difference in multicultural training among accredited versus nonaccredited programs (Mintz et al., 1995; Sehgal et al., 2011). Discrepancies between previous studies and this study may be due to the multicultural assessments not including GLB counseling competency measures.

So, while graduate students enrolled in APA and CACREP accredited programs have significantly higher GLB counseling competency scores in knowledge and skills, there seems to be room for improvement. In fact, professional ethical guidelines and

policies would require that accrediting programs produce highly competent professionals that can serve GLB clients. In spite of low skills (M = 2.54) and knowledge (M = 3.83) mean scores in graduate students from APA and CACREP accredited programs, the following factors should be considered when interpreting this data. For instance, how many of these students have had experience counseling GLB clients in their practicum/internship courses? How many multicultural courses have these students taken during their graduate coursework? How many elective graduate courses, specifically addressing GLB issues, have they taken outside of their graduate plan? How many workshops/trainings on working with GLB clients, had these students taken outside of their graduate school training? Finally, how many practicum/internship courses have they completed during their graduate studies? Experience counseling GLB clients would likely occur during practicum/internship and knowledge about GLB individuals and their struggles would likely occur in their multicultural course. Completing workshops or trainings on how to work with GLB clients would improve GLB counseling competency skills and knowledge scores. Given that the majority of the students in this study had not completed a practicum/internship course nor had experience counseling GLB clients in practicum/internship (see Table 13), may explain low skills/knowledge scores. However, it is surprising that knowledge scores were moderate given that the majority of the students had completed a minimum of one multicultural course.

Table 13

Frequency Percentages on Important Factors to Consider When Interpreting Results

Factor	Response/ Number	Valid Percent
Experience counseling GLB clients in practicum/internship	Yes	19.5%
	No	80.5%
Number of multicultural courses taken	0	27.2%
	1	48.5%
	>1	24.3%
Elective graduate courses on GLB issues taken outside of their graduate plan	0	82.2%
	1-3	17.7%
Number of workshops/trainings on GLB issues taken outside of graduate school training	0	70.8%
	1-2	19.3%
	>2	9.9%
Number of completed practicum/internship courses	0	60.9%
	1	17.8%
	2	8.3%
	≥3	13%

After considering these important factors (see Table 13), it is evident that an overwhelming majority of students had not completed a practicum/internship course (~61%), this may explain why ~81% of students had no experience counseling GLB

clients in their practicum/internship. Another interesting point is that an overwhelming majority of students did not take elective graduate courses on GLB issues; this could be because few programs offer GLB elective courses (Cochran & Robohm, 2015; OLLUSA, 2013; SMU, 2013, UH, 2013; UT-Austin, 2013; UTSA, 2013). Given that research supports increased GLB competency after being exposed to knowledge, experience, and educational training, it is surprising that more APA and CACREP programs do not offer GLB elective courses.

Lastly, about 73% of the participants had already taken at least one multicultural course, with a third of those participants having taken more than one multicultural course. Since most programs only cover GLB knowledge/issues via their multicultural course, it is shocking that the knowledge mean score for graduate students from accredited programs (M = 3.83) was not higher. Based on the previous research and the results of this study, the following conceptual hypotheses can be concluded: (a) the mean knowledge average score for graduate students may not increase, even after completing program requirements unless students attend additional training/courses addressing how to counsel GLB clients or faculty address GLB competency skills in practicum/internship and/or, (b) mean knowledge average is low because of insufficient coverage of GLB in the counseling curricula.

***Attitudes*.** Research suggests there is a difference between cognitive attitudes and affective attitudes, where the former taps into one's thoughts or perceptions and the latter reveals one's feelings toward that particular individual or group. As such, differences in these attitudes were highlighted when when both cognitive and affective attitudes were

measured. This is important because if cognitive attitudes are the only means of measuring attitudes, one may be missing out on crucial data that can be provided by measuring affective attitudes. Since the main assessment used in this study (SOCCS) measures cognitive attitudes, the researcher decided to utilize the MHI instrument to measure affective attitudes. Unlike previous studies, results did not support a difference in cognitive versus affective attitudes. Rather, results supported a high correlation between cognitive attitudes and affective attitudes, meaning use of either cognitive or affective attitudes would have yielded a valid assessment of attitudes toward GLB individuals.

The fact that individuals voluntarily participated in this study could mean that this study attracted graduate students who were already empathic toward the GLB population—inclusive bias; hence, the positive attitudes towards individuals who identify as GLB. A closer look at a couple of demographic questions could explain the positive attitudes toward GLB found in this study. First, it would be important to see how the participants of this study classified their sexual orientation. As mentioned in Chapter 4, 87% of the graduate students who participated in this study identified as heterosexual, 3% identified as bisexual, 9% identified as gay/lesbian, and 1% as bicurious/undetermined/questioning. Since these percentages closely reflect the general population and the population chosen for this study was graduate students enrolled in mental health programs and not just heterosexual graduate students, these data were not excluded. Another reason for inclusion of these data was the conscious effort to avoid omission bias. Second, it would be wise to look at the number of GLB friends/family

members the participants identified having. Knowing even just one GLB individual and having a positive view of this family member or friend predicts positive attitudes towards GLB individuals. In this study, an overwhelming majority (94%) of the participants indicated having one or more GLB friend and/or family members (see Table 14). Therefore, it is likely that knowing or having a family member or friend who identifies as GLB led to the high positive cognitive and affective attitudes in these graduate students. Perhaps future studies would need to eliminate participants who indicate having one or more GLB friend and/or family members from the study.

Table 14

Frequency Percentages of Number of GLB Friends/Family the Participants Have

Factor	Response/ Number	Valid Percent
Number of GLB friends and/or family members	0	5.9%
	1-2	15.4%
	>2	78.7%

Barrett and McWhirter (2002), Israel and Hackett (2004), and Riggs et al. (2011) found that most graduate students harbored negative attitudes toward GLB individuals. In this study, the MHI affective attitude mean score for graduate students from accredited programs (M = 1.91) indicated positive attitudes toward GLB individuals; where one indicates no prejudice and six indicates high prejudice. The SOCCS cognitive attitude mean score for graduate students from accredited programs (M = 5.40) indicated positive attitudes toward GLB individuals; where six indicates no prejudice and one indicates high

prejudice. There was no significant difference between students from accredited versus nonaccredited programs. Thus, results from this study indicated attitudes toward GLB individuals are positive and there is no difference between cognitive or affective attitudes.

So, while mental health graduate students' attitudes appear to have improved, the caveat is that the majority of these participants identified knowing at least one or more GLB friend/family member. Knowing someone who identifies as GLB may have strongly influenced the outcome of these results which would make it difficult to pick up on any existing nuance between affective and cognitive attitudes. Research that has detected a differentiation between affective and cognitive attitudes focused on heterosexual individuals who do not identify having one or more GLB friend/family member (Riggs et al., 2011). Since 94% of the participants in this study identified having one or more GLB friend/family member, it makes sense that both affective and cognitive attitudes were highly positive.

Theoretical framework-multicultural competence. GLB competence has been modeled on multicultural competence and is the theoretical framework for which this study was structured. Two of the MCT tenets pertinent to this study are: (a) how attitudes are impacted by cultural identity or academic learning environment and, (b) how knowledge and skills are impacted by training in said academic setting.

Results from this study support positive attitudes toward GLB individuals; thereby supporting one component of MCT. However, it could not be determined whether these positive attitudes were a result of personal cultural identity or a result of

the academic learning environment which advocates for GLB individuals. Based on the additional data gathered in this study, it could be concluded that the overwhelming positive attitudes toward GLB individuals in this study was a result of the personal cultural identity, as identified via Table 14.

A second important tenet of MCT is how knowledge and skills are impacted by the academic learning environment. Vermeulen and Schmidt (2008) supported that knowledge and skills in students are greatly influenced by teacher expectations, engaging academic interactions among faculty and students, and the curriculum itself. Results from this study indicate that APA and CACREP accredited programs are doing a better job of preparing their graduate students (Skills $M = 2.54$, Knowledge $M = 3.83$) to serve the GLB population when compared to nonaccredited program students (Skills $M = 2.22$, Knowledge $M = 3.51$); however, average mean scores among graduate students from accredited programs are still low (on a scale of 1-6) and indicate that these accredited programs must improve their academic learning environment. For instance, APA and CACREP accredited programs can encourage GLB counseling competency among its students via its accreditation standards and means of assessing GLB counseling competency. Faculty who teach in these programs must also make more of a significant effort to improve curriculum that focuses on improving knowledge and skills in serving GLB clients.

It is entirely possible that skills and knowledge in working with GLB clients will be a main focus in students' practicum and internships courses, which 61% of this sample has not yet taken. However, Johnson and Federman (2014), Mahadi et al. (2014), and

Phillips and Fischer (1998) indicated that practicum and internship courses were not focused on teaching their students to work with GLB clients. Pieterse et al. (2009) and Sherry et al. (2005) indicated that GLB knowledge is only covered in multicultural courses, while Bidell (2014) found that teaching GLB knowledge in multicultural course does not predict GLB counseling competency. Seventy-three percent of the participants in this study had already completed at least one multicultural course, with one third of these participants taking more than one multicultural course (see Table 13).

Other underlying assumptions of MCT highlighted by the results of this study are: "(a) mental health professionals are not adequately prepared to engage in multicultural practice; and (b) multicultural training increases a counselor's repertoire of skills and perspectives" (Sue et al., 1996, p.2). The results of this study support the aforementioned MCT assumptions. When these results are seen through the MCT lens, it would imply that the academic learning environment in accredited programs is poor in promoting GLB counseling competency in knowledge and skills. This seems to support Sehgal et al. (2011), who found that mental health professionals were "multiculturally sensitive but not multiculturally competent" (p.6). If multicultural competence equals ethical practice (Arredondo and Toporek, 2004), then lack of GLB counselor competence means accredited programs are not doing sufficient to ensure ethical practice among its graduates.

GLB attitude, knowledge, and skill assessment tools. A dearth of GLB counseling competency assessment tools can pose validity and reliability issues when measuring GLB counseling competency. To date, the only assessment that measures all

components of GLB counseling competency is the SOCCS instrument. Limitations for the SOCCS is that it only measures cognitive attitudes and it utilizes a composite score. The issue with the SOCCS composite score is that a high subscale score on attitudes and a moderate subscale score on knowledge could pull up the overall/composite score; thus, deceivingly identifying a good GLB counseling competency score even when the individual has low skills scores.

To compensate for the limitation that the SOCCS only measures cognitive attitudes, the researcher utilized the MHI, which measures affective attitudes. To compensate for a possibly deceiving composite SOCCS score the researcher analyzed and reported on each of the SOCCS subscales individually. Results from this study did not support a difference in cognitive versus affective scores, thereby eliminating the need for the use of the MHI affective attitude measure in future studies. Lastly, results support the need to report SOCCS subscale scores individually, instead of a SOCCS composite score, as the former provides more detailed information regarding knowledge and skills that may otherwise be lost if future research only reports the overall SOCCS composite score.

Limitations of the Study

Sample Size

A limitation of this study was the low sample of mental health educators/faculty, thus constraining the researcher from testing several key hypotheses. One of the goals of this study was to gain insight into GLB counseling competency not only of graduate students, but of faculty who teach in these mental health graduate programs, an identified

gap in the literature. Data on faculty who teach in mental health graduate programs may have provided a means to understand lack of GLB counseling training, insight into the academic learning environment, and/or a way to confirm whether APA and CACREP's efforts to address counseling needs for GLB individuals have been met.

In order to overcome this limitation, future research should consider teaming up with APA and CACREP accrediting bodies to secure the needed data. It would be in APA and CACREP's best interest to determine if the faculty for their accredited programs are indeed competent in counseling GLB clients. However, APA and CACREP accrediting bodies would need to provide some incentive for their program faculty to complete the survey. In the current study, the anonymity of the survey and the voluntary completion of the survey made it easier for faculty to discard the survey. Also, the voluntary completion of the survey could lead to inclusive bias. Therefore, future research would need to create ways in which to secure a sample of faculty that is convenient and anonymous, but not necessarily voluntary.

Population

Another limitation of this study centered on the generalizability of the results due to the demographic make-up of the sample population. It is possible that the sample for this study is not truly representative of all graduate students in mental health programs. Participation in this study was voluntary and anonymous; thereby likely attracting participants who naturally had positive views of GLB individuals—inclusive bias. For instance, 94% of the participants in this study identified having one or more GLB friend and/or family member—this could have significantly impacted the MHI affective attitude

scores and SOCCS cognitive attitude scores. A solution to ensuring a representative sample would be to pair up with interested parties (e.g., APA and CACREP) to identify a convenient sample of accredited program faculty and graduate students that would be strongly encouraged to complete the GLB counseling competency surveys. Another suggestion for future studies would be to screen participants to ensure a heterogeneous sample of faculty and graduate students who do not identify as having one or more GLB friend/family member. In other words, just as an overrepresentation of GLB individuals may skew outcome results, an overrepresentation of individuals who have positive contact/views of GLB individuals may also impact outcome results—as was the case in this study with affective and cognitive attitudes.

Assessments

A limitation of the assessments used in this study was the inability to distinguish differences in counseling competency across individual groups (gay, lesbian, or bisexual) due to GLB counseling competency assessments seeing GLB individuals as a singular group. Another potential limitation of the assessments used in this study relates to self-report measures. The issue with self-report measures is that participants may provide socially acceptable responses (Bidell, 2005; Graham, 2009) and there is no way to independently verify such data. However, Nosek et al. (2012) supported the idea that voluntary participants are more likely to be honest in online surveys where items are presented one item at a time—which was exactly how the survey was administered in this study. Hays and Erford (2014) recommended using an assessment that relies on observer ratings, which may be more objective and would be ideal; but currently, such an

instrument does not exist in measuring GLB counseling competency. Future research could focus on developing a GLB counseling competency assessment that relies on observer ratings.

Recommendations

Methodological

Recommendations for improvement in the methodological limitations would include: (a) teaming up with APA and CACREP accrediting bodies to secure faculty sample, (b) provide an incentive for faculty to complete surveys, (c) screen participants so as not to ensure an overrepresentation of individuals who have a friend/family member that identifies as GLB, and (d) incorporate an objective observer rating to corroborate self-reported data.

Effective Mental Health Education Programs

The data in this study support the need for accredited programs to improve their educational training on GLB counseling competency. Faculty in these programs must make a significant effort to improve curriculum that focuses on knowledge and skills in serving GLB clients, not only in one course (i.e., multicultural course or practicum/internship), but throughout the program. While APA & CACREP accredited programs encourage GLB counseling competency via its accreditation standards, the development and adoption of assessments that measure GLB counseling competency is recommended in determining whether these programs are indeed preparing their students to serve the GLB population. One component in assessing GLB counseling competency should rely on an observer rating. Currently, accredited programs rely on multicultural

assessments, which do not necessarily measure GLB counseling competency and the only existing GLB counseling competency assessment relies on self-report. Perhaps future research could focus on developing objective observer-rated GLB counseling competency assessments.

Future Studies/Continued Research

The data in this study support the influence of GLB workshops on skills, knowledge, and cognitive attitudes in working with GLB clients. Therefore, future studies that identify programs which have a strong GLB counseling competency curriculum in place (e.g., a GLB course and infusion of GLB issues across counseling curriculum) and compare those programs to those who do not have a focus on GLB counseling competency may highlight the necessary factors in producing GLB counseling competent graduate students. In other words, future research should focus on identifying those factors that contribute to better knowledge and skills (e.g., course-work focusing on GLB issues, training opportunities in practicum/internship) in APA and CACREP accredited programs.

The results in this study revealed positive affective and cognitive attitudes toward GLB individuals. However, it is unclear what impacted and helped shape these attitudes—personal influence or academic culture—because the focus on these factors was beyond the scope of this study. The results from this study suggest that personal influence, based on intergroup contact (e.g., number of GLB family/friends the participants identified having), played a significant role in the positive attitudes toward GLB individuals. Therefore, it will be important to: (a) determine whether mental health

graduate students' positive attitudes derive from intergroup contact or from the academic environment, (b) ensure a representative sample of graduate students who do not know or have one GLB family/friend when measuring affective and cognitive attitudes, and (c) identify those constructs present in the academic environment which lead to positive attitudes toward GLB clients.

Lastly, gathering data from faculty who teach in accredited and nonaccredited mental health programs is necessary in order to determine their GLB counseling competency. This information may help in understanding the low knowledge and skills scores among accredited mental health graduate students. Since gathering GLB counseling competency data from faculty has proven difficult, perhaps gathering student's assessment of program environment may help in answering whether faculty have the GLB counseling competency necessary in producing GLB counseling competent graduate students. In other words, high GLB competency in faculty would be implied, if data reveals a GLB affirmative program environment and high GLB graduate student competency. Another suggestion for collecting data from faculty is conducting a brief in-person five-minute introduction and invitation to participate in the study, distribute and collect paper/pencil surveys after the short introduction to the study. Lastly, a future study may simply ask whether programs assess GLB counseling competency and if so, how.

Implications

Positive Social Change

In spite of high rates of suicide, suicide attempts, depression, substance abuse, and anxiety among GLB individuals, especially among youth who identify as GLB, mental health graduate programs are not providing adequate GLB counseling training to their graduate students. Results from this study indicate that APA and CACREP accredited programs are on the right track, as graduate students from accredited programs have significantly higher GLB competency scores in knowledge and skills when compared to nonaccredited program graduate students. However, it appears there is room for improvement with skills mean scores (M = 2.54) and knowledge mean scores (M = 3.83) falling below four, on a scale of 1-6, which indicates little to no skills/knowledge. The results from this study also inform APA and CACREP accrediting bodies, as to the current level of GLB counseling competency demonstrated by students enrolled in their programs. This is important, as it can influence future policy and accreditation standards regarding GLB counseling competency in accredited programs. As a result, the mental health of GLB youth can be greatly impacted by the policy and standards APA and CACREP accredited programs set for their mental health graduate programs.

Another implication of this study focuses on the importance of assessment. APA and CACREP accrediting bodies have been at the forefront of advocating for GLB individuals via their accreditation criteria guidelines. However, in order to strengthen GLB counseling competency in accredited programs, APA and CACREP should consider requiring their programs to demonstrate GLB counseling competency as part of their

accreditation criteria guidelines. For example, APA and CACREP accrediting bodies could ask their programs to provide evidence of GLB inclusive curriculum via syllabi and evidence of students GLB counseling competency at the end of their program. Given that GLB counseling competency research is at its infancy stage, it is vital that APA and CACREP accrediting bodies continue to support this type of research in order to ensure social justice for the GLB youth and community.

Methodological, Theoretical, Empirical Implications

Methodological implications suggest that a truly representative sample of graduate students may decipher nuances between affective and cognitive attitudes toward GLB individuals. The current study did not detect any difference in affective versus cognitive attitudes as in previous studies. Another methodological implication of this study focuses on the GLB counseling competency instruments and how the data should be reported. Results from this study supported the need to report attitudes, knowledge, and skills separately and not utilize a composite score. Reporting these scores separately provides a clear idea of the areas in need of improvement (i.e., skills or knowledge). Based on the results of this study, it appears that the attitudes domain is not an area of concern when addressing graduate students' GLB counseling competency; therefore, all mental health graduate programs must focus their efforts on addressing skills and knowledge in working with GLB clients. In other words, empirical implications of this study suggest that mental health graduate students are GLB sensitive, but not GLB competent.

Conclusion

If efforts are made to make GLB training a vital component of mental health education programs (e.g., a course specific to GLB or infusion of GLB issues throughout the mental health curriculum), the counseling services rendered for GLB youth and GLB adults may be greatly improved. However, in order to for this to transpire, APA and CACREP programs must require its programs to collect or submit proof of GLB inclusive curriculum via syllabi and evidence of students GLB counseling competency. While results of this study support APA and CACREP programs producing better trained students with regard to GLB knowledge and GLB counseling skills, they do fall short of the mark with mean averages (Skills M = 2.54, Knowledge M = 3.83) below four, indicating little to no skills/knowledge.

Arora et al. (2016), Carlson et al. (2013) and Hall et al. (2013/2014) support the correlation between GLB competency, GLB training and education. While the researcher was unable to collect faculty data to corroborate the graduate student data, it appears that graduate students in mental health programs are not receiving sufficient knowledge and skills in working with GLB clients, as evidenced by low knowledge and low skills mean scores. If APA and CACREP programs are invested in improving GLB counseling knowledge and skills, they will support program accountability for GLB counseling competency. Ethical standards, professional guidelines, and accreditation standards are only words when they are not enforced, especially in graduate programs who prepare mental health professionals. The journey to producing mental health graduate students who are GLB counseling competent is far from complete.

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Appendix A: E-mail to Participants

Dear Professor/Graduate Student:

My name is Veronica Castro and I have been a professor in a mental health graduate program for the past 12 years. Currently, I am working on a second Ph.D. in Clinical Psychology and I am interested in understanding the knowledge, skills, and attitudes of mental health professors and mental health graduate students toward gay, lesbian, and bisexual (GLB) individuals. I would like to invite you to participate in this important dissertation study that could help in understanding the needs of graduate students, in order to better serve the GLB population.

The survey can be completed online in a short amount of time – most people complete the survey in 10-20 minutes. The process for collecting responses has been designed specifically to ensure the protection of your anonymity. You will not be asked to provide your name and there will be no way to connect you to the answers that you submit. In addition, the findings from this study will be reported only in aggregate form; no information will be reported by institution or by individual.

If we, as a mental health community, are to invest wisely in the education of future mental health professionals, we must learn more about the current knowledge, skills, and attitudes of those who are currently enrolled in and teach in mental health graduate programs. To ensure that your information is included, please respond to the survey as soon as possible.

I hope that you will take the time to complete it by clicking on the link below. Please feel free to forward to potential participants. Thank you for your help.

https://utrgv.co1.qualtrics.com/SE/?SID=SV_4GcMarfNvpy4ojH

Sincerely,
Veronica Castro, Ph.D.
Veronica.castro@waldenu.edu
956-665-5319

Appendix B: Informed Consent

ONLINE SURVEY INFORMED CONSENT

You are invited to participate in a research study to examine attitudes, knowledge, and skills as they relate to working with gay, lesbian, and bisexual (GLB) clients. This research can contribute to our understanding of the challenges prospective mental health professionals face in serving the GLB population. You were selected as a possible participant because you are a professor or graduate student in a mental health program (e.g., counseling or clinical psychology).

This study is being conducted by Dr. Veronica Castro- an Associate Professor for the Counseling and Guidance Department at the University of Texas-Rio Grande Valley and a Walden doctoral student in the Walden University Clinical Psychology Program. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to participate.

Your participation is completely voluntary. If you decide to participate in this research study you are asked to click on the link **"YES"** located at the bottom of this page which will begin the survey. You will then be asked to complete a series of surveys related to demographics and your attitudes, knowledge, and skills regarding the GLB population. The demographic survey consists of 19-20 questions, some of which are personal (e.g., How would you classify your sexual orientation?). **The entire survey should take 10-20 minutes to complete.**

If you change your mind about participating, you can withdraw at any time during the study by closing out of the survey without any penalty. You are free to skip any question that you choose. Declining or discontinuing will not negatively affect you nor your relationship with the researcher. If you choose to withdraw, your data cannot be withdrawn because it is anonymous. **Any data obtained in connection with this study will remain anonymous.** No identifying data will be collected as part of this study. Your email address is not linked to the data, nor is it collected as part of your participation in this study. Data collected will be maintained on password protected computers.

There are **no risks associated with participation in the study** and your responses will remain anonymous. Minimal discomfort may arise, as you will be asked about your sexual orientation and your attitudes toward gay, lesbian, and bisexual individuals (e.g., Gay men no longer face discrimination in the U.S. and The lifestyle of a LGB client is unnatural or immoral). There may be no direct **benefits** related to your participation in this study, but results from this study may be used to help better prepare future mental health professionals in working with GLB clients.

The data will only be collected once and there is no monetary compensation for participating in this study. Data will be kept for a period of at least 5 years, as required by Walden University.

If you have any **questions about this study, please contact Dr. Veronica Castro** by email at veronica.castro@waldenu.edu or my dissertation chair, Dr. Johnson at michael.johnson2@waldenu.edu If you have questions about your rights as a research participant, you may contact Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210. Walden University's approval number for this study is 06-15-16-0176325 and it expires on June 14, 2017.

If you identify with the lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) population and find that you need additional support after completing this survey, below you will find some resources:

- The GLBT National Help Center, http://www.glbthotline.org/
- The Gay and Lesbian Medical Association's Provider Directory, https://glmaimpak.networkats.com/members_online_new/members/dir_provider.asp
- Campus Pride Resources, https://www.campuspride.org/resources/

Other counseling resources include:

- The Crisis Call Center, http://www.crisiscallcenter.org/crisisservices.html
- The National Board for Certified Counselors, http://www.nbcc.org/PublicResources/FindNCC

STATEMENT OF CONSENT

BY CLICKING "YES" ON THE LINK BELOW, I AM INDICATING THAT I AM AT LEAST 18 YEARS OLD, HAVE READ AND UNDERSTAND THIS CONSENT FORM, AND AGREE TO PARTICIPATE IN THIS RESEARCH STUDY.

PLEASE PRINT OR SAVE THIS CONSENT FORM FOR YOUR RECORDS

Thank you again for your participation.

Appendix C: Demographic Form

INDICATE WHETHER YOU ARE A GRADUATE STUDENT OR FACULTY

Faculty Personal Characteristics

1. What is your gender?
    a. male
    b. female

2. What is your age?

3. What year did you complete your Ph.D. or Psy. D?

4. How many years of professional counseling experience do you have?

5. How many years of teaching in higher education do you have?

6. Is the university where you teach considered a religious educational institution?
    a. Yes
    b. No

7. Is your graduate program accredited?
    a. Yes
    b. No

8. If your graduate program is accredited, what is the accreditation?
    a. APA (American Psychological Association)
    b. CACREP (Council of Accredited Counseling Related Educational Programs)
    c. Other, please list _____

9. What type of graduate program do you teach in?
    a. Counseling Psychology
    b. Clinical Psychology
    c. School Psychology
    d. School Counseling
    e. Other, please list_____

10. What level courses do you teach?
    a. Master level courses
    b. Doctoral level courses
    c. both

11. How many workshops/trainings on working with gay, lesbian, and/or bisexual (GLB) clients have you attended since you graduated with your doctoral degree?

12. How would you classify your race/ethnicity?
    a. Caucasian
    b. African American/Black
    c. Hispanic/Latino
    d. Asian
    e. Middle Eastern
    f. Pacific Islander
    g. Native American/Alaskan
    h. other

13. How would you classify your sexual orientation?
    a. Heterosexual
    b. Bisexual
    c. Gay
    d. Lesbian
    e. Bicurious/Undetermined/Questioning

14. How would you rate your political ideology?
    a.Very liberal
    b. Liberal
    c. Neutral
    d. Somewhat conservative
    e. Very Conservative

15. How would you rate your religiosity?
    a. Not religious at all
    b. Somewhat religious
    c. Neutral
    d. Religious
    e. Very religious

16. How often have you attended religious services of any kind in the past 12 months?
    a. Weekly or more often
    b. 2-3 times per month
    c. Monthly

d. Once, few times a year
e. Never

17. How important is religion in your life?
    a. Very important
    b. Somewhat important
    c. Not too important
    d. Not at all important

18. Characterize your institution location as:
    a. Large Metropolitan City (e.g., New York City, Houston, Texas)
    b. Urban area/Mid-Small City (e.g., areas of higher level of population—Austin, Texas)
    c. Suburban area (e.g., residential areas of lower level of populations—Sugarland/San Marcos, Texas)
    d. Rural Area (e.g., areas with small populations and surrounded by vast agricultural land—Kingsville, Texas)
    e. Online (e.g., Walden University)

19. How many gay, lesbian, or bisexual friends and/or family members do you have?

Student Personal Characteristics

1. What is your gender?
    c. male
    d. female

2. What is your age?

3. Have you had experience counseling gay, lesbian, and/or bisexual (GLB) clients in your practicum/internship courses?
    a. Yes
    b. No

4. How many multicultural courses have you taken during your master's or doctoral graduate program?

5. How many elective graduate courses, specifically addressing GLB issues or counseling GLB clients, have you taken during your master's or doctoral program?

6. How many practicum/internship courses have you completed during your master's or doctoral program?

7. Is your program of study housed in a religiously affiliated educational institution (university/college)?
    a. Yes
    b. No

8. Is your graduate program accredited?
    a. Yes
    b. No

9. If your graduate program is accredited, what is the accreditation?
    a. APA (American Psychological Association)
    b. CACREP (Council of Accredited Counseling Related Educational Programs)
    c. Other, please list_____

10. What graduate program are you enrolled in?
    a. Counseling Psychology
    b. Clinical Psychology
    c. School Psychology
    d. School Counseling
    e. Other, please list_____

11. What is your student classification?
    a. Master's level student
    b. Doctoral level student

12. How many workshops/trainings on working with GLB clients outside of your graduate school training have you attended?

13. How would you classify your race/ethnicity?
    a. Caucasian
    b. African American/Black
    c. Hispanic/Latino
    d. Asian
    e. Middle Eastern
    f. Pacific Islander
    g. Native American/Alaskan
    h. other

14. How would you classify your sexual orientation?
    a. Heterosexual
    b. Bisexual
    c. Gay/Lesbian
    d. Bicurious/Undetermined/Questioning

15. How would you rate your political ideology?
    a.Very liberal
    b. Liberal
    c. Neutral
    d. Somewhat conservative
    e. Very Conservative

16. How would you rate your religiosity?
    a. Not religious at all
    b. Somewhat religious
    c. Neutral
    d. Religious
    e. Very religious

17. How often have you attended religious services of any kind in the past 12 months?
    a. Weekly or more often
    b. 2-3 times per month
    c. Monthly
    d. Once, few times
    e. Never

18. How important is religion in your life?
    a. Very important
    b. Somewhat important
    c. Neutral
    d. Not too important
    e. Not at all important

19. Characterize your institution location as:
    a. Large Metropolitan City (e.g., New York City, Houston, Texas)
    b. Urban area/Mid-Small City (e.g., areas of higher level of population—Austin, Texas)
    c. Suburban area (e.g., residential areas of lower level of populations—Sugarland/San Marcos, Texas)
    d. Rural Area (e.g., areas with small populations and surrounded by vast agricultural land—Kingsville, Texas)
    e. Online (e.g., Walden University)

20. How many gay, lesbian, or bisexual friends and/or family members do you have?

Appendix D: MHI Survey Used in Qualtrics

Aversive Heterosexism	Strongly Disagree 1	Somewhat Disagree 2	Slightly Disagree 3	Neither Agree nor Disagree 4	Slightly Agree 5	Somewhat Agree 6	Strongly Agree 7
Gay men should stop shoving their lifestyle down everyone's throat							
Lesbianism is given too much attention in today's society							
Bisexuality is given too much attention in today's society							
Lesbians make far too much noise about their sexuality							
Gay men make far too much noise about their sexuality							
Lesbians have become too radical in their demands							
Things would be better if lesbians quit trying to force their lifestyle on everyone else							
Things would be better if bisexual individuals quit trying to force their lifestyle on everyone else							
There is too much attention given to gay men on television and in the media							
There is too much attention given to bisexuality on television and in the media							
Amnestic Heterosexism	Strongly Disagree 1	Somewhat Disagree 2	Slightly Disagree 3	Neither Agree nor Disagree 4	Slightly Agree 5	Somewhat Agree 6	Strongly Agree 7
Discrimination against lesbians is virtually nonexistent in today's society							
Discrimination against bisexual individuals is virtually nonexistent in today's society							
Most people treat lesbians as fairly as they treat everyone else							
Gay men are treated as fairly as everyone else in today's society							

Gay men no longer face discrimination in the U.S.							
Amnestic Heterosexism	Strongly Disagree 1	Somewhat Disagree 2	Slightly Disagree 3	Neither Agree nor Disagree 4	Slightly Agree 5	Somewhat Agree 6	Strongly Agree 7
Bisexual individuals no longer face discrimination in the U.S.							

Appendix E: SOCCS Survey Used in Qualtrics

LEGEND
S = Skills Subscale Item
K = Knowledge Subscale Item
A = Attitude Subscale Item
( ) = Reversed **scoring** items
Some items will have two questions; one for the students and the other for the faculty. These items will be noted.

SOCCS Survey	Strongly Disagree 1	Somewhat Disagree 2	Slightly Disagree 3	Slightly Agree 4	Somewhat Agree 5	Strongly Agree 6
I have received adequate clinical training and supervision to counsel lesbian, gay, and bisexual (LGB) clients. ***S***						
The lifestyle of a LGB client is unnatural or immoral. ***(A)***						
I check up on my LGB counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education. ***S Faculty*** I know where to find resources to enhance my therapy skills when working with LGB clients by monitoring my functioning/competency. ***S Students***						
I have experience counseling gay male clients. ***S Faculty*** I have had the opportunity to work with gay male clients in therapy. ***S Students***						
LGB clients receive “less preferred” forms of counseling treatment than heterosexual clients. ***K***						
At this point in my professional development, I feel competent, skilled, and qualified to counsel LGB clients. ***S***						
I have experience counseling lesbian and gay couples. ***S Faculty*** I have had the opportunity to work with lesbian and gay couples in therapy. ***S Students***						
I have experience counseling lesbian clients. ***S Faculty***						

I have had the opportunity to work with lesbian clients in therapy. ***S Students***						
I am aware some research indicates that LGB clients are more likely to be diagnosed with mental illnesses than are heterosexual clients. ***K***						
SOCCS Survey	Strongly Disagree 1	Somewhat Disagree 2	Slightly Disagree 3	Slightly Agree 4	Somewhat Agree 5	Strongly Agree 6
It's obvious that a same sex relationship between two men or two women is not as strong or as committed as one between a man and a woman. ***(A)***						
I believe that being highly discreet about their sexual orientation is a trait that LGB clients should work towards. ***(A)***						
I have been to in-services, conference sessions, or workshops, which focused on LGB issues in psychology. ***S Faculty*** I have received coursework that focused on LGB issues in family therapy. ***S Student***						
Heterosexist and prejudicial concepts have permeated the mental health professions. ***K***						
I feel competent to assess the mental health needs of a person who is LGB in a therapeutic setting. ***S***						
I believe that LGB couples don't need special rights (domestic partner benefits, or the right to marry) because that would undermine normal and traditional family values. ***(A)***						
There are different psychological/social issues impacting gay men versus lesbian women. ***K***						
It would be best if my clients viewed a heterosexual lifestyle as ideal. ***(A)***						
I have experience counseling bisexual (male or female) clients. ***S Faculty*** I have had the opportunity to work with bisexual (male or female) clients in therapy. ***S Student***						
I am aware of institutional barriers that may inhibit LGB people from using mental health services. ***K***						
I am aware that counselors frequently impose their values concerning sexuality upon LGB clients. ***K***						

I think my clients should accept some degree of conformity to traditional sexual values. ***(A)***						
Currently, I do not have the skills or training to do a case presentation or consultation if my client were LGB. ***(S)***						
SOCCS Survey	Strongly Disagree 1	Somewhat Disagree 2	Slightly Disagree 3	Slightly Agree 4	Somewhat Agree 5	Strongly Agree 6
I believe that LGB clients will benefit most from counseling with a heterosexual counselor who endorse conventional values and norms. ***(A)***						
Being born a heterosexual person in this society carries with it certain advantages. ***K***						
I feel that sexual orientation differences between counselor and client may serve as an initial barrier to effective counseling of LGB individuals. ***K***						
I have done a counseling role-play as either the client or counselor involving a LGB issue. ***S***						
Personally, I think homosexuality is a mental disorder or a sin and can be treated through counseling or spiritual help. ***(A)***						
I believe that all LGB clients must be discreet about their sexual orientation around children. ***(A)***						
When it comes to homosexuality, I agree with the statement: “You should love the sinner but hate or condemn the sin.” ***(A)***						
Personally, I think bisexuality (both female and male bisexuality) is a mental disorder and/or a sin and can be treated through therapy or spiritual help.” ***(A)***						
I am knowledgeable about LGB identity development models. ***K***						

Appendix F: Permission to Use MHI Instrument Letter

Dr. Walls,

My name is Veronica Castro and I am an associate professor in the department of Educational Psychology at the University of Texas-Pan American in South Texas. Currently, I am working on a second Ph.D. in Clinical Psychology. My dissertation is entitled, "Do APA or CACREP Accreditations Make a Difference? A Look at GLB Competency Among Counselor Educators and Graduate Counseling Students". I plan to assess faculty and student attitudes toward GLB, knowledge about GLB, and skills in working with GLB. To date, there has only been one study that has investigated faculty attitudes toward GLB in mental health graduate programs (Cox, 2011). The researcher in this study utilized the Attitudes Toward Lesbians and Gay Men (ATLG) scale, which only measures cognitive attitudes. I believe your instrument could capture a clearer picture of faculty and graduate student attitudes toward GLB. I am also taking into account what you stated in your 2008 article, one must also measure "behavioral aspects, positive attitudes, subtle negative attitudes, and knowledge about lesbians and gay men" (Walls, 2008, p. 25). I will be surveying faculty and students about GLB affirmative program environment behaviors, as well as their GLB knowledge.

Unfortunately, I have been unsuccessful in determining whether your instrument is published. If so, could you please provide me with the contact information, so I may secure permission to utilize your Multidimensional Heterosexism Inventory in my study? If it is not published, may I have your permission to utilize this survey in my study? I would also like permission to slightly modify the survey to include bisexual individuals. If you have any questions or concerns, feel free to contact me at 956-454-7328 or via e-mail castrov@utpa.edu

Sincerely,
Veronica Castro, Ph.D., L.P.C.
Associate Professor
University of Texas-Pan American
Department of Educational Psychology

E-mail correspondence included below:

Yes, that sounds great.

Eugene

Sent from my iPad

On May 20, 2014, at 4:50 PM, "Veronica Castro" <castrov@utpa.edu> wrote:

Thank you ☺ I will definitely keep you informed of future publications. Do I have your permission to modify the items in your subscale to include bisexuality? For example, item #1 reads, “Lesbianism is given too much attention in today’s society”. I would add another item that would state, “Bisexuality is given too much attention in today’s society” and so on.

-Veronica

From: Eugene Walls [mailto:Eugene.Walls@du.edu]
Sent: Tuesday, May 20, 2014 12:57 PM
To: Veronica Castro
Subject: RE: Permission to use MHI

Hi Veronica,
Of course, feel free to use the MHI. The only thing I would ask is that you let me know when you publish something using it! It was published in the Morrison and Morrison book, The Psychology of Modern Prejudice.
Peace,
Eugene

N. Eugene Walls, MSSW, PhD
Associate Professor
PhD Program Director

<image001.jpg>

2148 South High Street
Craig Hall Room 377
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Office: (303)-871-4367
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Email: Eugene.Walls@du.edu
Website:http://www.du.edu/socialwork
Portfolio:http://portfolio.du.edu/ewalls2

From**:** Veronica Castro [mailto:castrov@utpa.edu]
Sent: Friday, May 16, 2014 2:11 PM
To: Eugene Walls; ewalls2@du.edu
Subject: Permission to use MHI

Dr. Walls,

My name is Veronica Castro and I am an associate professor in the department of Educational Psychology at the University of Texas-Pan American in South Texas. Currently, I am working on a second Ph.D. in Clinical Psychology. My dissertation is entitled, "Do APA or CACREP Accreditations Make a Difference? A Look at GLB Competency Among Counselor Educators and Graduate Counseling Students". I plan to assess faculty and student attitudes toward GLB, knowledge about GLB, and skills in working with GLB. To date, there has only been one study that has investigated faculty attitudes toward GLB in mental health graduate programs (Cox, 2011). The researcher in this study utilized the Attitudes Toward Lesbians and Gay Men (ATLG) scale, which only measures cognitive attitudes. I believe your instrument could capture a clearer picture of faculty and graduate student attitudes toward GLB. I am also taking into account what you stated in your 2008 article, one must also measure "behavioral aspects, positive attitudes, subtle negative attitudes, and knowledge about lesbians and gay men" (Walls, 2008, p. 25). I will be surveying faculty and students about GLB affirmative program environment behaviors, as well as their GLB knowledge.
Unfortunately, I have been unsuccessful in determining whether your instrument is published. If so, could you please provide me with the contact information, so I may secure permission to utilize your Multidimensional Heterosexism Inventory in my study? If it is not published, may I have your permission to utilize this survey in my study? I would also like permission to slightly modify the survey to include bisexual individuals. If you have any questions or concerns, feel free to contact me at 956-454-7328 or via e-mail castrov@utpa.edu

Sincerely,
Veronica Castro, Ph.D., L.P.C.
Associate Professor
University of Texas-Pan American
Department of Educational Psychology

Appendix G: Permission to Use SOCCS Instrument Letter

Dr. Bidell,

My name is Veronica Castro and I am an associate professor in the department of Educational Psychology at the University of Texas-Pan American in South Texas. Currently, I am working on a second Ph.D. in Clinical Psychology. My dissertation is entitled, "Do APA or CACREP Accreditations Make a Difference? A Look at GLB Competency Among Counselor Educators and Graduate Counseling Students".

Your Sexual Orientation Counselor Competency Scale (SOCCS) instrument would be ideal in measuring competency in faculty and graduate students in mental health programs. I will also be surveying faculty and students about GLB affirmative program environment behaviors. In looking for your most recent contact information, I came across your list of publications and I am excited to read the article you have in press --- Whitman, J. S. & Bidell, M. P. (in press). Affirmative LGB counselor education and religious beliefs: How do we bridge the gap? *Journal of Counseling and Development*. Any idea when I will be able to access this article? I am certain it would integral to my literature review.

I have been unsuccessful in determining whether the SOCCS instrument is published by a publisher. If so, could you please provide me with the contact information, so I may secure permission to utilize the SOCCS for my study? If you hold the publishing rights, may I have your permission to utilize this survey in my study? If you have any questions or concerns, feel free to contact me at 956-454-7328 or via e-mail castrov@utpa.edu

Sincerely,
Veronica Castro, Ph.D., L.P.C.
Associate Professor
University of Texas-Pan American
Department of Educational Psychology

E-mail correspondence included below:

From: Markus P Bidell [mailto:mbidell@hunter.cuny.edu]
Sent: Saturday, May 31, 2014 10:27 AM
To: Veronica Castro <castrov@utpa.edu>
Subject: Re: Permission to modify SOCCS

Certainly – best of luck.

On 5/28/14, 3:10 PM, "Veronica Castro" <castrov@utpa.edu> wrote:

Dr. Bidell,
I apologize for not highlighting this in my initial e-mail, but I just realized that I may need to make some modifications to the SOCCS scale similar to Rock et al. (2010). Namely, modifying items 3, 4, 5, 8, and 18 (in the Skills subscale) in order to fit the sample I will be assessing (graduate mental health students). Rock et al. (2010) changed your original statement, "I have experience counseling gay male clients' to "I have had the opportunity to work with gay male clients in therapy". I would follow suit. I would also like to add two items like Rock et al. (2010) that assess participants' beliefs about bisexual clients. For example, Rock et al. (2010) utilized, "Personally, I think bisexuality (both female and male bisexuality) is a mental disorder and/or a sin and can be treated through therapy or spiritual help" (p. 174).
Rock et al. (2010) also utilized a 6 point Likert scale instead of your original 7 point scale. At this point in time, I have not decided whether I will use the 6 or 7 point scale. At any rate, I wanted your permission to modify the SOCCS as stipulated in this e-mail, if needed.

Reference:

Rock, M., Carlson, T.S., & McGeorge, C. R. (2010). Does affirmative training matter? Assessing CFT students' beliefs about sexual orientation and their level of affirmative training. *Journal of Marital & Family Therapy, 36*(2), 171-184. doi: 10.1111/j.1752-0606.2009.00172.x

Sincerely,
Veronica

From: Markus P Bidell [mailto:mbidell@hunter.cuny.edu]
Sent: Monday, May 19, 2014 1:20 PM
To: Veronica Castro
Subject: Re: Permission to use SOCCS

Veronica – Thanks for the interest in the SOCCS and it is openly available for research use. The article you reference is now published (and I have another article in the same special section). I have sent a link that has most of the information you might need regarding the SOOCS. Your work sounds important and needed. Best, Markus
http://www.hunter.cuny.edu/the-lgbt-center/Why_Dr-Bidell_Became_Involved

Markus P. Bidell, Ph.D., LMHC
Associate Professor of Counseling
mbidell@hunter.cuny.edu

Educational Foundations & Counseling Department
Hunter College • 695 Park Ave. • New York NY 10065
• Director •
LGBT Social Science & Public Policy Center at
Roosevelt House Public Policy Institute
Visit the LGBT Center

On 5/16/14, 5:13 PM, "Veronica Castro" <castrov@utpa.edu> wrote:

Dr. Bidell,

My name is Veronica Castro and I am an associate professor in the department of Educational Psychology at the University of Texas-Pan American in South Texas. Currently, I am working on a second Ph.D. in Clinical Psychology. My dissertation is entitled, "Do APA or CACREP Accreditations Make a Difference? A Look at GLB Competency Among Counselor Educators and Graduate Counseling Students".
Your Sexual Orientation Counselor Competency Scale (SOCCS) instrument would be ideal in measuring competency in faculty and graduate students in mental health programs. I will also be surveying faculty and students about GLB affirmative program environment behaviors. In looking for your most recent contact information, I came across your list of publications and I am excited to read the article you have in press --- Whitman, J. S. & Bidell, M. P. (in press). Affirmative LGB counselor education and religious beliefs: How do we bridge the gap? *Journal of Counseling and Development*. Any idea when I will be able to access this article? I am certain it would integral to my literature review.
I have been unsuccessful in determining whether the SOCCS instrument is published by a publisher. If so, could you please provide me with the contact information, so I may secure permission to utilize the SOCCS for my study? If you hold the publishing rights, may I have your permission to utilize this survey in my study? If you have any questions or concerns, feel free to contact me at 956-454-7328 or via e-mail castrov@utpa.edu

Sincerely,
Veronica Castro, Ph.D., L.P.C.
Associate Professor
University of Texas-Pan American
Department of Educational Psychology

Appendix H: Walden IRB Approval

IRB Materials Approved - Veronica Castro

3 messages

IRB <irb@waldenu.edu> Wed, Jun 15, 2016 at 2:53 PM
To: Veronica Castro <veronica.castro@waldenu.edu>
Cc: "Michael B. Johnson" <michael.johnson2@waldenu.edu>

Dear Ms. Castro,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, "Do APA or CACREP Accreditations Make a Difference? A Look at GLB Competency Among Counselor Educators and Graduate Counseling Students."

Your approval # is 06-15-16-0176325. You will need to reference this number in your dissertation and in any future funding or publication submissions. Also attached to this e-mail is the IRB approved consent form. Please note, if this is already in an on-line format, you will need to update that consent document to include the IRB approval number and expiration date.

Your IRB approval expires on June 14, 2017. One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application document that has been submitted as of this date. This includes maintaining your current status with the university. Your IRB approval is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, your IRB approval is suspended. Absolutely NO participant recruitment or data collection may occur while a student is not actively enrolled.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden website: http://academicguides.waldenu.edu/researchcenter/orec

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d

Sincerely,
Libby Munson
Research Ethics Support Specialist

Office of Research Ethics and Compliance
Email: irb@waldenu.edu
Fax: 626-605-0472
Phone: 612-312-1283

Office address for Walden University:
100 Washington Avenue South, Suite 900
Minneapolis, MN 55401

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:
http://academicguides.waldenu.edu/researchcenter/orec