ABSTRACT

KRAHWINKEL, JILL MARIE. Culture Exposure: A Possible Predictor of Professional Counselors’ Cultural Competence with Relationally Diverse Individuals. (Under the direction of Dr. Stanley Baker).

The concept of multicultural competency has been studied since the 1980’s. The model of multicultural competency developed by Sue et al. (1982) has been expanded, operationalized, and is still widely accepted as the core multicultural competency model addressing attitudes, knowledge, and skills. Multicultural competency has grown to include working with all diverse people. Several factors, both positive and negative, can contribute to professional counselors’ multicultural competence with relationally diverse individuals. The purpose of the current study was to estimate the strength of the relationship between amount of cultural exposure, importance of religion, and amount of LGBTQIQA specific training on professional counselors’ cultural competence when working with relationally diverse individuals as measured by the Sexual Orientation Counselor Competency Scale. A quantitative study was conducted via an electronic survey (Qualtrics) that included the Sexual Orientation Counselor Competency Scale developed by Bidell (2005) and an informational questionnaire. The targeted population in the current study were members of the counseling profession which included licensed and associate licensed professional counselors, school counselors; college counselors; substance abuse counselors; masters-level and doctoral-level counseling students; and counselor educators. A multiple regression through SPSS software was performed to estimate the relationship between level of cultural exposure, amount of relationally diverse training, importance of religion, and counselors’ cultural competency scores on the Sexual Orientation Cultural Competency Scale that measures attitudes, knowledge, and skills. These results indicated that the sample had an
above average (mean = 5.59) overall perception of their competence in working with relationally diverse individuals. As depicted by the $R^2$, the independent variables accounted for 34% of the variance of the dependent variable. The independent variable of Cultural Exposure was the only significant predictor of scores on the SOCCS $t (86) = 4.42, p < .01$.

As cultural exposure increased by one standard deviation (SD = 1.11), the scores of the SOCCS increased by .34 standard deviations (SD = .71) with all other variables held constant. Two new terms were introduced in the current study. *Cultural exposure* has been defined as the state of having been affected by or gained knowledge through direct observation or participation of another’s lived experience in the current study. *Relationally diverse* has been introduced as an alternative to the term sexual minorities, and is a term meant to encompass all individuals whose relational orientation is non-heterosexual.
DEDICATION

To all who can connect to the lyrics of Same Love written by Ben Haggerty & Ryan Lewis:

“…We've become so numb to what we're saying
   Our culture founded from oppression
   Yet we don't have acceptance for 'em
   Call each other faggots
   Behind the keys of a message board
   A word rooted in hate
   Yet our genre still ignores it
   "Gay" is synonymous with the lesser
   It's the same hate that's caused wars from religion
   Gender to skin color, complexion of your pigment
   The same fight that led people to walk-outs and sit-ins
   Human rights for everybody, there is no difference
   Live on! And be yourself!
   When I was in church they taught me something else
   If you preach hate at the service, those words aren't anointed
   And that Holy Water that you soak in has been poisoned
   When everyone else is more comfortable remaining voiceless
   Rather than fighting for humans that have had their rights stolen
   I might not be the same but that's not important
   No freedom til we're equal…”

BIOGRAPHY

Jill Marie Krahwinkel was born and raised in Owensboro, Kentucky; the barbeque capital of the world. Growing up she was actively involved in sports including basketball, cross country, volleyball, and track and field. She received her Bachelor's of Arts in Psychology from Murray State University, where she was actively involved in Alpha Delta Pi sorority in which she held leadership roles and participated regularly in community service events supporting the Ronald McDonald House. In 2006, Jill completed her Master's in Education with an emphasis in Mental Health Counseling from Western Kentucky University. She became Reality Therapy Certified in July 2008. Prior to that, she received certification as a Juvenile Sex Offender Counselor through the University of Louisville in June 2007. In 2006, Jill joined NECCO, a therapeutic foster care agency, where she counseled youth, trained and recruited foster parents, and participated in the agency's executive leadership team as the program director. Jill has been counseling since 2006 and has a variety of experience working with adults, adolescents, children, and families on needs related to substance abuse, trauma, bereavement, adjustment, relationships, self-esteem, wellness management, depression, anxiety, and more. Jill moved to North Carolina in January 2009 as the Executive Director of Caring Family Network, a local foster care agency. Jill joined Fellowship Health Resources in March 2011 and filled the role of Director of Outpatient Services. Jill has advocated at the state and national level for foster youth, relationally diverse individuals, and mental health. In her spare time, Jill enjoys traveling, scrapbooking, playing billiards, attending conferences, and volunteering.
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My clients motivate me every day to be a better person and more importantly a better counselor. It is because of them and their experiences that I will strive to educate and challenge others to do the same.

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Chapter I: Introduction

Multicultural competency includes three overlapping areas: attitudes, knowledge, and skills to work with diverse populations (Sue et al., 1982). The counseling profession has shifted its focus from whether multicultural competency training should be provided to how the training should be conducted to develop these skills (Kocarek & Pelling, 2003). Counseling, amongst other fields, has begun investigating the multicultural competence of counselors working with lesbian, gay, bisexual, transgender, queer, intersex, questioning, and ally (LGBTQIQA) individuals and the results have consistently shown that counselors are not adequately prepared to work with LGBTQIQA individuals. Graduate students reported that their programs did not effectively prepare them to work with these communities (Matthews, 2005) and many expressed negative attitudes about relationally diverse people (Graham, Carney, & Kluck, 2012).

Although multicultural training and cultural competency have become two of the primary foci in training professional counselors, little course material is covered at the master’s level for effectively working with LGBTQIQA individuals; however, professional counselors are required to provide competent counseling services to diverse populations (American Counseling Association, 2005; Arredondo, Toporek, Brown, Jones, Locke, & Sanchez, 1996; Sue, Arredondo, & McDavis, 1992). A popular graduate level textbook by Sue and Sue (2003), that is used to train professional counselors, only dedicates 12 pages to the subject. Most graduate programs across the country do not offer special topic courses
that specifically address the relationally diverse population. In addition, the curriculum for multicultural courses varies in content, and therefore, it is unclear how much infusion of LGBTQIQA material is inserted into these courses (Kilgore, Sideman, Amin, Baca, & Bohanske, 2005; Sherry, Whilde, & Patton, 2005).

On the same note, Pfohl (2004) reviewed eight scholarly counseling journals from the years of 1990-1999, totaling 5,628 articles, and only 2.11% of those articles discussed information related to the relationally diverse population. In the same 10 year span, 12 scholarly social work journals were examined and only 1% of those articles addressed issues related to the LGBTQIQA communities. Of those that did, two thirds primarily focused on issues about HIV/AIDS.

The current estimated adult population of LGBTQIQA individuals in the United States is nearly 9 million (3.5% of the adult population) and 700,000 adults identify as transgender. However, nineteen million Americans (8.2%) report same-sex behavior within their lifetime and 25.6 million Americans (11%) acknowledge same-sex attraction. At this time, a clear estimate of the world’s LGBTQIQA population has not been discovered; however, in the last decade Canada, Australia, United Kingdom, and Norway have all conducted surveys to begin obtaining this vital information (Gates, 2011).

It is essential that professional counselors are adequately trained and prepared to work with relationally diverse individuals because research findings suggest LGBTQIQA individuals use psychotherapy at a higher rate than heterosexual individuals (Bieschke,
McClanahan, Tozar, Grzegorek, & Park, 2000; Bradford, Ryan, & Rothblum, 1994). Issues specific to members of the LGBTQIQA communities include coming out in a homophobic society, the absence of legal opportunities and rights in the form of marriage, the lack of social legitimacy that marriage can bring to a relationship, difficulties in adoption and child rearing, problems associated with finding safe and nondiscriminatory housing, and the possible lack of familial and religious support for a relationship (Godfrey, Haddock, Fisher, & Lund, 2006). Professional counselors, although often unaware, (Fassinger, 1991) are likely to have counseled or will counsel relationally diverse individuals. Since it is nearly impossible to detect whether or not a person identifies with the LGBTQIQA communities, (Fassinger, 1991) cultural competence of professional counselors must be established from the moment the individual steps through the door. Many relationally diverse individuals do not disclose their relational orientation to others due to a homophobic society, heterosexist attitudes, lack of legal protection for discrimination, and lack of civil rights (Fassinger, 1991). Relationally diverse individuals cannot generally be identified by the color of their skin, the language they speak, the religion or lack of religion they do or do not practice, the bone structure in their face, the cultural heritage of their clothing, or other surface identifiers that people associate with certain cultural groups.

Although the 21st century is upon us, many professional counselors still report they feel ill-prepared to work with diverse individuals (Matthews, 2005). In addition, professional counselors continue to report overt and subtle bias against the LGBTQIQA communities (Israel & Hackett, 2004; Matthews, Selvidge, & Fischer, 2005). In addition to negative
attitudes and bias, professional counselors also demonstrated more recall errors when processing information about relationally diverse individuals than for heterosexual individuals (Casas, Brady, & Ponterotto, 1993). Glenn and Russell (1986) found that counselors-in-training exhibited bias by responding to an ambiguous client simulation with the assumption the individual was heterosexual when no information regarding relational orientation was presented. Many relationally diverse individuals report fears associated with the counseling process that include: counselors trying to change their relational orientation, lack of understanding the LGBTQIQA communities, and being untrustworthy (Alexander, 1998). Empirical evidence supports the common fears that relationally diverse individuals have about the counseling process; approximately 46% of LGBTQIQA individuals have experienced a homophobic counselor and 37% have experienced a counselor who refused to acknowledge their sexual orientation or viewed it as a temporary situation (Nystrom, 1997).

Furthermore, personal characteristics of counselors, such as religiosity, may contribute to the lack of LGBTQIQA competence. Past research findings have identified religiosity as a significant predictor of negative attitudes toward relationally diverse people (Balkin, Schlosser, Levitt, 2009; Barrett & McWhirter, 2002; Israel & Selvidge, 2002; Rainey & Trusty, 2007). Interesting research findings from Smith and Gordon (2005) indicated that spirituality was not related to college students’ attitudes toward the LGBTQIQA communities. These findings may suggest that spirituality and religiosity should be viewed as two different types of predictors for cultural competency with relationally diverse people. In addition to personal characteristics, training in graduate
courses appears to contribute to the lack of counseling competency with relationally diverse individuals. Many master’s students have reported their graduate programs did not prepare them to work with LGBTQIQA individuals (Phillips & Fischer, 2004).

In contrast, cultural exposure to relationally diverse people and formal LGBTQIQA training may predict increased cultural competence of counselors. Previous research on multicultural competency has provided evidence that both cultural exposure and experience are crucial to increasing cultural competency with the relationally diverse population. For example, Graham et al. (2012) findings suggest that attending conferences addressing LGBTQIQA communities was not as influential as attending an intensive LGBTQIQA focused workshop. Furthermore, those that did attend workshops related to relationally diverse individuals scored higher on all areas of multicultural competency, which is also true for counselors who had experience counseling LGBTQIQA individuals. Specific LGBTQIQA training modalities, such as advocacy projects, speaker panels, experiential activities, workshops, and attitudinal exploration have been shown to improve counselors’ interest, knowledge, and awareness regarding the relationally diverse population (Burkholder & Dineen, 1996; Dillon, Worthington, Savory, Rooney, Becker-Shutter, Guerra, 2004; Fell, Mattiske, & Riggs, 2008; Graham et al., 2012; Whitman, 1995). In addition to reading about relationally diverse individuals, it is valuable for counselors-in-training to gain personal and professional cultural exposure that allows them to interact with and better understand the lived experiences of the relationally diverse population (Fassinger, 1991). Attitudes that enhance LGBTQIQA competency include: affirming attitudes toward same-sex relationships;
rejecting the idea that homosexuality is wrong, sinful, or should be changed; accepting and being open to discuss diverse sexual practices; viewing same-sex intimacy as healthy; and being willing to advocate for relationally diverse persons (Israel, Ketz, Detrie, Burke, & Shulman, 2003).

**Context of the Study**

In 1973, when the American Psychiatric Association removed homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders*, a new precedent was established for addressing the multicultural competencies of professional counselors. The notion that homosexuality was a pathological illness or sexual deviation was rejected for the first time (Logan & Barret, 2005). Assessments measuring attitudes towards the LGBTQIQA communities were developed in the 1980’s (Herk, 1988; Hudson & Rickets, 1980; Larsen, Reed, & Hoffman, 1980). Since then, the American Counseling Association (ACA) and the American Psychological Association (APA) established competencies for working with the LGBTQIQA communities (APA, 2002; Logan & Barret, 2005; ALGBTIC, 2005). Consequently, the ACA and APA have become the backbone for cultural competency with LGBTQIQA persons. Reparative Therapy is now considered unethical by the American Counseling Association, the American Psychological Association, and the National Association of Social Work, (NASW National Committee of Lesbian, Gay, and Bisexual Issues, 2000). Recently, the first assessments were created to measure professional counselors’ competence with LGBTQIQA individuals (Bidell, 2005; Crisp, 2006). Research findings indicate that professional counselors held biased and negative attitudes toward
members of the LGBTQIQA communities (Crisp, 2006; Milton & Coyle, 1998). These negative thoughts, feelings, and behaviors towards LGBTQIQA individuals by mental health professionals are well documented within the professional literature (Satterly & Dyson, 2008).

Several factors have been identified that negatively influence acquisition of sufficient competency, such as religiosity, homophobia, and heterosexism (Balkin et al., 2009; Barrett & McWhirter, 2002; Israel & Selvidge, 2003; Rainey & Trusty, 2007). On the other hand, positive influences of LGBTQIQA competency include exposure and relationships with relationally diverse individuals (Herek, 2002) and receiving formal training on LGBTQIQA counseling through workshops or graduate coursework (Dillon et al., 2004; Pearson, 2003; Rutter, Estrada, Ferguson, & Diggs, 2008). While there are studies reported in the professional literature in which relationally diverse counseling competence of graduate students in training (Graham, 2009; Rutter et al., 2008), college counselors (Day, 2008; Palma & Stanley, 2002), social workers (Crisp, 2006), and marriage and family therapists (Henke, Carlson, & McGeorge, 2009), was explored, few studies have focused on the LGBTQIQA counseling competence of clinical mental health counselors, school counselors, or counselor educators. The professional literature also has been unclear whether differences in counseling competency with relationally diverse individuals exist across primary practice settings (e.g. agency, school, university, etc.)
Purpose of the Study

The purpose of the current study was to estimate the strength of the relationship between amount of cultural exposure, importance of religion, and amount of LGBTQIQA specific training on professional counselors’ cultural competence when working with relationally diverse individuals as measured by the Sexual Orientation Counselor Competency Scale. For the current study, all individuals who identify with the LGBTQIQA communities are included. It was acknowledged that working with individuals who identify as transgender requires additional counseling competencies beyond those needed for LGBTQIQA individuals, therefore was not measured in the current study. The cultural competence of professional counselors, specifically associated with relational orientation, was the primary concern of this study, not gender identity. The current study was important to assess the cultural competence of professional counselors currently when working with the LGBTQIQA communities, compared to the recent past, and to identify the relationships between cultural competency and cultural exposure, relationally diverse training, and importance of religion.

Research Questions

The following research questions guided the current study:

1. What is the current cultural competence (attitudes, knowledge, and skills) of professional counselors when serving relationally diverse individuals?
2. What is the relationship between level of cultural exposure and counselors’ cultural competence with relationally diverse individuals?

3. What is the relationship between amount of training and counselors’ cultural competence with relationally diverse individuals?

4. What is the relationship between the importance of religion and counselors’ cultural competence with relationally diverse individuals?

**Operational Definitions of Variables**

For the current study, the dependent variable was the scores (means and standard deviations) of the Sexual Orientation Counselor Competency Scale. The three independent variables are level of cultural exposure, amount of training, and importance of religion.

**Cultural exposure.** Cultural exposure was introduced in Personnel Psychology “as an individual’s personal history of exposure to environmental conditions which lead to later disadvantage in the job market” (Droege & Hawk, 1969, p. 496). In cross cultural management, national cultural exposure has been defined as, “experiences related to a region that aid in developing a familiarity or understanding of the norms, values, and beliefs of that region” (Crowne, 2013, p. 7). To date, the terminology of cultural exposure has not been used in the counseling field. For the current study, *cultural exposure* was defined by the investigator as the state of having been affected by or gained knowledge through direct observation or participation of another’s lived experience. At this time, an instrument that measures cultural exposure has not been developed in the counseling field, however, cultural
exposure can be measured through experiential learning such as role plays or speaker panels, service learning such as community service, or cultural immersion such as study broad trips.

**Training.** The operational definition used in the current study to define training was “the instruction and practice of skills related to the counseling profession. Training contributes to the ongoing proficient of students and professional counselors” (Herlihy & Corey, 2006, p.54). Continuing education credits are a common way in which counselors receive ongoing training through conferences, seminars, workshops, and online courses. Continuing education credits are governed by licensing boards and often require a minimum financial fee.

**Importance of Religion.** Religiosity has been defined as “a set of beliefs or doctrine that are institutionalized” (Standard, Sandhu, & Painter, 2000, p.205) and has been operationalized by some researchers as a self-report on the importance of religion in one’s daily life, as well as inquiring about religious affiliation (Hayford & Morgan, 2008). For the purpose of the current study, this established definition and operationalization of religiosity was utilized.

**Summary of Methods**

A quantitative study was conducted via Qualtrics that included the Sexual Orientation Counselor Competency Scale developed by Bidell (2005) and a demographic questionnaire. The demographic questionnaire requested information related to importance of religious orientations, quantity and quality of cultural exposure, and LGBTQIQA specific training
hours. A multiple regression was performed to estimate factors that enhance or inhibit LGBTQIQA cultural competence of professional counselors.

**Definition of Terms**

When working with relationally diverse individuals, there are some key concepts and terms that professional counselors, supervisors, and faculty members should know. Although some terminology might not be used in the current study, definitions are important to understand the meaning of specific words often used in working with LGBTQIQA communities.

**Bi-negativity.** Eliason (2001) defined *bi-negativity* as negative attitudes towards bisexual individuals from both the heterosexual and homosexual communities.

**Gay affirmative practice.** As defined by Davies (1996), *gay affirmative practice* affirms a lesbian, gay, or bisexual identity as an equally positive human experience and expression as heterosexual identity. The mere absence of homophobia is not sufficient for counselors to practice affirmatively.

**Gender identity.** *Gender identity* refers to the inner sense of being a man, a woman, both, or neither. Gender identity usually aligns with a person’s biological sex, but sometimes does not (ALGBTIC, 2005).

**Heteronormative.** *Heteronormative* has been defined as a cultural bias that dictates people should follow traditional norms of heterosexuality based on the assumption of traditional gender roles (ALGBTIC, 2005).
**Heterosexism.** *Heterosexism* (similar to “whiteness”), a form of oppression, incorporating a belief in the inherent superiority of one form of loving over all others (Lorde, 1984). It refers to the assumption that all people are or should be heterosexual (ALGBTIC, 2005).

**Homophobia.** *Homophobia* was described by Weinburg (1972) as the irrational, persistent fear of LGBTQIQA individuals. Homophobia can also be internalized, which is seen when relationally diverse individuals believe they deserve ill treatment because of their relational identity (ALGBTIC, 2005). Due to the negative context of the word homophobia, some scholars have advocated suspending the use of the term. Use of the term homophobia runs the risk of subtly portraying negativity toward relationally diverse individuals, essentializing the phenomenon, and diluting and flattening the moral accountability of those who hold and foster prejudice and discrimination (Smith, Shin, & Officer, 2012).

**Homosexuality.** The term *homosexual* was invented in the late 19th century to describe a type of male person viewed as an antisocial deviant, pervert, or even criminal (Silverstein, 1996). The term *homosexuality* continues to be associated with negative stereotypes, pathology, and the reduction of people’s identities to their sexual behavior, therefore, it is not considered a culturally sensitive term (APA, 2010).

**LGB counseling competence.** A counselor’s ability to work effectively with individuals who identify as lesbian, gay, or bisexual is known as *LGB counseling competence*. Competence with LGB individuals includes three dimensions: attitudes,
knowledge, and skills (Bidell, 2005; Israel et al., 2003). In the current study competence was applied to all relationally diverse individuals. Although sexual orientation and gender identity are two different constructs and require different competencies (Carroll, Gilray & Ryan, 2002), transgender, queer, intersex, and questioning individuals whose relational orientation was identified as non-heterosexual were included in this study. Therefore, the investigator instead used the term relationally diverse counseling competence or LGBTQIQA counseling competency for the current study.

**LGBTQIQA.** The acronym *LGBTQIQA* was developed by the Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC), a division of the American Counseling Association, whose practice and research interest focuses on relationally diverse individuals. LGBTQIQA stands for lesbian, gay, bisexual, transgender, queer, intersex, questioning, and ally. For the purpose of the current study, LGBTQIQA was used interchangeably with relationally diverse.

**Minority stress.** Members of a community who experience stereotyping; stigmatization by psychological, social, and cultural discrimination; and receive negative reactions from the majority members of a particular social demographic group (e.g., race, gender, sexual and relational orientation) in a particular society (e.g., United States) experience minority stress (Meyer, 2003).

**People of color.** A global term used to identify and affirm people with racial and ethnic identities that are not European-American, White-American, or White.
color was intentionally used instead of the term minority. Disassociation from the majority-minority binary, often used in the United States, is to affirm, contextualize, and describe people of color and to remove the inferior status connoted in the term minority (Sue & Sue, 2003).

**Professional counselor.** The term professional counselor includes community-based licensed professional counselors or associate licensed professional counselors (post-master’s counselors who are working toward state licensure), school counselors, college counselors, substance abuse counselors, marriage and family counselors, counselors-in-training (master’s-level students), and counselor educators.

**Relationally diverse.** The investigator coined the term relationally diverse as an alternative to sexual minorities, and the term is meant to encompass all individuals whose relational orientation and identity is non-heterosexual. The term will be used interchangeably with the LGBTQIQA acronym.

**Same-sex sexuality.** The term same-sex sexuality is used in the professional literature as an alternative to the term homosexuality. Same-sex sexuality is considered a culturally sensitive term as it applies to the human development of sexuality (Moe, Reicherzer, & Dupuy, 2011).

**Sexual orientation.** Sexual orientation refers to the direction an individual is predisposed to bond with and share affection emotionally, physically, spiritually, and/or mentally. Affectional orientation was developed by the ALGBTIC committee to shift the
focus away from the word sexual to demonstrate multidimensional relationships (ALGBTIC, 2005). For the purpose of the current study, *relational orientation*, as coined by Moe et al. (2011), was used as an alternative to sexual or affection orientation.

**Transgender.** *Transgender* is an umbrella term used to describe those who challenge social gender norms, including genderqueer people, gender-nonconforming people, transsexuals, crossdressers, and so on. People must self-identify as transgender for the term to be appropriately used to describe them (ALGBTIC, 2012).

**Transphobia.** *Transphobia* is defined as negative attitudes towards transgender individuals who report that their inner sense of gender does not match with their physical gender. Transphobia also is seen in both the heterosexual and LGBTQIA communities (Satterly & Dyson, 2008).

**Transsexual.** *Transsexual* is a term that refers to a person who experiences intense, persistent, long-term discomfort with their body and self-image due to the awareness that their assigned sex is inappropriate. Transsexuals may take steps to change their body, gender role, and gender expression to align them with their gender identity (ALGBTIC, 2012).
CHAPTER II: Review of the Literature

The Influence of Multicultural Counseling

The concept of multicultural competency was first introduced by Sue et al. (1982). The multicultural competency model was developed to address counselor competence in areas related to racial and ethnic minority groups. This model first focused on counselors’ ability to work with Native Americans/Alaskan Natives, African Americans, Asian Americans, and Hispanic Americans/Latinos in regards to attitudes/beliefs, knowledge, and skills. The model has been expanded, operationalized, and is still widely accepted as the core multicultural competency model within the counseling field today (Worthington, Soth-McNett & Moreno, 2007).

The definition of culture has expanded to include other factors such as age, gender, sexual orientation, ability, religion, and socioeconomic status (Arredondo & Perez, 2006; Arthur & Collins, 2005; Mollen, Ridley, & Hill, 2003). Culture is not something that applies only to underrepresented racial or ethnic populations in the United States; instead, we all carry our personal cultural identities that impact the way we interact with the world (Ho, 1995; James, 1996). More specifically, enhancing multicultural understanding and sensitivity means balancing our understanding of the sociopolitical forces that dilute the importance of race as well as the need to acknowledge the existence of other group identities related to culture, ethnicity, social class, gender, and sexual orientation (Sue, Bingham, Porche-Burke & Vasquez, 1999).
The multicultural competency model developed by Sue et al. (1982) is applicable not only to people of color, but also to the LGBTQIQA communities, since both groups share the experiences of stereotyping, stigmatization by psychology, social and cultural life, and negative reactions of particular social demographic groups that are valued and have power in the U.S. and the world (Paul, 1982). In addition, people of color and LGBTQIQA individuals experience similar processes of identity development (Cass, 1979; Cross, 1995; Fassinger & Miller, 1996; Gramick, 1984). Multicultural competency models have been specifically applied to relational orientation, although not originally developed for the inclusion of LGBTQIQA individuals (Fassinger & Sperber Richer, 1997). The model of cultural competency was originally developed to enhance counselors’ ability to work with individuals of different race and ethnic backgrounds; however, it is now being applied to all of the multidimensional identities of individuals (Sue et al., 1982).

**Importance of multicultural competence.** Sue et al. (1982) initiated the conversation regarding multicultural competency in the 1980’s, specifically related to the counseling field. These guidelines serve as a critical framework for specifying the minimum level of skills, attitudes, and knowledge necessary to work with diverse clients. Multicultural competence training emphasizes respect, understanding, and non-judgmentalness. From an ethical perspective, doing no harm involves practitioners in changing erroneous beliefs, biases, and prejudicial attitudes (Abreu, 2001; Sanchez-Hucle, & Jones, 2005; Toporek & Pope-Davis, 2005).
It is essential to remember that misunderstandings in the counseling relationship can oftentimes arise from cultural variations in communication that may lead to alienation and/or the inability to develop trust and rapport (Yamamoto, James, & Palley, 1968). One of the fundamentals in the counseling process is establishing trust and this can often present additional challenges to establish common understanding and build bridges across worldviews (Collins & Arthur, 2007). This might require flexibility in both communication and counseling styles (Sue & Sue, 2003) and a willingness to adjust some of the cultural norms associated with the counseling process such as office times, office setting verse community setting, and expectations for both counselor and client roles (Amundson, 1998).

Acknowledging the fundamental reality of societal inequities, oppression of non-dominant populations, and people’s tendencies, however, subtle, to think and behave in racist, elitist, heterosexist, and ageist ways (Pedersen, 1995); helps counselors to not blame clients for things beyond their control and instead acknowledge that the target of change might be larger in social, economic, and political systems (Sue & Sue, 2003). Without multicultural competency, counselors may continue to engage in unintentional oppression of their clients (Arthur & Collins, 2005).

Once counselors recognized that every counseling relationship is to some degree cross-cultural, justification is developed for applying multicultural competency across all cultures (Sue et al., 1982). Understanding one’s own world view and the world view of others is a developmental process that helps increase multicultural competency; however,
many counselors become conflicted when their personal values and beliefs differ from other cultural groups.

**Multicultural competency research.** Two-thirds of empirical research on multicultural competency reported findings from descriptive field studies followed by 24.7% including some form of analogue research (Worthington et al., 2007). Of this research, a large proportion has been based on self-report studies with very few (11.1%) that included some form of objective assessment. Findings from research conducted on multicultural competency have accumulated a substantial amount of data on (a) interpersonal correlations of counselor’s self-reported multicultural competence, (b) the impact of training on graduate students’ self-reported multicultural competence, (c) pseudo-individuals’ perceptions of multicultural competence of their counselors, and (d) the psychometric properties of the self-report measures of multicultural competency (Worthington et al., 2007).

Through findings from descriptive field studies, the counseling community has gained significant knowledge on the importance of multicultural competency. Wade and Bernstein’s (1991) study conducted with African American female participants indicated that individuals assigned to counselors who had received cultural-sensitivity training returned for more sessions and reported higher levels of satisfaction with the counseling process than individuals assigned to counselors who did not receive cultural-sensitivity training. What is unique about these findings was that cultural sensitivity was more important than the race of the counselor. Counselors who received cultural-sensitivity training were assigned higher ratings on expertness, trustworthiness, unconditional regard, and empathy than counselors
who did not receive the training. Empirical multicultural competency research outcomes have consistently demonstrated that counselors who possess multicultural competence tend to have improved counseling outcomes with individuals across different racial and ethnic groups; consequently, positive results in individuals’ perceptions of counselors and the counseling process have also been evident (Worthington et al., 2007).

However, relying only on self-report measures to assess counselors or students multicultural counseling competence is cautioned. One study utilized the Multicultural Counseling Assessment Survey (MCAS), a 30-item instrument that assesses awareness, knowledge, and skills of an individual’s multicultural counseling competence. This instrument has been designed for an independent observer to rate various aspects of the individual’s multicultural counseling competence by using a 4-point Likert scale. The higher the scores on the instrument represent greater multicultural counseling competency. The findings of this study raise questions about the accuracy of using self-report instruments to measure multicultural counseling competency. The self-report scores were inflated in comparison with the independent observer ratings of the individual’s multicultural counseling competence, as demonstrated during role plays (Cartwright, Daniels, & Zhang, 2008).

Although investigators in the counseling field continue to study and conduct research on multicultural competency, there are many aspects of cultural competency that are hard to test with true experimental methods. Research findings suggest that many graduates feel unprepared for the realities of working with culturally diverse individuals (Biaggio, Orchard,
Larson, Petrino, & Mihara, 2003; Bradford, et al., 1994; Grove, 2009; Murphy, Rawlings, & Howe, 2002). It has been proposed that a single course about multicultural counseling is inadequate and, therefore, multicultural training must be infused in counseling curriculums (Arthur & Achenbach, 2002). Boysen and Voyel’s (2008) study measuring multicultural competency found there was no significant difference in the level of multicultural competence between counselor trainees who had not completed a multicultural course and those who had recently completed a multicultural course. On the other hand, there is evidence that multicultural training can have a positive impact on students’ multicultural counseling competence (Diaz-Lazaro & Cohen, 2002). The current research on multicultural counseling competencies demonstrates that some training is better than none; however, the more training students receive the better prepared they are to work with diverse clients.

Components of LGBTQIQA Counseling Competency

Attitudes. Research findings indicate that many counselors view people of color and LGBTQIQA individuals as more pathological than White American heterosexual individuals (Morrow, 2000; Ridley et al., 1997); however, there are some possible differences in how counselors view individuals with cultural backgrounds that are different. For example, counselors are unlikely to think it is morally wrong to be a member of an ethnic group, whereas they may believe relationally diverse individuals are committing debauchery. Nonetheless, it is possible that counselors attach morality to behaviors that they associate with ethnic minorities such as drug use, teen pregnancy, and use of the welfare system (Israel & Selvidge, 2003). Altering such attitudes may be possible by combating stereotypes with
accurate information; however, this type of approach is unlikely to affect certain opinions about relational orientation (Schreier & Werdern, 2000). For instance, studies showing that children are not negatively affected by being raised in a home with relationally diverse parents (Ainslie & Feltey, 1991; McLeod & Crawford, 1998) may affect counselors’ opinions about LGBTQIQA parenting; however, it is unlikely the attitude that same-sex sexuality is unnatural for humans or is a sin against God is unlikely to be changed by research findings (Israel & Selvidge, 2003).

As disturbing as it is that counselors are not adequately being trained during their graduate programs, it is more disturbing that professional counselors are exhibiting bias, either known or unknown, which affects their ability to effectively work with relationally diverse individuals. For example, Glenn and Russell (1986) found that bias was exhibited when 83% of counselors assumed the individual was heterosexual when presented with an ambiguous individual simulation. Matthews (2005) found participants made more recall errors when processing information about LGBTQIQA individuals verses heterosexual individuals, which could indicate such bias affects professional counselors’ ability to effectively work with LGBTQIQA individuals.

Findings from a study conducted by Milton and Coyle (1998) suggest that some counselors view same-sex sexuality as pathological, that relational orientation was attributed to traumatic events, that relational orientation causes pervasive influence on psychological functioning, and see that changing relational orientation is an appropriate therapeutic goal for therapy. Other issues include the tendency for therapists to work from within a framework
that assumes heterosexuality in addition to feeling unskilled while working with LGBTQIQA individuals.

Crisp (2006) found that social workers were more homophobic than psychologists; however, counselors were not included in the research. Two different studies reported social workers displayed homophobic patterns and beliefs. Regardless, homophobia may reduce the effectiveness of services offered to relationally diverse individuals as well as provide inferior treatment. For example, if counselors minimize or exaggerate the importance of sexual orientation in the individual’s life, assume celibate adults or adolescents cannot identify as LGBTQIQA, assume same-sex relationships are phases, or inform individuals they are not lesbian, gay, bisexual, transgender, queer, intersex, or questioning; counselors are providing inferior treatment to their individuals (Crisp, 2006).

There is a difference between values and counselor bias. It is important for counselors to understand this difference in order to be effective while working with a variety of individuals. Bias, as defined by Woolsey (1988), has three hallmarks: ignorance of or resistance to evidence, or lack of effort in seeking it; distortions of existing evidence; and rigidity, or unwillingness to change one’s view in the face of new information. Values, on the other hand, are individuals’ standards, beliefs, or conceptions of the desirable. For additional clarification, heterosexual bias is defined as “a belief system that values heterosexuality as superior to and/or more ‘natural’ than homosexuality” (Mitchell, 1993, p. 205). Counselors need to understand it is possible to value heterosexuality but not necessarily hold a heterosexual bias.
Although investigators have detected changes in counselors’ attitudes toward LGBTQIQA individuals following multimodal educational interventions, it is unclear as to what caused these changes (Gililand & Crisp, 1995; Rudolph, 1989). The question then is what type of training increases counselors’ cultural competence and how much training should be infused throughout graduate programs?

**Knowledge.** A number of authors have identified the content of knowledge that counselors should possess to work with relationally diverse individuals (ALGBTIC; 2005; Buhrke, 1989; Division 44, 2000; Fassinger, 1991; Garnets, Hancock, Cochran, Goodchilds, Peplau, 1991). Some of these areas are similar to a multicultural knowledge base including sociopolitical history, bias in assessment and mental health services, diversity within identified groups, and identity development. Some specific content areas are different such as parenting and family structures, the *coming out* process, and family of origin concerns (Israel & Selvidge, 2003). Several authors have emphasized the importance of counselor knowledge regarding LGBTQIQA community resources because, unlike people of color, most relationally diverse individuals are raised in families and communities in which one’s relational orientation is not shared (Garnets et al., 1991; Graham, Rawlings, Halpern, & Hermes, 1984; Slater, 1988).

There appears to be a limited number of research studies focused on the knowledge component of multicultural competency with relationally diverse individuals. Schmidt, Glass, and Wooten (2011) utilized a set of knowledge questions based on *The Knowledge about Homosexuality Questionnaire*, developed by Harris, Nightengale, and Owens (1995),
and the results indicated that school counseling students lack in knowledge in relation to LGBTQIQA communities, after 46 participants only answered 63% or less of the knowledge questions correctly. In comparison to other studies, health-care professionals averaged 82% correctly, high school students averaged 63% correctly, college students averaged 72% correctly, and a sample of teachers averaged 65% correctly. There were two questions in this study that received extremely high correct response rates. One hundred percent of respondents knew that coming out is a term relationally diverse individuals use to publically disclose their sexual and relational orientation. Ninety-six percent knew that bisexuality is characterized by sexual behaviors and/or responses to members of both sexes. On the other hand, over 50% of respondents answered an incorrect response of true to the question, “Historically, almost every culture has evidenced widespread intolerance towards homosexuals, viewing them as ‘sick’ or ‘sinners’.” Lastly, 54% of the respondents did not know the answer to the question, “Homosexuality does occur among animals (other than human beings)” which is a true statement. An interesting result related to the demographics of the participants displayed a significant difference in scores when examined by race/ethnicity. African American students scored significantly lower on the knowledge assessment than did White American students.

It appears that counselors are quite uninformed with their knowledge competency related to working with relationally diverse individuals. This continues to be of great concern considering, just as multicultural training has expanded the notions of identity development into biracial and biethnic identities (Kerwin & Ponterotto, 1995), LGBTQIQA
counseling competencies now include a specific set of competencies needed while working with bisexual (Dworkin, 2001; Firestein, 1996; Fox 2000) and transgender individuals (Gainor, 2000).

**Skill.** The current trend of integrating content regarding relationally diverse individuals within existing courses may have primarily focused on knowledge and awareness rather than skill development (Graham et al., 2012). Although Graham et al. (2012) suggested that there has yet to be a unique skill set defined in the literature to guide training of counselors, Van Den Bergh and Crisp (2004) identified skills required to behave in a culturally competent fashion towards relationally diverse individuals. These skills include: creating a gay-safe treatment milieu, assessing (not assuming) a individual’s relational orientation, treating the presenting challenge (not the individual’s relational orientation), supporting individuals who may be struggling with their relational orientation, recognizing indicators of internalized homophobia, determining how out a individual is and who supports the individual’s sexual and relational orientation, including significant others and family members in treatment when appropriate, referring individuals to gay-friendly resources, obtaining supervision to deal with negative feelings about LGBTQIQA individuals, and engaging in ongoing training and continuing education around LGBTQIQA needs.

Counselor competence with relationally diverse individuals also includes advocacy skills (Browning, Reynolds, & Dworkin, 1991). Advocacy includes working to promote institutional change at multiple levels through appropriate channels (Arrendondo et al., 1996). Counselors can also advocate for LGBTQIQA communities by disseminating
accurate information through research and outreach, attending cultural community events for the relationally diverse population, and contacting lawmakers in support of LGBTQIQA legislation (Israel & Selvidge, 2003).

According to relationally diverse individuals, the most helpful counselors are those that are educated about issues of concern to LGBTQIQA individuals, such as societal prejudice, internalized homophobia, relationship issues, and community resources. These counselors also assisted individuals in achieving a positive LBGTQIQA identity, did not shy away from conversation about a individual’s relational orientation, and did not make assumptions that the individual was heterosexual (Liddle, 1996).

Cultural exposure. For the current study, cultural exposure was defined as the state of having been affected by or gained knowledge through direct observation or participation of another’s lived experience. Although the definition of experience might seem more applicable, it does not adequately explain this concept of exposure. Oftentimes in the counseling field, experience is referred to as direct counseling with individuals, such as through practicums and internships. Cultural exposure to relationally diverse individuals can and should occur before counselors-in-training have direct experience in counseling so they are better prepared to work with diverse individuals in their practicums and internships.

Exposure modalities. Experiential learning, service learning, and cultural immersion have been widely recommended as training modalities that can bridge multicultural counseling theory and practice (Arthur & Achenbach, 2002; Burnett, Hamel, & Long, 2004;
Ishii, Gibride, Stensrud, 2009). All three modalities offer promise for enhancing multicultural competency and can be implemented in counseling education graduate programs.

**Experiential learning.** Experiential learning has been used since the 1960’s in cross-cultural training to prepare individuals to become more aware of cultural differences when traveling overseas. The main goals of experiential learning are to increase self-awareness, challenge students’ personal framework about cultural diversity, and help students develop cultural empathy. This allows students to develop competencies in other domains and then translate learning into professional practice. Experiential learning is effective because it allows students to experience cultural similarities and differences through their involvement in learning that promotes cognitive development (Arthur & Achenbach, 2002). This process, however, is not intended to emulate another individual’s exact experience, but to develop awareness and accuracy of the viewpoint of other cultures (Pederson & Ivey, 1993). By increasing self-awareness during structured activities in environments where the risk is low, students are able to process and resolve new information prior to working directly with culturally diverse individuals (Arthur & Achenbach, 2002). In one study, 149 respondents reported that experiential activities were more influential than supervision, training, and continuing education (Hansen, Randazzo, & Schwartz, 2006). Bidwell (2012) concluded that graduate students who participated in experiential activities, such as videos and speaker panels, had sizable improvements in their cultural competency skills, specifically with LGBTQIQA individuals.
Service learning. Service learning is a modality in which students gain direct exposure to cultural groups by providing service within a community. Counseling programs integrate service learning through practicum and internship experiences. Through service learning, students are engaged in a way that allows them to gain better breadth and depth of experience by involving them in social, political, cultural, environmental, and other important aspects of a diverse community. This process enables students to use the concepts learned in the classroom through didactic instruction to actualize the issues, concerns, theories, and methods of understanding and working with various cultural groups (Burnett, et al., 2004). To be effective as a method of enhancing cultural competency, the focus of service learning needs to be on supporting another community’s needs through assistance instead of providing charity work. Burnett et al. (2004, p. 190) found that integrating service-learning projects within a multicultural course “was a meaningful and positive experience and that it provided an opportunity to build community learning and cultural sensitivity.”

Cultural immersion. Cultural immersion has the potential to promote self-awareness, reduce bias, and enhance multicultural counseling skills of students. Effective cultural immersion experiences occur when students engage in activities with other cultural groups over a period of time (DeRicca & Sciarra, 2005; Ishii et al., 2009; & Pope-Davis, Breaux, & Liu, 1997). Several scholars have recommended that students reflect on their experiences prior to, during, and after their cultural immersion (Arthur & Achenbach, 2002; DeRicca & Sciarra, 2005; & Pope-Davis et al., 1997). Exposure to international populations through
structured travel provides transformative learning experiences that influence and help change the lives of the participants (Kotter, 1997). Cultural immersion allows students to experience cognitive, affective, perceptual, empathetic, and culturally dissonant reactions through forming bonds with others and through emotional understanding of self and others (Ishii et al., 2009). Activities, such as community outreach projects, can provide meaningful opportunities for students to engage with and learn about diverse communities (Burnett et al., 2004). Hipolito-Delgado, Cook, Avrus, & Bonham (2011) found that counselors-in-training who participated in 10 hours of cultural immersion self-reported increased awareness, knowledge, and skills with that specific cultural group. Experiential learning, service learning, and cultural immersion all have one very important thing in common: the concept of exposing counselors-in-training to other cultures in a variety of ways. These modalities challenge attitudes, provide knowledge, and enhance skills through exposure to other cultures.

**Importance of exposure.** Students who choose not to seek out opportunities to practice their multicultural counseling competencies are more likely to revert to their pre-existing notions about culture (Arthur & Achenbach, 2002). This shortcoming is the reason the multicultural competency model needs to be expanded from attitudes, knowledge, and skills to include cultural exposure. Research shows that students who have sought out cultural exposure have increased cultural competency with the across the attitudes, knowledge, and skills domain (Graham et al., 2012).
When counselors-in-training had direct contact with members of a culturally different group and spent time engaging with that group, they reported increased levels of self-awareness, knowledge, and in skills (Hipolito-Delgado et al., 2011). It is imperative that students are given opportunities to explore their values and beliefs during their graduate programs while they are defining their professional identity. When counselors are more self-aware, they can avoid perpetuating harmful biases in their work with individuals, regardless of sexual orientation (Matthews, 2005).

**Predictive Factors to LGBTQIQA Cultural Competency**

Through close and frequent contact with relationally diverse people, heterosexual individuals are more inclined to develop a greater empathy and have more accepting attitudes towards the LGBTQIQA communities. Day (2009) found that an increased number of LGBTQIQA friends or family members predicts increased cultural competency of attitudes, knowledge, and skills towards relationally diverse individuals. When counselors are more knowledgeable about the LGBTQIQA communities they exhibit higher levels of cultural competence. Research findings suggest that students enrolled in a special topic course addressing the relationally diverse population, predict increased cultural competence (Matthew & Selvidge, 2002; Bidell, 2012; Israel & Hackett, 2004). Culturally skilled counselors are those who become actively involved with minority individuals outside the counseling setting, such as through community or cultural events, social and political functions, and celebrations (Sue et al., 1992).
Barriers to LGBTQIQA Cultural Competency

Past research findings have identified several barriers that interfere with professional counselors’ cultural competence with relationally diverse individuals. Religiosity has been identified as a significant predictor of negative attitudes towards LGBTQIQA people (Balkin et al., 2009; Barrett, & McWhirter, 2002; Israel & Selvidge, 2003; & Rainey & Trusty, 2007). Another barrier includes counselors-in-training reporting their graduate programs did not effectively prepare them to work with relationally diverse individuals (Matthews, 2005).

Ethical Guidelines & Competencies

ACA Code of Ethics. The ACA Code of Ethics (2005, p. 10) section C.5. (Nondiscrimination) reads, “Counselors do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law. Counselors do not discriminate against individuals, students, employees, supervisees, or research participants in a manner that has a negative impact on these persons.” This standard directly addresses counselors’ unwillingness to work with diverse individuals, not because of a lack of skill, but because of their values and beliefs. Counselors need to have the skill set to work with individuals and when they feel they lack that skill set, they should adhere to Standard C.2.a., (Boundaries of Competence). This standard clearly states that "counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience" (ACA Code of Ethics,
Research demonstrates that counselors feel unprepared to work with relationally diverse individuals (Matthews, 2005). Therefore, counselor educators are held to standard F.11.c. (Multicultural/Diversity Competence) which states, “counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice. Counselor educators include case examples, role-plays, discussion questions, and other classroom activities that promote and represent various cultural perspectives” (ACA Code of Ethics, 2005, p.16). Furthermore, since counselor educators are the gatekeepers into the counseling profession, it is essential that they evaluate counselors-in-training based on their ability to uphold standard A.4.b. (Personal Values). This standard reads, “counselors are aware of their own values, attitudes, beliefs, and behaviors and avoid imposing values that are inconsistent with counseling goals. Counselors respect the diversity of individuals, trainees, and research participants” (ACA Code of Ethics, 2005, p. 4).

**APA Division 44.** In 2000, the American Psychological Association published guidelines for conducting psychotherapy with relationally diverse individuals. Two goals are outlined in the publication: a frame of reference for the treatment of LGBTQIQA individuals and basic information and further references in the areas of assessment, intervention, identity, relationships, and the education and training of psychologists. These guidelines address attitudes toward same-sex sexuality and bisexuality, relationships and families, issues of diversity, and education, resulting in 16 guidelines for psychologists (APA Division 44, 2000).
**ALGBTIC.** In 2005, the American Counseling Association’s for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) committee developed a framework intended to provide counseling and related professionals with competencies for working with the LGBTQIQA communities. These competencies are divided into sections addressing human growth and development, social and cultural foundations, helping relationships, group work, professional orientation and ethical practice, career and lifestyle development, assessment, and research and program evaluations (ALGBTIC, 2005).

**Mental Health Concerns of Relationally Diverse Individuals**

Relationally diverse individuals face the same life issues as their heterosexual counterparts; however, there are some unique life stressors to LGBTQIQA individuals which include: coming out in a homophobic society, the absence of legal opportunities and rights in the form of marriage, the lack of social legitimacy that marriage can bring to a relationship, difficulties in adoption and child rearing, problems associated with finding safe and nondiscriminatory housing, and the possible lack of familial and religious support for a relationship (Godfrey, Haddock, Fisher, & Lund, 2006). Specifically, in career counseling with LGBTQIQA individuals, relevant themes include coming out at work, discrimination, testing and assessment, finding role models, and dealing with couple and family issues (Pope, 1995). Relationally diverse individuals experience proportionally higher occurrences of serious psychological issues, such as eating disorders (May & Cochran, 2001; Cochran, Sullivan, & Mays, 2003), suicidal ideation and attempts, self-harming behaviors, and mental
disorders such as substance abuse, depression, and anxiety (Institute of Medicine [IOM], 2011).

Although people of color and relationally diverse individuals share similar experiences in relation to stereotyping and stigmatization by psychology, social and cultural life, reactions of majority members of society (Paul, 1982), and undergo similar processes of identity development (Cass, 1979; Cross, 1995; Fassinger & Miller, 1996; Gramick, 1984), there are some key distinctions. First, unlike most people of color, a vast majority of relationally diverse individuals are raised in families and communities that do not share their minority status. Additionally, unlike dealing with ethnicity, addressing relational orientation often necessitates focusing on sexuality, a particularly uncomfortable and difficult topic for many people. The visibility of minority status differs for people of color and the LGBTQIQA communities because sexual orientation is not easily visually identified. Lastly, the notion that sexual orientation is malleable raises significant concerns. For example, individuals may fear having gay children (Herek, 1994), however, they do not usually fear that people of color might recruit their child to their “lifestyle.” It cannot be denied that some individuals may fear people of color; however, the fear is not the same as those expressed toward the LGBTQIQA communities (Israel & Selvidge, 2003).

Use of Mental Health Services by Relationally Diverse Individuals

Relationally diverse individuals use psychotherapy at a higher rate than heterosexual individuals (Bieschke et al., 2000; Bradford et al., 1994) and average more sessions (Liddle, 1997). With the higher frequency of services being utilized, it is clear that, at some point,
counselors are likely to provide counseling services to LGBTQIQA individuals. This is particularly relevant since some relationally diverse individuals may not feel comfortable or safe disclosing their sexual and relational orientation (Graham et al., 2012).

Relationally diverse individuals also report more fears and concerns regarding the counseling process than heterosexual individuals. These concerns include their counselors trying to change their relational orientation, lack of understanding of and experience with LGBTQIQA individuals, and being untrustworthy (Alexander, 1998). Unfortunately, these fears and concerns have been supported by research findings that indicate 46% of relationally diverse individuals have experienced a homophobic counselor and 34% have experienced a counselor refusing to acknowledge their relational orientation or viewing it as a temporary situation (Nystrom, 1997). Many LGBTQIQA individuals screen counselors in an attempt to determine if the counselor is LGBTQIQA friendly and has experience working with relationally diverse individuals (Liddle, 1997).

Counselor Education Graduate Program Training

The content of professional literature has demonstrated that counselors graduating from master’s counseling programs are not adequately trained to work with relationally diverse individuals (Matthews, 2005; Sherry, et al., 2005). Phillips and Fischer (1998) reported that most master’s students reported their program did not prepare them to work with the LGBTQIQA communities. At the same time, relational orientation was addressed in fewer than 25% of graduate courses for students in clinical, counseling, or school psychology (Pilkington & Cantor, 1996). In another study, the findings indicated that in psychology
training programs, on average, relational orientation was included in only one or two
graduate courses (Bahr, Brisch, & Croteau, 2000). Sherry et al. (2005) conducted a study
using a modified version of the Multicultural Competency Checklist (MCC) and found that
71% of students reported covering LGBTQIQA issues and 89.5% of students had exposure to
relationally diverse individuals; however, only 17.1% of programs infused the LGBTQIQA
competencies into the program evaluation of students and only 2.9% of programs had a
pencil and paper evaluation process for evaluating students. Seventy-five percent of students
indicated that material addressing relationally diverse individuals was not included on their
comprehensive exams, while one-half of respondents reported they were not encouraged to
explore their heterosexist bias during their graduate training programs. Although many
reported seeking out their own opportunities about working with LGBTQIQA individuals,
only 22% reported their graduate training programs offered seminars to gain this exposure
(Murphy et al., 2002).

Matthews and Selvidge (2002) reported significant positive changes in counseling
competency among students who took a seminar on counseling LGBTQIQA individuals.
These changes did not occur with students enrolled in a general multicultural counseling
course or an advanced clinical techniques course. Bidell (2012) also found that students
enrolled in a LGBTQIQA graduate course scored significantly higher on the Sexual
Orientation Counselor Competency Scale and the Lesbian, Gay, and Bisexual Affirmative
Counselling Self-Efficacy Inventory (LGB-CSI) than a comparison group of students not
enrolled in the course. Israel and Hackett (2004) suggested that a generalist approach to
increased cultural competency may be significantly limited and may offer inadequate training for clinical practice. Despite the evidence that has accumulated suggesting a need for specialized training in LGBTQIQA issues, such training has been limited in graduate programs (Bradford et al., 1994; Cochran et al., 2003; Herek, 1989, 2000; Lark & Croteau, 1998; Liddle, 1997; Mapou Ayres, & Cole, 1983; Mays & Cochran, 2001; Morgan, 1992; Trippet & Bain, 1990).

**Assessments Measuring Cultural Competency with Relationally Diverse Individuals**

**Relationally diverse cultural competency assessments.** Even though there is a lack of empirical work addressing the area of assessment with the relationally diverse, research does suggest there is potential influence of heterosexism and homophobia in assessment. There can be bias in the instrument itself, the potential use of the instrument, and the interpretation of the results of the instrument (Matthews, 2005). Table 1 presents a summary of a brief list of multicultural assessments identified for assessing the cultural competence of counselors with the LGBTQIQA communities. Although there are a few assessments that address attitudes and beliefs about relationally diverse individuals, very few addressed other minorities like bisexual, transgender, questioning, or intersex.
Table 1

*Assessment for Relationally Diverse Cultural Competence*

<table>
<thead>
<tr>
<th>Name of Assessment</th>
<th>Author &amp; Publication Date</th>
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<tbody>
<tr>
<td>The Attitudes Toward Lesbians and Gay Men Scale (ATLG)</td>
<td>Developed by Herek 1988</td>
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<tr>
<td>The Heterosexual Attitudes Towards Homosexuals Scale (HATH)</td>
<td>Developed by Larsen, Reed, &amp; Hoffman 1980</td>
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<tr>
<td>Sexual Orientation Counselor Competency Scale (SOCCS)</td>
<td>Developed by Bidell, 2005</td>
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<td>Index of Homophobia</td>
<td>Developed by Hudson &amp; Rickets, 1980</td>
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<tr>
<td>Gay Affirmative Practice Scale (GAP)</td>
<td>Developed by Crisp, 2006</td>
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<tr>
<td>The Knowledge about Homosexuality Questionnaire</td>
<td>Developed by Harris, Nightengale, &amp; Owens (1995).</td>
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<tr>
<td>Lesbian and Gay Human Rights Scale (SLGHRS)</td>
<td>Developed by Morrison &amp; McDermott, 2009</td>
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</table>

_Note_. Not intended to be an exclusive list of LGBTQIQ cultural competency measures.

_Gay Affirmative Practice Scale_. In particular, the Gay Affirmative Practice Scale has many uses for helping professionals. The GAP can be administered and scored quickly, can be used as a self-assessment for students and practitioners, and it can be used to determine the effectiveness of different types of educational interventions on counselors’ work with relationally diverse individuals. The GAP has also been shown to be reliable and valid with a Cronbach’s $\alpha=.93$ for the belief domain and .94 for the behavior domain. Also, the SEM of 1.91 for the belief domain and 2.71 for the behavior domain provide evidence for the scale’s
reliability since both SEM scores meet Hudson’s recommendation that SEM should be less than five percent of the possible range of scores (Crisp, 2006).

**The Lesbian and Gay Human Rights Scale.** The SLGHRS contains 25 items and has a 5-point Likert response scale. A factor analysis identified three factors: (a) social and political rights (b) freedom of expression and (c) privacy of identity. Several researchers have used the SLGHRS; however, no researcher, to date, has tried to replicate the dimensionality. The scale shows excellent reliability with Cronbach’s $\alpha=.89$ and confidence interval (CI)$=.87-.91$ (Morrison & McDermott, 2009).

**The Sexual Orientation Counselor Competency Scale.** The SOCCS contains 29 items and has a 7-point Likert scale. It is the first scale to measure counselors’ attitudes, knowledge, and skill for cultural competence with relationally diverse individuals. This scale only focuses on lesbian, gay, and bisexual individuals because there are additional competencies in working with transgender individuals. The coefficient alpha for the overall SOCCS was $.90$ and a test-retest reliability correlation coefficients was $.84$. Criterion validity was established by examining the effects of education level and relational orientation of participants on SOCCS scores. As predicted, LGB respondents score significantly higher compared to their heterosexual counterparts. Also, participants who had higher levels of education scored significantly higher on the SOCCS. Convergent validity was established for each of the SOCC’s subscales by comparing the Attitudes subscale with ATLG, the Knowledge subscale with the MCKAS, and the Skills subscale with the CSES. All subscales correlated strongly with their respected instrument (Bidell, 2005).
Assessment bias. The bias towards relationally diverse people in assessments must be disclosed and discussed. From a review of psychological literature from 1974 to 1997, there were no articles or books that addressed the topic of heterosexual bias in assessment. It seems that the standards and guidelines either assumed that issues relating to relational orientation would be handled under general recommendations relating to cultural sensitivity or relational orientation was not considered a relevant factor. This lack of attention to relational orientation has allowed the continued use of a variety of instruments whose scales and manuals include offensive, exclusionary, and stigmatizing language. Some common known instruments that have raised this concern of heterosexual bias include the Edwards Personality Preference Scale (EPSS), the Myer’s Brigg Type Indicator (MBTI), the Minnesota Multiphasic Personality Inventory (MMPI) and the Strong Interest Inventory (SII) (Prince, 1997).

It also needs to be taken into consideration that an individual’s sexual identify development could influence results when measuring self-esteem, depression, and overall psychological functioning; therefore, counselors should understand these results could be temporary depending on the individual’s current sexual identity development. Most instruments have not been designed with the intention of measuring constructs inclusive of LGBTQIA individuals (Prince, 1997).
Multiple Continua Model of Sexual and Relational Orientations (MCM). The Multiple Continua of Sexual and Relational Orientations model views sexuality development on a continuum of five dimensions verses a single-dimension or dichotomy model (Moe et al., 2011). The implied assumptions of the MCM include: (a) same-sex attraction is normal, (b) same-sex attraction is equal to opposite sex attraction, and (c) same-sex attraction is nonconforming (Moe et al., 2011). The key constructs of the MCM are outlined as the five multiple ways in which sexual and relational orientations should be examined rather than examining same-sex attraction as a singular phenomenon. The continuum that views sexuality as a mental-emotional-behavioral experience is as follow:

1. Desire of sex characteristics which is defined as the relative attraction to female body characteristics and male body characteristics.

2. Desire of gender expression which is defined as the attraction not based on anatomy but the identified features of masculinity and femininity.

3. Sexual and relational interest which is defined as the relative interest in engaging in sexual and relational behaviors.

4. Relational orientation which is defined as the understanding of an individual’s experience in relationship roles relative to orientation to sex roles.
5. Community identity which is defined as the identification with LGBTQIQA communities (Moe et al., 2011).

Although Moe et al. (2011) stated that the MCM supports affirmative practices by giving counselors a tool to address the needs of LGBTQIQA individuals through the use of a broader conceptual framework grounded in current research and theory, no research studies, to date, have been conducted using the MCM model.

Sexual identity formation. While not every relationally diverse individual develops the same way, Cass (1979) proposed that LGBTQIQA individuals progress through a certain set of stages in their identify development. Those stages include:

1. Identity confusion which is characterized by questioning assumptions about one’s relational orientation; awareness of difference in relation to heterosexual presumption.

2. Identity comparison which is characterized by comparing sense of self given new awareness to others, feelings of isolation, alienation, and difference from prior assumptions and heterosexuals.

3. Identity tolerance which is characterized by the tolerance of new sense of self and seeking out other LGBTQIQA identified people.

4. Identity acceptance which is characterized by the beginning of selective disclosure of new sense of self to trusted others.
5. Identity pride which is characterized by the rejection of heterosexual values and increased identification with other relationally diverse people, immersion.

6. Identity synthesis which is characterized by LGBTQIQA identity becoming one aspect of an integrated self-concept rather than a central encompassing identity.

Research findings have indicated that sexual identity formation is similar to racial identity formation. Certain similarities can be identified, such as the sense of belonging to a group, how one relates to others within and outside of the collective group, and shared cultural characteristics. Researchers also report that race can range from very important to no importance in the person’s identity development, which holds true for relationally diverse individuals based on Cass’ sexual identity model (Pfohl, 2004).

**Supervision about and of Relationally Diverse Individuals**

There is still a disconnection when entering into the world of clinical supervision. Today, there are more relationally diverse counselors; however, most of them are supervised by heterosexual supervisors who lack knowledge regarding issues that LGBTQIQA counselors face not only as counselors, but in their interactions with heterosexual individuals (Satterly & Dyson, 2008). If relational orientation can be placed within the domain of multicultural issues, then optimizing healthy and productive interactions between heterosexual professionals and their relationally diverse individuals includes the heterosexual supervisor and his or her healthy supervisory relationship with the LGBTQIQA supervisee (Pfohl, 2004). Many clinical supervisors are unfamiliar with the various models of
LGBTQIQA identity development (Pfhol, 2004) which leads to the assumption that these supervisors are not prepared or adequately trained to work with relationally diverse supervisees. There is also little to no evidence regarding the quality and quantity of clinical supervision and its effect on cultural competency with relationally diverse people. For this reason, research in this area is justified and warranted.

**Summary**

Although the multicultural competence of counselors has been discussed and studied for the past 30 years, recent research findings demonstrate how counselors feel ill-prepared to work with diverse individuals. Apparently, many graduate programs are not adequately infusing diversity concepts throughout the coursework and assignments required for graduate students to challenge their attitudes, increase their knowledge, acquire skills, or to expose counseling students to diverse populations. This study explored the cultural competence of professional counselors working with relationally diverse individuals, what factors estimate cultural competency with LGBTQIQA individuals, and identify the barriers professional counselors are facing in order to become more culturally competent with relationally diverse individuals.
Chapter III: Methods

The purpose of the current study was to estimate the strength of the relationship between amount of cultural exposure, importance of religion, and amount of LGBTQIQA specific training on professional counselors’ cultural competence when working with relationally diverse individuals as measured by the Sexual Orientation Counselor Competency Scale. A quantitative study was conducted via an electronic survey (Qualtrics) that included the Sexual Orientation Counselor Competency Scale developed by Bidell (2005) and an informational questionnaire. The informational questionnaire requested information related to demographics, importance of religious orientations, quantity and quality of cultural exposure, and the amount of specific LGBTQIQA training. Participants were members of the counseling profession and were contacted through organizational listservs to complete the instrument and survey electronically.

Research Questions

The following research questions led the current study:

1. What is the current cultural competence (attitudes, knowledge, and skills) of professional counselors when serving relationally diverse individuals?

2. What is the relationship between level of cultural exposure and counselors’ cultural competence with relationally diverse individuals?

3. What is the relationship between amount of training and counselors’ cultural competence with relationally diverse individuals?
4. What is the relationship between the importance of religion and counselors’ cultural competence with relationally diverse individuals?

**Research Design**

A quantitative research design was used for the current study. When the goal of the research is to determine causal factors, relationships between variables, and predictive factors, quantitative research designs are the best fit. A large sample of participants must be gathered in order for quantitative studies to achieve valid results. For multiple regression, the goal is often to test the overall fit for the model and to test the individual predictors. A respectable sample size of multiple regression follows the equation 50+8(k), in which $k$ represents the number of predictors in the study (Field, 2009). For the current study, the dependent variable was the scores on the Sexual Orientation Counselor Competency Scale and the three independent predictor variables that were examined included: (a) cultural exposure, defined as number of hours spent at LGBTQIQA cultural events, number of hours spent with relationally diverse close friends/family members, and number of relationally diverse individuals/students worked with; (b) importance of religion in one’s daily life; and (c) relationally diverse training, as defined by hours spent at conference presentations, workshops, or trainings. For three independent variables in a multiple regression, the sample size needed for this study was 77.
Participants

The targeted population in the current study were members of the counseling profession which included licensed and associate licensed professional counselors, school counselors; college counselors; substance abuse counselors; masters-level and doctoral-level counseling students; and counselor educators. The sample for the study was recruited through the Counselor Education & Supervision listserv (CESNET) and the Association of Lesbian, Gay, Bisexual, Transgender Issues in Counseling listserv (ALGBTIC). The CESNET listserv was distributed to 2,530 individuals. The number of individuals who received the survey through the ALGBTIC listserv was 406. A total of 101 individuals responded to the survey resulting in 90 completed surveys. A total of 77 respondents was needed to achieve a valid sample size for multiple regression (Field, 2009).

Demographics. The participants in this study ranged in age from 21 to 61 with over 41% of participants ranging between 26 and 35 years of age. Seventy-one percent of the participants were female and 79% of the participants were European/white. In regards to sexual orientation, 62% of the participants self-identified as heterosexual, 12% as bisexual, 12% as gay, 9% as lesbian, 3% as queer, and 2% as questioning. Thirty-nine percent of participants worked in community mental health, 24% as counselor educators, 15% as college counselors, 3% as school counselors, 8% as clinical supervisors, and 11% of participants identified as students. In regards to education, 75% of respondents graduated from at least one CACREP accredited program. Thirty-five percent of participants had completed a doctoral degree, 39% were current doctoral students, 19% had completed a
master’s degree, and 5% were current master’s students. Lastly, 52% of respondents were Licensed Professional Counselors, 13% were Licensed Professional Counselor Associates working towards their hours, 1% were Licensed Substance Abuse Counselors, 16% were National Certified Counselors, and 17% were not pursuing or were undecided about pursuing licensure (See Appendix D for a comprehensive table of personal and professional demographics).

**Instrumentation**

Two instruments were used to collect data for this quantitative study: an informational questionnaire developed by the researcher to include demographic and background information and the Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005). The two instruments provided the needed information to address the research questions.

**Informational questionnaire.** The informational questionnaire was developed by the researcher to include variables identified in the professional literature as well as demographic information that will be used to describe the sample. Demographic questions included: age, gender, relational orientation, and race/ethnicity. Background information supported by the professional literature included: primary work setting, highest level of education, accreditation status of graduate program, and type of licensure held.

The informational questionnaire also included questions related to the research questions to measure level of cultural exposure, amount of relationally diverse training, and
importance of religion. Each question was based from the professional literature therefore content validity was achieved.

**Training.** Question nine, “In the last year, approximately how many hours of conference presentations, workshops, or trainings have you attended that focused primarily on LGBTQIQA individuals?” was designed to gather information to answer research question three, “What is the relationship between amount of training and counselors’ cultural competence with relationally diverse individuals?” The foundation of question nine was established based on the ACA Code of Ethics guideline C.2.f. “counselors recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse populations and specific populations with whom they work” (ACA, 2006, p.9).

Since the concept of training was well defined and operationalized, only one question was used in the informational questionnaire to measure training.

**Cultural exposure.** Questions 10, 11, & 12 were designed to measure level of cultural exposure. Question 10 reads, “In the last six months, how many hours do you spend engaged with close friends/relatives that identify as LGBTQIQA” and was supported by the professional literature. Day (2009) found that the number of LGBTQIQA friends or relatives predicts LGBTQIQA attitudes, knowledge, and skill competence. Question 11, “In the last six months, how many LGBTQIQA cultural or advocacy events have you attended (e.g. pride festival, human rights campaign event, equality march or rally, drag show,
marriage/commitment ceremony, fundraiser, or volunteer with an LGBTQIQA organization)” was another way in which cultural exposure could be measured. Attending LGBTQIQA cultural events increases one’s contact with relationally diverse individuals and enhances awareness. According to Sue et al. (2002) culturally competent counselors engage with minority individuals outside the classroom by attending community events. Therefore, frequency of participation in LGBTQIQA community events was examined in the current study. Question 12, “In the last six months, approximately how many individuals/students have you worked with in your clinical practice, school setting, or practicum/internship that identify as lesbian, gay, bisexual, transgender, queer, or questioning” was also identified to measure cultural exposure. Hipolito-Delgado, Cook, Avrus, & Bonham (2011) found that counselors-in-training who participated in 10 hours of cultural immersion self-reported increased awareness, knowledge, and skills with that specific cultural group. Cultural immersion is a way counselors’ can gain cultural exposure to a group of people and question 12 seeks to inquire if more hours working with LGBTQIQA individuals increases cultural competency with relationally diverse individuals. Therefore, number of relationally diverse individuals/students with whom participants worked with was examined in the current study. Cultural exposure is not one action but an accumulation of experiences therefore these three questions were designed to be answered on an interval scale to acquire an average of all three questions to measure the amount of cultural exposure one has.

Importance of religion. Question 13, “Religion is an important part of my life,” was developed to measure the importance of religion. In the professional literature, importance
of religion has been defined and operationalized as a set of beliefs or doctrine that are institutional in one’s daily life. For the purpose of the current study, this operationalization of importance of religion was utilized and only one question was used in the multiple regression to measure the importance of religion. This question was measured by a Likert Scale.

Each question measuring level of cultural exposure, amount of relationally diverse training, and importance of religion was designed to be asked in a manner to illicit the easiest response from the participants. By asking participants to respond based on the likelihood of the event occurring was assumed would provide the most accurate responses. A copy of the questionnaire is in Appendix A.

**Sexual Orientation Counselor Competency Scale.** The Sexual Orientation Counselor Competency Scale (SOCCS) measures self-reported perceptions of attitudes, knowledge, and skills when counseling lesbian, gay, or bisexual individuals. The SOCCS contains 29 items and uses a 7-point Likert scale (1=not at all true, 7=totally true). Several questions on the SOCCS are reversed scored. To calculate the total SOCCS scores, the investigator will add up all the items and divide by 29. Each subscale (awareness, skills, and knowledge) will be calculated in the same manner so that the investigator will have a total score and three separate subscale scores. It is the first scale to measure counselors’ attitudes, knowledge, and skill for cultural competence with relationally diverse individuals. This scale only focuses on lesbian, gay, and bisexual individuals because there are additional competencies in working with transgender individuals.
The SOCCS has been estimated to be a valid and reliable instrument. The coefficient alpha for the overall SOCCS was .90 and a test-retest reliability correlation coefficients was .84 for the overall SOCCS, .85 for the Attitudes, .84 for the Knowledge, and .83 for the Skills. Criterion-related validity was established by examining the effects of education level and sexual orientation of participants on SOCCS scores. As predicted, LGB respondents score significantly higher compared to their heterosexual respondents. Also, participants who had higher levels of education scored significantly higher on the SOCCS (Bidell, 2005). Convergent validity was established for each of the SOCCS’s subscales by comparing the Attitudes subscale with the Attitudes Toward Lesbian and Gay Men Scale (ATLG; Herek, 1998), the Knowledge subscale with the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Pontoerotto et al., 2002), and the Skills subscale with the Counselor Self-Efficacy Scale (CSES; Melchert et al., 1996). All subscales correlated strongly with their respected comparison instruments, confirming the convergent validity (Bidell, 2005). Bidell has granted permission to use the SOCCS in this proposed study. A copy is found in Appendix B.

Procedure

Data collection. A web based survey was used for participant response since it was convenient for the population, as most counselors have access to the internet and use computers in their work setting. By providing greater convenience for participants, a higher response rate was expected (Dillman, 2000). Web based surveys have been found to achieve comparable response rates as postal mail surveys (Kaplowitz, Hadlock, & Levine, 2004).
A recruitment email including the purpose of the study, a request for informed consent for participation, procedures of the study, anticipated risks and benefits, a confidentiality statement, and permission to withdraw at any time was sent to participants via a listserv from the national counseling listservs. The investigator sent a two week follow up request by email. The approval of the Institutional Review Board at North Carolina State University was obtained (See Appendix C).

**Data analysis.** A multiple regression through SPSS software was performed to estimate the relationship between level of cultural exposure, amount of relationally diverse training, importance of religion, and counselors’ cultural competency scores on the Sexual Orientation Cultural Competency Scale that measures attitudes, knowledge, and skills. An $R^2$ value was used to determine how much variance was explained by the model compared to how much variance there was to explain overall. An $F$ value demonstrated how much variability the model explained relative to how much it could not explain. Lastly, a $b$ value determined the strength of the relationship between a predictor and the outcome variable. Before a regression can be generalizable the following assumptions must be true: all variable types must be interval or categorical, the predictors should have some variation in value, there should be no perfect linear relationship between two or more predictors, predictors are uncorrelated with external variables, the residuals at each level of the predictors should have the same variance (homoscedasticity), a lack of autocorrelation, normally distributed errors, independence and linearity (Field, 2009).
For the current research study, the personal and professional demographic questions were utilized to describe the sample. Thoroughly describing the sample is best practice to ensure replication can be applied in future studies. The investigator did not perform data analysis on all questions in the questionnaire, however, will use the data for future research studies.

The first research question, “What is the current cultural competence (attitudes, knowledge, and skills) of professional counselors when serving relationally diverse individuals?” was analyzed by descriptive statistics in which the means and standard deviation of the SOCCS scores were examined. By utilizing the means the investigator can determine the level of LGBTQIQA cultural competence of professional counselors in the current study. The second research question, “What is the relationship between the level of cultural exposure and counselors’ cultural competence with relationally diverse individuals?” was designed to provide data in an interval manner to allow a multiple regression analysis to determine if the level of cultural exposure estimated scores on the SOCCS. Research question three, “What is the relationship between amount of training and counselors’ cultural competence with relationally diverse individuals?” was designed to provide data in an interval manner to allow a multiple regression analysis to determine if the amount of relationally diverse training estimated scores on the SOCCS. Research question four, “What is the relationship between the importance of religion and counselors’ cultural competence with relationally diverse individuals?” was designed to provide data in an interval manner to
allow a multiple regression analysis to determine if the importance of religion estimated scores on the SOCCS.

Field (2009) suggested a good strategy was to measure predictor variables for which there are sound theoretical reasons for expecting them to predict the outcome. Based on previous research the level of cultural exposure, amount of LGBTQIQA training, and importance of religion were found to estimate counselors’ cultural competency.

Field (2009) also suggested that running a regression analysis in which all predictors were entered into the model will allow examination of the output to see which predictors contribute substantially to the model’s ability to predict the outcome. A forced entry method was used to avoid the possibility of random variation of the data influencing the results and complicating replication (Studenmund & Cassidy as cited in Field, 2009).
Chapter IV: Results

In this section, the sample of respondents and results are described. The statistical analyses of the results are also discussed including data cleaning and the assumptions of multiple regression. The study’s findings are guided by each research question below:

1. What is the current cultural competence (attitudes, knowledge, and skills) of professional counselors when serving relationally diverse individuals?

2. What is the relationship between level of cultural exposure and counselors’ cultural competence with relationally diverse individuals?

3. What is the relationship between amount of training and counselors’ cultural competence with relationally diverse individuals?

4. What is the relationship between the importance of religion and counselors’ cultural competence with relationally diverse individuals?

Data Cleaning

Eight surveys were incomplete and, therefore, removed from the data set. Upon further investigation, two surveys had missing items and, therefore, were removed from the data set resulting in a total of 90 responses.

Assumptions

Normal distribution. Skew and Kurtosis were analyzed for all independent variables to check for normal distribution and outliers. Table 2 presents the results.
Table 2

*Skew and kurtosis pre and post Box-Cox transformation*

<table>
<thead>
<tr>
<th>Question</th>
<th>Skew</th>
<th>Kurtosis</th>
<th>Post-BC Skew</th>
<th>Post-BC Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q9: Relationally Diverse Training</td>
<td>1.83</td>
<td>3.08</td>
<td>0.84</td>
<td>- 0.77</td>
</tr>
<tr>
<td>Q10,11,12: Cultural Exposure</td>
<td>0.04</td>
<td>- 0.87</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Q14: Degree of Religiosity</td>
<td>2.93</td>
<td>8.28</td>
<td>1.85*</td>
<td>1.42*</td>
</tr>
<tr>
<td>Q13: Importance of Religion</td>
<td>0.01</td>
<td>- 1.29</td>
<td>- 0.89</td>
<td>- 0.95</td>
</tr>
</tbody>
</table>

*Note.* * Indicates that transformation did not improve skew and kurtosis to the acceptable range of +/- 1.

Question 14, “In a typical week, approximately how many hours do you spend doing something religious such as going to church services, praying, attending small group, or reading scripture from a religious text?” was highly skewed in that 83% of the sample spent 0-4 hours in religious activity a week. The difference between zero hours and four hours of weekly religious activity was unclear; therefore, this question did not seem sufficiently distinct to differentiate the intended construct of religiosity. The variable was highly skewed, even after Box Cox Transformation and did not differentiate the intended construct sufficiently, consequently question 14 was eliminated. Question 13, “Religion is an important part of my life” was deemed as a more accurate measure of the independent variable of religiosity, therefore, was included in the multiple regression model instead and renamed Importance of Religion.
Box-Cox transformation was applied to the independent variable, Relationally Diverse Training (question 9). The transformation using the Box-Cox value of .40 yielded the best combined result of skew, .837, and kurtosis, -.772, which is within the acceptable limits of +/- 1.

The independent variable, Importance of Religion (question 13) in its original form demonstrated slightly above normal kurtosis. When a Box-Cox transformation was applied to the variable of Importance of Religion, kurtosis was decreased minimally but skew was increased greatly. Therefore, the variable was kept in its original form without transformation.

The independent variable of Cultural Exposure (questions 10, 11, and 12) was normally distributed and did not require any transformation. After all transformations were complete, all three independent variables were converted to Z-scores to facilitate comparison. Once converted to Z-scores, no outliers were found that fell outside of the acceptable range of -3 to +3 standard deviations.

**Linear relationship.** A standard multiple regression can only accurately estimate the relationship between dependent and independent variables if the relationships are linear in nature. If the relationship between the dependent variable and the independent variable are not linear, the regression analysis may under-estimate the true relationship of the variables (Osborne & Waters, 2002). A preferred method to detect a linear relationship is examination
of residual plots by performing an ocular test with the scatterplots of residuals. Figure 1 shows the data for this study had the desired linear relationship.

**Figure 2: Scatterplot of Standardized Residuals by Standardized Predicted Values**

**Independent errors.** Independence of error is assumed in multiple regression and is confirmed by demonstrating no two observations of residual terms are correlated or dependent upon one another. This assumption can be tested by the Durbin-Watson statistic, which tests whether adjacent residuals are correlated. The statistic can vary between 0 and 4 with a value near 2 indicating the residuals are uncorrelated (Field, 2009). For the current
study, the Durbin-Watson test statistic was 1.85 suggesting the assumption of independent errors was met.

**Homoscedasticity.** Multiple regression assumes that, at each level of the predictor variables, the variance of the residual terms are constant meaning that the predictors should have approximately the same variance (Field, 2009). Heteroscedasticity can lead to serious distortion of findings and seriously weaken the analysis and increase the probability of a Type I error. The assumption of homoscedasticity can be checked by visual examination of the plot of the standardized residuals by the regression standardized predicted value. Ideally, residuals are randomly scattered around the horizontal line providing a relatively even distribution (Osborne & Waters, 2002). The assumption of homoscedasticity was met for this study as evidenced by Figure 1.

**Variables types.** All predictor variables must be interval or categorical and the outcome variable must be interval, continuous, and unbounded (Field, 2009). The assumption of variable type was met in this study, because the dependent and the independent variables were interval in nature.

**Non-multicollinearity.** Multicollinearity exists when there is a strong correlation between two or more predictor variables in a regression model. In multiple regression, there should be no perfect linear relationship between two or more of the predictor variables. Therefore, the predictor variables should not correlate too highly with one another. The assumption of multicollinearity can be assessed by the Variance Inflation Factor (VIF) and
Tolerance statistic in SPSS. If the largest VIF statistic is greater than 10, there is a cause of concern for multicollinearity, as is true if the average VIF statistic is substantially greater than one (Field, 2009). Lastly, a Tolerance statistic below .02 indicates a potential problem while a Tolerance statistic below .01 indicates a serious problem (Field, 2009). The information in table 3 demonstrates the VIF and Tolerance statistics and is evidence that the assumption of non-multicollinearity was met.

Table 3

*Collinearity Statistics*

<table>
<thead>
<tr>
<th></th>
<th>Tolerance</th>
<th>VIF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationally Diverse Training</td>
<td>0.71</td>
<td>1.40</td>
</tr>
<tr>
<td>Importance of Religion</td>
<td>0.89</td>
<td>1.13</td>
</tr>
<tr>
<td>Cultural Exposure</td>
<td>0.65</td>
<td>1.54</td>
</tr>
</tbody>
</table>

*Note.* Values indicate assumption of non-multicollinearity was met

*Descriptive Statistics*

Correlation determines the strength and direction of the relationship between two variables and ranges from -1.0 to +1.0 (Field, 2009). For this study, the three independent variables were examined independently for the relationship with the dependent variable to determine if there was a significant relationship. Table 4 shows these results.
Table 4

*Correlation with Scores on the SOCCS*

<table>
<thead>
<tr>
<th></th>
<th>Pearson Correlation</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q9: Relationally Diverse Training</td>
<td>0.36</td>
<td>.000*</td>
</tr>
<tr>
<td>Q10,11,12: Cultural Exposure</td>
<td>0.57</td>
<td>.000*</td>
</tr>
<tr>
<td>Q13: Importance of Religion</td>
<td>- 0.25</td>
<td>.008*</td>
</tr>
</tbody>
</table>

*Note. Evidence of a significant relationship with p < .01*

There were significant relationships between all three independent variables and the dependent variable. Both the Relationally Diverse Training independent variable and the Cultural Exposure independent variable were positively correlated indicating that as training and cultural exposure increase the scores of the SOCCS also increase. The independent variable of Importance of Religion was negatively correlated indicating that, as Importance of Religion decreases, the score on the SOCCS increases.

**Cultural Competence Self-Report Descriptive Findings**

Research question 1, “What is the current cultural competence (attitudes, knowledge, and skills) of professional counselors when serving relationally diverse individuals” was analyzed by the means and standard deviations of the Sexual Orientation Counselor Competency Scale. First, reverse scoring of questions 2, 10, 11, 15, 17, 21, 22, 23, 27, 28, and 29 was performed. Next, the mean and standard deviation of the SOCCS was found using SPSS, Table 5 provides the results.
Table 5

*Descriptive Statistics of Independent and Dependent Variables*

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCCS Average Score</td>
<td>90</td>
<td>3.83</td>
<td>7.00</td>
<td>5.59</td>
<td>0.71</td>
</tr>
<tr>
<td>SOCCS Awareness Score</td>
<td>90</td>
<td>3.80</td>
<td>7.00</td>
<td>6.69</td>
<td>.67</td>
</tr>
<tr>
<td>SOCCS Skills Score</td>
<td>90</td>
<td>1.91</td>
<td>7.00</td>
<td>4.99</td>
<td>1.23</td>
</tr>
<tr>
<td>SOCCS Knowledge Score</td>
<td>90</td>
<td>2.38</td>
<td>7.00</td>
<td>5.06</td>
<td>.99</td>
</tr>
<tr>
<td>Training</td>
<td>90</td>
<td>1.00</td>
<td>5.00</td>
<td>1.63</td>
<td>1.00</td>
</tr>
<tr>
<td>Importance of Religion</td>
<td>90</td>
<td>1.00</td>
<td>5.00</td>
<td>2.94</td>
<td>1.46</td>
</tr>
<tr>
<td>Cultural Exposure</td>
<td>90</td>
<td>1.00</td>
<td>5.00</td>
<td>2.96</td>
<td>1.11</td>
</tr>
</tbody>
</table>

As evidenced in Table 5, professional counselors in the current study scored highest on the Awareness Subscale, followed by the overall SOCCS, then the Knowledge Subscale, and lastly, the Skills subscale. These results indicated that the sample had an above average overall perception of their competence in working with relationally diverse individuals. The subscales indicated that the sample had a high degree of awareness and medium to high skills and knowledge in working with relationally diverse individuals. Further discussion of these results and comparison to other research are provided in the discussion section of this dissertation.

**Multiple Regression Data Leading to Relationship Findings**

The remaining research questions were analyzed by a multiple regression: (a) What is the relationship between level of cultural exposure and counselors’ cultural competence with
relationally diverse individuals? (b) What is the relationship between amount of training and counselors’ cultural competence with relationally diverse individuals? (c) What is the relationship between the importance of religion and counselors’ cultural competence with relationally diverse individuals?

Variables were entered into the multiple regression analysis using the forced entry method in SPSS. Many researchers suggest that the forced entry method should always be used to avoid the possibility of random variation of the data influencing the results and complicating replication (Studenmund & Cassidy as cited in Field, 2009). All three independent variables were included in the analysis: Cultural Exposure (research question 2), Relationally Diverse Training (research question 3), and Importance of Religion (research question 4). The dependent variable was the scores of the Sexual Orientation Counselor Competency Scale (SOCCS).

As depicted by the $R^2$, the independent variables accounted for 34% of the variance of the dependent variable (See Table 6). Values of $R^2$ can range from 0 to 1 with the goal being to account for as much of the variance as possible (Field, 2009). The adjusted $R^2$ indicates how well the model generalizes and ideally should be the same or close to $R^2$ (Field, 2009). The adjusted $R^2$ value of .32 in Table 6 suggested that the model was generalizable. Lastly, the $F$ statistic tests whether the model is significantly better at predicting the outcome than using the mean as a best guess (Field, 2009). Since the $F$ statistic was significant at $p < .01$, the model was thought to be a better predictor than simply using the mean.
Table 6

*Model Summary*

<table>
<thead>
<tr>
<th></th>
<th>$R$</th>
<th>$R^2$</th>
<th>Adjusted $R^2$</th>
<th>Change Statistics</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$R^2$ Change</td>
<td>$F$ Change</td>
</tr>
<tr>
<td>0.58</td>
<td>0.34</td>
<td>0.32</td>
<td>0.34</td>
<td>14.62</td>
<td>.000*</td>
</tr>
</tbody>
</table>

*Note.* *Demonstrated the model as a significant fit to the data*

After checking the model for fit, the coefficients were examined. The $B$ statistic indicates the individual contribution of each predictor to the model. The larger the Beta value, the more important the variable is to the model. If the value is positive then there is a positive correlation relationship between the predictor variable and the outcome variable. If the value is negative then there is a negative relationship between the predictor variable and the outcome variable. The Beta value also indicates the degree each predictor affects the outcome, if the effects of all other predictors are held constant (Field, 2009). The independent variable of Cultural Exposure was the only significant predictor of scores on the SOCCS ($t(86) = 4.42, p < .01$). As cultural exposure increased by one standard deviation (SD = 1.11), the scores of the SOCCS increased by .34 standard deviations (SD = .71) with all other variables held constant. This suggested a medium, positive correlation between the Cultural Exposure and the score on the SOCCS. Finally, an interaction analysis was performed, however, no significant interaction was found among the independent variables.
Table 7

Regression Model

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>Std. Error</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>5.59</td>
<td>0.06</td>
<td></td>
<td>90.17</td>
<td>.000</td>
</tr>
<tr>
<td>Relationally Diverse Training</td>
<td>0.07</td>
<td>0.07</td>
<td>0.10</td>
<td>1.01</td>
<td>.317</td>
</tr>
<tr>
<td>Importance of Religion</td>
<td>-0.08</td>
<td>0.07</td>
<td>-0.11</td>
<td>-1.16</td>
<td>.251</td>
</tr>
<tr>
<td>Cultural Exposure</td>
<td>0.34</td>
<td>0.08</td>
<td>0.48</td>
<td>4.42</td>
<td>.000*</td>
</tr>
</tbody>
</table>

Note. $R^2 = .338$, *Indicates a significant predictor with $p < .01$

Summary of Multiple Regression Findings

A multiple regression analysis was performed to measure the relationship of the three independent variables, Cultural Exposure, Relationally Diverse Training, and Importance of Religion with the dependent variable of scores on the Sexual Orientation Counselor Competency Scale. Only the independent variable of Cultural Exposure was a significant predictor for increased scores of the SOCCS. Consequently, there was no evidence of a statistically significant relationship with the Relationally Diverse Training and Importance of Religion independent variables and the SOCCS dependent variable score.
Chapter V: Discussion

In this chapter, a summary of the study and findings are provided that addresses each of the four research questions. In conclusion, the limitations of the study are addressed along with implications for practice and future research.

Overview of the Study

The purpose of the study was to estimate the strength of the relationship between amount of cultural exposure, importance of religion, and the amount of relationally diverse specific training on professional counselors’ cultural competence when working with relationally diverse individuals. The study was warranted due to the increased need for multicultural training and cultural competence of professional counselors working with diverse populations. The following four research questions guided the study:

1. What is the current cultural competence (attitudes, knowledge, and skills) of professional counselors when serving relationally diverse individuals?

2. What is the relationship between level of cultural exposure and counselors’ cultural competence with relationally diverse individuals?

3. What is the relationship between amount of training and counselors’ cultural competence with relationally diverse individuals?

4. What is the relationship between the importance of religion and counselors’ cultural competence with relationally diverse individuals?
The sample of 90 participants in the study were mostly heterosexual white females between the ages of 26-35 who practiced primarily in community mental health. The majority of participants had earned a doctoral degree or were currently doctoral students.

**Summary of Findings**

The current study produced significant findings and could impact the way the counseling community educates, trains, and encourages advocacy by counselors in the profession. Although there is still much to learn, the current study has helped conceptualize an idea that can now be put into practice.

**Current cultural competence of professional counselors.** The study findings yielded useful information related to the current cultural competence of counselors working with relationally diverse individuals. The average score of the Sexual Orientation Counselor Competency Scale (SOCCS) was 5.59 out of a 7 point Likert scale. Previous research conducted by Bidell (2012) showed that master-level counseling students scored an average of 4.43 on the SOCCS prior to additional training for working with relationally diverse individuals. In another study completed by Bidell (2005) the average score on the SOCCS was 4.64 with participants ranging from undergraduates to master’s-level counseling students to doctoral-level counselor educators or supervisors.

In the current study, the mean score for the Awareness Subscale was 6.69, the mean score for the Knowledge Subscale was 5.06, and the mean score for the Skill Subscale was 4.99. A decade ago, professional counselors scored 6.49 on the Awareness Subscale, 4.66 on
the Knowledge Subscale, and 2.94 on the Skill Subscale (Bidell, 2005). Compared to previous research findings, it appears that the level of counselor competency with relationally diverse individuals may be increasing. The greatest increase is in skill competence; however, both awareness and knowledge have also increased.

For this particular study, the overall increase of cultural competency with relationally diverse individuals can more than likely be attributed to the amount of post-master’s respondents in the sample. Bidell (2005) findings have indicated the higher the education level of participants, the higher the scores on the SOCCS. Nonetheless, the increase in professional counselors’ cultural competence when working with relationally diverse individuals should be noted. As the topic continues to remain on the profession’s agenda, the hope is that relationally diverse cultural competency will continue to flourish.

**Relationship between level of cultural exposure and counselors’ cultural competence.** The results of the study demonstrated the importance of cultural exposure. For this study, cultural exposure was measured by hours spent with relationally diverse friends/family, hours spent attending LGBTQIQA cultural events or advocacy events, and number of LGBTQIQA individuals/students worked with in the last six months. The correlation between cultural exposure and scores of the SOCCS was $r = .57$, which is a strong positive correlation (Field, 2009), meaning that as an individual’s cultural exposure increases their scores on the SOCCS are also highly likely to increase. When the multiple regression was performed, cultural exposure was the only independent variable that significantly contributed to the model with a Beta of .481 and a $B$ value of .342. The larger
the Beta value, the more important the variable is to the model; therefore, cultural exposure was the only significant predictor to scores of the SOCCS and was more important than the Relationally Diverse Training or Importance of Religion variables.

In previous research, individual aspects of cultural exposure have been measured, but not a multi-dimensional measure of cultural exposure as in the current study. Bidwell (2012) concluded that graduate students who participated in experiential activities, such as videos and speaker panels, had sizable improvements in their cultural competency skills, specifically with LGBTQIQA individuals. Burnett et al. (2004) found that integrating service-learning projects within a multicultural course “was a meaningful and positive experience and that it provided an opportunity to build community learning and cultural sensitivity” (p. 190). Hipolito-Delgado, Cook, Avrus, and Bonham (2011) found that counselors-in-training who participated in 10 hours of cultural immersion self-reported increased awareness, knowledge, and skills with that specific cultural group. The current findings challenge the validity of single dimension measure of cultural exposure and encourages the counseling community to think of cultural exposure as a multi-dimensional missing component of multicultural competency model.

**Relationship between amount of training and counselors’ cultural competence.**

Previous research findings have indicated that training could be a factor in counselors’ cultural competence with relationally diverse individuals. Bidell (2012) found a significant difference between the scores of the SOCCS for a group of students who has completed a full credit LGBT graduate course and those who did not. The current findings supported that
notion with a correlation of $r = .36$ which is a moderate positive relationship (Field, 2009) between Relationally Diverse Training and counselors’ scores of the SOCCS. However, when the independent variable of Relationally Diverse Training was included in the multiple regression, it did not prove to be a significant predictor amongst the other variables.

**Relationship between importance of religion and counselors’ cultural competence.** Past research findings have identified religiosity as a significant predictor of negative attitudes toward relationally diverse people (Balkin, Schlosser, & Levitt, 2009; Barrett & McWhirter, 2002; Israel & Selvidge, 2002; Rainey & Trusty, 2007). The correlation’s significance at the $p < .01$ level validates previous research; the higher the Importance of Religion, the lower the scores tend to be on the SOCCS. The findings in this study demonstrated there was a weak negative relationship ($r = -.25$) between Importance of Religion and scores of the SOCCS meaning that although one’s Importance of Religion can negatively affect their scores of the SOCCS, other factors could counteract this relationship.

Although religion is important to some professional counselors, their additional training and exposure to relationally diverse individuals could positively impact their cultural competency scores more than importance of religion could negatively impact their scores. For example, professional counselors might believe same-sex sexuality is a sin (Israel & Selvidge, 2003), however, after reading McLeod and Crawford’s (1998) research findings suggesting that children are not negatively affected by having same-sex parents, may change their attitudes about same-sex parents raising children.
Limitations

As with all research, there are areas that should be noted as limitations of the research design, process, procedure, and implementation. Being able to identify these areas of limitations helps improve and encourage future research and eases in the assessment of generalizability.

Sample. The sample of this study was limited in several ways, including both personal and professional demographics. Overall, the sample consisted of a large percentage of white females. On the other hand, some might argue, that this distribution is representative of the counseling profession as a whole. The study would have benefited from more diversity, specifically regarding race, as some researchers have found that race could be a factor in cultural competency with relationally diverse individuals (Wooten, 2011).

Another challenge to generalizability was the professional background of the participants. Most participants were primarily working in community mental health settings or as counselor educators; so the results may not be generalized to other specialty areas in counseling such as college or school counselors. In addition, the sample for the current study was highly educated, including 74% of participants who had either already completed a doctoral degree or were pursuing one. Therefore, the results may not be generalizable to master’s degree counselors or students.

Sixty-two percent of the sample self-identified as heterosexual. This is not a limitation because one would expect that lesbian, gay, bisexual, transgender, queer, intersex,
or questioning individuals would score higher on the SOCCS (Bidell, 2005). Since the majority of participants identified as heterosexual, the results were considered to be generalizable across the span of relational orientations.

**Instrumentation.** A self-report measure was used in the current study which relies solely on the attitudes of the participants and is vulnerable to biased responding and participant bias. It is possible that professional counselors who felt more competent working with relationally diverse individuals chose to respond to the survey based on the topic while, professional counselors who did not feel competent when working with relationally diverse individuals chose not to respond. On the other hand, it is possible the respondents answered the questions in a socially favorable manner. For example, professional counselors are expected to be aware and knowledgeable about diverse cultures; therefore, they could overestimate their ability to work with diverse populations (Heppner, Wampold, & Kivlighan 2007).

An important limitation to address within the instrument itself includes the answer options of question 14: “In a typical week, approximately how many hours do you spend doing something religious such as going to church services, praying, attending small group, or reading scripture from a religious text.” Participants had to choose between 0-4, 5-9, 10-14, 15-19, and 20 or more. The results were highly skewed in that 84% of the participants answered they spent 0-4 hours doing something religious. Upon further deliberation, it was noted that there could be a significant difference between zero hours and four hours of participation in religious activities in a typical week. Participants should have had the option
to make the distinction. The question did not accurately measure the construct; therefore, it was replaced by question 13, “Religion is an important part of my life,” where participants answered on a 5-point Likert Scale. Question 13 has been used in previous research to measure religiosity and, therefore, is generally considered to be a valid measure of religiosity. However, the current study was designed to capture behavior with question 14 rather than attitude as question 13 measures.

Another limitation of the study was the inability to differentiate between LGB counseling competency and transgender counseling competency. The Sexual Orientation Counseling Scale only measures counselors’ competency in working with lesbian, gay, and bisexual individuals. However, the current study addressed this limitation up front by acknowledging different competencies for working with transgender individuals, as well as the focus of the study on the concept of relational orientation, not gender identity.

Technology. Two issues occurred at the beginning of the data collection process that were limitations. On the SOCCS instrument, one question was not marked as a mandatory field, meaning participants could skip the question and go on to the next without answering it. This error caused to the two missing responses which decreased the sample size. Six surveys were removed from the sample because they were incomplete and the two additional surveys were removed for a missing item. In addition, there were technical issues when the survey was initially launched in Qualtrics which could have resulted in less participation by members on the two listservs through which the survey was distributed.
Implications for Practice

It appears as if professional counselors have improved in their cultural competence with relationally diverse individuals over the last decade; however, there is still a tremendous amount of room for growth and development in this area. Professional counselors are encouraged to attend and participate in continuing education that will enhance their ability to effectively work with relationally diverse individuals. Since relationally diverse individuals are often an invisible minority, it is likely that in the future professional counselors will have the experience of counseling lesbian, gay, bisexual, transgender, queer, intersex, or questioning individuals. How the counselors interact with these individuals will determine if or when the individuals discusses the sensitive issues of sexuality with the counselors. As previous research has shown, relationally diverse individuals often screen for gay-friendly counselors (Liddle, 1997). Professional counselors who are gay affirmative should consider advertising as such.

For counselor educators, the implications are different but equally, if not more, important. Cultural competence is examined closely in graduate programs but is a never-ending quest. However, the research findings have shown that master’s-level counselors are not adequately trained or challenged in areas working with relationally diverse individuals (Matthews, 2005; Phillips & Fischer 1998; Sherry, et al., 2005). Infusing LGBTQIQA multicultural competencies throughout graduate course work will increase counselors’ competence in working with relationally diverse individuals. Introducing counselors-in-training to the LGBTQIQA community is essential. Taking the additional step of
encouraging students to gain exposure to the culture could dramatically affect their cultural competence. The present findings support the importance of cultural exposure as a predictive factor that increases cultural competency and fills a gap in the current research.

**Implications for Future Research**

Research on relationally diverse cultural competency is still in its infancy with the present focus being on attitudes and knowledge about working with diverse individuals. The shift to include teaching skills as a measure of cultural competency was introduced by Bidell (2005) and Crisp (2006) and this emphasis may continue to influence the direction of relationally diverse cultural competency research.

**Measuring behavior.** “Actions speak louder than words” also applies to the counseling field. The counseling community will benefit from research that emphasizes acquisition of desired behaviors. How are counselors practicing and do their behaviors impede or enhance their ability to effectively work with relationally diverse individuals?

**Transgender and intersex.** Relational orientation and gender identity are two different constructs; however, they are often incorrectly presented as synonyms. Future research is warranted to compose an all-inclusive competency measure of both relational orientation and gender identity. It is the responsibility of the counseling profession to ensure counselors-in-training are appropriately trained and able to demonstrate their learning.
Cultural exposure. This study sheds light on the importance of being exposed to diverse cultures. The counseling community would greatly benefit from further research in this area. Questions to be answered would include:

1. What experiential activities are being infused in graduate coursework and how are those experiences impacting the ability of counselors-in-training to effectively work with relationally diverse individuals?

2. How else can cultural exposure be defined?

3. Are graduate programs ensuring that master’s-level students are being exposed to and actively experiencing the lives of relationally diverse individuals?

4. Are graduate programs implementing a cultural competency assessment process that includes cultural exposure as an element used to assess cultural competency?

Research participants. Continued participation of heterosexual individuals in research for relationally diverse individuals is extremely important will help generalize the results of studies since heterosexuals are the majority of the population. Master’s-level students and counselors were underrepresented in the current study and should be actively recruited for future studies. Most practicing counselors are graduates of master’s degree programs, so it is imperative that this population is accurately represented in research regarding relationally diverse cultural competence. Research finding have indicated that
diversity training resulted in higher scores on the Sexual Orientation Counselor Competency Scale; therefore, the majority of practicing counselors should be targeted for training and assessment.

Conclusion

Although the multicultural competence of counselors has been discussed and studied for the past 30 years, recent research findings demonstrate that counselors feel ill-prepared to work with diverse individuals. Graduate programs do not appear to be infusing diversity concepts throughout the coursework and assignments required for graduate students in order to challenge their attitudes, increase their knowledge, help them acquire skills, and expose students to diverse populations. Due to the ever-growing diversity in the United States, the time has come to act more assertively, exposing counselors-in-training to diverse cultural groups.

Adding cultural exposure to the general framework of multicultural competence is only the first step toward achieving comprehensive multicultural competence training. The counseling community, especially counselor educators, are challenged to accept the notion that gaining exposure to diverse cultural groups is one of the most influential ways of increasing counselor multicultural competence. The far more complicated challenge, however, is how to infuse this cultural exposure into didactic courses and supervision. Creative implementation of both indirect and direct exposure experiences can help counselors-in-training become better informed and more adequately prepared to work with
individuals who are culturally different from themselves. The counseling community is continuously challenged to be critical and stretch the frontiers of its profession. Counselors-in-training will benefit from learning to think critically regarding diversity and by becoming social justice advocates.

Counselors who are already licensed and practicing are also challenged to take personal responsibility for continuing to enhance their cultural competency. Various ethical guidelines encourage counselors to continually re-evaluate how their own backgrounds, values, social contexts, and individual differences influence their interactions with others. This caveat implies that counselors should stay up-to-date regarding the professional literature (Mitchell, 1993). Professional counselors will benefit from seeking continuing education opportunities that focus on enhancing the diversity of their worldviews. Counseling agencies, whether private or non-profit, are challenged to focus on multicultural competency through supervision, training, and employee evaluations.

Overall, multicultural competency needs to be viewed as constantly evolving. Rather than being a linear step-by-step process, the process is fluid and overlaps as attitudes, knowledge, and skills are continually enhanced. Multicultural competency is imperative for all cultural groups, and counselors-in-training are challenged to strive to attain the skills needed to feel confident in their ability to counsel culturally diverse individuals. The concept of cultural exposure differs from knowledge dissemination because, instead of trying to provide didactic information about different cultures, the object is to connect to and feel the richness of lived experiences of those who are culturally different. Acknowledging cultural
exposure as a distinct endeavor that enhances multicultural competence challenges the
counseling community to be intentional about cultural exposure in and out of classrooms.
Change in the counseling field is inevitable but growth, on the other hand, should be
intentional. Achieving cultural competence is a lifelong pursuit consisting of challenging
attitudes, increasing knowledge, practicing skills, and acquiring exposure to as many cultures
as possible throughout one’s professional career.
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Appendix A: Informational Questionnaire

The following questions are related to personal and professional demographic information about yourself. Please select the answer that best describes you.

1. Age:
   21-25 26-30 31-35 36-40 41-45 46-50 51-55 55-60 61+

2. Gender:
   Male, Female, Female-to-Male, Male-to-Female, Cigender

3. Race/Ethnicity:
   European/White, African American/Black, Hispanic/Latino, Asian, Multiracial

4. Sexual orientation: Lesbian, Bisexual, Gay, Heterosexual, Questioning, Queer

5. What would you say is your primary setting in the counseling field? (select best fit):
   ___ Community (community agency, private practice)
   ___ College (college/university)
   ___ School (employed in school setting)
   ___ Counselor Educator (employed by university)
   ___ Clinical Supervisor (primarily provides clinical supervision)
   ___ Student (not yet in practice)

6. Please select the highest level of counseling-related education you have:
   ___ Current Master’s Student
   ___ Completed Master’s degree
   ___ Current Doctoral Student
   ___ Completed Doctorate degree

7. With regard to your training as a counselor, please select which of your programs of study are/were accredited by CACREP?
   Master’s ____ Doctoral _____ Both Master’s and Doctoral programs____ I don’t know____

8. Please select which licensure do you hold, if any:
   ___ Licensed Professional Counselor
   ___ Licensed Professional Counselor Associate (completing hours)
   ___ Licensed Substance Abuse Counselor
   ___ Licensed Substance Abuse Counselor Associate (completing hours)
   ___ National Certified Counselor
   ___ Not pursuing licensure or undecided
   ___ Other __________________
The next question is specific to the amount of training you have received on LGBTQIQA communities. Please estimate to the best of your ability.

9. In the last six months, approximately how many hours of conference presentations, workshops, or trainings have you attended that focused primarily on LGBTQIQA individuals?

0-4  5-9  10-14  15-19  20+

The next few questions are about the amount of exposure you have to LGBTQIQA persons. Please estimate to the best of your ability and answer the questions as honestly and accurately as possible.

10. In the last six months, how many hours did you spend engaged with close friends and/or relatives in your personal life that identify as LGBTQIQA?

0-4  5-9  10-14  15-19  20+

11. In the last six months, how many hours did you spend at LGBTQIQA cultural or advocacy events? (e.g. Pride festival, human rights campaign event, equality march or rally, drag show, marriage/commitment ceremony, fundraisers, or volunteer with an LGBTQIQA organization)

0-4  5-9  10-14  15-19  20+

12. In the last six months, approximately how many hours have you spent working with individuals/students in your clinical practice, school setting, or practicum/internship that identify as gay, lesbian, bisexual, transgender, queer, or questioning?

0-4  5-9  10-14  15-19  20+

The last questions are about your religious affiliation. When answering the questions below please consider the following definition of religion: religious attitudes, beliefs, and practices that are institutionalized. Please answer them as honestly as possible.

13. Religion is an important part of my life.

5  4  3  2  1
Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree
14. In a **typical week**, how many hours do you spend doing something religious such as going to church services, praying, attending small group, or reading scripture from a religious text?

0-4 | 5-9 | 10-14 | 15-19 | 20+

15. What is your religious affiliation, if any? (please check)

___ Agnostic
___ Atheist
___ Buddhist
___ Christian
___ Hindu
___ Jewish
___ Muslim
___ Pagan
___ Shinto
___ Taoist
___ I’m spiritual, not religious
___ Other ________________

16. In reference to spirituality, please read the following statement and decide how true it is for you personally. “It’s about an individual journey that involves beliefs in the divine and some form of practice as a means for inner transformation.”

5 | 4 | 3 | 2 | 1
Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree

17. I believe in a higher power.

5 | 4 | 3 | 2 | 1
Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree

Thank you for taking the time to complete this questionnaire. If you would like to receive a copy of the results of this study or be included in future studies please send an email to: jillmkrahwinkel@gmail.com.
## Protocol for Questionnaire Content

<table>
<thead>
<tr>
<th>Question</th>
<th>Rationale</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, 3, 4 are all demographic questions</td>
<td>To describe the diversity of the sample of the study</td>
<td>Increases generalizability</td>
</tr>
<tr>
<td>5, 6, 7, 8 are all professional informational questions</td>
<td>To describe the sample in terms of professionalism</td>
<td>Will provide clear results about the sample and information for replication</td>
</tr>
<tr>
<td>9, 10 are questions to gain information about the number of hours the participant has received</td>
<td>To get a numerical average of LGBTQIQA training hours and to determine if that estimates LGBTQIQA cultural competency</td>
<td>Studies have shown that many professional counselors are not receiving this training but if they do their scores are higher on cultural competency measures</td>
</tr>
<tr>
<td>11, 12, 13, are questions to gain information on amount of cultural exposure of the participants</td>
<td>To get a numerical average of cultural exposure and to determine if that estimates LGBTQIQA cultural competency</td>
<td>Studies have shown that when people experienced cultural exposure they scored higher on cultural competency measures or self-reported an increase of awareness, knowledge, and skills</td>
</tr>
<tr>
<td>14, 15, 16, 17, 18 are questions to gain information about religiosity and spirituality of participants</td>
<td>To determine if level of religiosity affects LGBTQIQA cultural competency</td>
<td>Studies have shown that people with high religiosity scored lower on cultural competency measures, however, no difference was found with spirituality</td>
</tr>
</tbody>
</table>
Appendix B: SOCCS

SOCCS

Instruction: Using the scale following each question, rate the truth of each item as it applies to you by circling the appropriate number. It is important to answer all questions and provide the most candid response, often your first one. LGB = Lesbian, Gay, and Bisexual.

1. I have received adequate clinical training and supervision to counsel lesbian, gay, and bisexual (LGB) individuals.

   Not at all True  1  2  3  Somewhat True  4  5  6  Totally True  7

2. The lifestyle of a LGB individual is unnatural or immoral.

   Not at all True  1  2  3  Somewhat True  4  5  6  Totally True  7

3. I check up on my LGB counseling skills by monitoring my functioning/competency – via consultation, supervision, and continuing education.

   Not at all True  1  2  3  Somewhat True  4  5  6  Totally True  7

4. I have experience counseling gay male individuals.

   Not at all True  1  2  3  Somewhat True  4  5  6  Totally True  7

5. LGB individuals receive less preferred forms of counseling treatment than heterosexual individuals.

   Not at all True  1  2  3  Somewhat True  4  5  6  Totally True  7

6. At this point in my professional development, I feel competent, skilled, and qualified to counsel LGB individuals.

   Not at all True  1  2  3  Somewhat True  4  5  6  Totally True  7

7. I have experience counseling lesbian or gay couples.

   Not at all True  1  2  3  Somewhat True  4  5  6  Totally True  7

8. I have experience counseling lesbian individuals.

   Not at all True  1  2  3  Somewhat True  4  5  6  Totally True  7

9. I am aware some research indicates that LGB individuals are more likely to be diagnosed with mental illnesses than are heterosexual individuals.

   Not at all True  1  2  3  Somewhat True  4  5  6  Totally True  7
10. 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.

<table>
<thead>
<tr>
<th>Not at all True</th>
<th>Somewhat True</th>
<th>Totally True</th>
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<tbody>
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</table>

11. I believe that being highly discreet about their sexual orientation is a trait that LGB individuals should work towards.

<table>
<thead>
<tr>
<th>Not at all True</th>
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</tbody>
</table>

12. I have been to in-services, conference sessions, or workshops, which focused on LGB issues (in Counseling, Psychology, Mental Health).

<table>
<thead>
<tr>
<th>Not at all True</th>
<th>Somewhat True</th>
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</table>

13. Heterosexist and prejudicial concepts have permeated the mental health professions.

<table>
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<tr>
<th>Not at all True</th>
<th>Somewhat True</th>
<th>Totally True</th>
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</tbody>
</table>

14. I feel competent to assess the mental health needs of a person who is LGB in a therapeutic setting.

<table>
<thead>
<tr>
<th>Not at all True</th>
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<th>Totally True</th>
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</table>

15. 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.

<table>
<thead>
<tr>
<th>Not at all True</th>
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</table>

16. There are different psychological/social issues impacting gay men versus lesbian women.

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<tr>
<th>Not at all True</th>
<th>Somewhat True</th>
<th>Totally True</th>
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<tbody>
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<td>7</td>
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</tbody>
</table>

17. It would be best if my individuals viewed a heterosexual lifestyle as ideal.

<table>
<thead>
<tr>
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<th>Totally True</th>
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</table>

18. I have experience counseling bisexual (male or female) individuals.

<table>
<thead>
<tr>
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<th>Totally True</th>
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</table>

19. I am aware of institutional barriers that may inhibit LGB people from using mental health services.

<table>
<thead>
<tr>
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<tr>
<td>7</td>
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</tbody>
</table>

20. I am aware that counselors frequently impose their values concerning sexuality upon LGB individuals.
21. I think that my individuals should accept some degree of conformity to traditional sexual values.

<table>
<thead>
<tr>
<th>Not at all True</th>
<th>1</th>
<th>2</th>
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<th>6</th>
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<th>7</th>
</tr>
</thead>
</table>

22. Currently, I do not have the skills or training to do a case presentation or consultation if my individual were LGB.

<table>
<thead>
<tr>
<th>Not at all True</th>
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<th>6</th>
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<th>7</th>
</tr>
</thead>
</table>

23. I believe that LGB individuals will benefit most from counseling with a heterosexual counselor who endorses conventional values and norms.

<table>
<thead>
<tr>
<th>Not at all True</th>
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<th>2</th>
<th>3</th>
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<th>4</th>
<th>5</th>
<th>6</th>
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<th>7</th>
</tr>
</thead>
</table>

24. Being born a heterosexual person in this society carries with it certain advantages.

<table>
<thead>
<tr>
<th>Not at all True</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Somewhat True</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Totally True</th>
<th>7</th>
</tr>
</thead>
</table>

25. I feel that sexual orientation differences between counselor and individual may serve as an initial barrier to effective counseling of LGB individuals.

<table>
<thead>
<tr>
<th>Not at all True</th>
<th>1</th>
<th>2</th>
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</tr>
</thead>
</table>

26. I have done a counseling role-play as either the individual or counselor involving a LGB issue.

<table>
<thead>
<tr>
<th>Not at all True</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Somewhat True</th>
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<th>5</th>
<th>6</th>
<th>Totally True</th>
<th>7</th>
</tr>
</thead>
</table>

27. Personally, I think homosexuality is a mental disorder or a sin and can be treated through counseling or spiritual help.

<table>
<thead>
<tr>
<th>Not at all True</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Somewhat True</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Totally True</th>
<th>7</th>
</tr>
</thead>
</table>

28. I believe that all LGB individuals must be discreet about their sexual orientation around children.

<table>
<thead>
<tr>
<th>Not at all True</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Somewhat True</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Totally True</th>
<th>7</th>
</tr>
</thead>
</table>

29. When it comes to homosexuality, I agree with the statement: ‘You should love the sinner but hate or condemn the sin’.

<table>
<thead>
<tr>
<th>Not at all True</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Somewhat True</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Totally True</th>
<th>7</th>
</tr>
</thead>
</table>

Thank you for completing the S.O.C.C.S ©

Markus P. Bidell, Ph.D
From:     Jennifer Ofstein, IRB Coordinator  
North Carolina State University  
Institutional Review Board  

Date:     May 28, 2013  

Title:    Culture Exposure: A Possible Predictor of Professional Counselors’ Cultural Competency with Relationally Diverse Individuals  

IRB#:     3301  

Dear Jill,  

The research proposal named above has received administrative review and has been approved as exempt from the policy as outlined in the Code of Federal Regulations (Exemption: 46.101. b.2). Provided that the only participation of the subjects is as described in the proposal narrative, this project is exempt from further review.  

NOTE:  
1. This committee complies with requirements found in Title 45 part 46 of The Code of Federal Regulations. For NCSU projects, the Assurance Number is: FWA00003429.  
2. Any changes to the research must be submitted and approved by the IRB prior to implementation.  
3. If any unanticipated problems occur, they must be reported to the IRB office within 5 business days.  

Please forward a copy of this letter to your faculty sponsor, if applicable.  
Thank you.  

Sincerely,  

Jennifer Ofstein  
NC State IRB
Appendix D

Table 8

Personal Demographics of Participants

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Relational Orientation</th>
<th>Religious Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-25</td>
<td>Female</td>
<td>White 71%</td>
<td>Lesbian 9%</td>
<td>Agnostic 9%</td>
</tr>
<tr>
<td>26-30</td>
<td>Male</td>
<td>AFAM 8%</td>
<td>Gay 12%</td>
<td>Atheist 11%</td>
</tr>
<tr>
<td>31-35</td>
<td>F2M</td>
<td>Hispanic/Latino 4%</td>
<td>Bisexual 12%</td>
<td>Buddhist 2%</td>
</tr>
<tr>
<td>36-40</td>
<td>Cigender</td>
<td>Asian 1%</td>
<td>Queer 3%</td>
<td>Christian 46%</td>
</tr>
<tr>
<td>41-45</td>
<td></td>
<td>Multiracial 3%</td>
<td>Questioning 2%</td>
<td>Jewish 3%</td>
</tr>
<tr>
<td>46-50</td>
<td></td>
<td>Other 4%</td>
<td>Heterosexual 62%</td>
<td>Muslim 1%</td>
</tr>
<tr>
<td>51-55</td>
<td></td>
<td></td>
<td></td>
<td>Pagan 1%</td>
</tr>
<tr>
<td>56-60</td>
<td></td>
<td></td>
<td></td>
<td>Other 7%</td>
</tr>
<tr>
<td>61+</td>
<td></td>
<td></td>
<td></td>
<td>Spiritual 21%</td>
</tr>
</tbody>
</table>

Note. AFAM=African American, F2M is defined as female to male transgender, Cigender is a term to that one uses to identify as the gender they were born with.

Table 9

Professional Demographics of Participants

<table>
<thead>
<tr>
<th>Profession</th>
<th>Degree</th>
<th>CACREP</th>
<th>Licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Mental Health</td>
<td>Current Master’s Student</td>
<td>5%</td>
<td>Master’s 39% LPC 52%</td>
</tr>
<tr>
<td></td>
<td>Student Current Master’s Degree</td>
<td>21%</td>
<td>Doctoral 16% LPCA 13%</td>
</tr>
<tr>
<td>College Counseling</td>
<td>Current Doctoral Student</td>
<td>39%</td>
<td>Both 45% LCAS 1%</td>
</tr>
<tr>
<td>School Counseling</td>
<td>Current Doctoral Degree</td>
<td>35%</td>
<td>LCASA 0%</td>
</tr>
<tr>
<td>Counselor Education</td>
<td></td>
<td></td>
<td>NCC 16%</td>
</tr>
<tr>
<td>Clinical Supervisor</td>
<td></td>
<td></td>
<td>Not Pursuing 17%</td>
</tr>
<tr>
<td>Student</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. LPC=Licensed Professional Counselor, LPCA=Licensed Professional Counselor Associate, LCAS=Licensed Clinical Addictions Specialist, LCASA= Licensed Clinical Addictions Specialist Associate, NCC= National Certified Counselor