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The Counselors' Sexual Identity Development, Heterosexual Privilege Awareness, Faith Identity Development, And Religiosity As Predictors Of Their Sexual Orientation Counseling Competency In Working With LGB Clients

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THE COUNSELORS' SEXUAL IDENTITY DEVELOPMENT, HETEROSEXUAL
PRIVILEGE AWARENESS, FAITH IDENTITY DEVELOPMENT, AND RELIGIOSITY
AS PREDICTORS OF THEIR SEXUAL ORIENTATION COUNSELING COMPETENCY
IN WORKING WITH LGB CLIENTS

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DEDICATION

I would like to dedicate this work to the memory of my grandparents, Dan and Bernice Stimpson. Their memory, example, love and legacy will always prove to be an influence in the lives of those they came in contact with while on this earth. Their legacy of seeing everyone as human to be treated with dignity and respect was passed down generations. Their humble roots of Scottish immigrant and Native American was multicultural in itself. Their love and care for the oppressed and marginalized are examples for us all.

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In recognizing those who have journeyed with me thus far and through this PhD process, I have to start at the beginning of the journey. Mom and Dad, George and Nancy Silvey, you provided the support and push to become the best person I could be along the journey. You supported me in continuing my educational journey after high school. I want to acknowledge my four wonderful children, who inspire and encourage. You have overcome the greatest two obstacles in life, genetics and environment. May they always remember whose shoulders they stand on and avoid the mistakes of past generations and reach higher than past generations. The journey of the past three years of academia and dissertating have been made much more palatable and enjoyable because of the wonderful faculty of the University of South Carolina Counselor Education & Supervision department. I thank my dissertation committee members for the willingness and patience to serve as mentors and guides through this process. And I have to give the biggest most heartfelt thanks to my fellow cohortians! I couldn't have made it if it were not for the encouragement, text messages, emails and HG visits! May you all keep calm and study on! I must acknowledge the one who started the journey down this topic of research, William Lloyd Pettibone. His challenge to advocacy on behalf of the LGBT community was heard. And thanks to the USC BGLSA community and Mason Lee Branham for being a welcoming community for an immersion experience.

ABSTRACT

The purpose of this quantitative study was to investigate counselors' sexual identity development, heterosexual privilege awareness, faith identity development, and intrinsic religiosity as predictors of their sexual orientation counseling competencies in working with LGB clients. The design of the study is a correlational survey design. The data analysis that was used is standard multiple regression.

The participants were 103 self-identified heterosexual licensed counselors. They were asked to fill out a survey consisting of the *Measure of Sexual Identity Exploration and Commitment (MoSIEC)*, the *Heterosexual Privilege Awareness (HPA)*, the *Revised Faith Development Scale (RFDS)*, the *Duke University Religion Index (DUREL)*, and the *Sexual Orientation Counselor Competency Scale (SOCCS)*.

It was found that Heterosexual Privilege Awareness and Faith Identity Development were predictors of overall Sexual Orientation Counseling Competencies and, more specifically, counselors' Awareness of sexual orientation issues. Another finding was that counselors' Heterosexual Privilege Awareness and their level of sexual exploration, as reported on the MoSIEC subscale, were predictors for one of the competency areas -- Knowledge of sexual orientation counseling.

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CHAPTER 1

INTRODUCTION

The identity of the counselor and that of the client are intricate parts of the therapeutic relationship or working alliance between counselor and client (Balkin, Schlosser & Levvitt, 2009; Burkard, Ponterotto, Reynolds & Alfonso, 1999). Therefore, counselors must be aware of and attend to their own identity for the good of the client (Balkin, Schlosser & Levvitt., 2009; Bidell, 2014). Two of the identities being examined in this study are counselors' sexual identity and faith identity. Both identities are laden with beliefs and values. And as with all values, counselors' multicultural competency can be impacted by their own sexual identity as well as their faith identity development (Schlosser & Levvitt, 2009; Balkin, Watts & Ali, 2014; Bidell, 2012; Bidell, 2013; Bieschke, 2002; Boysen, 2010; Dillon & Worthington, 2003; Haldeman, 2014; Henke, T., Carlson, T. & McGeorge, C., 2009; McGeorge & Carlson, 2001; Mohr, 2002; Whitman & Bidell, 2014; Worthington, 2004). Regardless of their identity, counselors are held to ethical standards to gain knowledge and skills in order to work with diverse populations and acquire multicultural competency in working with those diverse groups.

Multicultural counseling literature (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992) identifies a conceptual model of multicultural counseling competence. This model focuses on counselors' (a) acquisition of culture-specific knowledge; (b) awareness of personal attitudes and beliefs; and (c) counseling skills for counseling diverse populations. This multicultural competence model has extended from the

concentration on race and ethnicity to embrace multiple form of cultural diversity, including lesbian, gay and bisexual (LGB) clients (Bidell, 2005). Furthermore, working with LGB clients demands that a counselor is competent in sexual diversity issues and aware of his or her own biases with respect to sexual identity and faith identity (Balkin, Watts & Ali, 2014; Bidell, 2012; Bidell, 2013; Bidell, 2014; Bieschke, 2014; Bowland, Foster, & Vosler, 2013; Burkard, Pruitt, Medler, & Stark-Booth, 2009; Dillon & Worthington, 2003). The current study investigated the two domains of sexual and faith identity development as predictors for multicultural competency of heterosexual counselors when working with LGB clients.

Earlier research on the development of sexual orientation counseling competency (Bidell, 2005; Graham, Carney, & Kluck, 2012; Israel & Selvidge, 2003), focused on counseling competency only with LGB clients, despite the growing trend to include transgender individuals in this population. The current study will follow previous research and focus specifically on the LGB population. This narrower focus was deliberate given that sexual orientation and gender identity are different constructs that require differing competencies for counselors (Bidell, 2005; Carroll & Gilroy, 2002).

In the following paragraphs I would like to introduce the issues and concepts of this study. The fact that counselors are called to develop competency in working with diverse populations and follow ethical codes of practice are two of the main reasons for researching this topic. I will look briefly at the ethical codes, legal actions, sexual orientation counseling competency, identity development, sexual identity development, heterosexual privilege awareness, faith identity development, and intrinsic religiosity. These topics will be covered more in depth in the following chapters.

Ethical Codes

The American Counseling Association's (ACA) Code of Ethics (2014) on multicultural competency requires that a counselor become competent to work with LGB clients, as well as advocate on their behalf. The ACA Code of Ethics states that counselors are required to "gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population" (C.2a. p. 8). Standard A.4.b. requires counselors to be aware of their values but not to impose them on their clients and to respect the diversity of the client. Counselor licensure often comes with compliance to ethical codes that require not only working within a multicultural framework but advocating and eliminating biases towards minorities (ACA Code of Ethics A.7, 2014; Council for Accreditation of Counseling and Related Education (Ahmed, Wilson, Henriksen, & Jones, 2011; Arredondo et al., 1996; CACREP), 2016). According to the ACA 2014 Code of ethics, it has become more difficult for counselors to use one part of the ethical code (practicing outside of their competence) to explain their refusal to work with LGB clients. It is clearer that refusing to see LGB clients would become more of an ethical dilemma than a moral dilemma (Herlihy, Hermann, & Greden, 2014; Kassel, & Martino-Harms, 2014).

This multicultural focus on ethical practice is apparent in other mental health professions. For example, in Marriage, Couples, and Family Counseling (MCFC) the focus of diversity and multicultural awareness in working with LGB clients is growing (Constantine, Juby, & Liang, 2001; Erskine, 2002; Hardy & Lazloffy, 1998; Laird, 2000; McGoldrick, 1998; Pewewardy, 2004). Counseling professionals have explored the influence of bias, racism, and heterosexism on a counselor's multicultural competency

(Long, 1996; Long, Bonomo, Andrews, & Brown, 2006; Long & Lindsey, 2004; Long & Serovich, 2003). Since the inception of the ethical codes for the disciplines of psychology (American Psychological Association (APA), Ethical Principles of Psychologists and Code of Conduct, 2010), social work (National Association of Social Workers (NASW), Code of Ethics of the National Association of Social Workers, 2008), and counseling (ACA Code of Ethics, 2014), addressing the issues of cultural competence has been constant element in ethical practice.

Legal and Legislative Actions

In an article critiquing David Hodge's ideas (Hodge, 2002 & 2005) on social work's stance on LGB clients and religious belief, Dessel, Bolen, & Shepardson, (2011) stated, "Educators are responsible for preparing students for practice. As such, it is important that religiously conservative students become comfortable working ethically with those who do not share their beliefs" (p. 229). While the conflict between the faith identity of the counselor and the sexual minority's issues in counseling were discussed and conceptual recommendations were made in this article, there is no empirical research on the counselor's faith identity development and the impact it has on his or her multicultural counseling competency in working with LGB clients.

The counselor must be aware of his or her own attitudes, assumptions and prejudice, even if they come from religious beliefs (Israel & Selvidge, 2003). Recent legal actions have resulted when counselors and counseling students have refused to work with LGB clients due to religious convictions. Four of the recent and most publicized cases are *Bruff v. North Mississippi Health Services, Inc.* (2001), *Walden v. Centers for*

Disease Control and Prevention (2010), *Ward v Wilbanks* (2010) and *Keeton v. Anderson-Wiley* (2010).

Herlihy, Hermann, and Greden (2014) explored the potential legal and ethical implications of lawsuits that counselors and counseling students have filed using their religious beliefs as the basis for refusing to counsel LGB clients. The authors pointed out that counselors and counseling students claim they have the right to refuse to work with LGB clients because the clients' behavior clashes with the counselors' and students' religious beliefs. It was pointed out that a counselor or counseling student should have the ability to separate his or her personal religious beliefs from his or her professional work with LGB clients. While Herlihy, Hermann, and Greden, (2014) discuss the need for educators to include work in dealing with the issues in the conflict between faith identity and working with LGB clients, they do not address the faith identity development of the counselor and the impact that identity has on his or her ability to work competently with LGB clients.

There have now been states that are passing legislation allowing counselors to refer clients based on their personal beliefs not clients' needs and welfare. So what used to be an ethical issue among counselors has now become a political issue among politicians.

The fact that counselors refuse to work with LGB clients, has served as notice to counselor educators to do a better job in preparing the counseling students and in supervising practicing counselors to competently work with LGB clients regardless of their personal values and religious convictions (Hancock, 2014). In writing about court cases students filed against training institutions, Hancock states that we are on "thin ice"

when students can sue and “opt out” of certain parts of their training that will prepare them to be professionally competent by saying, “It is the profession’s job to prepare students to effectively assess and treat our clients/patients and to minimize the impact of bias and prejudice. When students can “opt out” of essential parts of the education and training because of their beliefs, the result is, by definition, inadequate training” (p. 6). Therefore, sexual orientation counseling competency would fall under the educational and supervisory process.

Worthington (2004) suggests that religious identity and heterosexual majority creates biases. He states that research clearly establishes that there is a correlation between religiosity and negative attitudes toward gays and lesbians. He also states that a person’s religious orientation is one of the many contexts for sexual identity development. In other words, a person’s sexual identity development will vary based on moral convictions held by the person. Other researchers have shown how heterosexual majority and faith identity impact biases towards LGB clients (Davison, 2001; Gordon, 2010; Mohr, 2002; Moradi, Mohr, Worthington, & Fassinger, 2009; Simoni & Walters, 2004). Therefore, it is important for counselors to gain awareness of their faith/religious identity development and religiosity as well as their sexual identity development.

Israel, and Selvidge (2003) state that multicultural counseling and working with sexual minorities has “developed fairly independently from each other and are, at times, pitted against each other in a battle for inclusion in counselor education curricula” (p. 84). Much of the multicultural competencies have focused on ethnic minorities but those multicultural counseling competencies translate to working with LGB clients as well. The authors state that there are similarities between sexual and ethnic minorities yet there are

differences that need to be addressed in the training of counselors. While Israel and Selvidge deal with the conceptual need of the counselor to assess his or her attitude, knowledge and skills, that do not address the counselor's own identity development in increasing multicultural counseling competency in working with LGB clients.

The five variables studied herein are the sexual orientation counseling competency in working with LGB clients, the sexual identity development, heterosexual privilege awareness, the faith identity development, and the intrinsic religiosity of the counselor. A brief discussion and overview of these variables follow and will be developed further in chapter two.

Sexual Orientation Counseling Competency with LGB clients

Israel et al., (2003) identified counselor competencies in working with LGB clients. The researchers point out that LGB clients face increased stress and have increased risk behaviors due to being marginalized (e.g., substance abuse, suicide and risky sexual behavior). Interestingly however they seek counseling at a higher rate and participate in more counseling sessions than heterosexual clients (Bieschke, Periz, & DeBord, 2007). Therefore, it would seem that counselors should become more competent in working with LGB clients.

The preparation of counselors for working with LGB clients is mandated by the APA, ACA, CACREP, (NASW) and other associations and accrediting agencies (APA Ethical Principles of Psychologists and Code of Conduct, 2010; NASW Code of Ethics of the National Association of Social Workers, 2008; ACA Code of Ethics, 2014; and CACREP Standards, 2016). Yet many models for working with LGB clients are “extrapolations of models” from working with ethnic minorities. Strides have been made

in counselor multicultural competency in working with LGB clients in perceptions, awareness, knowledge and skills, but not in the area of the counselor's identity development in the domains of sexual identity development and faith identity development and how this impacts counselors' competency in working with LGB clients.

Arredondo et al., (1996) Sue, Arredondo, & McDavis (1992) and Ahmed, Wilson, Henriksen, & Jones (2011) state that counselors need to prepare and practice in order to integrate multicultural and culture-specific awareness, knowledge, and skills in working with a diverse population. The domain of awareness includes not only differences between the counselor and the client, but also counselor self-awareness. Counselor self-awareness would include awareness of his or her own biases and prejudices. This self-awareness would include awareness of their own sexual identity development, heterosexual privilege, faith identity development, religiosity and the impact of these factors on their competency in working with clients different from themselves. The focus of this research was on heterosexual counselors and their work with LGB clients.

Identity Development

Identity development of the counselor, professional and personal, has been brought to national awareness over the past decade (Gibson, D. M., Dollarhide, C. T., & Moss, J. M., 2010; Moss, J. M., Gibson, D. M., & Dollarhide, C. T., 2014; Stoltenberg, 1981; Whitman & Bidell, 2014). To better understand counselors' sexual identity development and faith identity development, it is necessary to address the identity development processes in general. Erikson (1950) discussed adolescent identity development. The concept of developing a congruent solid sense of self was part of Erikson's psychosocial model. An individual develops his or her identity in a social

context. Therefore, identity can be defined as how individuals uniquely understand themselves in relationship to themselves, others and the world around them.

Sexual Identity Development

Sexual identity development refers to one's sense of identity based on sexual orientation (Worthington, Savoy, Dillon, & Vernaglia, 2002). This differs from sexual orientation which refers to "sexuality-related predispositions, whether or not those predispositions are genetically, biologically, environmentally, and/or socially determined or constructed" (Worthington, et al., 2002, p. 497). Sexual identity focuses primarily on one's commitment to an identity, which may or may not include a process of exploration or questioning. Because heterosexuality is rarely defined in and of itself, but rather through a denial of a same-sex orientation (Eliason, 1995), individuals are less likely to explore their sexual orientation identity. As a result, this unexplored, but tightly held heterosexual identity, must be protected and maintained (Mohr, 2002). Thus, reports of sexual identity development certainty may reflect identity foreclosure as opposed to identity achievement which raises the question if heterosexual individuals have gained awareness of their heterosexual privilege.

Heterosexual Privilege Awareness

McGeorge and Carlson (2011) state that heterosexual privilege is much like White and male privilege in that it is an assumption of civil rights, social benefits and granted advantages that have not been earned. With this comes an increased sense of worth in self and a decreased sense of worth in those in the minority. The privileged internalized positive beliefs of themselves bring about negative beliefs of those outside the majority group (Hoffman, 2004; Worthington, et al., 2002). These processes occur on

an unconscious level. Therefore, many are unaware that they operate out of bias and prejudice (McGeorge & Carlson, 2011).

A lot has been written about heterosexism; however, very little is known about how heterosexual individuals develop their heterosexist ideas. As with all majority identity models, heterosexual identity development has to address the privilege of being part of the majority. Simoni and Walters (2001) created the Heterosexual Identity Attitude Scale (HIAS) in order to “investigate the relationship between heterosexual identity attitudes and heterosexism” (p. 162). The instrument is used to show that an increasing awareness of one’s heterosexual identity creates a positive attitude toward LGB people. The authors report that counselors’ heterosexual privilege awareness impacts the therapeutic alliance, assessment of issues and understanding of pathology of LGB clients.

Based on Simoni and Walters (2001), Worthington et al., (2002), Hoffman (2004), and McGeorge and Carlson (2011), it would lead to reason that counselors would need to explore and gain awareness into their own religious and sexual majority identities. Increased awareness, according to their studies, both increases positive attitudes, beliefs, and decreases biases and prejudices. One of the goals of the current study are to investigate counselors’ sexual identity and their heterosexual privilege awareness and their impact on counseling competency with LGB clients or sexual minorities.

Faith Identity Development

Faith and spiritual identity development is a complex and multifaceted concept to define. Fowler (1981) developed a faith identity development theory which focuses on

how individuals interpret ultimate reality and not just explicit content of their belief system. His theory of faith identity development “is characterized by increasing complexity, differentiation, autonomy, humility, and activism in one’s faith” (Leaks, et. al., 1999, p. 106). Another way to explain it is that faith is a way of making sense of life, giving life meaning and purpose, understanding self in the context of an individual’s belief in what is real, true and ultimately trustworthy (Bussema, 1999).

The current research used the *Revised Faith Development Scale* (RFDS; Harris & Leak, 2013) which is based on Fowler’s theory of faith development and postconventional religious reasoning. The authors state several reasons for the importance of researching postconventional religious reasoning. One of the reasons stated was that those who have higher levels of postconventional religious reasoning or those who can independently and critically develop their own religious or faith beliefs exhibit better mental health, do not internalize negative external views of their identity and are more tolerant of other cultures and religions.

Intrinsic Religiosity

Religiosity refers to the customs or manner in which an individual expresses his or her faith (Balkin, Schlosser & Levvitt, 2009). Extrinsic religiosity (ER) is an external form of religiosity that is “for show.” An example is when an individual uses religion as a means to an end and not for faith’s sake, therefore it is utilitarian. The ends might be social status, personal comfort, personal security, social connection and distraction, self-justification or financial success (Allport & Ross, 1967; Koenig & Büssing, 2010). “In theological terms the extrinsic type turns to God, but without turning away from self” (Allport & Ross, 1967, p. 434). On the other hand, intrinsic religiosity (IR) is the degree

of internal or personal faith commitment or motivation. IR is the use of faith/religion as an end unto itself. Allport and Ross (1967) defined IR as follows:

Persons with this orientation find their master motive in religion. Other needs, strong as they may be, are regarded as of less ultimate significance, and they are, so far as possible, brought into harmony with the religious beliefs and prescriptions. Having embraced a creed, the individual endeavors to internalize it and follow it fully. It is in this sense that he lives his religion. (p. 434).

Moving from an ER to an IR is what begins to happen to an individual in Fowler's (1981) stage 4, the individuative-reflective faith. This is when one moves from external sources of authority and to an authority found within. It continues in stage 5, the conjunctive faith. This is where individuals are capable of integrating opposites and paradoxes into beliefs and values. There is freedom from the views of others, and they are able to observe and understand the identities and meanings that others have derived without having to agree with them (Fowler, 1981).

The current research examined how intrinsic religiosity impacts sexual orientation counseling competency with LGB clients. Bidell (2014) stated that "To date, no published counseling research has examined the link between sexual orientation counselor competency and religious conservatism" (p. 170). There is research that has dealt with the faith identity of the counselor and therapeutic issues. One of those is Haldeman (2004) who dealt with the issue of "*When sexual and religious orientation collide: Considerations in working with conflicted same-sex attracted male clients*" but this issue was on the conversion therapy argument. Few articles were found in the

PsycInfo searches examining the faith identity development of the counselor and its impact on multicultural counseling competencies. Balkin, Schlosser & Levvitt, (2009) state that there has been research identifying that the counselors should be aware of the spiritual needs of their clients. The authors state that there was very little research at the time of the writing of their article (2009) that focused on the faith identity of the counselor. They went on to point out that a religious counselor, as opposed to a non-religious counselor, could bring more bias to the counseling relationship. Balkin, Schlosser & Levvitt (2009) reported in their findings that counselors who were: rigid in their beliefs regarding their faith, more easily influenced by others, and less tolerant of those outside their faith were more likely to demonstrate intolerance toward LGB clients. The measure for religious identity development in this study was the *Religious Identity Development Scale (RIDS)*. The RIDS developed by Veerasamy, (2003). Veerasamy (2003) recommend that there needs to be future research in order to evaluate the correlations between religious identity and other identity developments (e.g., racial identity, gender identity, sexual identity).

Bidell (2014) examined religious conservatism and sexual minority counselor competence. He defines religious conservatism on a continuum of a person's religious orientation. He made the point that sexual minority counselor competency is "now uniformly accepted as the ethical standard of care for all LGB and questioning clients" (p. 170). Researchers have shown that religiosity and religious identity produces prejudice toward LGB clients and hinders multicultural counseling competencies in working with them (Allport & Ross, 1967; Altemeyer & Hunsberger, 1992; Batson, 1976; Whitley, 2009). While this research points to the counselor's faith identity in

regards to prejudice, sexism and homophobia, it does not address the level of faith identity development and sexual identity development as predictor of the counselors' level of multicultural counseling competency in working with LGB clients.

Whitman and Bidell (2014) tried to bridge the gap between a counselor's religious beliefs and providing multicultural counseling competency in working with LGB clients. They stated: "The counseling field is still grappling with how to help such students reconcile their religious beliefs with their professional responsibility to provide competent, nondiscriminatory counseling services to LGB clients" (p. 162). This article is a conceptual article and offers recommendations for addressing the issues. Graham (2009) concluded that counseling psychology students had higher scores on the SOCCS (*Sexual Orientation Counselor Competency Scale*) compared to counselor education students. Showing a higher level of multicultural counseling competency in working with LGB clients. Graham went even further to suggest that the counselors' area of specialization affects their level of multicultural counseling competency in working with LGB clients. One recommendation made is that educators could help students discover their identities in order to provide more empathic attitudes. While the Graham provided conceptual recommendations that could be used in counselor education, training and supervision, it did not explore how the counselor's identities impact multicultural counseling competencies.

Though dated, Phillips, Ingram, Smith, and Mindes' (2003) and Smith (2010) have written methodological and content reviews of articles found in counseling journals over the past decade and a half that focus on LGB issues in research and multicultural competencies. There has been an increase in research articles dealing with multicultural

competencies in working with LGB clients over the past decade. Yet given the multicultural counseling standards given for the profession and the legal actions taken in the past decade one would expect that there be more. A PsycINFO search conducted at the time of this writing, using the search terms “LGB” and “multicultural competency” yielded a total of only 3 peer-reviewed journal articles, 1 book, and 2 dissertations/thesis totaling 6 entries spanning from 2008 to the present. Broadening that search using the terms “LGB” and “competency” yielded a total of only 21 entries. A PsycINFO search of the terms “heterosexual identity” and “LGB” yielded a total of 6 peer-reviewed journal articles, 2 books, and 1 dissertation/thesis totaling 9 entries. Adding the term “competency” to the search produced no entries. A PsycINFO search conducted using the search terms “faith identity” and “LGB” yielded 1 peer-reviewed article and it was research of the integration of lesbian and bisexual identity with faith and religious identity. No entries were found that focused on the impact of a counselor’s own faith identity development and multicultural counseling competencies in working with LGB clients. This is fewer than the ethical and legal obligations might warrant.

The *Journal of Counseling Psychology* (2009) and *The Counseling Psychologist* (1998) have published special issues about working with LGB clients. These special issues, along with professional guidelines that recognize the need to conduct ethical research with LGB populations, point to the importance of research training that emphasizes cultural competence. In 2000, the American Psychological Association (APA) developed *The Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients* and later updated it in 2012 (APA, 2012). Despite the efforts by the mental health professions, there are still issues regarding multicultural competency

among those counselors who have religious objections when it comes to counseling LGB clients. This is evidenced by the recent court cases and legislative action.

PROBLEM STATEMENT

The reality that some counselors refuse to work with LGB clients based on their personal values and religious convictions and that some have sued in order to “opt out” of certain parts of their training that will prepare them to be professionally competent is concerning. The fact ACA’s code of ethics requires that counselors are to be competent to work with a diverse population and be aware of their own biases and prejudice in order to work competently with their clients heightens this concern. Perhaps if there were a better understanding of how counselors’ faith identity development, intrinsic religiosity, sexual identity development, and heterosexual privilege awareness predict their competency in working with LGB clients some ideas on addressing these concerns could be generated. This study will investigate these two domains of sexual and faith identity development in the multicultural competency of heterosexual counselors when working with LGB clients. The problem this study will focus on how heterosexual counselors’ sexual identity development, heterosexual privilege awareness, their faith identity development, and their intrinsic religiosity predict their multicultural competence with LGB clients’ sexual orientation as regards counselors’ awareness, knowledge and skills.

NATURE OF STUDY

Research Questions

The research questions for this study are: Do counselors’ sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity predict their

overall sexual orientation counseling competency in working with LGB clients? In addition, do counselors' sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity predict their sexual orientation counseling competency in working with LGB clients in the areas of awareness, knowledge and skills?

Hypotheses

The hypothesis behind this study is that there is a correlation between counselors' identity development and their competency to work with others different from themselves. The following hypotheses were tested: (H₁) Higher scores of heterosexual counselors on sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity scales will predict higher scores on the sexual orientation counselor competency scale (SOCCS). (H₂) Higher scores of heterosexual counselors on the sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity scales will predict higher scores on the awareness subscale of the sexual orientation counselor competency scale (SOCCS). (H₃) Higher scores of heterosexual counselors on the sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity scales will predict higher scores on the knowledge subscale of the sexual orientation counselor competency scale (SOCCS). (H₄) Higher scores of heterosexual counselors on the sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity scales will

predict higher scores on the skills subscale of the sexual orientation counselor competency scale (SOCCS).

Purpose of the Study

The purpose of this quantitative study was to investigate counselors' sexual identity development, heterosexual privilege, faith identity development, and intrinsic religiosity as predictors of their sexual orientation counseling competencies in working with LGB clients. The design of the study was a correlational survey design. The data analysis used is standard multiple regression.

RESEARCH DESIGN

This research is a correlational survey design of counselors' LGB sexual orientation counseling competency using standard multiple regression analysis (Heppner & Heppner, 2004; Pallant, 2013). The purpose of this research is to examine the independent variables, sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity to predict the dependent variable, scores on the sexual orientation counselor competency scale (SOCCS). Simultaneous multiple regression analyses explored the relationships among participants' scores based on measures of sexual identity development, heterosexual privilege awareness, faith identity development, intrinsic religiosity and sexual orientation counseling competency in working with LGB clients.

Population

Licensed, heterosexual counselors within the United States made up the population for this study. Those who did not identify as heterosexual were excluded

because of the focus on heterosexual privilege awareness and competency in working with LGB clients. A stratified random sample of 926 licensed counselors in the United States was contacted for this study. The method of collecting the sample was through state licensing agencies within the United States.

Power Analysis

A power analysis was conducted using Cohen's (1988, 1992) method for determining sample size based upon alpha level, desired statistical power, and predicted effect size. The alpha level for the current study was set at .05. The desired power for the present study was .80, which Cohen (1988, 1992) suggested is adequate for most behavioral science research. The effect size for this study was estimated at .15, which Cohen (1988, 1992) operationally defined as a medium effect. Combining these three elements and entering them into G*Power calculator (Faul, Erdfelder, Buchner, & Lang, 2009), it was determined that 98 participants total are needed.

Data collection instruments

The survey consisted of 89 items created from the *Measure of Sexual Identity Exploration and Commitment (MoSIEC)*, *Heterosexual Privilege Awareness (HPA)*, *The Revised Faith Development Scale (RFDS)*, *The Duke University Religion Index (DUREL)*, and the *Sexual Orientation Counselor Competency Scale (SOCCS)* instruments. The demographics data gathered information about counselors' age, sex, race, level of counseling experience, their professional contact with LGB population, and their exposure to multicultural counseling education and supervision in the area of working with LGB clients.

Data collection procedure

The participants received either a letter via US mail or an email explaining the nature of the study and instructions to go online in order to complete the counselor data questionnaire and survey. The use of online surveying and data collection is common in counseling research (Dillman, D. A., Smyth, J. D., & Christian, L. M., 2014; Heppner, 2008). Follow up reminder postcards and emails were sent to non-respondents, two weeks after the initial letter/email was sent.

Data analysis

The data collected were entered into SPSS for standard multiple regression analysis. The dependent variable is sexual orientation counseling competency in working with LGB clients, as measured by SOCCS. The independent variables are: (1) sexual identity development (exploration, commitment, synthesis, and uncertainty), (2) heterosexual privilege awareness, (3) faith identity development, and (4) intrinsic religiosity. A complete model of comparing regression was used as there are seven independent variables.

OPERATIONAL DEFINITIONS

Counselor will be used in this study as a general term for a professional counselor in post-graduate practice.

Faith Identity Development, as conceived from the work Marcia (1996) that a person's identity is developed by exploration/crisis and commitment to a set of religious beliefs and/or practices (Griffith & Griggs, 2001) and Fowler's (1981) theory of faith development of postconventional religiousness (i.e., Fowler's individuated-reflective faith and conjunctive faith. Individuated-reflective faith consists of the examining,

questioning and reconstituting the beliefs that were assimilated thus far in life and making a consciously chosen and critically supported commitments. Conjunctive faith consists of embracing and integrating the paradoxes or polarities in one's life.

Universalizing faith moves beyond the paradoxes and polarities and invest self in love and devotion to overcoming division and oppression for the common good (Fowler, 1991). Faith identity development was measured by the Revised Faith Development Scale (Harris & Leak, 2013).

Heterosexual Privilege Awareness is the awareness that one is in the majority, which comes with privilege, special rights, benefits and advantages that have not been earned but have been granted to those in the dominant groups based on social identity and group association. Lack of awareness would include an increased sense of worth in self and a decreased sense of worth in those in the minority (Case, Iuzzini, & Hopkins, 2012; McIntosh, 1988). Further, heterosexual privilege would refer to those unearned rights, benefits and advantages as well as social norms granted to heterosexual individuals, which strengthen heteronormativity (Blumer, Green, Thomte, & Green, 2013; Cole, Case, Rios, & Curtin, 2011; Montgomery & Stewart, 2012; Powell, Branscombe, N. & Schmitt, 2005). Heterosexual privilege awareness was measured by the Heterosexual Privilege Awareness instrument (Case & Stewart, 2010).

Multicultural Counseling Competency is based on Sue et al. (1982) and defined as the awareness, knowledge, and skill competencies that counselors need to provide ethical, affirmative, and competent services to LGB clients (Fassinger & Richie, 1997; Israel & Selvidge, 2003). Based on the conceptual model of Sue et al. (1982) multicultural competent counselors must have awareness of their own attitudes, worldview, and their

own cultural history, skills to work with minority clients and knowledge about minority clients.

Religiosity is the level of organizational religious activity, the level non-organizational religious activity, and intrinsic religiosity. Intrinsic religiosity (IR) is the degree of internal or personal faith commitment or motivation. IR is the use of faith/religion as an end unto itself (Koenig & Büssing, 2010).

Sexual Identity Development is the exploration and commitment to an internal sense of one's own sexual identity. Worthington, Navarro, Savoy, and Hampton, (2008) in creating the MoSIEC defined sexual identity, as being composed of six dimensions: (a) perceived sexual needs, (b) preferred sexual activities, (c) preferred characteristics of sexual partners, (d) sexual values, (e) recognition and identification of sexual orientation, and (f) preferred modes of sexual expression. In their model there are processes of exploration, commitment, and synthesis/integration. Exploration, which is a process whereby individuals actively seek out their sexual values and needs, and are willing to experiment with new sexual activities; Commitment, which is the extent to which a person has a clear sense of her or his sexual values, and needs; Sexual Orientation Identity Uncertainty, which relates to an individual having either a clear or an unclear sense of her or his sexual orientation identity (e.g., identifying as lesbian, gay, heterosexual, bisexual etc.); and Synthesis/Integration, which is the process whereby an individual experiences congruence between her or his sexual values, needs, activities, modes of sexual expression, and sexual orientation. This is similar to the model proposed by Fassinger and Miller (1996), McCarn and Fassinger (1996) and Worthington, Savoy, Dillon, and Vernaglia (2002). Sexual identity development was measured by the Measure

of Sexual Identity Exploration Commitment instrument (MoSIEC; Worthington, et al., 2008).

Sexual Minority/LGB is the Lesbian, Gay, and Bisexual (LGB) and will be used throughout this study (Bieschke, Periz, & DeBord, 2007). Transgender individuals are normally included, it will not be included in this study because sexual orientation and gender identity are considered different phenomena requiring different competencies for counselors (Carroll & Gilroy, 2002).

Sexual Orientation Counseling Competency is defined as the awareness, knowledge, and skill competencies that counselors need to provide ethical, affirmative, and competent counseling to LGB clients (Fassinger & Richie, 1997; Israel & Selvidge, 2003). Which is based on Sue et al.'s (1982) model of multicultural counseling competencies. It has been shown that the prejudice and biases experienced by sexual minorities (LGB population) differ from those experienced by ethnic minorities, therefore counselors must develop specific awareness, skill, and knowledge competencies to work with LGB clients (Fassinger & Richie, 1997; Israel & Selvidge, 2003; Kocarek & Pelling, 2003). Sexual orientation counseling competency was measured with the Sexual Orientation Counseling Competency Scale (SOCCS; Bidell, 2014).

ASSUMPTIONS

The assumptions made in this study are that the instruments used are the best for the purposes of this study and will accurately assess the constructs of faith identity (RFDS). The RFDS instrument is based on Fowler's theory of faith development. The SOCCS instrument might have issues with social desirability and the participant's self-evaluation of competency in the area of working with LGB clients. Therefore, the

assumption is that the participants have a clear sense of their competency. All instruments; the MoSIEC, HPA, RFDS, DUREL and SOCCS, are susceptible to issues of self-reporting and social desirability. Therefore, the assumption is made that participants will answer the survey questions with some accuracy, willingness and honesty.

An additional assumption with regards to the population of this study is that the sample used will be representative of the population of heterosexual counselors working in the mental health field.

LIMITATIONS

There are limitations to this study. First, this study does not address all facets of the multifaceted concept of faith identity. Measuring faith development is difficult due to the lack of conceptual clarity. There is a limitation in that faith identity development is a multifaceted concept, therefore we lack clear definitions. The term “faith identity” has increased in use in the literature yet there is no real conceptual or empirical validity. Therefore, there is no clear definition of the concept. Paloutzian and Park (2013) list 12 common domains and 67 various instruments to measure faith, religion and spirituality. In the domain being measured in the current study, they identify 5 instruments to assess religious and faith development. Hill and Pargament (2003) state that it is difficult for some to articulate their faith or religious identity, especially in closed ended questions and that there is a social desirability bias.

There is an issue in that self-perceived multicultural counseling competency does not mean actual multicultural counseling competency. Constantine, Gloria, & Ladany, (2002) report that self-reports of multicultural competency tend to give the participants’ *belief* of their ability to provide competent service to a diverse population instead of their

ability to provide competent service to a diverse population. Self-reporting in itself can be a limitation of any study (Hill & Pargament; 2003) and therefore was a limitation in this current study.

The issue of social desirability in dealing with such an emotionally charged issue of human sexuality could create another limitation for this study (Batson, Schoenrade, & Ventis, 1993). Social-desirability might bring a level of self-deception on the part of the participant (Sackheim & Gur, 1979; Paulhus, 1984). This study did not measure the participants' level of social desirability or self-deception; therefore, this was a limitation.

DELIMITATIONS

This study is delimited to self-identified heterosexual licensed counselors practicing in the United States. Participants of this study must self-identify as heterosexual and those who self-identify as LGBTQI were excluded from the study. The study is delimited to professional counselors in order to limit the scope for counselor education and supervision purposes.

SIGNIFICANCE OF STUDY

The recent legal actions taken by counselors that refuse to work with LGB clients based on their personal values and religious convictions and the fact that they choose to “opt out” of the area of training that will prepare them to work competently with LGB clients magnifies the need to research faith identity development, sexual identity development and their impact on sexual orientation counseling competency. Counselors are to become competent, as well as become aware of their own biases and prejudice in order to work competently with a diverse population. The counseling profession needs a better understanding of how counselors' faith identity development, sexual identity

development, and heterosexual privilege awareness impacts their competency in working with LGB clients.

Multicultural competency is required by the American Counseling Association (ACA) Code of Ethics (2014) The ACA Code of Ethics expects counselors to “gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population” (C.2a. p. 8). Standard A.4.b. requires a counselor to be aware of his or her own values and not to impose them on his or her clients and to respect the diversity of the client. Further multicultural competencies with sexual minority clients has been discussed in the counseling literature as important and mandated in the counselor educational and supervisory process (Israel & Selvidge, 2003). With little to no research found regarding the impact of faith identity and sexual identity development on counselors’ multicultural competency in working with LGB clients, the current study will fill this gap in the literature.

In reviewing the literature, it was revealed that most of the research in the past has stereotypically used heterosexual identity as a demographic variable only and not as an independent variable as this study has done in focusing on sexual identity development and heterosexual privilege awareness.

Knowledge Generated

The knowledge gained from this study broadens our understanding of the impact counselors’ identity development has on their multicultural counseling competency. Areas of identity addressed by this study include counselors’ self-awareness of their own heterosexual privilege, sexual identity and faith identity and its impact on their counseling competencies in awareness, knowledge and skills in working with LGB

clients. This awareness is shown to be an important part of counselors' educational and supervisory process towards competency. This study also has shown the need for a focus on counselors' multifaceted multi-domain identity development during the time of education and supervision. Knowledge gained could be used by counselor educators and supervisors in helping counselors gain competency in working with LGB clients. This study advances the need for counselors to continue to develop their own personal and professional identity in the domains of sexual identity, heterosexual privilege and faith identity throughout their training and practice.

Professional Application

An understanding of the correlation between counselors' sexual identity, heterosexual privilege awareness, their faith identity development and counselors' competency in working with LGB clients provides insight into how educators and supervisors may increase competency of heterosexual counselors in working with sexual minority clients. Another important application is that counselors' need to continue in their sexual identity, heterosexual privilege awareness and faith identity development in order to continue to develop their counseling competencies in working with LGB clients. This study accentuates the need for educators and supervisors to work with counselors in continued personal and professional development in order to increase multicultural counseling competency in working with LGB clients.

Social Change

This study shows that an increase of awareness in the domains of sexual identity and faith identity impacts competencies in working with LGB clients in awareness, knowledge and skills. Simoni and Walters (2001) show that an increase in heterosexual

privilege awareness decreases bias and prejudice. Because previous research has shown that bias, racism, and heterosexism has an impact on a counselor's multicultural competency (Long, 1996; Long, Bonomo, Andrews, & Brown, 2006; Long & Lindsey, 2004; Long & Serovich, 2003), this study has shown that counselors' development in heterosexual privilege awareness and faith religious identities can decrease bias and heterosexism.

SUMMARY

Chapter one provides an introduction of the problem to be addressed in this study, along with introductory sections dealing with the nature of this study, the research questions and hypotheses of this study. Operational definitions, the assumptions, limitations and delimitations of this study are listed as well. Because of the nature of the counselor-client relationship and the working alliance in that unique relationship, the identity of the counselor needs to be attended to in the educational and supervisory process. The counselor is required by ethical code to increase in multicultural competency in working with diverse clients and minorities. The recent court cases dealing with counselors-in-training refusing to work with LGB clients due to religious convictions and the lack of research in the domains of sexual identity and faith identity developments impact on multicultural competency warrants an investigation of these two domains.

Using the Revised Faith Development Scale (RFDS) and the Measure of Sexual Identity Exploration and Commitment (MoSIEC) instruments to measure faith identity development and sexual identity development, respectively, this study will examine these identities as possible predictors of counselor competency in working with LGB clients.

This might provide data with implications for both counselor educators and supervisors in increasing multicultural counseling competency in working with LGB clients.

This dissertation is divided into five chapters. Chapter one presents a focus of the study, including the statement of the problem, nature of the study, purpose of the study, significance of the study, research questions, hypotheses, delimitations, limitations, assumptions, and operational definitions. Chapter two provides a review of relevant literature to the topic of multicultural competency in working with LGB clients. Each of the variables is reviewed, along with research on each. Chapter three outlines the methodology used in the study, which describes the participants, data collection procedures, and detailed information on instruments used and will include a description of the data analysis. Chapter four provides the results of the data analysis. Chapter five concludes the study with a summary of the findings, discussion of the results, and recommendations for future research.

CHAPTER 2

LITERATURE REVIEW

INTRODUCTION

Ethical standards, research, and recent court cases filed by counselors and counseling students place importance on counselors gaining competency in working with LGB clients. The counseling profession has further emphasized the need for competency in developing the Multicultural Counseling Competencies (Sue, Arredondo, & McDavis, 1992) that includes sexual orientation within these competencies (Arredondo et al., 1996). Multicultural counseling with LGB clients has become part of multicultural counseling coursework among CACREP-Accredited counseling programs (Pieterse et al. 2009).

Given the fact that a) LGB clients seek out counseling at a higher rate due to the prevalence of emotional issues and stressors of a minority status (Cochran, S. D., Sullivan, J. G., Mays, V. M., 2003; Liddle, 1996, 1997; Meyer, 1995, 2003; Palma & Stanley, 2002) and b) ethical codes require competency in working with a diversity of clients and c) competency in working with LGB clients has become part of the coursework it is reasonable to conclude that counselors and counseling students would be prepared to work with LGB clients. However, despite emphasis of multicultural counseling competency in working with LGB clients, counselors and counseling students report they feel less than prepared to work with LGB clients (Bidell, 2013; Graham,

Carney, & Kluck, 2009; Grove, 2009; Rock, Carlson, & McGeorge, 2010). In fact, Bidell (2012a) reported that counseling students showed low levels of sexual minority counseling competency. Two hundred counseling students were part of a study by Rock, Carlson, and McGeorge (2010) that reported low levels of sexual minority counseling competency. They go on to report that over half of the counseling students in accredited counseling programs had received no training in sexual minority competency. They determined that “this is incredibly concerning given that these student trainees will be ill-prepared to provide competent services to an entire population of potential clients” (p. 180).

Farmer, Welfare and Burge (2013) in studying counselors’ competency in working with LGB clients in different practice settings make that point that counselors endorsed LGB affirmative attitudes but were less confident in their counseling skills to work with LGB clients. In the Ward and Keeton cases, the defendants used the rationale that an LGB client needed to be referred due to the lack of competency in working with them (Herlihy, Hermann & Greden, 2014; Kaplan, 2014; Kocet & Herlihy, 2014). Bidell (2005) found that counselors’ skill competencies were one third lower than knowledge and one half lower than awareness competencies among 312 master’s and doctoral-level students. These findings were confirmed in Graham, Carney and Kluck (2012). Rock, Carlson and McGeorge (2010) found that 190 couple and family counseling students reported that they felt only somewhat competent and that they received limited to no LGB training. Bidell (2014) stated that many counselors and students report feeling marginally competent to work effectively with LGB clients. What is even more concerning is the fact that this lack of competence is one reason that counselors and

counselors-in-training use to refuse to offer LGB clients services (Herlihy, Herman & Greden, 2014). Another reason that students used to refuse to see LGB clients was that it violated their religious beliefs.

Worthington (2004) suggests that religious identity and heterosexual majority creates biases. He states that research clearly establishes that there is a correlation between religiosity and negative attitudes toward gays and lesbians. He also states that a person's religious orientation is one of the many contexts for sexual identity development. Therefore, a person's sexual identity development will vary based on moral convictions held by the person. Other researchers have shown how heterosexual majority and faith identity impact biases towards LGB clients (Davison, 2001; Gordon, 2010; Mohr, 2002; Moradi, B., Mohr, J. J., Worthington, R. L., & Fassinger, R. E. 2009; Simoni & Walters, 2004). Therefore, it is important for counselors to gain awareness of their faith/religious identity development and religiosity as well as their sexual identity development and heterosexual privilege awareness. The five variables in this study were the multicultural competency in working with LGB clients, the sexual identity development, heterosexual privilege awareness, the faith identity development, and the intrinsic religiosity of the counselor.

In this chapter, there will be a discussion of the philosophical underpinnings and the theoretical bases for this study. The bulk of the chapter will be a review of the literature on sexual identity development, heterosexual privilege awareness, faith identity development, intrinsic religiosity and sexual orientation counseling competency in working with LGB clients.

A PsycInfo and EBSCO database search was conducted to identify articles related to LGBT issues, multicultural competency, identity development, heterosexual identity, majority identity and faith identity. A search was conducted of the same topics within several journal databases, including: *Journal of College Student Development*, *Journal of Counseling and Development*, *Counselor Education and Supervision*, *Journal of Homosexuality*, *Journal of Multicultural Counseling and Development*, *The Counseling Psychologist*, *The Journal of Counseling Psychology*, *Journal of Gay & Lesbian Mental Health*, *Journal of Gay & Lesbian Psychotherapy*, *International Journal for the Psychology of Religion*, *Journal for the Scientific Study of Religion*. A search of the same terms was conducted in the dissertation and thesis database. Then secondary articles from the references of those articles were collected. Articles were narrowed down to those published in the past 15 years unless they were referenced in recent articles multiple times or were seminal works written more than 15 years in the past. From this exhaustive search, the author is satisfied that the literature reviewed in this chapter is up-to-date and inclusive.

Before reviewing the literature, an understanding of the identity development process, and the counselors' professional identity development will be important as the backdrop for this study. The philosophical and theoretical basis section to follow will explain identity development.

PHILOSOPHICAL AND THEORETICAL BASIS

In order to fully understand sexual identity and faith identity development, it is necessary to understand the basics of the identity development process as a whole.

Identity development refers to a person's maturation process in developing a sense of

self. Erikson’s (1968) and Marcia’s (1996) work on identity development produced the framework of the identity development process.

Marcia (1966) presented two components of identity development, exploration and commitment to identity, and proposed four statuses (a) identity diffusion, when there is low level of exploration of and a low level of commitment to an identity; (b) identity foreclosure, when there is a low level exploration of a high level of commitment to an identity; (c) identity moratorium, when there is high level of exploration and a low level of commitment to an identity; and (d) identity achievement, when there is a high level of exploration and a high level of commitment to an identity. Marcia’s four identity statuses are shown in Table 2.1.

Table 2.1. - Marcia’s ego identity statuses

	High Commitment	Low Commitment
High Exploration	Identity Achievement	Identity Moratorium
Low Exploration	Identity Foreclosure	Identity Diffusion

Identity achievement is a high level of exploration and commitment which would mean that a person has developed a cohesive solid sense of self. Erikson (1968) and Koknik and Stewart (2004) have suggested that the two key components of this identity achievement are a cohesive and internally consistent sense of self, along with a congruent presentation of self to others. There is a congruent internal self that is congruent with the external self. A person is developing an overall identity as well as multiple social identities in regard to his or her culture, ethnicity, class, religion, and sexuality (Amiot, de la Sablonniere, Terry, & Smith, 2007; Berman, Schwartz, Kurtines, & Berman, 2001).

Identity development does not occur within a vacuum but occurs over time and is impacted by social and environmental factors. These factors include family, social, and cultural context impact an individual's identity development. More specifically, some of the social groups that impact identity development are race, gender, sexual orientation and religious affiliation (Erickson, 1968). Allport (1954) discussed majority or minority group impact an individual's identity development. Being part of the majority group can give a sense of having the good, correct, or normal identity. Being a part of the privileged group would make the need for exploration inconsequential (Allport, 1954; Black & Stone, 2005; McIntosh, 1988).

In order to understand minority identity development historically one would need to also examine Cross (1971, 1978, 1991), Helms (1984, 1986, 1990) on black racial identity models and Helms' (1990, 1995) white racial identity development model. Black racial identity theories propose that healthy racial identity is achieved when individuals progress through linear progressive stages. The stages start with a poor sense of self-worth and progress toward a more positive affirming sense of self-work and self-definition. The movement was from external definition of self, which could include racism and oppression, to an internal definition of self in turn resisting the negative cultural definitions. Cross states that it is a process of becoming Black (Cross, 1991, 1995). Helms (1984, 1986, 1990) was the first to suggest that each stage was to be seen as a distinct "worldview" or template used to organize information about self, others, and the world around them; namely institutions.

Helms (1990, 1995) and Helms and Carter (1995) conducted research to understand the identity development of a majority group, whites. Helms' (1990, 1995)

model of White Racial Identity Attitudes (WRIAS) traces development from non-awareness to full acknowledgement of majority identity attitudes. Whites move from contact with other minorities into disintegration upon awareness of minorities being treated differently causing a cognitive dissonance and questioning the realities that they were taught. Growing awareness of majority privilege may increase guilt which may increase prejudice. Yet, moving into the autonomy and final stage there is an increasing awareness of one's own privileged Whiteness which reduces the feelings of guilt. There is an acceptance of one's own role in perpetuating racism and an increased resolve to abandon White privilege. In this stage the individual is knowledgeable about racial, ethnic and cultural differences, and begins to value diversity. The individual is no longer fearful, intimidated, or uncomfortable with the experiential reality of race, privilege, majority and minority issues. Simoni and Walters (2001) examined the similarities of White majority privilege and heterosexual majority privilege.

The purpose of the current research is (a) to test a proposed theoretical model of sexual identity development and its relationship to multicultural counseling competency in working with LGB clients, (b) to measure the role of heterosexual privilege awareness in the relationship between sexual identity development and multicultural counseling competency with LGB clients, (c) to test a proposed theoretical model of faith identity development and its relationship to counseling competency in working with LGB clients, and (d) to measure the role of religiosity in the relationship between faith identity development and counseling competency with LGB clients. This literature review is organized in five sections: (a) sexual identity development, (b) heterosexual privilege awareness, (c) faith identity development, (d) intrinsic religiosity and (e) sexual

orientation counseling competency in working with LGB clients with relevant research on each variable.

Sexual Identity Development

Sexual identity development refers to one's sense of identity based on sexual orientation (Worthington, Savoy, Dillon, & Vernaglia, 2002). It differs from sexual orientation which refers to "sexuality-related predispositions, whether or not those predispositions are genetically, biologically, environmentally, and/or socially determined or constructed" (p. 497). Instead, sexual identity focuses primarily on one's commitment to an identity, which may or may not include a process of exploration or questioning. Because heterosexuality is rarely defined in and of itself, but rather through a denial of a same-sex orientation (Eliason, 1995), individuals are less likely to explore sexual orientation identity. This results in an unexplored, but tightly held heterosexual identity that must be protected and maintained (Mohr, 2002). Thus, reports of sexual identity development certainty may reflect identity foreclosure as opposed to identity achievement.

Previous findings have indicated that counselors' sexual identity exploration and commitment significantly predicted LGB-counseling competency (Dillon, Worthington, Soth-McNett, & Schwartz, 2008). This further confirms Larson's Social Cognitive Model of Counselor Training (1998), where counselor trainees in training environments whose instructors and supervisors do not encourage exploration of self-awareness in their own identity will be less aware of how their identity impacts their work as clinicians. This would stand to reason that counselors should be encouraged in exploration of self-awareness around their sexual values and needs as well and how these factors impact

their clinical work. Similarly, multicultural counseling scholars have stressed the importance of a counselor's self-awareness regarding her or his own cultural identity and the impact this has on working with a client who represents a culture that differs from that of the counselor (c.f., Sue, Arredondo, & McDavis, 1992). The same can be said for exploring one's sexual identity. Also, it seems probable that counselors' lack of exploration of issues concerning their own sexual identity will increase anxiety levels when issues of sexuality arise with clients during therapy, and this anxiety will possibly lead to a diminution in overall LGB-counseling competency.

Despite the prominence placed by the profession on understanding identity development, most of the research in the domain of sexual identity has been on minority identity development. Research on majority sexual identity development is limited. There have been some majority identity development models addressing race, racial attitudes, and racial awareness (e.g., Helms, 1990, 1995; Rowe, Bennett, & Atkinson, 1994). The White majority racial identity was the focus of these studies and according to Helms (1995) it is a process that includes rejection of racism and defining a non-racist White majority identity. There are also models for minority sexual identity development (e.g., Cass, 1979; Fassinger & Miller, 1996; McCarn & Fassinger, 1996; Troiden, 1988). Yet there has been limited focus on heterosexual majority identity development. The research on sexual majority has been predominately in the areas of becoming allies and advocates for LGB clients (Bullard, 2004; Casey & Smith, 2010; Duhigg, Rostosky, Gray, & Wimsatt, 2010; Evans & Broido, 2005; Fingerhut, 2011; Ji, 2007; Ji & Fujimoto 2013). While these studies may provide a helpful framework to conceptualize majority identity

development, they do not focus on how sexual identity development impacts counselors' competencies in working with LGB clients.

Eliason (1995) stated that at the time of the article, most of the research and literature on sexual identity was from the perspective of sexual minority identity development or about attitudes of the sexual majority of the sexual minority. Very little research has been conducted how heterosexual identity develops or even if "heterosexuals experience themselves as even having a sexual identity" (p.821). Eliason stated that because heterosexuality was the normative identity that most heterosexuals were in identity foreclosure and that this "may be the most common sexual identity status for the heterosexual person" (p. 823).

The current understanding of sexual identity development is constructed principally on theory and research focused on LGB clients (e.g., Cass, 1979; Fassinger & Miller, 1996; McCarn & Fassinger, 1996; Troiden, 1988). Worthington and Mohr (2002) point out that the literature is characteristically derived from viewpoints that emphasize comparisons with, and nonconformities to, majority group norms. The lack of sexual majority identity research may unintentionally serve to harm LGB clients and is to be a concern to counselors when considering the impact of multicultural competence in working with LGB clients. Even with increased attention to racial majority identity development and the impact of power and privilege of being in the majority (e.g., Croteau, Talbot, Lance, & Evans, 2002; Hays, Chang, & Dean, 2004; Hays, Dean, & Chang, 2007; Schlosser, 2003), literature on sexual majority development and the counseling competencies in working with LGB clients is minimal.

Worthington, et al. (2002) proposed a model of heterosexual identity development with implications for research, training and competency for increasing competency in working with LGB clients. This is a conceptual article reviewing literature before 2002 on heterosexual identity development models. The authors noted that there was very little or “all but nonexistent” literature on how heterosexuals perceive their sexual development. They stated that there is a plethora of research on sexual minority identity development and issues. The fact that little research has been performed on the heterosexual identity development may be due to the majority status of the heterosexual and “normative” assumptions that come with heterosexual majority identity. The authors state that previous research “produced literature that reflected the heterosexist biases of their times” (p.497). The authors proposed a biopsychosocial model of heterosexual identity development that is influenced not only by biology but also systemic homonegativity, sexual prejudice and privilege; culture, microsocial context; religious orientation; and gender norms and socialization. Once the heterosexual individuals reach the most mature and adaptive status of synthesis they reach a sexual sense of themselves that is conscious, congruent, volitional and enlightened. Therefore, they are more accepting of their own sexuality as well as the sexuality of others, namely the sexual minority. At this status they are likely to have a sense of interconnected and congruent gender, sexual, race/ethnicity, faith identities. Previous research has focused on measuring heterosexual attitudes, homophobia and attitudes toward LGB clients. The understanding of sexual identity development, both heterosexual and sexual minority, is a relevant facet in heterosexual counselors working with LGB clients.

The authors defined heterosexual identity development as “the individual and social processes by which heterosexually identified persons acknowledge and define their sexual needs, values, sexual orientation and preferences for sexual activities, modes of sexual expression, and characteristics of sexual partners. Finally, we add to this definition the assumption that heterosexual identity development entails an understanding (implicit or explicit) of one’s membership in an oppressive majority group, with a corresponding set of attitudes, beliefs, and values with respect to members of sexual minority groups” (p.510). They went on to use Finnegan, Heisler, Miller, and Uesry’s (1981) definition of privilege to mean “the right or immunity enjoyed by a person or persons beyond the common advantages of others; the principle or condition of enjoying special rights or immunities” (p.509). Their conclusion is that heterosexual majority privilege is like that of White and male majority privileges and a vital part of the heterosexual’s identity development. Therefore, the definition of majority identity becomes an important facet of heterosexual privilege.

While this article is informative and reviewed the literature up until the time that the article was written, it does not empirically research heterosexual identity development. It raises many questions and offers conceptual solutions based on previous research. One of the recommendations the authors make for practice is to identify if counselors’ heterosexual identity is a relevant part of the counseling process no matter what the sexual orientation of their client. This current study will attempt to show whether the counselors’ sexual identity development is a predictor of sexual minority counseling competency.

Worthington and Mohr (2002), Worthington et al. (2002) and Mohr (2002) affirmed that heterosexual identity development influences attitudes toward LGB clients. Both Worthington, et al. (2002) and Mohr (2002) propose separate and differing heterosexual identity development models. They are complementary models yet they have differences. They differ in their scope. Mohr (2002) focused on the differences between heterosexual identity development and the impact heterosexual identity has on attitudes toward LGB clients and counseling effectively with LGB clients. Worthington, et al. (2002) had a broader scope focusing on sexual identity development for the heterosexual in general. Their model focused on heterosexual identity development for what it is instead of focusing on what it is not or in relationship to sexual minority development (Bieschke, 2002).

Worthington, et al. (2002) state that the implications for heterosexually identified counselors gaining awareness of their heterosexual identity will impact their work with both sexual majority and sexual minority clients when working on sexual identity issues. Counselors' level of sexual identity development will impact their competency in working with clients in general. "Heterosexual counselors who have not explored or achieved a clear understanding of their individual or social identities are probably ill-prepared to engage in counseling with clients for whom sexuality may come into play" (p.523).

The implications proposed by Worthington, et al. (2002) for educators and supervisors is that it would increase counseling competencies in working with sexual minority clients if the heterosexual counselors and counseling students examined their own sexual majority development, "because self-knowledge is the foundation on which

an understanding of others is based” (p.524). Having a heterosexual majority identity model will also provide a framework for teachers and supervisors to “understand the training needs of heterosexually identified trainees in the development of LGB counseling competencies” (p.524).

Counselors’ awareness of their own heterosexual majority identity development as well as their client’s sexual majority/minority development impacts their competency in working with all clients. Worthington, Savoy, Dillon, and Vernaglia, (2002) referred to Helms’ (1990a) interactional model of racial identity development. They proposed that this interactional model parallels that of sexual identity development. There are many different possible combinations of stages of development between counselors and clients which becomes very intricate. Yet if counselors are aware and understand their sexual identity and advance in their development, it will impact their competency in working with all clients. They state: “Regardless of one’s status in terms of majority or minority identity development, counseling dyads in which counselors are at more integrated levels of identity development than their clients are described as progressive and tend to be favored. Dyads characterized by clients who are more advanced in sexual identity development than their counselors are described as regressive and are considered potentially problematic. Parallel dyads are acceptable if both parties are at integrated levels of identity development but are likely to be problematic if both are at less integrated levels” (p.523).

Worthington, et al. (2002) proposed model of heterosexual identity development lacks empirical research to prove its validity and the need for recognition of being in the heterosexual majority with privilege needs to be operationalized. This study was seminal

in that it, as Mohr's (2002) article focused on the heterosexual majority identity development and its implications for practice and training. While providing a conceptual framework in understand heterosexual majority identity development and implications for practice, research and training, the authors do not provide empirical research as to how the identity development of counselors impact their competency in working with LGB clients.

In 2008, Worthington, et al., developed the *Sexual Identity Exploration and Commitment* (MoSIEC) instrument that was used to measure sexual identity development in the proposed research. The purpose of the Worthington, et al., (2008) article is to report the results of the analysis and testing of their instrument which measures the "process of sexual identity development" (p.23) no matter the individual's sexual orientation. The model is based on Marcia's (1966) identity development model that incorporates the need for exploration and commitment in order to develop a solid sense of self. The authors conducted four studies. The first study consisted of 690 participants (n=690) and was an exploratory factor analysis (EFA) in order to assess whether the model constructs are consistent with Marcia's model. A MANOVA was conducted on the gender of the participants and the four subscales (Exploration, Commitment, Sexual Orientation Identity Uncertainty, and Synthesis/Integration) in order to examine their relationships. ANOVAs were conducted in order to examine the effects of sexual orientation had on the four sexual identity orientation identities (Commitment, Exploration, Sexual Orientation Identity Uncertainty, and Synthesis/Integration). The results were that the instruments construct of sexual identity development model was consistent with Marcia's identity development model.

In the second study, there were 1,038 participants and a confirmatory factor analysis (CFA) was used to prove the instruments construct validity. The sample was randomly split into two subsamples. SEM analysis was run on both subsamples. The initial CFA was run on the instrument's 22 items on both subsamples. The researchers found that Synthesis and Commitment were highly correlated, therefore they collapsed them into a single factor. They also found a high correlation between Exploration and Uncertainty, therefore those were collapsed into a single factor. Using the Lagrange multiplier modification indexes (Bentler & Chou, 1987) they examined the modified indexes. Running Chi-square to compare the differences, there was significant differences on all comparisons.

The third study was to obtain additional validity scores and additional reliability data. This study used 851 participants. The instruments used were the *MoSIEC*, *Sexual Attitudes Scale* (Hudson, Murphy, & Nurius, 1983), and *Sexual Awareness Questionnaire* (Snell, Fisher, & Miller, 1991). MANOVA and ANOVAs were conducted on the subscales of the instrument and studies 1 and 2 between-groups analyses were replicated. The results of the third study confirmed the previous two studies conducted by the researchers.

The fourth study was a test-retest for reliability. This study was conducted with 61 participants with a test and a retest 2 weeks later. The reliability estimates in the 2-week test-retest for the MoSIEC subscales were: Commitment ($r = .80$), Exploration ($r = .85$), Uncertainty ($r = .90$), and Synthesis ($r = .71$). The internal consistency estimates for the first testing were: Commitment ($r = .84$), Exploration ($r = .91$), Uncertainty ($r = .80$), and

Synthesis ($r = .75$). The internal consistency estimates for the retest were: Commitment ($r = .78$), Exploration ($r = .91$), Uncertainty ($r = .83$), and Synthesis ($r = .80$).

This was a multi-study investigation in order to develop an instrument that is reliable and valid and that is capable of quantitatively measuring sexual identity development. There was diversity across the six sexual-orientation identity groups used in all four study samples. One of the limitations of this study was the convenient sampling that lacked racial-ethnic diversity. Since the sample was a volunteer convenient sample could cause bias due to participants being highly motivated and interested in the topic of sexual development. And as with all self-report bias is a factor. The findings in this study support the use of the MoSIEC measure of sexual identity development as it converged partially with Marcia's (1996) identity development model.

The authors discuss that in previous studies by Worthington, et al., (2002) and Worthington, Dillon, and Becker-Schutte (2005) heterosexual individuals who have engaged in exploration are more likely to have more positive attitudes toward LGB individuals and that exploration was related negatively to religious conflict and hate forms of homonegativity. One of the foci of the current research was to examine counselors' sexual identity development and their faith identity development and their relationship to multicultural counseling competency in working with LGB clients.

Worthington, Dillon, and Becker-Schutte (2005) conducted four studies in developing and validating the *Lesbian, Gay, and Bisexual Knowledge and Attitudes Scale for Heterosexuals (LGB-KASH)*. These studies used the MoSIEC as an instrument in evaluating the LGB-KASH conducting confirmatory factor analysis, test-retest stability, internal consistency and validity. The authors conducted multiple SEM analysis using

574 participants from online and a college campus in order to test the reliability and validity of the LGB-KASH. This study focused on knowledge and attitudes of a general population and not counseling competency in working with LGB clients. The current research used the SOCCS instrument to measure attitude, knowledge and skills of the licensed counselors.

Mohr (2002) wrote a conceptual article on heterosexual identity development model in to serve as a framework for conceptualizing heterosexual counselors' work with sexual minority clients. He argued that counselors' understanding of their own heterosexual majority identity development would decrease bias in their work with sexual minority clients. At the core of his model is the concept that heterosexual counselors develop their assumptions and conclusions concerning their own sexual identity and express their heterosexual identity in order to maintain a sense of sexual-self that is a "positive and coherent" sense of self. Therefore, counselors' work with sexual minority clients is a "reflection of how therapists implement, sustain, and enhance their own heterosexual identity" (p.535). Mohr (2002) went on to say that counselors' heterosexual majority identity is rooted in the larger context of their lives. An understanding of heterosexual majority identity development will explain how heterosexual counselors work more competently with sexual minority clients.

Like Worthington, et al., (2002) Mohr's (2002) heterosexual identity model is based upon the racial identity models of Cross (1995) and Helms (1995) as well as the sexual orientation identity models of Cass (1979) and McCarn and Fassinger (1996). There is a sociopolitical aspect of heterosexual majority identity that is significant in that it has profound repercussions, for a heterosexuals' standing is established in a social

hierarchy of privilege. Another important aspect of heterosexual majority identity resides in how heterosexuals handle their privileged status. Mohr (2002) pointed out that Eliason's (1995) was one of the few studies of heterosexual identity and it indicated that many heterosexual college students were insentient of their heterosexual privilege.

Mohr (2002) devised what he called working models of heterosexual identity he named *self-models* of sexual orientation. This schema followed the work of Helms (1995) in that people work off of the *dominant* working model or favored model. The four working models are: democratic heterosexuality; compulsory heterosexuality; politicized heterosexuality; and integrative heterosexuality. Mohr postulated that counselors in the integrative model would tend to be more flexible and balanced in their understanding of their own sexual identity and therefore a more flexible and balanced understanding of their clients' sexual identity. They would also have a better understanding of how their clients' sexual identity is playing a role in their concerns.

Though not an empirical model, Mohr (2002) concludes in the article that it is important for there to be a heterosexual majority identity model for the purpose of increasing awareness of privilege for the heterosexual and increase competency in working with LGB clients. He stated that supervisors in helping their supervisees evaluate their own heterosexual majority identity could become more competent in working with LGB clients. He went on to give a list of questions for the heterosexual counselors to use in exploring their heterosexual identity. He recommended educational and supervisory environments to encourage the exploration of antigay attitudes. Counselors need to explore their own sexual identity and their attitudes regarding those who are different from themselves, religious beliefs, majority identity and biases will

allow counselors to develop a more refined understanding of these issues and increase competency.

While both Worthington, et al., (2002) and Mohr (2002) make major contributions to the understanding of heterosexual majority identity, privilege and bias, neither model of heterosexual identity development are empirically researched. Yet they both have influenced how the counseling profession views heterosexuality and the need for counselors to understand their own heterosexual majority identity and its impact on their biases and competency in working with LGB clients. As Bieschke (2002) pointed out that heterosexuality was just one of many of the demographics used in research and the need for an understanding of heterosexual majority identity development is needed for a better understanding of multicultural issues and training competent counselors. The current study directly examines heterosexual majority identity development as a predictor of sexual minority counseling competency.

One of the seminal works on heterosexual majority identity development is Simoni and Walters (2001) research. Simoni and Walters (2001) created an instrument in order to “investigate the relationship between heterosexual identity attitudes and heterosexism” (p. 162) to show that an increasing awareness of one’s heterosexual identity creates a positive attitude toward LGB people. This empirical article produced an instrument to measure how attitudes of heterosexuals and role of awareness of their privilege impacted heterosexism. While social privilege was not empirically examined in this study, it showed that being in the sexual majority increased prejudice. Simoni and Walters created the Heterosexual Identity Attitude Scale that was a modified Helms and Carter’s White Racial Identity Attitude Scale (WRIAS). Heterosexual privilege status is

based on the fact that they share in the sexual orientation of the majority which advantages heterosexual individuals and this privilege is “invisible” to them. Simoni and Walters state, “Moreover, if the counselor does not consciously monitor his or her own privilege and its associated power in clinical transactions, it may be misused in the therapeutic relationship, placing the client in a potentially harmful situation” (p.159).

Participants in the study were 181 postsecondary students in Southern California in 1992. 154 questionnaires were chosen based on their identification as “mainly straight” and “exclusively heterosexual.” The WRIAS instrument was transformed into the HIAS instrument by replacing “Whites” with “straight people,” “Blacks” with “lesbians and gay men,” and “race” with “sexual orientation.” Bivariate analyses were conducted along with ANOVAs and two-step hierarchical regression analysis. A hierarchical regression was used in order to control the effects of certain demographics. The current study will use a multiple regression in order to examine if counselors’ heterosexual identity development is a predictor of sexual minority counseling competency.

Simoni and Walter’s (2001) study made several contributions to the literature regarding heterosexual majority identity. It brought attention to the privileged status of heterosexuals. It also suggested that heterosexuals develop an identity regarding their sexual orientation in a comparable way to the process of White racial identity attitudes as defined by Helms and Carter (1990). The study showed some positive correlations of the stages with age and education and the concept of stage progression was validated. Simoni and Walters themselves state there is a limitation in that membership in the White majority does not exactly parallel with being a member of the heterosexual majority. This study pointed to a correlation between heterosexual majority identity and negative

attitudes towards LGB clients, therefore suggesting that higher stages of heterosexual identity development correlate to progressively more positive attitudes toward LGB clients.

One limitation in this study was that the sample was not randomly chosen and consisted of students in Southern California, which limits the study's generalizability. The current study will use a random sample of counseling professionals in order to gain generalizability. The sample used in this study was taken from students from a psychology program in a post-secondary school in California and focused on the association between attitudes towards LGB clients and heterosexual identity, where the current study will use post-graduate practicing professional counselors in order to gain a better understanding of heterosexual majority identity development as a predictor of sexual minority counseling competency.

Another limitation was the assumption that the modified WRIAS, creating the HIAS would actually measure heterosexual majority identity development. The psychometric validity of the WRIAS has been questioned as well. White and heterosexual identity development are complex and multifaceted identities to conceptualize and measure and create a sequential linear stage model to measure.

There is an emphasis to gain an understanding of identity development, yet most of the research in the domain of sexual identity has been on minority identity development. Research on majority sexual identity development is limited to date. There have been some majority identity development models addressing race, racial attitudes, and racial awareness (e.g., Helms, 1990, 1995; Rowe, Bennett, & Atkinson, 1994). There has been limited research in the area of heterosexual identity development. Worthington,

et al. (2008) developed an instrument to measure sexual identity development across sexual orientations. Heterosexuality has been used as a demographic in many studies examining counselors' competency in working with LGB clients. This research will use the counselors' sexual identity development as an independent variable.

In a qualitative study, Grove, (2009) found four themes that helped students learn about LGB issues including, (a) reflecting on their own sexuality and heteronormative assumptions, (b) understanding sexual orientation and diversity within-groups, (c) awareness of their discomfort when communicating with sexual minorities, and (d) experiencing a political awakening in regards to the impact of oppression. A systematic research review of LGBT issues in counseling by King, Semlyen, Killaspy, Nazareth, and Osborn (2007) identifies similar findings across qualitative and quantitative studies. These themes indicate a need for counselor self-exploration related to sexual orientation in order to effectively respond to LGB clients. Additional studies on heterosexual identity and ally identity emphasize the importance of self-reflection on assumptions about sexual orientation and values (Asta & Vacha-Haase, 2012; Duhigg, Rotosky, Gray, & Wimsatt, 2010). This needed focus on sexual identity and self-exploration with heterosexual identity is the one of the areas of research for the current study.

Heterosexual Privilege Awareness

The majority of research regarding privilege has been in the area of race. Helms (1990, 1995) and Helms and Carter (1995) conducted research to understand the identity development of a majority group, those being whites. This research will examine heterosexual privilege. Simoni and Walters (2001) compared racial privilege to sexual privilege. Heterosexual privilege is much like White and male privilege in that it is an

assumption of civil rights, social benefits and granted advantages that have not been earned. With this comes an increased sense of worth in self and a decrease sense of worth in those in the minority. The privileged internalized positive beliefs of themselves brings about negative beliefs of those not in the majority group (Hoffman, 2004; Worthington, et al., 2002). These processes occur on an unconscious level. Many operate out of bias and prejudice unaware (McGeorge & Carlson, 2011). As stated previously, Simoni and Walters' research suggested the importance of privilege for heterosexual majority identity. In fact, Worthington and Mohr's (2002) commentary for a special edition of *The Counseling Psychologist*, pointed out the importance of understanding majority identity development in order to understand privilege. Case, Iuzzini and Hopkins (2012) state that there is research within sociology and psychology that examine the experiences of prejudice and discrimination, but little empirical research of the experience of being privileged.

Case, and Stewart (2009) assessed 165 students' level of heterosexual privilege awareness to determine what impact this would have on their prejudice, and support of gay marriage. The course, Psychology of Race and Gender, was offered to students on rural Kentucky university campus. A pre-course test was given and a post-course test was given to the students. A fifteen-week course covering LGBT issues, racial identity, gender issues, prejudice, and heterosexual privilege were some of the topics covered. The test/survey used was created using the *Heterosexual Privilege Awareness* scale (HPA), *Prejudice Against Lesbians and Gay Men* scale, and *Support for Same-Sex Marriage* scale.

The analysis of the data gathered was a repeated-measures ANOVAs comparing pre- and post-test data. The results of this study showed that students in the diversity course grew in their awareness of heterosexual privilege and that this awareness decreased their prejudice and increased their support of same-sex marriage. The authors reported that at the end of the course, students' prejudiced beliefs decreased, including the belief that "homosexuality is a sin and an inferior form of sexuality" (p.6).

A limitation of this study was that the participants were volunteers and because of that, there is a probability that the students may have had a previous interest in the topic of diversity, heterosexual privilege and same-sex marriage. There could have been outside of class experiences as well that could have impacted the findings. While this research covered heterosexual privilege awareness and its impact on prejudice and support of same-sex marriage among university students, it did not research heterosexual privilege awareness and its impact on counseling competencies.

Case, Hensley and Anderson (2014) researched interventions effectiveness in raising heterosexual and male privilege among college students. They conducted two experimental studies. They found in these two studies one that video interventions were effective in raising heterosexual awareness and internal motivation to respond without prejudice; and male privilege awareness was significantly increased and sexism was reduced by video intervention. The studies were conducted with 177 university students of which 80% were female with the average age of 30 years. The instruments used were the Heterosexual Privilege Awareness (HPA) scale, internal motivation to respond without prejudice and the external motivation to respond without prejudice. There were two interventions: 1) a privilege list and reflective writing assignment, or 2) video

testimonial and reflective writing assignment. A pretest was given using the survey created by the instruments used. The participants were randomly assigned into three groups: the control group ($n = 59$) which received no intervention, the privilege list intervention group ($n = 56$), and the video intervention group ($n = 62$). The researchers used repeated-measures 2×2 (time \times intervention type) ANOVAs compared Times 1 and 2 data for each of the dependent variables (heterosexual privilege awareness, internal motivation and external motivation). The participants receiving the video intervention was the only group that showed significant increases in heterosexual privilege awareness compared to the control group [$F(1, 109) = 5.86, p = .02, \eta^2 = .051$]. The video intervention had a significant increase compared to the control group in participants' internal motivation [$F(1, 111) = 1.31, p = .26$]. There was no significant increase on the external motivation by either intervention. The findings indicated that the video intervention raises heterosexual privilege awareness and increased internal motivation to respond without prejudice. Yet there was no real significance between the video and the privilege handout interventions. One of the major is the volunteer sampling that was majority females. The participants were non-traditional students with an average age of 30 years. This would limit the studies generalizability to other populations. There was no research into the long term impact of the interventions used.

There was a second study in this article dealing with male privilege. It will not be reviewed as the focus this research is on heterosexual privilege. The second study did mirror the findings in that the video intervention did have increased significance on increased male privilege awareness. While this study did research privilege, namely heterosexual privilege, the population for this study was university students and not

counselors. It did not examine heterosexual privilege awareness and its impact on counseling competencies in working with LGB clients as the current research does.

While privilege awareness has been researched, most of the research has been in race and gender. There has been growing research in sexual majority privilege or heterosexual privilege. The studies reviewed in this section were of students and examined the impact of heterosexual privilege on issues such as prejudice, support of same-sex marriage and the impact of interventions on heterosexual privilege awareness and prejudice. There were no studies found that researched the impact of heterosexual privilege awareness on counselors' competency in working with LGB clients. Therefore, this research will fill the gap in the research.

Faith Identity Development

Faith and spiritual identity development is a complex and multifaceted concept to define and research. Fowler (1981) developed a faith identity development theory which focuses on how individuals interpret ultimate reality and not just explicit content of their belief system. His theory of faith identity development "is characterized by increasing complexity, differentiation, autonomy, humility, and activism in one's faith" (Leaks, et. al., 1999). The current research, used the Revised Faith Development Scale (RFDS; Harris & Leak, 2013). This instrument is based on Fowler's theory of faith development and a postconventional religious reasoning. People with higher levels of postconventional religious reasoning are those who can independently and critically develop their own religious or faith, do not internalize negative external views of their identity and are more tolerant of other cultures and religions.

Harris and Leak (2013) conducted research in order to develop a 16-item Likert instrument to measure faith development, the *Revised Faith Development Scale (RFDS)*. The RFDS measures postconventional religious reasoning. Postconventional religious reasoning is an individual's ability to evaluate religious concepts critically intrinsically rather than dependence on extrinsic authorities. This instrument is based on a previous instrument, the *Faith Development Scale (FDS)*; Leak, Loucks, & Bowlin, 1999; Leak, 2003). Both instruments are based on Fowler's (1981) faith development theory. Fowler (1981) theorized about faith development. His theory was strongly influenced by other stage theorists (e.g. Piaget and Erikson). His theory focuses on how one understands ultimate reality rather than the specific content of an individual's beliefs. As a developmental approach, Fowler sees religious growth as a continuing process of development through six stages of reasoning about ultimate reality. Fowler's theory of faith development cannot be sufficiently explained here. Yet it is safe to say that his theory of faith development is characterized by increasing complexity, differentiation, autonomy, humility, and activism in one's faith. There is movement from external motivation to internal motivation. The authors report that the FDS produced a wide range of coefficient alphas especially with special populations, such as the LGB population. Therefore, a revised version was created, the RFDS, in order to better assess faith development in a broader population with higher validity and reliability. The purpose of this article was to assess the reliability and validity of the RFDS.

The participants in this study were drawn from Christian churches in the northern Midwest. The sample consisted of 327 participants. The instruments used were the FDS, the RFDS, *The Quest Scale* (Batson et al., 1993), the *Traumatic Life Events*

Questionnaire (TLEQ; Kubany et al., 2000), the *Scriptural Literalism Scale* (SLS; Hogge & Friedman, 1967), and the *Religious Commitment Inventory-10* (RCI; Worthington et al., 2003). The results of this study showed convergent validity and reliability of the instrument. The authors state several reasons for the importance of researching postconventional religious reasoning. One of the reasons stated was that those who have higher levels of postconventional religious reasoning or those who can independently and critically develop their own religious or faith beliefs exhibit better mental health, do not internalize negative external views of their identity and are more tolerant of other cultures and religions. One of the major limitations of this study was that the data collected were part of a larger study of trauma survivors comprised of mostly female, Caucasian, Christian and highly educated.

Harris, Leak, Dubke, and Voecks (2015) researched postconventional spiritual/religious development using the RFDS among and in trauma survivors. This study had 327 participants who were trauma survivors in northern Midwest Christian churches. The instruments used in this study were the *Traumatic Life Events Questionnaire* (TLEQ; Kubany et al., 2000), the *Religious Comfort and Strain Scale* (RCSS), and the *Revised Faith Development Scale* (RFDS; Harris & Leak, 2013). This study was to measure the impact that exposure to trauma, religious rifts and levels of religious fear and guilt have on levels of postconventional religious development. The analysis conducted in this study were means, standard deviations, alphas, intercorrelations and a single hierarchical multiple regression. The results produced from this study were that a higher level of exposure to trauma and higher levels of reported religious rift had a positive correlation to higher levels of postconventional religious

development. It was reported that religious fear had a negative correlation to postconventional religious development. Participants who scored higher on religious fear and guilt subscales and religious comfort showed lower levels of postconventional religious development.

While this study showed the RFDS to be a reliable and valid measure of postconventional religious development, it has several limitations. The limitations of this study would be that the participants were all Christians making it more difficult to generalize the findings to a broader faith base including other religions. The population studied was predominantly females and were compensated for their time.

This study used the RFDS, which was a measure used in the current research. The population that was used in the current research was broader in faith base and gender. While the RFDS has been tested in previous studies, including this one. It has not been test for validity and reliability with the population of the current research.

Bidell (2014) states that “To date, no published counseling research has examined the link between sexual orientation counselor competency and religious conservatism” (p. 170). Many articles deal with the faith identity of the counselor and therapeutic issues. Haldeman, (2004) deals with the issue of “*When sexual and religious orientation collide: Considerations in working with conflicted same-sex attracted male clients*” but this issue is on the conversion therapy argument. Few articles were found in the PsycInfo searches examining the faith identity development of the counselor and its impact on multicultural counseling competencies.

Balkin, Schlosser & Levvitt, (2009) point out that there has been research that has identified the need for counselors to have an awareness of the spiritual needs of clients,

yet very little research to date of the writing of their article had focused on the faith identity of the counselor. They go on to point out that a religious counselor could bring more bias to the counseling relationship. Balkin, Schlosser & Levitt, (2009) report in their findings that counselors who were: rigid in their beliefs regarding their faith, more easily influenced by others, and less tolerant of those outside their faith were actually more likely to demonstrate intolerance toward LGB clients. The measure for religious identity development in this study was the *Religious Identity Development Scale (RIDS)*. The RIDS was developed by Veerasamy, (2003) in his dissertation. The RIDS was a new instrument at the time this article was written and has been used infrequently and has only been cited 5 times. One of those citations is found in the Balkin, Schlosser & Levitt (2009). The writers recommend that there needs to be future research to “evaluate the relationships between religious identity and other aspects of identity (e.g., racial identity, gender identity). (p. 425).

Bidell (2014) examines religious conservatism and sexual minority affirmative counselor competence. He makes the point that sexual minority counselor competency is “now uniformly accepted as the ethical standard of care for all LGB and questioning clients” (p. 170). He goes on to reference other research to make the point that religiosity and religious identity produces prejudice toward LGB clients and hinders multicultural counseling competencies in working with LGB clients. While this research points to the counselor’s faith identity and multicultural competencies as a prejudice, sexism and homophobia, yet it does not address the issue level of religious identity development and heterosexual majority identity as predictor of counselors’ level of multicultural counseling competency in working with LGB clients.

The articles reviewed in the area of faith identity development help to understand faith identity development, as well as its impact on trauma recovery. Bidell (2014) pointed out that little to no research had been conducted to examine the impact on LGB counseling competency and faith identity or religiosity of the counselor. A PsycINFO search conducted using the search terms “faith identity” and “LGB” yielded 1 peer-reviewed article and it was research of the integration of lesbian and bisexual identity with faith and religious identity. No entries were found that focused on the impact of a counselor’s own faith identity development and multicultural counseling competencies in working with LGB clients.

Intrinsic Religiosity

Religiosity refers to the customs or manner in which an individual expresses his or her faith (Balkin, Schlosser & Levitt, 2009). Extrinsic religiosity (ER) is an external form of religiosity that is for an individual’s own ends or “for show.” It is when an individual uses religion as a means to an end and not for faith’s sake, therefore it is utilitarian. The ends might be social status, personal comfort, personal security, social connection and distraction, self-justification or financial success (Allport & Ross, 1967; Koenig & Büssing, 2010). “In theological terms the extrinsic type turns to God, but without turning away from self” (Allport & Ross, 1967, p. 434). Intrinsic religiosity (IR) is the degree of internal or personal faith commitment or motivation. IR is the use of faith/religion as an end unto itself.

The current research will examine if intrinsic religiosity is a predictor of counseling competency with LGB clients. Bidell (2014) stated that “To date, no

published counseling research has examined the link between sexual orientation counselor competency and religious conservatism” (p. 170).

In order to create a brief measure of religiosity, Koenig and Büssing (2010) researched The Duke University Religion Index (DUREL) a five-item measure for use in epidemiological studies. It measures organizational religious activity, non-organizational religious activity, and intrinsic religiosity, which are three of the main dimensions of religiosity. There are three subscales to measure these dimensions. The authors report that the overall scale has high test-retest reliability with an intra-class correlation = 0.91. The DUREL has a Cronbach’s alpha’s equaling .78-.91 for internal consistency and a high convergent validity with other measures of religiosity used in the study (r ’s = .71-.86). The DUREL has been widely used in research and is available in more than 10 languages. The DUREL was first published in 1997 in the *American Journal of Psychiatry*. Since this instrument was used in this research, the psychometric properties are reported in chapter three – Methods in the *Instrument* section.

The DUREL was designed in order to measure religiosity in the following Western religions: Christianity, Judaism and Islam. The authors report that the DUREL may be less accurate in measuring religiosity in Eastern religions such as Hinduism or Buddhism. The population that the DUREL was used with is almost 7,000 participants between the ages of 18 to 90 over three different studies.

While this study is points to the broad use and testing of the DUREL, its focus was on examining the relationship between religion and health outcomes. The limitation of this study is its focus on Western religions. As the authors admit it may not be as reliable with a population that practice an Eastern religion. The DUREL was used in the

current research of how counselors' religiosity relates to multicultural counseling competency and mediates their religious identity development.

Lee, Zahn, and Baumann (2011) surveyed 197 medical, psychotherapeutic and nursing staff of the Freiburg University Hospital in Germany from December 2008 to January 2009 in order to examine three the staff's spirituality, its relationship with their attitudes towards religiosity/spirituality of their patients, and the staff's integration of the use of religious and spiritual contents in their patient's psychotherapy. The DUREL was used to measure the main predictor variable of the staff's spirituality. The questionnaire of *Curlin et al.* (2007) was used to measure the relevance of religiosity/spirituality of the patients and staff's attitude towards the use of religious/spiritual contents during psychotherapy.

The Lee et al. use Allport and Ross's (1967) definition of intrinsic and extrinsic religiosity. Extrinsic religiosity is viewed as a means to fulfill a desire like security, sociability, or self-justification. That is that people would "use" their religions. Intrinsic religiosity is viewed as an internally motivated. That is that people "live" their religions.

The finding of this study were mixed. Two significant findings in this study were that many mental health professionals did not discuss religious/spiritual matters with clients due to privacy and concern that it would make things worse. The other finding was that the higher level of spirituality of the mental health professional, the more likely they were to share their own religious experience. Lee et al. called for more training in the integration of religious and spiritual issues in psychotherapy. While this study was measured the religiosity of mental health professionals using the DUREL and the use of

religion/spirituality in psychotherapy, the authors did not use the instrument in order to measure its relationship to competency.

A limitation of this study would be that the attitude scale was a nominal scale; therefore, correlations could not be analyzed. Another limitation is that this study was conducted in Germany, which would limit its generalization to professionals in the U.S. The current research examined mental health providers in the United States.

Beckwith and Morrow (2005) researched the impact of religiosity and spirituality on sexual attitudes of college students. In sampling 330 undergraduate students from a southeastern doctoral research institution, the researchers found that students' level of religiosity and spirituality had an impact on their sexual attitudes and behavior. Higher scores of religiosity and spirituality were positively correlated to conservative sexual attitudes and behavior. The measures used were the *Duke Religion Scale (RS)*, *Spiritual Involvement and Beliefs Scale (SIBS)*, and the *Sexual Attitude Scale (SAS)*. The RS is the 6-item Likert scale instrument that is the predecessor of the 5-item Likert scale DUREL was used in the current research.

Beckwith and Morrow used a correlational model and the Pearson r and standard multiple regressions for statistical analysis. The findings were that there was a negative correlation between religiosity and the sexual practices and permissive sexual attitudes. There was a positive correlation between religiosity and conservative sexual attitudes and behavior.

Limitations of this study were that it was a sample of recruited college students from a southeastern doctoral research university and cannot be generalized out to other populations. Also there was some overlap in aspects of religiosity and spirituality as

measured by the instruments that were used. The construct of religiosity and spirituality, therefore, are not clear and operationally defined.

While Beckwith and Morrow examined the impact that religiosity has on sexual attitudes and behavior, their research does not take into consideration the level of faith development and its impact on religiosity and sexual attitudes. The current research will use the DUREL along with the RFDS to measure both dimensions of religiosity and faith identity development. Beckwith and Morrow also investigated the attitudes of college students toward sex. The current research will examine the attitudes counselors have towards the sexuality of LGB clients and the impact their religiosity and faith identity have on those attitudes.

In order to examine the attitudes of Malaysian nursing students toward homosexuality and the degree to which their religiosity had on their attitudes, Ng, Yee, Subramaniam, Loh and Moreira, (2015) conducted a study of 495 participants. Their previous research on religiosity proved that 400 participants was a large enough sample to have power of analysis on religiosity. The population was Muslim in faith as Islam is the federal religion of Malaysia and homosexuality, therefore is illegal. Islam prohibits homosexuality (Ng. et al. (2015).

Measures used in this study were a basic demographic scale, the *Heterosexual Attitude Scale (HAS)* and the *Duke University Religion Index (DUREL)*. The main analysis used in this study was a linear regression in order to determine which variables were significantly associated with attitudes toward homosexuality after Ng et al. (2015) ran *t* values, confidence intervals and *p* values to determine statistical significance. They found no direct correlation between gender or age in regards to attitudes toward

homosexuality. The authors also found that there was a direct relationship between religiosity and attitudes toward homosexuality. There was no real difference found between Muslim or non-Muslim participants. Ng et al. (2015) reported that it did not matter what religion the participant practiced but the level of his or her religiosity, that is the manner in which the participants' integrated their beliefs into their lives. This was in disagreement with the study of Adamczyk and Pitt (2009), which found that non-Muslims had more positive attitudes towards homosexuality. Bias towards patients is an important part of treatment. It was reported that many homosexual patients were reluctant to seek treatment due to bias and the expectation of subpar treatment.

The limitations of this study include a) the sample population contained a majority of single females b) the population was also majority Muslim to the exclusion of other faiths and c) and the participants for this study were taken from one hospital, therefore, the findings are not generalizable to a broader population. Another limitation admitted by the authors was that the level of education or training was a key demographic that was omitted from the data. The current research will include the level of education and exposure to courses and trainings in the multicultural counseling competency with LGB clients.

Ng et al. (2015) studied how the religiosity of providers impacts multicultural counseling competency. One of the subscales of the SOCCS, which was used in the current study, measures awareness of LGB client issues.

Most of the research reviewed for the area of religiosity were conducted in the medical field. There was research on the impact of religiosity and spirituality on sexual attitudes of college students. Other studies examined religiosity and its impact on

attitudes toward LGB population. However, as Bidell (2014) pointed out, little to no research had been conducted to examine the impact of counselor religiosity has on LGB counseling competency. This research will examine counselors' intrinsic religiosity and its impact on LGB counseling competency.

Sexual Orientation Competency with LGB Clients

Sue et al. (1982) and Arredondo et al. (1996) point to the need for counselors to grow in culture-specific awareness in three domains: attitude, knowledge, and skill. Arredondo et al., (1996) Sue et al., (1992) and Ahmed et al. (2011) state that counselors need to be educated and supervised in order to integrate multicultural and culture-specific awareness, knowledge, and skills in working with diverse populations, one of those being the LGB client. Israel, and Selvidge (2003) state that multicultural counseling and LGB counseling have “developed fairly independently from each other and are, at times, pitted against each other in a battle for inclusion in counselor education curricula” (p. 84). Much of the multicultural competencies have focused on ethnic minorities but those multicultural counseling competencies translate to working with LGB clients as well. The authors state that there are similarities between sexual and ethnic minorities yet there are differences that need to be addressed in the training of counselors.

Counseling competencies are necessary in order for counselors to provide ethical, affirmative, and competent services to LGB clients (Fassinger & Richie, 1997; Israel & Selvidge, 2003). Israel et al., (2003) point out that LGB clients face increased stress and have increased risk behaviors (e.g., substance abuse, suicide and risky sexual behavior) due to being marginalized. They seek counseling at a higher rate and participate in more

counseling sessions than heterosexual clients (Bieschke et al., 2007). Which begs that counselors become more competent in working with LGB clients.

The preparation of mental health workers for working with LGB clients is mandated by the APA, ACA, CACREP, National Association of Social Workers (NASW) and other associations and accrediting agencies. While the need for culturally competent counselors is mandated, many models of working with LGB clients are “extrapolations of models” in working with ethnic minorities. Israel et al. (2003) state that “A few studies have attempted to identify components of counselor competence with LGB clients through empirical means” (p. 5). Israel et al., (2003) in their research used 22 experts creating two groups, LGB experts and LGB participants. While this article is dated in that it was published in 2003, strides have been made regarding multicultural counseling competence in the area of counselor perceptions, awareness, knowledge and skills in working with LGB clients (Israel et al., 2003). However, less has been accomplished in the area of the counselors’ identity development in the domains of heterosexual identity development and faith identity development and how this impacts the counselors’ competency in working with LGB clients. Israel et al. (2003) look at the components of a counselor’s competence in working with LGB clients but they do not look at the counselor’s own identity development. There is empirical evidence of the multiple components for competency in working with LGB clients but the evidence lacks focus on the identity development of the counselor that would create the multicultural competent counselor in working with LGB clients.

The *Sexual Orientation Counseling Competency Scale* (SOCCS, Bidell, 2005) was designed to measure the attitudinal awareness, skills, and knowledge competency of

counselors working with LGB clients. The SOCCS measures counselor competence specific to LGB sexual orientations, therefore it is not gender identity/transgender inclusive. Because minority sexual orientation and gender identity present important differences, counselors need to develop distinctive competencies regarding transgender clients. The SOCCS follows closely to the multicultural counselor competency theory established by Sue, Arredondo, and McDavis (1992). Multicultural counselor competency theory requires counselors to explore and expand awareness of their biases and attitudes, to establish knowledge about diverse client populations, and to develop culturally sensitive counseling skills. Bidell (2005) developed the psychometric properties of the SOCCS across three studies utilizing over 300 mental health students, providers, and educators from across the United States. In order to examine the psychometric properties of the *SOCCS* Bidell (2005) conducted an exploratory factor analysis on each item of the SOCCS. He also conducted reliability and validity tests. The instrument was found to be a valid and reliable instrument to be used to measure awareness, knowledge and skill competencies of counselors in working with LGB clients. This instrument is used in the current research and the psychometrics of the SOCCS can be found in chapter three – Methodology section on instruments.

The participants in Bidell's (2005) study were 312 students, counselor educators, and counselor supervisors from 16 universities. The 312 volunteer participants were 65% of the total sample invited to participate in the study that returned the surveys. The instruments used in this study were the *SOCCS*, the *Attitudes Toward Lesbians and Gay Men Scale (ATLG)*, the *Multicultural Counseling Knowledge and Awareness Scale (MCKAS)*, and the *Counselor Self-Efficacy Scale (CSES)*.

The SOCCS instrument is a 29 item 7-point Likert scale survey that is based on the rational-empirical approach (Dawis, 1987; Ponterotto et al., 2002). The author created a 100 item pool of test questions. He reduced that pool to 42 questions. Upon conducting an exploratory factor analysis of the three subscales of the SOCCS with the other measures, a 29 item instrument was created. The findings of the study were that the 29-item SOCCS showed reliability and convergent validity when compared to the other measures used. The regression analysis run with the MCKAS, ATLG, and the CSES as the predictor variables for the total SOCCS showed that all three predictors were significant predictor variables.

Some of the findings of this study were that counselors' skill competencies were more than one third lower than their knowledge competencies and one half lower than their awareness competencies. These results point to the need to increase counselors' awareness competencies which could impact their knowledge competencies and in turn impact their skill competencies. Also it was reported that consistently the counseling students stated that their training had not equipped them to work competently with LGB clients.

Several limitations should be noted in regards to this study. The fact that self-report is impacted by desirability of the participant and self-efficacy is judged by the participant. The sample, while large enough for analysis, was not reflective of the population of the United States, which might give pause to its generalizability. The author does not state if the demographics of the sample of students, counselors, counselor educators and supervisors was reflective of the population of students, counselors, counselor educators and supervisors in the United States. The current research examined

counselors in the United States using the SOCCS instrument to measure sexual orientation counseling competency in the areas of awareness, knowledge and skills in working with LGB clients as the dependent variable.

Bidell (2014a) examined the relationship between LGB sexual orientation counseling competency and religious conservatism. Also studied was the predictive relationship of multicultural and LGB education, LGB interpersonal contact and religious conservatism on LGB-affirmative counselor competency. The participants of this study were 228 counseling students, doctoral counseling educator students and supervisors from 11 Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited universities.

In this study Bidell (2014a) used the SOCCS (Bidell, 2005) to measure LGB-affirmative counselor competency and the RFS (Altemeyer & Hunsberger, 1992) to measure religious conservatism. The author examined five possible covariate variables: Political conservatism, training in LGB issues, interpersonal contact with LGB acquaintances and friends, level of education obtained, and sexual orientation. These variables were part of the demographic survey given to the participants. Descriptive statistics, Pearson correlation coefficients and means analysis was used on the data. ANCOVA was used to measure the effects of the religious conservatism on their sexual orientation counseling competency scores, while controlling for education level, LGB interpersonal contact, and political conservatism. The results were that counselor religious conservatism had a significant effect on SOCCS scores.

It was shown that as religious and political conservatism increased so did the RFS scores. Another finding was that the strongest predictor of sexual orientation counseling

competency with LGB clients was religious fundamentalism. As religious fundamentalism increased sexual orientation counseling competency decreased. Of the five possible covariate variables the only variable that was not predictive of counseling competency with LGB clients was multicultural coursework. The author points out that there is very little research that has focused on the religious/faith identity of the counselor, yet it is a predictor of sexual orientation counseling competency with LGB clients. The author states: “Put another way, one in three counselors, educators, supervisors, and trainees in this study demonstrated a significant connection between their conservative religious beliefs and sexual orientation counselor competency” (p.175).

Bidell (2014a) measured religious conservatism as self-reported in the demographics, showing a significant effect on SOCCS scores. The current study used two instruments to measure faith identity development and intrinsic religiosity’s effect on SOCCS scores.

In Bidell (2014a) the findings were that multicultural coursework was not a predictor of sexual orientation counseling competency with LGB clients. In Bidell (2014b) the author examined how multicultural coursework impacted LGB counseling and multicultural competencies. Two hundred and eighty-six master’s- and doctoral-level counseling and psychology students that were enrolled in CACREP and APA-accredited programs were the sample of this study. The measures used were the MCKAS, SOCCS, and demographic data. The author conducted MANCOVA and multiple regression analysis on the data. The findings were that three variables were significant predictors of overall scores on the SOCCS. The three variables in order of strength are: political conservatism, LGB courses, and education level. Multicultural courses were not found to

be a predictor of SOCCS scores. All four variables were found to be predictors on the MCKAS scores. The findings point to the importance of including sexual orientation competencies in multicultural counseling courses. The quantity of courses correlated with competency with LGB clients. It also pointed to political conservatism as a significant predictor of LGB counseling competency. This was the finding of the previous reviewed studies of Beckwith and Morrow (2005) and Pearte et al. (2013).

Bidell (2014b) defines multiculturally competent counselors as those who have self-awareness of their values and biases, understand their clients' worldview, and intervene in a culturally appropriate manner. The increase in LGB multicultural education and supervision increased competency in working with LGB clients.

Findings of this study were that multicultural competencies but not LGB counseling competencies were predicted by multicultural coursework. Political conservatism was found to be the strongest predictor for both multicultural and sexual orientation competencies. The findings of this study point to the need for more than multicultural coursework and the examination of other variables that impact sexual orientation counseling competency with LGB clients.

Limitations of this study were small effect sizes found in this research. The design was not controlled or randomized. Therefore, the findings of this study are not conclusive. It would stand to reason that a single multicultural course would not necessarily increase sexual orientation counseling competency with LGB clients. There would need to be other interventions.

In examining counselor competency with LGB clients in different practice settings Farmer, L. B., Welfare, L. E., and Burge, P. L. (2013) surveyed 468 participants

in community practice, counseling students, and counselor educators. The findings were that participants reported high attitudes but lower knowledge and skills in sexual orientation counseling competency with LGB clients. School counselors reported significantly lower levels of sexual orientation counseling competency than counselors in other settings of practice. The authors point to the importance of educational training to increase knowledge and skills in counseling competency with LGB clients. The ACA and CACREP standards mandate that counselors be prepared and equipped to work competently with LGB clients, yet it is unclear if counselor education and supervision are fulfilling the mandate. This study points out that there are higher scores on attitude and lower scores on knowledge and skills in counseling competency with LGB clients.

A sample of 468 licensed professional counselors, professional school counselors, counselors-in-residence, counseling graduate students, and counselor educators participated in this study. The instruments used for this study were the SOCCS (Bidell, 2005) and the MC-C (Reynolds, 1982). The analysis used was descriptive statistics of mean and standard deviation to assess the participants' self-perceived sexual orientation counseling competency with LGB clients. A one-way between-subjects analysis of variance (ANOVA) was used to compare the practice settings and LGB counseling competency. The findings were that counselors reported competency in attitudes toward LGB clients with lower scores in knowledge and skills. Counselors have affirming attitudes but lack knowledge and skills in sexual orientation counseling competency with LGB clients.

The limitations of this study were the use of self-report measures. Self-perceived competency does not allow to reflect actual competency or outcomes. As with most studies

of this nature dealing with a sensitive and emotionally charged topic, there is the possibility of skewedness and social desirability.

The authors themselves recommend that other variables should be researched that contribute to counselor competency, such as the number of LGB clients with which they have worked. The current research will examine other variables such as level of education and training, history of work with LGB clients and faith identity development.

Graham, Carney, and Kluck (2012) report that LGB clients use counseling services at a higher rate than heterosexuals. In their study they survey 234 graduate counselor and psychology students focusing on students' perception of their LGB counseling competency. They were seeking to answer two research questions: Do differences exist in perceptions of competence across the domains of knowledge, awareness, and skills? Does the degree of competency differ as a function of gender, degree program, degree level, additional training experiences, and the number of LGB-identified clients seen in practica or clinical placements? They use the SOCCS (Bidell, 2005) to measure counselor competency in working with LGB clients. In this study the students report more competency in awareness and knowledge than skills in working with LGB clients. The level of training, number of LGB clients seen and LGB-focused training workshops and conferences increased counseling competence. The authors report that many counselors are not sufficiently prepared to work competently with LGB clients.

The measures for this study were demographic information and the SOCCS. The analysis used for this study was within-subjects analysis of variance (ANOVA). Gender of counselors was not found to be significant. The level of education did have a significant impact on counselor competency. Graham, et al. (2012) found that counselors

reported a high level in the awareness domain, a moderate level in the knowledge domain, and a low level in the skills domain of competency. This is consistent with earlier research.

The limitations of this study were the self-report nature of the study, social desirability, and the heightened emotional, religious and political nature of the topic being studied. The sample was not a random sample and the participants could have gotten involved in the study due to previous interest in the topic. This would affect the generalizability of the study. The current study will use a randomized sample of counselors.

Implications and recommendations of this study are that experiential experiences be used in the educational process and supervision of counselors. The low levels of knowledge and skills would suggest that more education and supervision in these two domains would be important in increasing sexual orientation counseling competency with LGB clients.

Rutter, Estrada, Ferguson, and Diggs, (2008) explored the impact of training on counseling students' competency with LGB students. They used the SOCCS (Bidell, 2005) to measure sexual orientation counseling competency. In this study there was a sample of 38 counselor education students from an urban western university. A control group (n=17) did not receive training. The treatment group (n=21) did receive training in LGB competency. The SOCCS was used as a pre- and post-measure during the study. The treatment group received training using the Affirmative Counseling Model that was proposed by Dillon and Worthington (2003) and information in the three domains of competency (i.e., Awareness, Knowledge, and Skills). The analysis conducted was a

paired-samples t test. There were no significant findings on the knowledge or awareness subscales. There was a significant difference in the skills subscale on the SOCCS, $t(12) = -3.51, p < 0.05$. The analysis of the treatment versus control group revealed significant difference on the post-test results in the domains of knowledge and skills. There was no significant difference in the domain of awareness. The results indicated that there was a positive correlation between the amount of training and counselor competency. The authors stated that the research shows LGB population seeks out counseling services at five times the rate of the heterosexual population. Research has also found that the LGB population report high rates of dissatisfaction due to homophobia, heterosexual bias, and counselors' low level of LGB knowledge and skills (Liddle, 1997; Palma & Stanley, 2002).

The limitations of this study are small sample size. The sample was taken from one university in the same area of the United States. These two limitations would limit the study's generalizability to a broader population. One of the implications of this study is lack of research addressing LGB competency training and assessment of counseling students and the few instruments to assess counselor competency and even fewer training programs to address the issues.

Rock, M., Carlson, T. S., McGeorge, C. R. (2010) examined couple and family therapy students' level of competency working with LGB clients using the SOCCS (Bidell, 2005) and their level of LGB affirmative training using the *Affirmative Training Scale* (ATS). One hundred and ninety students who had finished their first year of counselor education.

The findings were that 39.5% of the participants had received some LGB affirmative therapy practice. An average of 2.23 courses (SD =2.77) had spent at least 1 week focused on LGB affirmative therapy. 37.4% of the participants had received training on LGB identity development models. The participants report they perceived themselves to be somewhat competent in working with LGB clients. The higher level of competency was in the awareness domain with a mean score (M=5.12) which was the highest of the three subscales of the SOCCS. Knowledge was moderate with a mean of 4.23 and skills was low with 3.75. This is consistent with previous research. The participants' scores on the ATS did predict counselors' overall SOCCS score. Yet the ATS scores did not predict the participants' scores on the awareness or knowledge subscales of the SOCCS. The authors report that the level of affirmation training did not significantly influence the level of homophobia or their knowledge of heterosexism and discrimination of LGB clients. It is possible that the training does not impact counselors' personal beliefs or levels of homophobia. The current research will examine counselors' personal faith identity development, intrinsic religiosity, sexual identity development and heterosexual privilege awareness as predictors of sexual orientation counseling competency scores.

The authors report that the sexual orientation counseling competency with LGB clients was most significantly predicted by the amount of course content on affirmative therapy. The amount of time spent on LGB affirmative therapy was predictive of higher SOCCS scores. While the amount of time spent on LGB identity development was not a significant predictor.

Limitations of this study were that self-report does not measure actual competence in working with LGB clients. The voluntary nature of the sample would impact the generalizability of this study. The implications of this study would point to the need for the amount of LGB affirmative training students receive in their educational experience. Counselors increase competency if they receive supervision from LGB competent supervisors. The counselors educational experience would benefit from experiences that would raise their heterosexual privilege awareness, lower their homophobia and develop positive personal beliefs about LGB clients.

With the APA, ACA, CACREP, NASW and other associations and accrediting agencies mandating that their members be competent to work with diverse populations and that including LGB clients, it becomes imperative that educators and supervisors understand how to accomplish this task. The domains of awareness, knowledge and awareness have been researched and shown at the core of multicultural competency for some time now. Many of the articles reviewed have researched those domains in working with LGB clients. Some researched coursework's impact on LGB sexual orientation counseling competency... While Bidell (2014a) researched the relationship between religious conservatism and LGB counseling competency, religiosity was not researched. This research will fill the void of research in looking at faith identity and sexual identity development, as well as religiosity and heterosexual privilege awareness and their relationship to LGB counseling competency.

SUMMARY

Counselors are called to gain awareness of self and grow in competencies in working with a diverse population of clients. Counselors' identity is just as multifaceted

as their clients' identities. Counselors have their personal and professional identities that need to be tended to and integrated for a congruent sense of self and to grow in their ability and competencies to work with the diverse population that will be their clients.

One of the identities that is part of the multifaceted and complex identity for heterosexual counselors is their heterosexual majority identity. This chapter has shown that there is little to no research in understanding how heterosexual majority identity impacts counseling competency in working with LGB clients. Most of the research is conceptual (Mohr, 2002; Simoni & Walters, 2001; Worthington, 2002) yet provide a basis for further study and make recommendations for training and growth competencies for working with LGB clients. The research that dealt with heterosexual majority identity focused on ally status and advocacy for LGB clients (Bullard, 2004; Casey & Smith, 2010; Duhigg, Rostosky, Gray, & Wimsatt, 2010; Evans & Broido, 2005; Fingerhut, 2011; Ji, 2007; Ji & Fujimoto 2013). One dissertation was found (Gordon, 2010) that examined heterosexual identity along with counselors' sexual orientation and gender role and its impact on clinical judgment bias. While these studies make important contributions to the research in heterosexual majority identity development, they are conceptual or focused on students. The current study is focused on licensed professional counselors and heterosexual majority identity development as a predictor on sexual minority counseling competency.

Another identity that is part of counselors' multifaceted and complex personal and professional identity is their faith identity. The point has been made little research has been focused on the faith identity of the counselor and that religious counselors could bring more bias to the counseling relationship (Balkin, Schlosser & Levvitt, (2009). The

current study examines the counselors' faith identity as a predictor of sexual minority counseling competency. The level of competency in awareness, knowledge and skills was measured in the area of competency.

However, to date no studies have explored the counselors' heterosexual majority identity and faith identity as predictors of the counselors' sexual minority multicultural competency. This is the first study to examine both identity development domains as independent variables and predictors.

Chapter Three will outline the methodology used in the study, which describes the participants, data collection procedures, and detailed information on instruments used and will include a description of the data analysis. Chapter Four will provide the results of the data analysis. Chapter Five will conclude the study with a summary of the findings, discussion of the results, and recommendations for future research

CHAPTER 3

METHODOLOGY

INTRODUCTION

This chapter provides an overview and description of the research design of this study; the participants and how the sample was collected; the instrumentation used in gathering the data; how the data was collected, and the analysis of the data collected. The primary design of the current research is a survey design that used multiple regression analysis in order to examine counselors' sexual orientation counseling competency as predicted by their sexual identity development, heterosexual privilege awareness, faith identity development and intrinsic religiosity. The sample is taken from post-graduate licensed heterosexual counselors with various training and experience who are licensed and practicing in the United States. There is a discussion of the measures taken in order to protect the participants who took part in this study. The chapter will conclude with a brief summary of chapter three and an overview of chapters four, the data results, and five, the discussion and conclusions.

SETTING & SAMPLE

The population for this study was heterosexual counselors within the United States who are licensed. Because this study focuses on heterosexual privilege awareness and competency in working with LGB clients, counselors who do not identify as heterosexual were excluded. A stratified random sample (Agresti & Finlay, 2009) of 926

counselors in the United States were contacted for this study. The method of collecting the sample was through state licensing boards throughout the United States. All 50 states were contacted to obtain lists of licensed counselors. The lists were obtained from 18 states. The criterion for obtaining the lists were that the state would provide a mailing address and/or email address and that the cost of obtaining the list would be less than \$100.00. From each of the 18 states' list, 50 random licensed counselors were chosen. Either a letter or email of invitation to participate was sent.

A power analysis was conducted using Cohen's (1988, 1992) method for determining sample size based upon alpha level, desired statistical power, and predicted effect size. The alpha level for the current study was set at .05. The desired power for the present study was .80, which Cohen (1988, 1992) suggested is adequate for most behavioral science research. The effect size for this study was estimated at .15, which Cohen (1988, 1992) operationally defined as a medium effect. Combining these three elements and entering them into G*Power calculator (Faul, Erdfelder, Buchner, & Lang, 2009), it was determined that 98 participants total are needed.

DATA COLLECTION

The participants received a letter via US mail or email with instructions to go online in order to complete the counselor data questionnaire and survey. The use of online surveying and data collection is common in counseling research (Dillman, D. A., Smyth, J. D., & Christian, L. M., 2014; Heppner, 2008). The survey consisted of 89 items created from the *Measure of Sexual Identity Exploration and Commitment* (MoSIEC), *Heterosexual Privilege Awareness* (HPA), *The Revised Faith Development Scale* (RFDS), *The Duke University Religion Index* (DUREL), and the *Sexual*

Orientation Counselor Competency Scale (SOCCS) instruments. Follow up postcards or emails were sent to non-respondents two weeks after the initiation letter/email was sent. The demographic questionnaire gathered information about counselors' age, sex, race, level of counseling experience, their exposure to multicultural counseling education and supervision in the area of working with sexual minority clients.

In order to decrease measurement error, the data questionnaire and survey was made available to the dissertation committee and other colleagues for review to ensure that the directions for completing the surveys were clear and the instruments were comprehensible (Dillman, D. A., Smyth, J. D., & Christian, L. M., 2014). The researcher asked other students and colleagues to complete the survey in order to obtain a realistic idea of the amount of time it would take participants to complete the survey as well as to ask for feedback about the understandability of the survey.

The data collection period was within an eight-week time frame. The data questionnaire and survey was made available online through SurveyMoz. To increase response rate and quality of data, a tailored multiple contacts using one survey method was used. An invitation to participate with a link to the web based survey was sent via email and mail. A reminder was sent out 2 weeks later (Dillman, D. A., Smyth, J. D., & Christian, L. M., 2014). Dillman, D. A., Smyth, J. D., & Christian, L. M. (2014) recommend that researchers should include monetary incentive with initial mailing. A donation of \$2.00 was made to Mental Health America, a four-star rated non-profit agency for every survey completed. If an invitee chose not to participate in this research, they were asked to fill out a short demographic questionnaire and a donation of \$1.00 was made to Mental Health America.

INSTRUMENTS

Self-report surveys were used as the means of data collection for this study. A demographic questionnaire was included along with five instruments. An 89 question survey was created using the following instruments. In the domain of Sexual Identity Development, the *Measure of Sexual Identity Exploration and Commitment (MoSIEC)* created by Worthington, R. L., Navarro, R. L., Savoy, H. B., and Hampton, D. (2008) was used. In order to measure heterosexual privilege a modified version of *Heterosexual Privilege Awareness (HPA)* scale was used (Case & Stewart, 2010). In the identity development domain of Faith Identity, the Harris and Leak's (2013) *Revised Faith Development Scale (RFDS)* was used. The *Duke University Religion Index (DUREL)* was used to measure intrinsic religiosity. The *Sexual Orientation Counselor Competency Scale (SOCCS)* (Bidell, 2014) instrument was used to measure the counselor's multicultural competency in working with LGB clients.

In the domain of Sexual Identity Development, the *Measure of Sexual Identity Exploration and Commitment (MoSIEC)* instrument was used (Worthington, R. L., Navarro, R. L., Savoy, H. B., & Hampton, D., 2008), which provides a measure of one's exploration and commitment to sexual identity based on Marcia's (1966) model of identity development, specific to sexual identity development of any sexual orientation identity. Items are measured on a 6-point Likert scale (1 = very uncharacteristic of me and 6 = very characteristic of me). The MoSIEC measures four factors of sexual identity including, commitment, exploration, sexual orientation identity uncertainty and synthesis/integration (Worthington, R. L., Navarro, R. L., Savoy, H. B., & Hampton, D., 2008).

The MoSIEC is a 22-item scale that measures four factors assessing commitment, exploration, sexual orientation identity uncertainty, and synthesis/integration. Internal consistency estimates for the MoSIEC subscales in the current study were: Commitment ($r = .83$), Exploration ($r = .86$), Uncertainty ($r = .79$), and Synthesis ($r = .80$). A 2-week test–retest reliability estimates for the MoSIEC subscales were: Commitment ($r = .80$), Exploration ($r = .85$), Uncertainty ($r = .90$), and Synthesis ($r = .71$). Internal consistency estimates for the initial administration were as follows: Commitment ($r = .84$), Exploration ($r = .91$), Uncertainty ($r = .80$), and Synthesis ($r = .75$). Internal consistency estimates for the second administration were as follows: Commitment ($r = .78$), Exploration ($r = .91$), Uncertainty ($r = .83$), and Synthesis ($r = .80$).

The *Heterosexual Privilege Awareness* (HPA) is a 7-item scale (Cronbach's $\alpha = .75$) that assesses the participants' recognition of systematic advantage for heterosexuals within our culture. The HPA's α of .75 means that the HPA instrument has sufficient reliability. The scale was developed by modifying the single factor White Privilege Awareness Scale (Case, 2007). Sample items included “Heterosexuals currently have more rights than lesbians and gay men in society” and “Heterosexuals are at an advantage because their sexual orientation determines what is considered normal.” Strong agreement with items indicated the highest awareness of heterosexual privilege. They report that the HPA demonstrated discriminant validity through correlations with White privilege awareness using the White Privilege Awareness Scale (Case, 2007) ($r = .42$, $p < .01$) and male privilege awareness using the male privilege awareness scale (Case, 2007b) ($r = .41$, $p < .01$) in a pilot study of 261 individuals. Case and Stewart (2010) showed that discriminant validity of the HPA was also supported by negative correlations with

prejudice against lesbians ($r = -.38, p < .01$) and gay men ($r = -.35, p < .01$) as measured by Attitudes Toward Lesbians and Gay Men Scale (Herek, 1994).

In the identity development domain of Faith Identity, the *Revised Faith Development Scale (RFDS)* based on Fowler's faith development model was used (Harris & Leak, 2013). It is a 16 item Likert-type scale ($\alpha = .78 - .80$). Having a Cronbach's alpha of .78-.80 means the instrument has sufficient reliability. In their study the RFDS's validity was supported by positive correlations with its parent scale, the FDS. Harris and Leak (2013) in researching the RFDS reliability and validity used 327 participants recruited from a variety of Christian churches in northern Midwest Churches. Their research showed that the RFDS yielded a coefficient alpha of .78, which was an increase over the parent instrument, FDS, of alpha of .65. Coefficient alphas for the parent FDS have ranged from .56 to .74 (Harris et al., 2008a; Leak, G. K., Loucks, A. A., & Bowlin, P., 1999; Leak, 2003). Harris and Leak (2013) report that the correlation between the FDS and the RFDS was .73 ($df = 325, p < .001$).

In order to assess convergent validity, the RFDS was compared to other instruments using correlation coefficients. The FDS, both the FDS and the RFDS were positively related to *The Quest scale* orientation and numbers of stressful events as reported on *The Traumatic Life Events Questionnaire*. *The Quest scale* (Batson et al., 1993) was used to provide validation of the RFDS. *The Quest scale* has been shown to have a coefficient alpha of .82 in a 2009 study (Crowson, 2009). *The Traumatic Life Events Questionnaire* (TLEQ; Kubany et al., 2000) is a 24-item self-report assessment of a history of trauma exposure. Both the FDS and the RFDS demonstrated a positive correlation with the Quest scale (FDS: $r [325] = .60, p < .001$, RFDS: $r [325] = .64, p <$

.001) and number of traumatic experiences as reported on the TLEQ (FDS: $r [325] = .20$, $p < .001$, RFDS: $r [325] = .27$, $p < .001$), showing convergent validity (Koenig & Büssing, 2010).

The FDS and the RFDS were negatively related to scriptural literalism and religious commitment. *The Scriptural Literalism Scale* (SLS; Hogge & Friedman, 1967) has shown a coefficient alpha as high as .98 (Harris, J. I., Cook, S., & Kashubeck-West, S., 2008b). *The Religious Commitment Inventory-10* (RCI; Worthington et al., 2003) has coefficient alphas ranging from .93-.96 (Worthington et al., 2003). The FDS and the RFDS demonstrated a negative correlation with *The Religious Commitment Inventory* (FDS: $r [325] = -.14$, $p < .01$, RFDS: $r [325] = -.20$, $p < .001$) and *The Scriptural Literalism Scale* (FDS: $r [325] = -.47$, $p < .001$, RFDS: $r [325] = .52$, $p < .001$), showing convergent validity of the RFDS (Koenig & Büssing, 2010).

The Duke University Religion Index (DUREL) was used to measure religiosity (Koenig & Büssing, 2010). It is a five-item scale that includes subscales to measure organizational religiousness, nonorganizational religiousness, and intrinsic religiousness. The DUREL has a total score range from 5 to 27. For the purposes of this study the DUREL intrinsic religiosity subscore was used to measure intrinsic religiosity.

Koenig and Büssing, (2010) report that the DUREL has been used in over 100 published studies as of 2010. The DUREL psychometric properties have been investigated by other researchers and have also found it to be a reliable and valid measure of religiosity. The two-week test-retest reliability of the DUREL is high (intra-class correlation coefficient of 0.91). The internal consistency (Cronbach's alpha between 0.78 and 0.91), convergent validity with other established measures of religiosity (Pearson r 's

= 0.71–0.86), and factor structure of the DUREL have now been demonstrated and by three other groups (Koenig & Büssing, 2010).

The *Sexual Orientation Counselor Competency Scale* (SOCCS) instrument was used to measure the counselor's multicultural competency in working with LGB clients. The SOCCS is a 29-item self-reporting instrument. It consists of three subscales based on multicultural counseling literature (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992). The SOCCS has three subscales measuring: (a) Awareness, items measuring attitudes and biases towards LGB individuals; (b) Knowledge, items measuring understanding and information about LGB individuals and pertinent counseling issues; and (c) Skills, items measuring reported clinical practices and affirmative counseling behavior (Bidell, 2005).

The SOCCS uses a seven-point Likert scale ranging from (1 = not at all true, 4 = somewhat true, to 7 = totally true), with higher scores indicating higher levels of competence with LGB clients. This instrument has an overall internal consistency of $\alpha = .90$, and in a 1-week test-retest the reliability was found an overall correlation coefficients of $r = .84$. (Bidell, 2005). More specifically, Cronbach's alpha for each subscale showing validity of the subscales were reported as: (a) Attitudes, ($\alpha = .88$); (b) Knowledge; ($\alpha = .76$); and (c) Skills ($\alpha = .91$). One-week test-retest reliability correlation coefficients were .84 for overall SOCCS and (a) Attitudes, ($r = .85$); (b) Knowledge; ($r = .84$); and (c) Skills ($r = .83$) for the subscales.

Demographic Questionnaire: The researcher created a 16-item multiple-choice demographic questionnaire (Appendix D) that provided descriptive information. The demographic questionnaire is based on multiple studies researching racial and sexual

majority or counseling competency in working with racial or LGB clients (Bell, 2009; Brock, 2006; Erby, 2014; Gordon, 2010). The information collected included gender, sexual orientation, age, race/ethnicity, state in which the counselor practices, highest degree obtained (i.e., Master's or Doctoral), the number of hours of training and supervision in working with LGB clients, and the percentage of the counselor's caseload self identifies as a sexual minority. The purpose of collecting data on these demographic variables is to make observations within clusters that tend to look similar, analyze the possible impact of the demographic variances, and to assess if these variables need to be controlled for in the analysis.

RESEARCH DESIGN

This research is a correlational survey design of counselors' LGB sexual orientation counseling competency using standard multiple regression analysis (Heppner & Heppner, 2004; Pallant, 2013). The purpose of this research is to examine the independent variables, sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity to predict the dependent variable, the sexual orientation counselor competency scale (SOCCS). Simultaneous multiple regression analyses explored relationships among participants based on sexual identity development, heterosexual privilege awareness, faith identity development, intrinsic religiosity and sexual orientation counseling competency in working with LGB clients.

A multivariable model provides better predictions of the response/dependent variable. This model can analyze relationships between the variables while controlling for other variables (Alan & Barbara, 2009). Using a multiple regression model allows for

multiple explanatory/independent variables and allows for multiple correlation of the explanatory/independent variables collectively and will show the strength of the association between the explanatory/independent variables and the response/dependent variable (Alan & Barbara, 2009). Using a multiple regression model will provide information of all the variables and their subscales as well as information on the comparative impact of each of the variables. Multiple regression model will allow to statistically control for an additional variable or variables when exploring the predictability of the explanatory/independent variables. Multiple regression will answer the questions of how well the explanatory variables are able to predict the outcome-- multicultural competency; which of the explanatory variables is the best predictor of the outcome; and which of the particular explanatory variables is still able to predict an outcome when the effects of another variable is controlled for. (Pallant, 2013).

RESEARCH QUESTIONS & HYPOTHESES

Simultaneous multiple regression analysis was used in this study in order to answer the research questions: (Q₁) Do counselors' sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity predict their overall sexual orientation counseling competency in working with LGB clients? (Q₂) Do counselors' sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity predict their sexual orientation counseling competency in working with LGB clients in the areas of awareness, knowledge and skills? It will test the following hypotheses: (H₁) Higher scores of heterosexual counselors on the sexual identity development (exploration,

commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity scales will predict higher scores on the sexual orientation counselor competency scale (SOCCS). (H₂) Higher scores of heterosexual counselors on the sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity scales will predict higher scores on the awareness subscale of the sexual orientation counselor competency scale (SOCCS). (H₃) Higher scores of heterosexual counselors on the sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity scales will predict higher scores on the knowledge subscale of the sexual orientation counselor competency scale (SOCCS). (H₄) Higher scores of heterosexual counselors on the sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity scales will predict higher scores on the skills subscale of the sexual orientation counselor competency scale (SOCCS).

DATA ANALYSIS

Because this study is focusing on predictability of the independent variables impact on the dependent variable multiple regression analyses was used in analyzing the data collected. Also, because this study has one independent variable of which one has four statuses associated with it and one independent variable (SOCCS) with three subscales multiple regression analyses was used to examine the predictability of the two or more independent (predictor) variables on the dependent variable (SOCCS). The variables were examined in the order that they were listed in the hypotheses. Multiple

regression has been used by other researchers in examining multicultural competency predictors (Constatine, 2001; Gordon, 2010; Simoni & Walters, 2001; Worthington, R. L., Mobley, M., Franks, R. P., & Tan, J. A., 2000).

MEASURES TAKEN FOR PROTECTION OF PARTICIPANTS

The Introductory Letter to the survey was sent in the body of the email to counselor educators to forward to eligible students in their respective programs. The Introduction Letter briefly described the purpose of the study and requested voluntary participation in recruiting graduate counseling student participants. The Introduction Letter will include a link to the online survey. Lastly, the letter will inform counselors their participation in the study is voluntary, anonymous and confidential. This form describes the eligibility criteria, purpose of the study, approximate time needed to take the survey, and benefits and risks to participation. Participants were informed that their participation is voluntary, anonymous, and confidential. Participants also were informed they may discontinue their participation at any time during the survey without penalty.

The measures taken for this study were guided by the researcher's commitment to conduct quality ethical research and under the guidance of the University of South Carolina's Institutional Review Board (IRB). This study was also conducted under the guidance of the faculty dissertation committee. The surveys were kept in confidence with no data having any identifiable information of the participants. The participants were given a unique numerical identifier to be used in data analysis. All results were reported in aggregate form. All measures prescribed by the IRB and dissertation committee were upheld in order to protect the participants.

SUMMARY

This chapter provided an overview and description of the research design of this study; description of the participants and how the sample was collected; the instrumentation used in gathering the data; how the data were collected, and the analysis of the data. The sample was taken from post-graduate licensed heterosexual counselors with various training and experience in the United States. The instruments that were used are the MoSIEC, HPA, RFDS, DUREL and the SOCCS. The primary design of the current research was a survey design using multiple regression analysis in order to examine counselors' sexual minority counseling competency as predicted by their heterosexual majority identity and faith identity development. There was a discussion of the following measures taken in order to protect the participants who took part in this study: IRB human subjects training, use of University of South Carolina IRB and dissertation committee.

Chapter Four will provide the results of the data analysis. Chapter Five will conclude the study with a summary of the findings, discussion of the results, and recommendations for future research.

CHAPTER 4

RESULTS

INTRODUCTION

The purpose of this quantitative study was to investigate counselors' sexual identity development, heterosexual privilege, faith identity development, and intrinsic religiosity as predictors of their sexual orientation counseling competencies in working with LGB clients. The design of the study is a correlational survey design. The data analysis that was used is standard multiple regression.

Based on previous literature and research, it was predicted that counselors' sexual identity development as measured by the MoSIEC (Worthington, et al., 2008), heterosexual privilege awareness as measured by the HPA (Case & Stewart, 2010), faith identity development as measured by the RFDS (Harris & Leak, 2013), and intrinsic religiosity as measured by the DUREL (Koenig & Büssing, 2010) would be predictors of counselors' sexual orientation counseling competency as measured by the SOCCS (Bidell, 2014).

This chapter provides a description of the sample and the participants from the stratified sample, a discussion on the data manipulation and check for accuracy, a description of the instruments, and findings. This chapter also describes and summarizes the statistical analyses used to evaluate the research questions and hypotheses established in chapters one through three.

RESEARCH QUESTIONS & HYPOTHESES

In study the research questions were: (Q₁) Do counselors' sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity predict their overall sexual orientation counseling competency in working with LGB clients? (Q₂) Do counselors' sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity predict their sexual orientation counseling competency in working with LGB clients in the areas of awareness, knowledge and skills? The following hypotheses were tested: (H₁) Higher scores of heterosexual counselors on the sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity scales will predict higher scores on the sexual orientation counselor competency scale (SOCCS). (H₂) Higher scores of heterosexual counselors on the sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity scales will predict higher scores on the awareness subscale of the sexual orientation counselor competency scale (SOCCS). (H₃) Higher scores of heterosexual counselors on the sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity scales will predict higher scores on the knowledge subscale of the sexual orientation counselor competency scale (SOCCS). (H₄) Higher scores of heterosexual counselors on the sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development,

and intrinsic religiosity scales will predict higher scores on the skills subscale of the sexual orientation counselor competency scale (SOCCS).

PARTICIPANTS

A stratified random sample of 926 counselors in the United States were contacted for this study. The method of collecting the sample was through acquiring lists of licensed counselors from state licensing boards throughout the United States. All 50 states were contacted to obtain lists of licensed counselors; lists were obtained from 18 states. The criterion for obtaining the lists was that the state would provide a mailing address and/or email address for less than \$100.00. Fifty randomly selected licensed counselors were chosen from each of the 18 states that provided a list. Either a letter or email invitation to participate was sent (275 email invitations; 651 USPS mailed invitations). Of the 651 invitations mailed via USPS, 29 were returned without a forwarding address. Another 29 participants opted out of the study. SurveyMoz considers incomplete surveys as partial surveys, of which there were 33 partial surveys. There were 109 completed surveys, 6 were removed as the participants did not identify as heterosexual. After deleting these surveys, 103 counselors of the 826 contacted completed surveys for a 13% response rate.

Online survey response rates average 30% (Dillman, Smyth, & Christian, 2014), which is consistent with online surveys about LGB counseling competence. Farmer (2011) reported a 32.4% response rate in her online survey study of professional counselors sampled from a state professional counseling association membership list. Waldack (2013) reported a 24.0% response rate in her online survey study of clinical members of the American Association of Marriage and Family Therapist.

The partial surveys that were removed, 14 participants viewed of the survey, but never started the survey. Another six surveys were not filled out past the MoSIEC instrument, which was the first instrument of the survey. There were five partial surveys where participants stopped before starting the Heterosexual Privilege instrument, which was the second instrument used on the survey. Another 7 surveys were stopped at the Faith Development and DUREL instruments, which was the fourth instrument of the survey. And 4 were not completed once reaching the fifth instrument of the survey, the SOCCS.

DEMOGRAPHICS

Frequencies were computed on the demographic data for the participants (N=103) (see Table 4.1). Twenty (19.4%) of the participants were male; another 83 (80.6%) were female. The average age of the participants was 48 years old, with a range from 28 to 74 years old. The racial breakdown of the participants is as follows: 10 (9.7%) African-American/Black; 1 (1.0%) Asian-American/Pacific Islander; 88 (85.4%) Caucasian/White; 2 (1.9%); Hispanic/Latino; 1 (1.0%); Multi-racial; and 1 (1.0%) Native American. The religious affiliations of the participants were 77 (74.8%) Christian; 2 (1.9%) Jewish; 16 (15.5%) None; and 8 (7.8%) Other. To see a detailed breakdown of religious and denominational demographics see Appendix O.

The participants were licensed in four different regions of the United States. There were 16 (15.5%) Midwest 4 (3.9%) Northeast, 58 (56.3%) South, and 25 (24.3%) West. In this study the 11 (10.7%) reported that the highest degree achieved was Ph.D., Psy.D., or Ed.D; 88 (85.4%) had achieved a M.A. or M.S.; and 4 (3.9%) had achieved Ed.S. degrees. The average number of years of counseling experience was 15.5 years

including graduate training experience with a range of 1.5 to 36 years. Participants reported their years of experience as: Less than 6.9 years 12 (11.7%), 7.0 - 15.5 years 49 (47.6%), 15.6 - 24.0 years 22 (21.4%), and 24.1 or more years 20 (19.4%). These are shown in Table 4.2.

Table 4.1 - Demographics – Gender, Age, Race/Ethnicity & Religion

Demographic	Total (n)	Percentage
Gender		
Female	83	80.6%
Male	20	19.4%
Age		
<=35	24	23.3%
36-45	24	23.3%
46-55	21	20.4%
56-65	21	20.4%
66-75	10	9.7%
Race/Ethnicity		
White/Caucasian	88	85.4%
Black/African	10	9.7%
Asian/Pacific	1	1.0%
Hispanic/Latino	2	1.9%
Native American	1	1.0%
Multi-Racial	1	1.0%
Religion/Denomination		
Christian	77	74.8%
Jewish	2	1.9%
None	16	15.5%
Other	8	7.8%

Table 4.2 - Demographics – Education & Practice

Demographic	Total (n)	Percentage
Highest Level of Education		
M.A./M.S.	88	85.4%
EdS	4	3.9%
PhD/PsyD/EdD	11	10.7%
Years of Experience		
<= 6.9	12	11.7%
7.0 - 15.5	49	47.6%
15.6 - 24.0	22	21.4%
24.1+	20	19.4%
State of Practice		
Midwest	16	15.5%
Northeast	4	3.9%
South	58	56.3%
West	25	24.3%

The participants were asked to rate themselves as to their multicultural competency on a 4-point Likert scale ranging from 1 (Not Competent) to 4 (Very Competent). The participants rated themselves as: Not Competent 0 (0.0%); Not too Competent 3, (2.9%); Somewhat Competent 68 (66.0%); and Very Competent 32 (31.1%) (Table 4.3).

Table 4.3 - Demographics – MCC Self-Rating

Demographic	Total (n)	Percentage
MCC Self-Rating		
Not Competent	0	0.0%
Not too Competent	3	2.9%
Somewhat	68	66.0%
Very Competent	32	31.1%

MCC – Multicultural Competency

Prior to main analysis, all the variables of interests were examined through SPSS 22.0 program for accuracy of data entry, missing values, the normality of distributions, and multivariate outliers. No miscoding as all data was imported from the online survey. There were no missing values in the data being used or analysis. The values for

asymmetry and kurtosis between -2 and +2 are considered acceptable in order to prove normal univariate distribution (George & Mallery, 2010). In this study, the values for skewness and kurtosis for all of the variables fit into an acceptable range (i.e. below the absolute value of 2), indicating the normal distribution of the scores across all variables except two. Two variables revealed skewness and kurtosis of greater than 2. They were the Uncertainty subscale on the MoSIEC, which was positively skewed (Skewness = 2.952 and Kurtosis = 10.304), and the Awareness subscale on the SOCCS, which was negatively skewed (Skewness = -2.177 and Kurtosis = 5.586). The two skewed variables were not transformed. The rationale was that since the criterion used for this study was that counselors were self-identified heterosexuals. Therefore, the expectation would be that the Uncertainty subscale be positively skewed. The majority of the participants (97%) in this study rated themselves as somewhat or very competent in multicultural counseling, therefore the SOCCS Awareness subscale being skewed would be expected.

INSTRUMENTS

Sexual Identity Development

The MoSIEC (Worthington, R. L., Navarro, R. L., Savoy, H. B., & Hampton, D., 2008) is a 22-item instrument having four subscales; (a) Commitment (6 items), (b) Exploration (8 items), (c) Sexual Orientation Identity Uncertainty (3 items), and (d) Synthesis/Integration (5 items). Items are measured on a 6-point Likert scale ranging from 1 (very uncharacteristic of me) to 6 (very characteristic of me). Scoring of the MoSIEC consists of obtaining the average score of each of the instrument's four factors. Items 1, 15, 16, and 18 are reverse scored. The reliability of each subscale was found to

be Commitment ($\alpha = .747$), Exploration ($\alpha = .883$), Uncertainty ($\alpha = .798$), and Synthesis ($\alpha = .830$).

Heterosexual Privilege Awareness

The *Heterosexual Privilege Awareness* instrument (HPA) is a 7-item scale that assesses the participants' recognition of systematic advantage for heterosexuals within our culture. In the current study the reliability was found to be Cronbach's $\alpha = .80$.

Faith Identity Development

In the identity development domain of Faith Identity, the *Revised Faith Development Scale* (RFDS) based on Fowler's faith development model was used (Harris & Leak, 2013). It is a 16 item Likert-type scale instrument. Cronbach's $\alpha = .837$ in the current study.

Intrinsic Religiosity

The *Duke University Religion Index* (DUREL) Intrinsic Religiosity (IR) subscale was used to measure intrinsic religiosity (Koenig & Büssing, 2010). It is a five-item scale that includes subscales to measure organizational religiousness, nonorganizational religiousness, and intrinsic or subjective religiosity. For the purposes of this study the DUREL IR subscale score was used to measure intrinsic religiosity. In the current study the Intrinsic Religiosity Subscale produced a Cronbach's $\alpha = .851$.

Sexual Orientation Counseling Competency

The *Sexual Orientation Counselor Competency Scale* (SOCCS) instrument was used to measure the counselor's multicultural competency in working with LGB clients. The SOCCS is a 29-item self-reporting instrument. It consists of three subscales based on

multicultural counseling literature (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992) measuring: awareness, knowledge, and skills (Bidell, 2005).

The SOCCS uses a seven-point Likert scale ranging from (1 = not at all true, 4 = somewhat true, to 7 = totally true), with higher scores indicating higher levels of competence with LGB clients. The current study found the SOCCS Total Score to produce a Cronbach's $\alpha = .873$. The scores for each subscale were: Awareness Subscale Cronbach's $\alpha = .893$, Skills Subscale Cronbach's $\alpha = .890$, Knowledge Subscale Cronbach's $\alpha = .716$.

All variables included in the study were assessed for bivariate correlations and none of the variables showed a bivariate correlation of .7 or higher in the analysis. The highest was .623 between Commitment and Uncertainty which is less than .7; therefore, all variables were retained for analysis (Table 4.4). Collinearity diagnostics were performed to pick up on problems with multicollinearity. All independent variables had tolerance values higher than .10 showing no multicollinearity between the variables. The variance inflation factor (VIF) scores for each variable was less than the desired 10 showing no multicollinearity.

In determining if there were outliers and the distribution was normal the Normal Probability Plot showed a straight diagonal line from bottom left to top right, indicating no major deviations from normality. Outliers were checked by creating the Mahalanobis distances during the multiple regression analysis in SPSS. With seven independent variables, the critical value for the Mahalanobis distance value is 24.32 (Tabachnick & Fidell, 2013; Pallant, 2013). The Mahalanobis scores ranged between 0.817 and 18.82. There were no cases found to be outliers.

Table 4.4 - Means, Standard Deviations, and Correlations of Variables ($N = 103$)

	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
SOCCS	5.22	.784	.212	.313	-.093	-.100	.578	.408	-.222
Awareness	6.39	9.26	.144	.269	-.081	-.103	.645	.499	-.384
Knowledge	4.44	.994	.366	.428	-.256	-.157	.590	.367	-.171
Skills	4.72	1.329	.039	.084	.046	-.005	.170	.151	-.009
Predictor Variables									
1. Uncertainty	1.34	.722	--	.440	-.623	-.401	.228	.269	-.169
2. Exploration	2.74	1.095		--	-.457	-.363	.337	.237	-.188
3. Commitment	5.25	.711			--	.599	-.159	-.196	.150
4. Synthesis	5.17	.840				--	-.140	-.073	.036
5. HPA	36.23	8.367					--	.377	-.318
6. FDS	47.27	8.214						--	-.463
7. IR	11.44	3.336							--

(Dependent Variables: SOCCS Total Score, Awareness Subscale, Knowledge Subscale and Skills Subscale Predictor Variables: HPA – Heterosexual Privilege Awareness; FDS – Faith Development Score; IR – Intrinsic Religiosity)

ANALYSES

Simultaneous multiple regression analysis is used when researchers are interested in examining the unique effects of all predictor variables on the dependent variable at the same time. The main purpose of simultaneous multiple regression is to find how much unique variance each predictor variables contributed to the dependent variable and to determine whether each prediction by the predictor variables are significant (Heppner & Heppner, 2004; Pallant, 2013).

The simultaneous multiple regression analysis is appropriate when there are no logical or theoretical bases for consideration of one variable over any other (Cohen & Cohen, 1975). Simultaneous multiple regression analysis is most appropriate when there is no logical or theoretical basis for considering any variable to be of greater or lesser importance than another, whether by hypothetical causal structure of the data or its relevance to research goals (Cohen & Cohen, 1983). Therefore, the simultaneous model is appropriate for this study due to the lack of research and theory to determine the importance and logic of the variables. The variables were examined in the order that they

were listed in the hypotheses. Separate simultaneous multiple regressions also were performed using each of the three subscales of the SOCCS: Awareness, Knowledge and Skills.

RESULTS BY HYPOTHESIS

Hypothesis 1 - Higher scores of heterosexual counselors on the sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity scales will predict higher scores on the sexual orientation counselor competency scale (SOCCS).

The predictor variables (Sexual Identity Development Subscales: Uncertainty, Exploration, Commitment, and Synthesis; Heterosexual Privilege Awareness; Faith Identity Development; and Intrinsic Religiosity) were entered into a simultaneous regression model predicting SOCCS (Sexual Orientation Counseling Competency Scale). The results indicated that the model was significant, $F(7, 95) = 8.951, p < .005$, and accounted for 40% of the variance in SOCCS scores ($R^2 = .397$). Heterosexual privilege awareness was found to be a strong predictor of sexual orientation counseling competency, $r = .578, p = .000$, with $R^2 = .397$. Faith identity development was also found to be a predictor of sexual orientation counseling competency, $r = .408, p = .017$, with $R^2 = .397$. No other variables (MoSIEC Subscales: Uncertainty, Exploration, Commitment, and Synthesis; or Intrinsic Religiosity) were found to be significant predictors of higher SOCCS scores. The correlations of the variables are shown in Table 4.5. The raw and standardized regression coefficients of the predictors together with their correlations with sexual orientation counseling competency, and their squared semipartial

correlations, are shown in Table 4.6 Results suggest that this hypothesis was partially supported.

Table 4.5 - Means, Standard Deviations, and Correlations – SOCCS Total Score

	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
SOCCS Total	5.22	.784	.212	.313	-.093	-.100	.578	.408	-.222
Predictor Variables									
1. Uncertainty	1.34	.722	--	.440	-.623	-.401	.228	.269	-.169
2. Exploration	2.74	1.095		--	-.457	-.363	.337	.237	-.188
3. Commitment	5.25	.711			--	.599	-.159	-.196	.150
4. Synthesis	5.17	.840				--	-.140	-.073	.036
5. HPA	36.23	8.367					--	.377	-.318
6. FDS	47.27	8.214						--	-.463
7. IR	11.44	3.336							--

(Dependent Variables: SOCCS Total Score; Variables: HPA – Heterosexual Privilege Awareness; FDS – Faith Development Score; IR – Intrinsic Religiosity)

Table 4.6 – Coefficients & Correlations Table - SOCCS Total Score

	Unstandardized Coefficients		Standardized Coefficients		<i>R</i>	<i>Sig.</i>	<i>sr</i> ²
	<i>B</i>	<i>SE B</i>					
SOCCS	1.478	.960			1.00	.127	
Uncertainty	.074	.115	.069	.212	.520	.003	
Exploration	.096	.069	.135	.313	.165	.012	
Commitment	.153	.131	.139	-.093	.247	.009	
Synthesis	-.025	.094	-.027	-.100	.791	.000	
HPA	.042	.008	.464	.578	.000	.165	
FDS	.022	.009	.231	.408	.017	.037	
IR	.012	.022	.050	-.222	.590	.002	

(Dependent Variable: SOCCS Total Score; HPA – Heterosexual Privilege Awareness; FDS – Faith Development Score; IR – Intrinsic Religiosity)

Hypothesis 2 - Higher scores of heterosexual counselors on the sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity scales will predict higher scores on the awareness subscale of the sexual orientation counselor competency scale (SOCCS).

The predictor variables (Sexual Identity Development Subscales: Uncertainty, Exploration, Commitment, and Synthesis; Heterosexual Privilege Awareness; Faith Identity Development; and Intrinsic Religiosity) were entered into a simultaneous

regression model predicting SOCCS's Subscale Awareness. The Awareness subscale measures counselors' awareness of their own attitudes, assumptions, biases, and prejudices regarding LGB issues and counseling. The results indicate that the model was significant, $F(7, 95) = 12.929, p < .005$, and accounted for 49% of the variance in SOCCS Awareness subscale scores ($R^2 = .488$). Sexual orientation counseling competency in the area of awareness was primarily predicted by heterosexual privilege awareness, $r = .645, p = .000$, with $R^2 = .488$. It was also predicted by counselors' faith identity development, $r = .449, p = .023$, with $R^2 = .488$. No other variables (MoSIEC Subscales: Uncertainty, Exploration, Commitment, and Synthesis; or Intrinsic Religiosity) were found to be significant predictors of higher SOCCS scores on the subscale Awareness. The correlations of the variables are shown in Table 4.7. The raw and standardized regression coefficients of the predictors together with their correlations with sexual orientation counseling competency, and their squared semipartial correlations, are shown in Table 4.8 Results suggest that this hypothesis was partially supported.

Table 4.7 - Means, Standard Deviations, and Correlations – Awareness Subscale

	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
Awareness	6.39	9.26	.144	.269	-.081	-.103	.645	.499	-.384
Predictor Variables									
1. Uncertainty	1.34	.722	--	.440	-.623	-.401	.228	.269	-.169
2. Exploration	2.74	1.095		--	-.457	-.363	.337	.237	-.188
3. Commitment	5.25	.711			--	.599	-.159	-.196	.150
4. Synthesis	5.17	.840				--	-.140	-.073	.036
5. HPA	36.23	8.367					--	.377	-.318
6. FDS	47.27	8.214						--	-.463
7. IR	11.44	3.336							--

(Dependent Variables: SOCCS Awareness Subscale; Predictor Variables: HPA – Heterosexual Privilege Awareness; FDS – Faith Development Score; IR – Intrinsic Religiosity)

Table 4.8 – Coefficients & Correlations Table – Awareness Subscale

	Unstandardized Coefficients		Standardized Coefficients	<i>R</i>	Sig.	<i>sr</i> ²
	<i>B</i>	<i>SE B</i>				
Awareness	3.295	1.045		1.000	.002	
Uncertainty	-.052	.125	-.040	.144	.682	.090
Exploration	.052	.075	.061	.269	.493	.003
Commitment	.136	.143	.104	-.081	.344	.005
Synthesis	-.047	.103	-.067	-.103	.474	.003
HPA	.056	.009	.522	.645	.000	.291
FDS	.023	.010	.203	.449	.023	.053
IR	-.037	.023	-.133	-.384	.120	.013

(Dependent Variable: SOCCS Awareness Subscale; HPA – Heterosexual Privilege Awareness; FDS – Faith Development Score; IR – Intrinsic Religiosity)

Hypothesis 3 - Higher scores of heterosexual counselors on the sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity scales will predict higher scores on the knowledge subscale of the sexual orientation counselor competency scale (SOCCS).

The predictor variables (Sexual Identity Development Subscales: Uncertainty, Exploration, Commitment, and Synthesis; Heterosexual Privilege Awareness; Faith Identity Development; and Intrinsic Religiosity) were entered into a simultaneous regression model predicting SOCCS’s Subscale Knowledge. These competencies show that counselors have a knowledge of LGB counseling issues. The results indicate that the model was significant, $F(7, 95) = 11.246, p < .005$, and accounted for 45% of the variance in SOCCS Knowledge subscale scores ($R^2 = .453$). SOCCS subscale Knowledge was primarily predicted by heterosexual privilege awareness, $r = .590, p = .000$, with $R^2 = .453$. The Measure of Sexual Identity Exploration Commitment Subscale Exploration was also found to be a predictor of SOCCS subscale Knowledge, $r = .428, p = .033$, with $R^2 = .453$. No other variables (MoSIEC Subscales: Uncertainty, Commitment, and

Synthesis; FDS; and Intrinsic Religiosity) were found to be significant predictors of higher SOCCS subscale Knowledge scores.

While the correlations for faith identity development ($r = .367$) and Uncertainty ($r = .366$) were above the desired .3 their significance values were Faith Development (Sig. = .096, and the Uncertainty (Sig. = .102), were greater than the desired .05 to show a significant unique contribution. Results suggest that this hypothesis was partially supported. The correlations of the variables are shown in Table 4.9. The raw and standardized regression coefficients of the predictors together with their correlations with sexual orientation counseling competency, and their squared semipartial correlations, are shown in Table 4.10 Results suggest that this hypothesis was partially supported.

Table 4.9 - Means, Standard Deviations, and Correlations – Knowledge Subscale

	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
Knowledge	4.44	.994	.366	.428	-.256	-.157	.590	.367	-.171
Predictor Variables									
1. Uncertainty	1.34	.722	--	.440	-.623	-.401	.228	.269	-.169
2. Exploration	2.74	1.095		--	-.457	-.363	.337	.237	-.188
3. Commitment	5.25	.711			--	.599	-.159	-.196	.150
4. Synthesis	5.17	.840				--	-.140	-.073	.036
5. HPA	36.23	8.367					--	.377	-.318
6. FDS	47.27	8.214						--	-.463
7. IR	11.44	3.336							--

(Dependent Variables: SOCCS Total Score, Awareness Subscale, Knowledge Subscale and Skills Subscale Predictor Variables: HPA – Heterosexual Privilege Awareness; FDS – Faith Development Score; IR – Intrinsic Religiosity)

Table 4.10 – Coefficients & Correlations Table – Knowledge Subscale

	Unstandardized Coefficients		Standardized Coefficients		<i>R</i>	Sig.	<i>sr</i> ²
	<i>B</i>	<i>SE B</i>					
Knowledge	.122	1.159			1.000	.916	
Uncertainty	.230	.139	.167	.366	.102	0.02	
Exploration	.180	.083	.198	.428	.033	0.03	
Commitment	-.015	.159	-.011	-.256	.925	0.00	
Synthesis	.072	.114	.061	-.157	.529	0.00	
HPA	.054	.010	.471	.590	.000	0.17	
FDS	.018	.011	.153	.367	.096	0.02	
IR	.034	.026	.114	-.171	.195	0.01	

(Dependent Variable: SOCCS Knowledge Subscale; HPA – Heterosexual Privilege Awareness; FDS – Faith Development Score; IR – Intrinsic Religiosity)

Hypothesis 4 - Higher scores of heterosexual counselors on the sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity scales will predict higher scores on the skills subscale of the sexual orientation counselor competency scale (SOCCS).

The predictor variables (MoSIEC Subscales: Uncertainty, Exploration, Commitment, and Synthesis; Heterosexual Privilege Awareness; Faith Development Scale; and Intrinsic Religiosity) were entered into a simultaneous regression model predicting SOCCS's Skills Subscale Score. This area of competency is showing that counselors have developed effective counseling skills for working with LGB individuals, couples, and families. The results indicate that the model was not significant, $F(7, 95) = .844, p < .005$ and $R^2 = .059$. The null hypothesis was retained, there is no association.

SUMMARY

Chapter four reported the findings of the study. It was found that Heterosexual Privilege Awareness and Faith Identity Development predict overall Sexual Orientation Counseling Competencies. In fact, they are predictors of counselors' Awareness of sexual orientation issues. Another finding was that counselors' Heterosexual Privilege Awareness and their sexual exploration, as reported on the MoSIEC subscale, were predictors for Knowledge of sexual orientation counseling. In chapter five, I will further discuss these findings, examine the results in context, discuss the study limitations, and address the implications for counselor education, future practice and future research.

CHAPTER 5

DISCUSSION AND CONCLUSIONS

INTRODUCTION

The purpose of chapter five is to provide an overview of the study, the research methodology, and an examination of the results. In chapter five, I will expand on the results presented in chapter four and discuss the findings in context to the literature review presented in chapter two. Specifically, the results of the primary research hypothesis and the exploratory questions are discussed and explained. Additionally, included in this chapter are (a) the limitations of the study (e.g., research design, sampling, and instrumentation), (b) the implications for counselor education and supervision, for future practice, and for future research, and (c) conclusions.

SUMMARY OF STUDY

The purpose of this quantitative study was to investigate counselors' sexual identity development, heterosexual privilege, faith identity development, and intrinsic religiosity as predictors of their sexual orientation counseling competencies in working with LGB clients. The design of the study is a correlational survey design. The data analysis that was used was standard multiple regression.

The research questions for this study was: (Q₁) Do counselors' sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity predict their

overall sexual orientation counseling competency in working with LGB clients? (Q₂) Do counselors' sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness, faith identity development, and intrinsic religiosity predict their sexual orientation counseling competency in working with LGB clients in the areas of awareness, knowledge and skills? The participants were 109 randomly chosen self-identified, heterosexual, licensed counselors from 18 states. In addition to providing demographic information, they were asked to fill out a survey on SurveyMoz consisting of a demographic information sheet and the *Measure of Sexual Identity Exploration and Commitment (MoSIEC)*, the *Heterosexual Privilege Awareness (HPA)*, the *Revised Faith Development Scale (RFDS)*, the *Duke University Religion Index (DUREL)*, and the *Sexual Orientation Counselor Competency Scale (SOCCS)*.

PROCEDURES

The participants received either a letter via US mail or an email explaining the nature of the study and instructions to go online to complete the counselor data questionnaire and survey. Follow up reminder postcards and emails were sent to non-respondents, two weeks after the initial letter/email was sent.

The data collected were entered into SPSS for standard multiple regression analysis. The dependent variable is sexual orientation counseling competency in working with LGB clients, as measured by SOCCS. The independent variables are: (1) sexual identity development (exploration, commitment, synthesis, and uncertainty), (2) heterosexual privilege awareness, (3) faith identity development, and (4) intrinsic religiosity. A complete model of comparing regression was used as there are seven independent variables.

EXAMINATION OF RESULTS

Of the predictor variables explored in this study; sexual identity development (exploration, commitment, synthesis, and uncertainty), heterosexual privilege awareness and faith identity development, and intrinsic religiosity. The three that were found to be predictors of sexual orientation counseling competency were counselors' sexual identity exploration, heterosexual privilege awareness and faith identity development. It was found that counselors' exploration of their sexual identity was a predictor of their knowledge of sexual orientation counseling competency. It was found that counselors' heterosexual privilege awareness was a strong predictor of their overall competency and specifically their awareness and knowledge of sexual orientation counseling competency. It was also found that counselors' faith identity development was a predictor on their overall competency and awareness of sexual orientation counseling competency.

RESULTS IN CONTEXT

There are little to no peer-reviewed research that examines counselors' sexual identity development, heterosexual privilege awareness, faith identity development and intrinsic religiosity as predictors of sexual orientation counseling competency in working with LGB clients. Therefore, there is few to no articles with which to compare the findings of the current study.

MoSIEC: Exploration

It was found that counselors' exploration of their sexual identity was a predictor of their knowledge of sexual orientation counseling competency ($r = .428$, $p = .033$, $R^2 = .453$). Sexual identity focuses primarily on one's commitment to an identity, which may or may not include a process of exploration or questioning (Worthington, et al., 2002).

Because heterosexuality is rarely defined in and of itself, but rather through a denial of a same-sex orientation (Eliason, 1995), individuals are less likely to explore their sexual orientation identity which results in an unexplored, but tightly held heterosexual identity that must be protected and maintained (Mohr, 2002). Exploration is considered to be the acknowledgement that there are different sexual orientations. Therefore, higher scores on sexual identity exploration showed an increase in counselors' knowledge competency. The fact that counselors were willing to acknowledge the possibility of different sexual orientations allowed for increased knowledge of LGB issues.

Grove, (2009), in a qualitative study, found that students who reflect on their own sexuality and heteronormative assumptions helped students learn about LGB issues. A systematic research review of LGBT issues in counseling by King, Semlyen, Killaspy, Nazareth, and Osborn (2007) identified similar findings across qualitative and quantitative studies. These themes indicate a need for counselors to engage in self-exploration as related to their sexual orientation in order to effectively respond to LGB clients. It would stand to reason that the more counselors have explored their own sexual orientation identity, the more knowledge they will have about LGB clients. While knowledge was predicted, the exploration of identity did not increase counseling competency skills.

Additional studies on heterosexual identity and ally identity emphasize the importance of self-reflection on assumptions about sexual orientation and values (Asta & Vacha-Haase, 2012; Duhigg, Rotosky, Gray, & Wimsatt, 2010). Previous findings have indicated that counselors' sexual identity exploration and commitment significantly

predicted LGB-counseling competency (Dillon, Worthington, Soth-McNett, & Schwartz, 2008).

Worthington, R. L., Savoy, H. B., Dillon, F. R., and Vernaglia, E. R. (2002) and Worthington, Dillon, and Becker-Schutte (2005) state that heterosexual individuals who have engaged in exploration are likely to have more positive attitudes toward LGB individuals and that exploration was related negatively to religious conflict and hate forms of homonegativity. Exploration is characterized an individual's refined sense of self and commitment as an individual's decision have a specific identity that is based on their personal values, beliefs, and goals not external values, beliefs and goals (Worthington, R. L., Navarro, R. L., Savoy, H. B., & Hampton, D., 2008).

The finding of this study was that counselors' exploration of their sexual identity predicted their knowledge of sexual orientation counseling. It was surprising that exploration did not impact the overall SOCCS Score. It seems that if a counselor is willing to explore their sexual identity they are more likely to have increased knowledge of sexual orientation counseling issues. sexual identity focuses primarily on one's commitment to an identity, which may or may not include a process of exploration or questioning. Because heterosexual individuals are less likely to explore their sexual orientation identity, the result is an unexplored, but tightly held heterosexual identity that must be protected and maintained (Mohr, 2002). Just as the previous research has shown, a lack of exploration could bring about identity foreclosure and lower levels of sexual orientation counseling competency. Counselors' sexual identity exploration and commitment significantly predicted LGB-counseling competency (Dillon, Worthington, Soth-McNett, & Schwartz, 2008).

Heterosexual Privilege Awareness

This study found that counselors' heterosexual privilege awareness impacted their overall competency ($r = .578, p = .000, R^2 = .397$) and specifically their awareness ($r = .645, p = .000, R^2 = .488$) and knowledge ($r = .590, p = .000, R^2 = .453$) of sexual orientation counseling competency. This is in agreement with previous research. Simoni and Walters (2001) demonstrated the association between heterosexual privilege awareness and negative attitudes towards sexual minorities, suggesting that higher stages of heterosexual identity development correlate to increasingly more positive attitudes toward sexual minorities. Further they proposed that an increase of heterosexual privilege awareness increases as one progresses in one's heterosexual identity development.

Another study by Case, and Stewart (2010) researched HPA and its impact on prejudice and attitudes toward gay marriage. The results of their study showed that as students grew in their awareness of heterosexual privilege, their prejudice decreased and their support of same-sex marriage increased. Although, a majority of research on sexual majorities has been predominately in the areas of ally and advocacy for LGB clients (Bullard, 2004; Casey & Smith, 2010; Duhigg, et al., 2010; Evans & Broido, 2005; Fingerhut, 2011; Ji, 2007; Ji & Fujimoto 2013) and not about counseling competency, they do show that exploration of sexual identity does increase knowledge of LGB issues. The findings of this study would bolster the fact that counselors' awareness of their own heterosexual majority identity development as well as their clients' sexual majority/minority development impacts their competency in working with LGB clients in the area of knowledge.

Faith Identity Development

It was found that counselors' faith identity development impacted their overall competency (SOCCS Total Score: $r = .408$, $p = .017$, $R^2 = .397$) and awareness ($r = .449$, $p = .023$, $R^2 = .488$) of sexual orientation counseling competency. These findings are in agreement with previous research. Harries & Leak (2013) state that people with higher levels of postconventional religious reasoning are those who can independently and critically develop their own religious or faith, do not internalize negative external views of their identity and are more tolerant of other cultures and religions. The findings of this study point to the fact that counselors with higher levels of postconventional religious reasoning also had higher levels of overall sexual orientation counseling competency and partially in the area of awareness of LGB issues.

Balkin, Schlosser & Levitt, (2009) define religious identity as the exploration and commitment to a set of religious beliefs. The commitment to external religiosity with lower levels of faith identity development, or postconventional religious reasoning. Higher levels of postconventional religious reasoning is the higher level of faith development. They point out that a religious counselor could bring more bias to the counseling relationship. They go on to report that counselors who were: rigid in their beliefs regarding their faith, more easily influenced by others, and less tolerant of those outside their faith were actually more likely to demonstrate intolerance toward LGB clients. Researchers have shown that religiosity and religious identity produces prejudice toward LGB clients and hinders multicultural counseling competencies in working with LGB clients (Allport & Ross, 1967; Altemeyer & Hunsberger, 1992; Batson, 1976; Bidell, 2014; Whitley, 2009). As with all cultural values, counselors' multicultural

competency can be impacted by their own faith identity development (Balkin, Schlosser & Levvitt, 2009; Balkin, Watts & Ali, 2014; Bidell, 2012; Bidell, 2013; Bieschke, 2002; Boysen, 2010; Dillon & Worthington, 2003; Haldeman, 2014; Henke, T., Carlson, T. & McGeorge, C., 2009; McGeorge & Carlson, 2001; Mohr, 2002; Whitman & Bidell, 2014; Worthington, 2004).

In light of previous research and the finding of this study, it stands to reason that counselor educators and supervisors need to focus on the faith identity development of their counselors in training. As educators and supervisors, the focus on counseling competency alone is insufficient. In order to increase sexual orientation counseling competency, the educator and supervisor must focus on other areas in order to increase the competency of the counselor in training. Findings from this study show that heterosexual counselors in training should explore their heterosexual privilege and their own faith identity development in order to increase sexual orientation counseling competencies.

QUALITATIVE THEMES

While this was not a qualitative or mixed methods study, there was quite a bit of interaction with participants who choose to participate or not to participate. It was enough that I felt compelled to include some of the themes of those interactions as they seem to be in agreement with some of the quantitative findings of this study.

The fact that 20 surveys were not started or completed past the sexual identity questions (MoSIEC instrument) suggests that some counselors were uncomfortable answering questions about their own sexuality. One person asked to participate emailed

and commented, “When I saw the first series of questions regarding my own sexuality, it felt like a real ‘set up’ to me as a person of faith”

The fact that 7 participants stopped at the faith identity development (RFDS) and intrinsic religiosity (DUREL) portion of the survey, suggest that counselors may have been uncomfortable answering questions about their faith. One participant started the survey, stopped at the faith identity development questions and then chose to opt out stating, “I was afraid I would be judged if I answered in a particular manner.”

This again points to the highly emotional, religious and political undercurrents of these issues. With legal actions being taken and states passing bills and laws that go against the ACA, AAMFT, APA, and their own state ethics codes makes these areas very difficult to research.

It is not possible to know why participants stopped participating in the survey. Yet from the comments that were made from those that emailed or filled out the opt-out survey, some conclusions can be drawn. The fact that so many participants stopped during the sexual identity instrument and several commented some level of discomfort in being asked about their own personal sexuality, it could be concluded that some counselors do not want to discuss their own sexuality. Therefore, they would be uncomfortable discussing others’ sexuality. This would point to the need for counselor educators and supervisors to encourage the discussion of counselor in training own sexuality, sexual development and how to discuss sexuality with clients; heterosexual, gay, lesbian or bisexual. There were participants who stopped during the faith identity development instrument. It would also behoove counselor educators and supervisors to openly discuss faith identity development of themselves and their clients. Also how their

own faith and beliefs impact their counseling. With one participant stating that they stopped due to the fear of being judged for their views on sexuality and faith, the need to create a non-judgmental atmosphere for counselors in training to explore and discuss their beliefs, biases and prejudices.

STUDY LIMITATIONS

There were limitations to this study. First, this study does not address all facets of the multifaceted concept of faith identity. Measuring faith development is difficult due to the lack of conceptual clarity. There is the limitation in that faith identity development is a multifaceted concept, therefore there are no real clear definitions of faith identity development. The term “faith identity” has increased in use in literature yet there is no real conceptual or empirical validity. Therefore, there is no clear definition of the concept. Paloutzian and Park (2013) list 12 common domains and 67 various instruments to measure faith, religion and spirituality. In the domain being measured in the current study, they identify 5 instruments to assess religious and faith development. Hill and Pargament (2003) state that it is difficult for some to articulate their faith or religious identity, especially in closed ended questions. In addition, these kinds of questions lead to social desirability bias.

The self-report nature of the instruments in this study do not screen out bias or desirability and there were no social desirability controls used which creates another limitation. (Batson, Schoenrade, & Ventis, 1993). Social-desirability might bring a level of self-deception on the part of the participant (Sackheim & Gur, 1979; Paulhus, 1984).

In fact, that might be the issue with multicultural competence. Researchers have pointed out that there is an issue in that self-perceived multicultural counseling competency does not mean actual multicultural counseling competency. Constantine, Gloria, and Ladany. (2002) report that self-report of multicultural competency tends to give the belief of the participants' ability to provide competent service to a diverse population rather than their actual ability to provide competent this service. In fact, the self-rating multicultural competency scores of the participants in this study were high, which may indicate that only those who felt they were multiculturally competent volunteered to take the survey.

There is the issue of response bias. The topics of sexual identity, heterosexual privilege, faith identity and religiosity are sensitive and somewhat personal in nature. Confidential survey administration can increase participants' trustworthiness in the study and maintain their confidentiality (Dillman, Smyth, & Christian, 2014) and privacy. SurveyMoz was used and was password protected in order to maintain confidentiality of the data. Yet there was one invited participant who opted out stating, "I just do not feel comfortable giving answers to questions that I do not know if they will actually be kept in confidence."

There could have been a dropout problem due to the number of instruments, as well as the first instrument being the examination of the counselor's own sexual identity. The length of the survey may have also impacted the dropout rate due to fatigue. Also, there could have been others that did not take time to fill out the opt-out survey that would fit in the 10% non-heterosexual population and would not have fit within the criteria of the study.

The fact that all of the demographic information was collected at the end of the survey limited the ability to determine the reasons that participants did not finish the online survey. This also did not allow for any analysis of the demographics of those that stopped taking the survey.

IMPLICATIONS FOR COUNSELOR EDUCATION & SUPERVISION

As counselor educators and supervisors, there are many tasks we must accomplish in the training of counselors. This study focused on areas that would fall under some of those tasks. One of our tasks is to increase counselor competencies in our counselors in training. Another task is to increase awareness of biases and prejudice. Yet another task is to prepare them to work with a diverse population of clients. Another task would be to help the counselor in training to become genuine and authentic--that is to have an integration of their personal identity and professional identity as well as their personal and professional ethics.

The findings of this research point to the fact that in order to increase sexual orientation counseling competency there is a need for heterosexual privilege awareness and continued faith identity development. The findings showed that counselors with higher levels of awareness of their own heterosexual majority identity have increased competency in working with LGB clients in the area of knowledge. This self-awareness has been shown to decrease counselors' biases and prejudice as well as increase their sexual orientation counseling competency.

There is a task of helping the counselors in training to become authentic and genuine counselors. This would be accomplished by the integration of counselors' personal self and professional self. Gibson, Dollarhide, and Moss (2010) see this as an

integrative process where counselors grow in their sense of self by the integration of their professional training and personal attributes and worldview. They go on to state that the actual experience in the field is essential in professional identity development focusing on counselors' integration of expert knowledge, personal values, professional values and their affiliation in the counseling field. It would seem that if we are to accomplish this task we as counselor educators and supervisors need to work with our counselors in training to increase heterosexual privilege awareness and faith identity development. According to the findings of this study, in doing so we will increase their competency in working with LGB clients overall and especially in awareness of LGB issues.

The Integrated Developmental Model (IDM) (Stoltenberg, & McNeill, 2010) is a stage developmental model for supervising counselors. It encourages assessment of professional and personal growth and a way to provide markers to measure that growth. The authors refer through out that the developmental process for counselors include personal growth and awareness. They state that counselors must work through their personal issues and blocks in order to develop as counselors. This would include counselors' faith identity development, religious beliefs, values and how those impact their work with LGB clients. In the domain of *Treatment Plans and Goals* the issues of professional ethics are addressed in a counselor's development. They state, "This domain addresses how professional ethics and standards of practice intertwine with personal ethics in the development of the therapist." (p.26). This is an organic process for counselors in attaining knowledge and skills in order to grow in their competency. The three structures used as markers are: self-other awareness, motivation, and dependency-autonomy. Counselors should be able to monitor the influence of their own personal life

changes on professional identity and performance in the area of self- and other-awareness. As part of counselors' self-awareness they need to be aware of past personal experience and the impact that has on their work with clients. They go on to say that it is important for counselors to be self-aware in the area of differences, particularly cultural differences, which lead to developing a cultural empathy and competency. The lack of self-awareness of these differences can create barriers in the work with those who are different from the counselor. The parallel growth process between personal growth and professional growth become paramount in counselors' development and multicultural competency.

IDM specifies eight domains of professional functioning in which the counselor will develop: (1) intervention skills competence; (2) assessment techniques; (3) interpersonal assessment; (4) client conceptualization; (5) individual differences; (6) theoretical orientation; (7) treatment plans and goals; and (8) professional ethics. Stoltenberg and McNeill (2010) acknowledge that counselors and supervisees function at different levels of development and that a model cannot be rigid in application and needs to take into consideration the level of development in each domain. IDM has four levels of professional development within the three structures across all eight domains. The domain of individual differences would be where the gender identity development, sexual identity development, majority/minority identity development, and faith/moral development.

It would be recommended that counselor educators and supervisors take a developmental approach with their heterosexual counselors in training in the areas of sexual identity development, heterosexual privilege awareness and faith identity

development. The need to reach identity achievement is imperative for counselors increase their multicultural counseling competency. If counselors' identity development is to come from exploration and commitment to reach identity achievement, then there should encouragement of the exploration and questioning of their own identity development. This could be done with readings, open dialogue, and immersion experiences in these areas of identity.

Counselors in training should be involved in immersion experiences within minority populations, other religions/faiths than their own and sexual minorities. Since an individual develops his or her identity in a social context. And identity can be defined as how individuals uniquely understand themselves in relationship to themselves, others and the world around them. Bidell (2014a) reported that interpersonal contact with LGB acquaintances and friends did impact sexual orientation counseling competency. Providing opportunities for counselors in training to have social contact with those that identify as LGB would decrease biases and prejudices and increase counseling competency. One recommendation is that educators and supervisors help counselors in training discover their identities in order to provide a more empathic attitude.

While none of the variables were found to be predictors of skills competency in working with LGB clients. They did show correlations with awareness and knowledge competencies. Awareness and knowledge are important precursors to skill development. It seems that we need to go further than just acquiring competency of skills in working LGB clients. We need to increase heterosexual privilege awareness and increase counselors' faith identity development in order to accomplish the task of sexual orientation counseling competency.

As counselor educators and supervisors it would stand to reason that raising students' and supervisees' heterosexual privilege awareness would increase their sexual orientation counseling competency. Addressing the students' and supervisees' sexual identity development and faith identity development would also increase their sexual orientation counseling competency. Educators and supervisors work with students and supervisees in other domains and discuss their personal and professional identity development and the integration of those as they become a genuine and authentic counselor. It would seem that we should also discuss the areas of sexual and faith identity development and their impact on the counselor becoming genuine and authentic as a counselor.

IMPLICATIONS FOR FUTURE PRACTICE

For the practicing counselor the findings of this study would suggest that they need to explore their heterosexual privilege and their own faith identity development in order to increase sexual orientation counseling competencies. Associations and those offering trainings could offer seminars on the areas of heterosexual privilege awareness and the faith identity development of the counselor. There has been an increase in the call for competency in working with faith, religion and spirituality within our profession. But there has been little in the area of the impact of counselors' own faith identity development. Raising awareness of the impact of counselors' faith identity development on counseling competency would be a start.

With the controversy surrounding the issues of this study, it begs the question and some serious conversation, should there be two separate licenses? One for those counselors who want to practice out of their religious beliefs and values (Pastoral

Counselor) and those who want to practice out of the standards set out by the ACA, AAMFT, APA and other state ethics codes (Professional Counselor or Marriage & Family Therapist). If Fowler (1981) in his faith developmental model is correct, then only 10% of people will reach postconventional religious reasoning which is the higher level of faith development. At this level the person can independently and critically develop his or her own religious beliefs or faith, avoid internalizing negative external views of his or her identity and is more tolerant of other cultures and religions. If James Fowler is correct, and counselors are similar to the general population, then are we asking something from 90% of counselors that they cannot actually do? Given the altruistic nature of the profession, the question is whether or not counselors resemble the larger population or if they are more likely to be part of that ten percent.

It is my opinion that there is a moral dilemma and an ethical dilemma. The moral dilemma comes before a counselor in training seeks licensure. If they cannot work with the diverse population that professional counselors are called to not only work with but to advocate for in our society, then they should not seek licensure. After counselors obtain licensure it becomes an ethical dilemma, in that they have agreed to work with a diverse population with competency and do no harm to the client.

IMPLICATIONS FOR FUTURE RESEARCH

Based on the findings of this study, there are quite a few areas of future research which would add to the current literature. Due to the lack of instruments that have been used with counselors and their faith identity development and since these issues are so highly charged, a grounded theory qualitative research project would be in order. This research would help to identify common themes and issues around counselors working

with LGB clients, faith identity, and religious values and beliefs might help clarify what exactly needs to be studied.

The findings of this study show that continued study around counselors' faith identity development and how to encourage their development is warranted. Exploring and/or creating instruments that would better measure counselor faith identity development would be important. Further research on the faith identity development of counselors and its impact on counseling competency is needed because there is little to no research in this area of counselor development and impact on counseling competency. There is a need to further understand the faith identity development of individuals and its impact on working with those who are different from us. Dessel, A., Bolen, R., and Shepardson, C. (2011) stated, "Educators are responsible for preparing students for practice. As such, it is important that religiously conservative students become comfortable working ethically with those who do not share their beliefs." (p. 229). There is no empirical research on the counselors' faith identity development and the impact that has on their sexual orientation counseling competency. This is an area that needs to further research.

The counselor must be aware of his or her own attitudes, assumptions and prejudice, even if they come from religious beliefs (Israel & Selvidge, 2003). With the recent legal actions taken against counseling programs and states passing legislation that go against our professions code of ethics, it might be wise to further research faith identity development and its impact on sexual orientation counseling competency so that we are making informed decisions instead of emotionally, religiously and politically driven decisions. There needs to be future research in order to evaluate the correlations

between faith identity and other identity developments (e.g., racial identity, gender identity, sexual identity).

It might be wise to separate out the sexual identity and sexual orientation counseling competency and focus on the counselor's faith identity development. This would remove the controversy and the highly charged issues of sexual orientation. With some of the participants' responses in opting out they stated that they were afraid they would be judged, that they do not work with LGB clients, one person identified as a "person of faith" and stated that they felt it was a set up. Focusing on faith identity development would be helpful because it would help us to understand how counselors' faith identity can be developed and how it impacts other areas of less controversial competencies. Previous research has shown that faith identity impacts biases towards LGB clients (Davison, 2001; Gordon, 2010; Mohr, 2002; Moradi, B., Mohr, J. J., Worthington, R. L., & Fassinger, R. E., 2009; Simoni & Walters, 2004). Therefore, it is important for us to understand faith identity development and its impact in working with LGB clients.

Since faith identity development is a predictor of sexual orientation counseling competency, counselor educators and supervisors need to work with their counselors in training to help them develop their faith identity. This could be done by adding readings and immersion experiences in order to increase the exploration and commitment process of their own faith identity development, therefore reaching identity achievement. I would recommend that educators and supervisors read the court cases against graduate programs and encourage open dialogue and conversations around the issues of faith, religious convictions and beliefs, and the integration of personal and professional ethics. Also,

dialogue and conversations around the ACA Ethical Standards, the issues of multicultural counseling, advocacy and working with diverse populations. Educators and supervisors could go as far as to adopting an acculturation model in helping counselors in training in their ethical development, faith identity development and sexual identity development. This would give the counselors in training the opportunity to examine the conflicting values and beliefs. Using a developmental process of self-reflection, dialogue, and academic engagement, counselors in training will increasingly integrate their personal and professional ethics. They will also internalize the ethics of the counseling profession, especially the section pertaining to do no harm and offering services to a diverse population regardless of sexual orientation.

According to Marcia (1966) there is exploration and commitment in order to achieve identity. The lack of exploration with commitment would be identity foreclosure. In this study the concept of sexual exploration, which is the acknowledgement that there are different sexual orientations. The finding was that counselors' who are willing to acknowledge that there are different sexual orientations had increased knowledge of LGB issues. Previous research did show that exploration of sexual identity did increase knowledge of LGB issues (Bullard, 2004; Casey & Smith, 2010; Duhigg, Rostosky, Gray, & Wimsatt, 2010; Evans & Broido, 2005; Fingerhut, 2011; Ji, 2007; Ji & Fujimoto 2013). This would raise the question that, as counselor educators and supervisors, we might need to study the how to help the counselor in training reach identity achievement in the area of sexual identity in order to increase their knowledge of LGB issues.

In the same vein, it might be wise for counselor educators and supervisors to study faith identity development in order to help the counselor in training to reach

identity achievement in their faith identity as well. This study showed that higher levels of faith identity development was a predictor of SOCC. Balkin, Schlosser & Levitt, (2009) defined religious identity as the exploration and commitment to a set of religious beliefs. The commitment to external religiosity with lower levels of faith identity development, or postconventional religious reasoning. Higher levels of postconventional religious reasoning is the higher level of faith development. They point out that a religious counselor could bring more bias to the counseling relationship. They go on to report that counselors who were: rigid in their beliefs regarding their faith, more easily influenced by others, and less tolerant of those outside their faith were actually more likely to demonstrate intolerance toward LGB clients. Again, if there is a lack of exploration yet commitment, there is faith identity foreclosure. Research in how counselor educators and supervisors might be able to increase the faith identity of the counselor in training.

Since this study did not find any of the variables to increase skills competency in working with LGB clients. There is need to conduct further research in order to understand how we as counselor educators and supervisors can increase this area of competency.

It would also seem that gathering a large sample and using SEM analysis would be beneficial. This would be beneficial due to the instruments not having been tested with this population and a confirmatory analysis of the instruments could be conducted before the explanatory analysis is conducted. Further exploration to identify instruments or further research to create instruments to better measure the variables being studied would also be helpful.

SUMMARY

Chapter five reviewed and compared findings and looked at the results in context to the literature review presented in chapter two. Specifically, the results of the primary research hypothesis and the exploratory questions were discussed and explained.

Additionally, this chapter (a) reviewed the limitations of the study (e.g., research design, sampling, and instrumentation), (b) discussed the implications for counselor education and supervision, for future practice, and for future research, and (c) drew some conclusions.

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APPENDIX A – UNIVERSITY OF SOUTH CAROLINA IRB APPROVAL

OFFICE OF RESEARCH COMPLIANCE

INSTITUTIONAL REVIEW BOARD FOR HUMAN RESEARCH APPROVAL LETTER for EXEMPT REVIEW

This is to certify that the research proposal: **Pro00050757**

Entitled: *The Impact of Counselors' Faith Identity Development, Religiosity, Sexual Identity Development and Heterosexual Privilege Awareness have on Their Sexual Orientation Counseling Competency in Working with Lesbian, Gay and Bisexual (LGB) Clients*

Submitted by:

Principal Investigator: James Brown
College/Department: Education
Educational Studies / Counselor Education
Wardlaw
Columbia, SC 29208

was reviewed in accordance with 45 CFR 46.101(b)(2), the referenced study received an exemption from Human Research Subject Regulations on **12/9/2015**. No further action or Institutional Review Board (IRB) oversight is required, as long as the project remains the same. However, the Principal Investigator must inform the Office of Research Compliance of any changes in procedures involving human subjects. Changes to the current research protocol could result in a reclassification of the study and further review by the IRB.

Because this project was determined to be exempt from further IRB oversight, consent document(s), if applicable, are not stamped with an expiration date.

Research related records should be retained for a minimum of three (3) years after termination of the study.

The Office of Research Compliance is an administrative office that supports the University of South Carolina Institutional Review Board (USC IRB). If you have questions, contact Arlene McWhorter at arlenem@sc.edu or (803) 777-7095.

Sincerely,



Lisa M. Johnson
IRB Manager

APPENDIX B – RECRUITMENT LETTER/EMAIL

January 10, 2016

«Firstname» «MI» «Lastname»
«Address1»
«Address2»
«City», «STATE» «ZIP»

Dear «Firstname»,

I am Jim Brown, a Doctoral Candidate finishing up my degree at the University of South Carolina. My PhD is in Counselor Education and Supervision. This research is part of my dissertation in order to finish my doctoral studies.

I am inviting you to participate in this research because you are a respected member of the counseling community within the state of «MergeST», and your input regarding your experience as a professional counselor is highly valued. You have been randomly selected out of a group of respected «MergeST» counselors. I am conducting a study as an effort to understand the impact that several factors of counselors' identity have on their counseling competencies in working with LGB clients.

This study is important because it will provide further understanding of what counselor educators and supervisors can do in the educational and supervisory process to increase a counselor's competency in working with LGB clients.

This survey usually takes fewer than 25 minutes to complete, and your participation is voluntary. However, your input will help current counselor educators and supervisors. If you would like a link to the survey emailed to you for your convenience, feel free to contact me at brownjh5@email.sc.edu. Please go to the link below to access the survey on the SurveyMoz website. This survey may be taken on a computer, tablet or a smartphone.

<http://www.surveymoz.com/s/MCCSurvey/> UserID: «UserID»

Please be assured of the confidentiality of your answers; you will not be identified in any of the reports developed from this research. There is little to no risk involved in participating in this research. All data will be reported in aggregate form and no identifiable information will be collected or stored with the data. For each survey completed a donation of \$2.00 will be made to Mental Health America, a four-star rated non-profit agency. It can be found at www.mentalhealthamerica.net.

If you choose not to participate in this research, I would kindly ask you to fill out a short demographic questionnaire that would take less than 5 minutes. This will let me know that I need to recruit another participant in your state for our research as well. A donation of \$1.00

will be made to Mental Health America. The questionnaire can be found at:

<http://www.surveymoz.com/s/optout/>

If you have any concerns or comments about this study, please feel free to contact me at (803) 917-8773 or brownjh5@email.sc.edu anytime. You may also contact my dissertation advisor, Dr. Kathy Evans at (803) 777-1937 or kevans@mailbox.sc.edu. This research has been approved by the Internal Review Board of the University of South Carolina. The Research Compliance Office for the University of South Carolina's can be reached at (803) 777-7095, if you have any questions about your rights as a research participant.

Thank you so much for your participation in this study. Your feedback is very much appreciated.

Sincerely,

James H. Brown, MDiv, MA, LPC/S

Doctoral Candidate

Counselor Education and Supervision

The University of South Carolina

Email: brownjh5@email.sc.edu

Phone: 803-917-8773

FAX: 803-771-6685

APPENDIX C – REMINDER POSTCARD/EMAIL

Dear «Name»,

Two Weeks ago, I sent you an invitation to participate in a study regarding multicultural competence with LGB clients. You were randomly selected from counselors in your state. As a counselor in private practice myself, I know that our time is important and limited. The survey would only take 15-20 minutes of your time and would help contribute to the knowledge base in our profession. I hope that you will consider completing the survey. An added incentive is that a \$2.00 donation will be made to Mental Health America for each survey completed.

The survey may be found at: <http://www.surveymoz.com/s/MCCSurvey/>

Thank you for your participation in the study,
James H. Brown, MDiv, MA, LPCS
Brownjh5@email.sc.edu

APPENDIX D - DEMOGRAPHIC QUESTIONNAIRE

1. Select your gender:
 - a) Female
 - b) Male
 - c) Fill in category not represented _____
2. What is your current age? _____ years
3. What state do you practice in? _____
4. Select one of the following that best identifies your race/ethnicity:
 - a) White/Caucasian
 - b) Black/African American
 - c) Asian/Pacific Islander
 - d) Hispanic/Latino
 - e) Native American
 - f) Multi-Racial
 - g) Other _____
5. Select the label that best describes how you identify your sexual orientation
 - a) Heterosexual or straight
 - b) Gay or lesbian
 - c) Bisexual
 - d) Asexual
 - e) Queer
 - f) Other _____
6. Highest degree level completed?
 - a) M.A./M.S.
 - b) Ph.D./Psy.D./Ed.D
 - c) Other (Please describe: _____)
7. Religious Affiliation: _____ (e.g., Buddhist, Christian, Islamic, Jewish, Muslim, etc.)
8. Religious Sect/Denomination: _____ (e.g., Baptist, Episcopalian, Methodist, Presbyterian, etc.)
9. How often do you attend religious or religious-related activities?
 - a) Once or twice a year
 - b) 2 to 3 times a month
 - c) Weekly
 - d) 2-4 times per week
 - e) N/A
10. Multicultural Training
 - a. Number of multicultural classes taken _____

- b. Number of multicultural workshops attended _____
- c. Number of classes incorporating multicultural issues in content _____
11. Including graduate training, how many years of counseling experience do you have?
_____ years
12. How many hours of formal coursework and/or training have you participated in regarding gay and lesbian issues? _____ hours
13. How many hours of supervision/consultation regarding gay and lesbian clients have you participated in? _____ hours
14. How many hours of clinical experience with gay and lesbian clients do you have?
_____ hours
15. What percentage of your current client caseload identifies as a sexual minority
_____ %.
16. How would you rate your level of multicultural counseling competency?
1 2 3 4
Not Very
Competent Competent

Region List

- a) Midwest (IA, IN, IL, KS, MI, MN, MO, ND, NE, OH, SD, WI)
- b) Northeast (CT, ME, MA, NH, NJ, NY, PA, RI, VT)
- c) South (AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, TN, TX, SC, VA, WV)
- d) West (AK, AZ, CA, CO, HI, ID, MT, NM, OR, UT, NV, WA, WY)
- e) Any country outside of United States

APPENDIX E – MOSIEC SCALE

Measure of Sexual Identity Exploration and Commitment

Please read the following definition before completing the survey items: Sexual orientation is defined as an enduring emotional, romantic, sexual or affectional attraction to other persons that ranges from exclusive heterosexuality to exclusive homosexuality and includes various forms of bisexuality.

Directions: Please use the following scale to respond to items.

Rate from 1-6 each statement from Very Uncharacteristic of Me to Very Characteristic of Me.

	Very uncharacteristic of me	2	3	4	5	Very characteristic of me
My sexual orientation is clear to me.						
I went through a period in my life when I was trying to determine my sexual needs.						
I am actively trying to learn more about my own sexual needs.						
My sexual values are consistent with all of the other aspects of my sexuality.						
I am open to experiment with new types of sexual activities in the future.						
I am actively trying new ways to express myself sexually.						

	Very uncharacteristic of me	2	3	4	5	Very characteristic of me
My understanding of my sexual needs coincides with my overall sense of sexual self.						
I went through a period in my life when I was trying different forms of sexual expression.						
My sexual values will always be open to exploration.						
I know what my preferences are for expressing myself sexually.						
I have a clear sense of the types of sexual activities I prefer.						
I am actively experimenting with sexual activities that are new to me.						
The ways I express myself sexually are consistent with all of the other aspects of my sexuality.						
I sometimes feel uncertain about my sexual orientation.						
I do not know how to express myself sexually.						
I have never clearly identified what my sexual values are.						

	Very uncharacteristic of me	2	3	4	5	Very characteristic of me
The sexual activities I prefer are compatible with all of the other aspects of my sexuality.						
I have never clearly identified what my sexual needs are.						
I can see myself trying new ways of expressing myself sexually in the future.						
I have a firm sense of what my sexual needs are.						
My sexual orientation is not clear to me.						
My sexual orientation is compatible all of the other aspects of my sexuality.						

APPENDIX F – HPA SCALE

Modified Heterosexual Privilege Awareness Scale

Instructions: Please use the scale below to respond to the following items. Circle the number that indicates the extent to which each statement is characteristic or uncharacteristic of you or your views.

Rate from 1-7 on each item from Strongly disagree to Strongly agree.

	Strongly disagree	2	3	4	5	6	Strongly agree
As a heterosexual, I currently have more rights than LGB individuals in society.							
LGB individuals are at a disadvantage.							
As a heterosexual, I have certain privileges not given to LGB individuals.							
We as heterosexuals are at an advantage because our sexual orientation determines what is considered normal.							
We as heterosexuals must give up our privilege before we can achieve equality based on sexual orientation.							
LGB individuals get special privileges that heterosexuals are not given.							

	Strongly disagree	2	3	4	5	6	Strongly agree
Heterosexuals and LGB individuals are treated equally in this country.							

APPENDIX G - RFDS
The Revised Faith Development Scale

Instructions: This survey asks you to describe how you look at religious issues. For each statement, rate how much this way of looking at religious issues is like yours, using the following scale

Rate each statement from 1-4 from Very unlike me to Very much like me.

	Very unlike me	2	3	Very much like me
My religious orientation comes primarily from my church and the people who first taught me about my faith.				
It is not important that I keep the same religious views as my family of origin.				
The religious traditions and beliefs I grew up with are very important to me and do not need changing.				
My religious orientation comes primarily from my own efforts to analyze and understand God.				
I would rather not be exposed to other religions.				
The religious traditions and beliefs I grew up with have become less and less relevant to my current religious orientation.				

	Very unlike me	2	3	Very much like me
I believe that my church has much to offer but that other religions can also provide many religious insights.				
I believe totally (or almost totally) the teachings of my church.				
I am interested in learning more about other religions.				
It is very important for me to critically examine my religious beliefs and values.				
As my religious views have changed, I find that I sometimes disagree with my family of origin about my faith.				
It is rare for me to disagree with church leadership or my family of origin about my faith.				
It is very important that my faith is very much like the faith of my parents and family of origin				
I find myself disagreeing with my church over numerous aspects of my faith.				

	Very unlike me	2	3	Very much like me
I believe that my church offers a full insight into what God wants for us and how we should worship God.				
It is very important for me to accept the religious beliefs and values of my church.				

APPENDIX H - DUREL

DUREL: Duke University Religion Index Directions

Select the answer that most accurately describes your usual behavior or belief. Only choose one for each question.

How often do you attend church or other religious meetings?

- More than once/week
- Once a week
- A few times a month
- A few times a year
- Once a year or less
- Never

How often do you spend time in private religious activities, such as prayer, meditation or Bible study?

- More than once a day
- Daily
- Two or more times/week
- Once a week
- A few times a month
- Rarely or never

The following section contains 3 statements about religious belief or experience.

Please mark the extent to which each statement is true or not true for you.

	Definitely true of me	Tends to be true	Unsure	Tends not to be true	Definitely not true
In my life, I experience the presence of the Divine (i.e., God).					
My religious beliefs are what really lie behind my whole approach to life.					
I try hard to carry my religion over into all other dealings in life.					

APPENDIX I – SOCCS

Sexual Orientation Counselor Competency Scale

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.

	Not at all True	2	3	Somewhat True	5	6	Totally True
I have received adequate clinical training and supervision to counsel LGB clients.							
The lifestyle of a LGB client is unnatural or immoral.							
I check up on my LGB counseling skills by monitoring my functioning/competency- via consultation, supervision, and continuing education.							
I have experience counseling gay male clients.							
LGB clients receive less preferred forms of counseling treatment than heterosexual clients.							
At this point in my professional development, I feel competent, skilled, and qualified to counsel LGB clients.							

	Not at all True	2	3	Somewhat True	5	6	Totally True
I have experience counseling lesbian or gay couples.							
I have experience counseling lesbian clients.							
I am aware some research indicates that LGB clients are more likely to be diagnosed with mental illnesses than are heterosexual clients.							
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.							
I believe that being highly discreet about their sexual orientation is a trait that LGB clients should work towards.							
I have been to in-services, conference sessions, or workshops, which focused on LGB issues (in Counseling, Psychology, Mental Health).							
Heterosexist and prejudicial concepts have permeated the mental health professions.							
I feel competent to assess the mental health needs of a person who is							

	Not at all True	2	3	Somewhat True	5	6	Totally True
LGB in a therapeutic setting.							
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.							
There are different psychological/social issues impacting gay men versus lesbian women.							
It would be best if my clients viewed a heterosexual lifestyle as ideal.							
I have experience counseling bisexual (male or female) clients.							
I am aware of institutional barriers that may inhibit LGB people from using mental health services.							
I am aware that counselors frequently impose their values concerning sexuality upon LGB clients.							
I think that my clients should accept some degree of conformity to traditional sexual values.							
Currently, I do not have the skills or training to do a case presentation or consultation if my client were LGB.							

	Not at all True	2	3	Somewhat True	5	6	Totally True
I believe that LGB clients will benefit most from counseling with a heterosexual counselor who endorsed conventional values and norms.							
Being born a heterosexual person in this society carries with it certain advantages.							
I feel that sexual orientation differences between counselor and client may serve as an initial barrier to effective counseling of LGB individuals.							
I have done a counseling role-play as either the client or counselor involving a LGB issue.							
Personally, I think homosexuality is a mental disorder or a sin and can be treated through counseling or spiritual help.							
I believe that all LGB clients must be discreet about their sexual orientation around children.							
When it comes to homosexuality, I agree with the statement: 'You should love the sinner but hate or condemn the sin.'							

APPENDIX J
COMMUNICATION TO USE MOSIEC INSTRUMENT

Dr. Worthington was contacted on 8/18/15 via email requesting use of the MoSIEC Instrument. A reply was not received. Therefore, a request was sent via email to the other authors of the article: Dr. Navarro and Dr. Savoy on 9/6/15.

They both replied with a copy of the email to Dr. Worthington:

Hi Jim,

Thanks for your interest in using the scale. I have cc'd Roger Worthington here as he can advise on permission and psychometrics for the instrument.

Holly Bielstein Savoy, Ph.D.

Licensed Psychologist

5970 Fairview Road, Suite 412

Charlotte, NC 28210

(704) 362-4041

www.drhollysavoy.com

Hello Jim,

Thank you for your request to use the MoSIEC. Dr. Roger Worthington is first author on this scale and such requests should most likely go through him. I have copied Dr. Worthington on this email as well.

Good luck in your research.

Best, Rachel

Rachel L. Navarro, Ph.D., Licensed Psychologist

Associate Professor and Chair

University of North Dakota

Department of Counseling Psychology and Community Services

Education Building Room 304

231 Centennial Drive Stop 8255

Grand Forks, ND 58202-8255

Tel: 701-777-2635

Fax 701-777-3184

There was no response from Dr. Worthington. Therefore the instrument was used.

APPENDIX K
PERMISSION TO USE HPA INSTRUMENT

BROWN, JIM

From: Case, Kim <CaseKi@uhcl.edu>
Sent: Sunday, September 6, 2015 6:33 PM
To: BROWN, JIM
Subject: RE: Permission to use HPA Instrument

Yes, of course! I would love to hear from you once you have the results. Sounds intriguing. Kim :)

Sent from my Android phone using TouchDown (www.nitrodesk.com)

-----Original Message-----

From: BROWN, JIM [brownjh5@email.sc.edu]
Received: Sunday, 06 Sep 2015, 4:29PM
To: Case, Kim [CaseKi@uhcl.edu]
Subject: Permission to use HPA Instrument

Dr. Case,

I am a Doctoral Candidate at the University of South Carolina. I am researching counselor Faith Identity and Sexual Identity Development and their impact on the counselor's multicultural competency in working with LGB clients. I wanted to ask for permission to use the HPA instrument in measuring the heterosexual privilege attitude of counselors to see if there is a correlation in their sexual identity development and competency in working with LGB clients.

Thank you for considering my use of this instrument. Sincerely,
Jim Brown

James H. Brown, MDiv, MA, LPC/S
Doctoral Candidate
Counselor Education and Supervision
The University of South Carolina

Email: brownjh5@email.sc.edu
Phone: 803-917-8773
FAX: 803-771-6685

APPENDIX L
PERMISSION TO USE RFDS INSTRUMENT

BROWN, JIM

From: Harris, Jeanette I <Jeanette.Harris2@va.gov>
Sent: Monday, April 6, 2015 2:13 PM
To: BROWN, JIM
Subject: RE: [EXTERNAL] RFDS Instrument
Attachments: Harris-Leak Postconventional MM.pdf

Rev. Brown,

Thank you so much for your interest in this area of research! I've attached a file that includes the article on development of the RFDS, as well as the scale itself. Please, use it, anywhere that you find it useful! Let me know if I can be of further help!

Irene

From: BROWN, JIM [mailto:brownjh5@email.sc.edu]
Sent: Monday, April 06, 2015 1:00 PM
To: Harris, Jeanette I
Subject: [EXTERNAL] RFDS Instrument

Dr. Harris,

I am a doctoral student at the University of South Carolina. I am starting work on my dissertation and my research question is: How do counselors' heterosexual majority identity development and faith/religious identity development predict their multicultural counseling competency (knowledge, attitude and skills) in working with LGB clients?

I would like to request more information on the latest version of the RFDS and ask for

permission to use it in my study. Thanks in advance,
Jim Brown

James H. Brown, MDiv, MA, LPC/S
Doctoral Candidate
Counselor Education and Supervision
The University of South Carolina
Email: brownjh5@email.sc.edu
Phone: 803-917-8773
FAX: 803-771-6685

APPENDIX M
PERMISSION TO USE DUREL INSTRUMENT

BROWN, JIM

From: Harold Koenig, M.D. <harold.koenig@duke.edu>
Sent: Sunday, September 6, 2015 9:13 PM
To: BROWN, JIM
Subject: RE: Use of DUREL Instrument
Attachments: 0-DUREL English version.doc; 0DUREL paper - Religions 2010.pdf; 0Religion index article

Yes, you have permission to use the DUREL

From: BROWN, JIM [mailto:brownjh5@email.sc.edu]
Sent: Sunday, September 06, 2015 5:07 PM
To: Harold Koenig, M.D.
Subject: Use of DUREL Instrument

Dr. Koenig,

I am a Doctoral Candidate at the University of South Carolina. I am researching counselor Faith Identity and Sexual Identity Development and their impact on the counselor's multicultural competency in working with LGB clients. I wanted to ask for permission to use the DUREL instrument in measuring the religiosity of counselors to see if there is a correlation in their faith identity development and competency in working with LGB clients.

Thank you for considering

my use of this instrument.

Sincerely,
Jim Brown

James H. Brown, MDiv, MA, LPC/S
Doctoral Candidate
Counselor Education and Supervision
The University of South Carolina
Email: brownjh5@email.sc.edu
Phone: 803-917-8773
FAX: 803-771-6685

APPENDIX N

PERMISSION TO USE SOCCS INSTRUMENT

BROWN, JIM

From: Markus P Bidell <mbidell@hunter.cuny.edu>
Sent: Saturday, February 28, 2015 4:50 AM
To: BROWN, JIM
Subject: Re: Request to use SOCCS Instrument

Jim - Thanks for the interests and please feel free to use the SOCCS the link below has some info and Word docs that might be of help Best, Markus
http://www.hunter.cuny.edu/the-lgbt-center/Why_Dr-Bidell_Became_Involved

Markus P. Bidell, Ph.D.
Associate Professor – mpbidell@hunter.cuny.edu
Educational Foundations & Counseling Department
Hunter College – 695 Park Avenue, New York, New York 10065

[2014-2015 Regent's University Fullbright Scholar](#)

On 2/25/15, 1:57 PM, "BROWN, JIM" <brownjh5@email.sc.edu> wrote:

Dr. Bidell,

I am writing you as a doctoral candidate at the University of South Carolina in counselor education and supervision. I am working on my dissertation and my research is in the area of educating and supervising those with religious convictions to a place of multicultural competency in working with sexual minorities. With the recent cases of Keeton vs. Anderson-Wiley and Ward vs. Wilbanks, I find it of necessity that we as counselor educators and supervisors understand and find ways to work with students who hold to religious convictions in order to develop them to work with minorities..

The research for my dissertation is to find out how the counselors faith/religious identity development and their LGB knowledge & attitude impact the counselors LGB multicultural competencies.

I would like to use the SOCCS instrument in my research. I am not sure who I would need to contact in order to gain permission to use the instrument. Please let me know who I must contact.

Sincerely,

Jim Brown

James H. Brown, MDiv, MA, LPC/S
Doctoral Candidate
Counselor Education and Supervision
The University of South Carolina

Email: brownjh5@email.sc.edu
Phone: 803-917-8773
FAX: 803-771-6685

APPENDIX O
DEMOGRAPHICS – RELIGION/DENOMINATION DETAILED

Demographic	Total (n)	Percentage
Religion/Denomination		
Agnostic	2	1.9%
Anglican	1	1.0%
Atheist	4	3.9%
Baha'i	2	1.9%
Baptist	10	9.7%
Buddhist	3	2.9%
Catholic	17	16.5%
Catholic-Buddhist	1	1.0%
Christian	8	7.8%
Church of Christ	1	1.0%
Course of Miracles student	1	1.0%
Disciples of Christ	1	1.0%
Episcopalian	4	3.9%
Jewish	2	1.9%
LDS	2	1.9%
Lutheran	2	1.9%
Methodist	10	9.7%
Non- Denominational	17	16.5%
None	9	8.7%
Pagan	1	1.0%
Presbyterian	5	4.9%

APPENDIX P

IRB COURSE COMPLETION

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM) COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

• **Name:** James Brown (ID: 4719912)
 • **Email:** brownjh5@email.sc.edu
 • **Institution Affiliation:** University of South Carolina (ID: 830)
 • **Institution Unit:** Counselor Education & Supervision

 • **Curriculum Group:** Human Research
 • **Course Learner Group:** Social & Behavioral Researchers
 • **Stage:** Stage 1 - Basic Course

 • **Report ID:** 15460394
 • **Completion Date:** 04/21/2015
 • **Expiration Date:** 04/20/2018
 • **Minimum Passing:** 80
 • **Reported Score*:** 100

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Belmont Report and CITI Course Introduction (ID: 1127)	04/20/15	3/3 (100%)
History and Ethical Principles - SBE (ID: 490)	04/20/15	5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491)	04/20/15	5/5 (100%)
The Federal Regulations - SBE (ID: 502)	04/20/15	5/5 (100%)
Assessing Risk - SBE (ID: 503)	04/20/15	5/5 (100%)
Informed Consent - SBE (ID: 504)	04/20/15	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	04/21/15	5/5 (100%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	04/21/15	5/5 (100%)
Vulnerable Subjects - Research Involving Workers/Employees (ID: 483)	04/21/15	4/4 (100%)
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	04/21/15	5/5 (100%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	04/21/15	5/5 (100%)
Records-Based Research (ID: 5)	04/21/15	2/2 (100%)
The University of South Carolina (ID: 1549)	04/21/15	No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
 Email: citisupport@miami.edu
 Phone: 305-243-7970
 Web: <https://www.citiprogram.org>