

An Examination of Counselors' Religiosity, Spirituality, and Lesbian-, Gay-, and Bisexual-Affirmative Counselor Competence



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Counselors in school and community settings, counselor educators and counseling students ($N = 453$) participated in a study of self-perceived competence to serve lesbian, gay and bisexual (LGB) clients. Using the same large data set as Farmer, Welfare, and Burge (2013), the author examined different research questions focused on counselor religiosity and spirituality. Through multiple regression analysis, the following variables predicted LGB-affirmative counseling competence: counselors' self-identified religiosity, spirituality, education, number of LGB clients counseled and LGB interpersonal contact. Spirituality had a positive relationship with competence, whereas religiosity was negatively related. Further exploration of the intersection of counselor religiosity and spirituality as it relates to LGB-affirmative counseling is warranted.

Keywords: LGB, lesbian, gay, bisexual, religiosity, spirituality, counselor competence

Lesbian-, gay- and bisexual- (LGB-) affirmative counseling encompasses a broad base of knowledge, awareness of attitudes, and skills that affirm and honor the lived experiences of sexual orientation diverse individuals, representing the ethical standard of care for all non-heterosexual clients (Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling, 2012; Israel & Selvidge, 2003). Whitman and Bidell (2014) defined LGB-affirmative counseling as “a practice that adopts a science-based perspective of LGB sexual (or affectional) orientations as normal and healthy expressions of human development, sexuality, relationship, and love” (p. 164). In the last decade, the issue of providing competent, affirming care to clients who identify as lesbian, gay and bisexual (LGB) has risen to the forefront of professional dialogue for counselors. Two legal cases (*Keeton v. Anderson-Wiley*, 2011; *Ward v. Polite*, 2012) inspired meaningful discussion about the intersection of counselors' religious and spiritual values and ethical counseling practices when working with sexual orientation diverse clients. The American Counseling Association (ACA) *Code of Ethics* (2014) mandates that counselors attend to value conflicts while working with clients to avoid the potentially harmful imposition of personal values (Kaplan, 2014). Still, some counselors are left with the task of integrating conflicting religious values with competent and affirming counseling practices with LGB clients (Herlihy, Hermann, & Greden, 2014; Robertson & Avent, 2016).

The political and social landscape surrounding LGB issues in the United States is in a state of flux. While the historic *Obergefell v. Hodges* (2015) decision established marriage equality for same-sex couples nationally, there have been conflicting influences on affirmative care. Conscience clause legislation, intended to protect mental health practitioners who deny services based on their own “sincerely held principles” (TN HB1840, 2016), has emerged in several states (e.g., Mississippi, Tennessee) as a response to the revised ACA *Code of Ethics* (2014). Conversion therapy or reparative therapy remains legal in 45 states despite being discredited and ethically opposed by all major mental health professions, including the ACA (American Psychological Association, 2017; Whitman, Glosoff, Kocet, & Tarvydas, 2013). Specifically, those ascribing to some religious affiliations assume a moral stance against non-heterosexual partnerships which is often rooted in narrow scriptural interpretations and traditional views on what constitutes a marriage (Lalich & McLaren, 2010). Smith and Okech (2016a) further probed professional discourse through their investigation of the Council

for Accreditation of Counseling and Related Educational Programs (CACREP) accreditation status of counseling programs housed within religious institutions that disaffirm or disallow diverse sexual orientations, initiating an exchange of dialogue in the *Journal of Counseling & Development* (Sells & Hagedorn, 2016; Smith & Okech, 2016b). These authors highlighted incongruencies between the policies and philosophical statements of religiously affiliated institutions and the values espoused by the *ACA Code of Ethics*. In light of these prominent events and professional dialogue, counselors' religious beliefs, as they relate to working with LGB clients, have received greater attention (Balkin, Watts, & Ali, 2014; Kaplan, 2014; Whitman & Bidell, 2014).

Spirituality, much like religion, is another complex facet of identity that contributes to counselor values. Although it has been established that counselors' conservative religious beliefs may impact LGB-affirmative counseling (Balkin et al., 2014; Bidell, 2014), the impact of counselors' spirituality is less understood. To date, no studies have investigated counselor religiosity and spirituality as potentially different aspects of identity that may relate to LGB-affirmative counselor competence, nor has the religious affiliation of counselors been explored. Therefore, the researcher sought to examine counselors' self-identified religiosity and spirituality, as they relate to LGB-affirmative counseling competence.

The author conducted a large study of LGB-affirmative counselor competence that found school counselors perceived themselves as having lower competence to serve LGB clients than community-based counselors (Farmer, Welfare, & Burge, 2013). Using the same data set, the lead author has examined several new variables for the current study, including counselors' self-identified religiosity, spirituality, education level, experience counseling LGB clients and LGB interpersonal contact. By examining these variables, new information is offered to the current professional discourse about the relevance of counselors' religious and spiritual beliefs when counseling LGB clients.

Defining Religiosity and Spirituality

There are diverse opinions regarding definitions of religiosity and spirituality (Zinnbauer, Pargament, & Scott, 1999). The inconsistency in definitions creates a complex problem for researchers of religiosity and spirituality because it is difficult to know what meaning participants attribute to these terms (Zinnbauer et al., 1997). Although religiosity and spirituality have been shown to coincide for some, they are distinctly separate aspects of identity for others (Pargament, Sullivan, Balzer, Van Haitsma, & Raymark, 1995).

Religiosity has been broadly defined as the degree to which individuals subscribe to institutionalized beliefs or doctrines (Vaughan, 1991). Among basic methods of measuring religiosity is the indication of whether or not one identifies with a religious affiliation (Clark & Schellenberg, 2006). The frequency of service attendance and engagement in religious behaviors (e.g., prayer, scripture reading) are other methods of measuring religiosity (Lippman, Michelsen, & Roehlekepartain, 2005; Piedmont, 2001; Whitley, 2009). Self-ratings of religiosity are widely used that involve asking people to identify the importance of religion in their lives (Rainey & Trusty, 2007; Whitley, 2009). Chatters, Levin, and Taylor (1992) proposed a 3-dimensional model of religiosity that included *organizational involvement* (formal church attendance), *nonorganizational involvement* (informal activities such as prayer or scriptural study at home), and *subjective religiosity* (personal beliefs, attitudes and perceived importance of religion in one's life). Aligning with these models, religiosity is understood in the current study as the degree of importance of religion in one's life; frequency of service attendance and religious behavior (e.g., prayer, scriptural reading); and identification with a religious affiliation.

Alternately, spirituality is considered to be unique to individuals' life experience and interpretation (Pargament, 2013). Spirituality is broadly described as an individual's internal orientation toward a greater transcendent reality that joins "all things into a more unitive harmony" (Piedmont, 1999, p. 988). To develop a definition of spirituality, a "Summit of Spirituality" included 15 ACA members with representatives from a cross-section of ACA divisions who began the process of forming the counseling profession's *Spiritual Competencies* (Association for Spiritual, Ethical, and Religious Values in Counseling, 2013). The summit resulted in the following description:

Spirituality is a capacity and tendency that is innate and unique to all persons. The spiritual tendency moves the individual toward knowledge, love, meaning, peace, hope, transcendence, connectedness, compassion, wellness, and wholeness. Spirituality includes one's capacity for creativity, growth, and the development of a value system. ("Summit Results," 1995, p. 30)

Pargament claimed "spirituality is the core function of religion" (2013, p. 271). In other words, people become involved in religion as a way to connect to the sacred and support their spirituality. Therefore, spirituality is a distinct motivation and human process that may exist apart from religion (Pargament, 2013). The current study is grounded in this understanding by examining counselors' religious and spiritual identities as separate constructs (Pargament et al., 1995).

Counselors and Religiosity

Within studies of LGB-affirmative counselor competence, several factors have been shown to negatively influence counselor competence, such as religiosity, church attendance, political conservatism, and heterosexism (Balkin, Schlosser, & Levitt, 2009; Bidell, 2014; Rainey & Trusty, 2007; Satcher & Schumacker, 2009). Scholars have postulated that the way scriptural references are interpreted may account for this negative influence, specifically interpretations that deem non-heterosexual behavior as immoral and socially deviant (Altemeyer, 2003; Poteat & Mereish, 2012; Whitley, 2009). Alternate views on scriptural references such as these include an understanding of cultural context, analysis of contradictory messages, and consideration of the human lens through which scripture was written (Dewey, Schlosser, Kinney, & Burkard, 2014; Friedman, 2001).

Bidell (2014) explored religious conservatism as it relates to counselor competence with LGB clients in a study of 228 counseling students, counselor educators and counseling supervisors in university settings. Religious conservatism was defined as *religious fundamentalism*, or "the belief that there is one set of religious teachings that clearly contain the . . . inerrant truth about humanity and deity" (Altemeyer & Hunsberger, 1992, p. 118). Religious conservatism was a significant negative predictor of LGB-affirmative counselor competence ($\beta = -.532$), whereas LGB interpersonal contact ($\beta = .299$) and LGB-specific training ($\beta = .143$) were positive predictors. In the analysis of the Sexual Orientation Counselor Competency Scale (SOCCS) subscales for attitudinal awareness, knowledge and skill, Bidell (2014) found that the attitudinal awareness and skill subscales were significantly related to religious conservatism, whereas knowledge was not. Implications suggest that counselors are influenced by conservative religious beliefs and attitudes toward LGB individuals.

More evidence has emerged concerning counselor religiosity and prejudice toward LGB individuals. Higher frequency of church attendance was a significant predictor of counselors' negative attitudes toward LGB individuals (Satcher & Schumacker, 2009). Counselors who have more rigid and authoritarian orientations of religious identity exhibit more LGB prejudice (Balkin et al., 2009; Bidell, 2014; Sanabria, 2012). In light of these findings, more scholarly attention is focusing on ways to support "religiously conservative" counselors through the process of negotiating values

conflicts (Choudhuri & Kraus, 2014; Fallon et al., 2013; Robertson & Avent, 2016; Whitman & Bidell, 2014).

Counselors and Spirituality

Ample research combines religion and spirituality, assuming these are synonymous aspects of identity or sources of values. However, some key studies have focused on the distinct contributions of spirituality in counselor development. Morrison and Borgen (2010) examined counselor empathy as it relates to and is influenced by counselor spirituality. Using the critical incident technique, 12 counselors with Christian beliefs identified 242 incidents where their spirituality helped their empathy toward clients and 25 incidents where their spirituality hindered empathy. Helping categories included counselors' empathic connection with clients, the ability to draw on values of compassion and acceptance, and understanding other cultures. Hindering categories included experiences in which the client's actions were contrary to the counselor's belief system and having limited empathy due to counselor biases. Implications highlight the important role of spirituality in counselors' felt empathy as well as the need for counselor training programs to create space for personal reflection on spiritual beliefs.

In a quantitative study, Saslow et al. (2013) sought to clarify meaning in the relationship between counselor spirituality and compassion while controlling for religiosity. Using an online sample from Amazon's Mechanical Turk ($n = 149$), a nationally representative sample ($n = 3,481$), and a college undergraduate sample ($n = 118$), the authors measured global religiosity and spirituality, religious and spiritual practices, religious fundamentalism, self-transcendence, spiritual identity, questing orientation, global positive affect, dispositional compassion, awe, and love. Using principal components analysis, religiosity and spirituality loaded as distinct factors. Spirituality significantly predicted compassion after controlling for religiosity and positive affect. Alternately, religiosity was not a significant predictor of compassion while controlling for spirituality. Implications suggest compassion is central to spirituality.

Although researchers have focused on the relevance of client spirituality in the counseling process (Cashwell & Young, 2011; Parker, 2011), empirical studies investigating the impact of counselor spirituality are lacking. To date, no studies have examined the relationship between counselors' self-identified spirituality, as differentiated from religiosity, and LGB-affirmative counselor competence. Therefore, the study was guided by the following research questions:

- 1) What are the relationships between counselors' (a) self-identified religiosity, (b) self-identified spirituality, (c) education level, (d) counseling experience with LGB clients, (e) LGB interpersonal contact, and (f) LGB-affirmative counselor competence?
- 2) How do the variables of (a) self-identified religiosity, (b) self-identified spirituality, (c) education level, (d) counseling experience with LGB clients, and (e) LGB interpersonal contact *predict* LGB-affirmative counselor competence?
- 3) Are there differences in counselors' (a) self-identified religiosity, (b) self-identified spirituality, and (c) LGB-affirmative counselor competence among religious affiliation groups?

The author hypothesized that higher levels of self-identified religiosity would predict lower LGB-affirmative counselor competence, as established in Bidell's previous study (2014). The author also hypothesized that all variables assessed would help explain the variance in counselors' LGB-affirmative counselor competence.

Method

Procedure

The author used the same data set reported in Farmer et al. (2013) using different research questions and examining five new variables. The sample ($N = 1,480$) consisted of members of a state-level professional counseling association located in the Southeastern United States, including licensed professional counselors, professional school counselors, counselors-in-residence (post-master's counselors working toward licensure), counseling graduate students and counselor educators. The researcher secured approval from the Institutional Review Board, obtained participant information from the state organization's membership directory, and sent a recruitment e-mail inviting participation in the anonymous online survey using SurveyMonkey. Two reminder e-mails were sent at five and 10 days after initial contact. There were 556 respondents, yielding a response rate of 37.5%. The final sample included 453 participants following data-cleaning procedures and eliminating those respondents whose practice setting could not be verified.

Participants

Of the 453 participants, 212 (46.8%) described their primary practice setting as school, 110 (24.3%) described their practice setting as community, 93 (20.5%) were described as counseling graduate students, and 38 (8.4%) were counselor educators. Participants' ages ranged from 22 to 75 years, with an average age of 41.5 years ($SD = 13.5$). Seventy-three participants (16.1%) identified as men and 379 (83.7%) identified as women (one participant omitted this item). With regard to race, 376 participants (83.0%) identified as Caucasian, 55 (12.1%) as African American, eight (1.8%) as Hispanic, eight (1.8%) as multiracial or other, three (0.7%) as American Indian, one (0.2%) as Asian, and one (0.2%) as Hawaiian or Pacific Islander (one participant omitted this item). Regarding sexual orientation, 425 participants (93.8%) identified as heterosexual, seven (1.5%) as lesbian, five (1.1%) as gay, five (1.1%) as bisexual, one (0.2%) as questioning, and four (0.9%) as other (six participants omitted this item). Participants were also asked to identify their religious affiliation (e.g., Protestant Christian, Catholic, Other Religious Affiliation, No Religious Affiliation). Table 1 displays descriptive data on religious affiliation and SOCCS scores.

Instruments

Two instruments and an information questionnaire were used to collect data. The SOCCS (Bidell, 2005) was used to assess LGB-affirmative counselor competence. The Marlowe-Crowne Social Desirability Scale—Short Form C (MC-C; Reynolds, 1982) assessed the authenticity of participant responses. An information questionnaire gathered demographic and personal background information, including items for counselors to indicate self-identified religiosity and spirituality.

Sexual Orientation Counselor Competency Scale. This instrument measures participants' self-perceptions of LGB-affirmative counseling competence including attitudes, knowledge and skills (Bidell, 2005). The SOCCS contains 29 items that are rated on a 1–7 scale (1 = *not at all true*, 7 = *totally true*). Ten items measure attitudes (e.g., "The lifestyle of an LGB client is unnatural or immoral"), eight items measure knowledge (e.g., "There are different psychological/social issues impacting gay men versus lesbian women"), and 11 items measure skill (e.g., "I feel competent to assess the mental health needs of a person who is LGB in a therapeutic setting"). Convergent validity was established for each of the three subscales (attitudinal awareness, knowledge and skill) using existing measures of LGB bias, multicultural knowledge and basic counseling skills, respectively. Bidell (2005) reported strong internal consistency for the SOCCS: .90 for the overall score, .76 for Knowledge, .88 for Attitudes, and .91 for Skill. In this sample ($N = 453$), the coefficient alphas are reasonably comparable: .87 for the overall score, .72 for Knowledge, .87 for Attitudes, and .87 for Skill.

Table 1*Mean Values for SOCCS Total and Subscales by Religious Affiliation*

Group	N	M	Attitudes	Knowledge	Skill
Protestant Christian	237	4.51	6.17	4.04	3.34
Assembly of God	1				
Baptist	36				
Brethren	4				
Christian	82				
Church of Christ	1				
Disciples of Christ	4				
Episcopal	17				
Lutheran	9				
Mennonite	3				
Methodist	48				
Morman	2				
Non-Denominational	12				
Pentecostal	1				
Presbyterian	17				
Catholic	88	4.70	6.51	4.22	3.41
Roman Catholic	87				
Byzantine Catholic	1				
Other Religious Affiliation	29	5.25	6.85	4.69	4.19
Buddhist	4				
Jewish	9				
Native American	1				
Religious Soc. Friends	5				
Taoist	1				
Unitarian	9				
No Religious Affiliation	99	4.95	6.74	4.43	3.70
None identified	93				
Agnostic	5				
Atheist	1				
Total	453	4.69	6.41	4.20	3.49

Marlowe-Crowne Social Desirability Scale—Short Form C (MC-C). This 13-item self-report instrument measures participants' tendency to answer questions to portray oneself in favorable ways (e.g., "I am always willing to admit when I make a mistake."). The items are answered as true or false and then summed for a total score. Higher scores on the MC-C reflect higher levels of social desirability. In this sample, internal consistency of the 13 items in the MC-C was .77 ($N = 453$), which is comparable to previous tests of the internal consistency of the MC-C (Reynolds, 1982).

Information questionnaire. An information questionnaire was developed to gather basic demographic and background information. In addition to demographic variables of age, race, ethnicity, sexual orientation and gender identity, five additional variables were evaluated: (a) self-identified religiosity, (b) self-identified spirituality, (c) education level, (d) counseling experience with LGB clients (the number of LGB clients worked with), and (e) LGB interpersonal contact (the number of friends and relatives who identify as LGB).

A brief, 4-item measure of self-identified religiosity captured the importance of religion in participants' lives based on previous studies (Rainey & Trusty, 2007; Whitley, 2009) and census methods of measuring religiosity (Clark & Schellenberg, 2006; Lippman et al., 2005). Participants were asked to rate the importance of religion in their lives (0 = *not at all*, 1 = *somewhat*, 2 = *important*, 3 = *very important*), service attendance (0 = *never*, 1 = *few times a year*, 2 = *few times a month*, 3 = *once a week or more*), personal practices (0–7 scale = number of days per week spent engaging in religious behavior such as praying, reading scripture), and religious affiliation (open-ended; 0 = *no identified religious affiliation*, 1 = *identified religious affiliation*). Item scores were transformed into z-scores and then summed, where higher scores indicate higher levels of religiosity. In this sample, internal consistency of the four items in the religiosity measure was .82.

A brief, 5-item measure of self-identified spirituality was used to assess distinct aspects of spirituality from religiosity. A modified version of the Spiritual Transcendence Index (STI) was used, where spiritual transcendence refers to “a subjective experience of the sacred that affects one’s self-perception, feelings, goals, and ability to transcend difficulties” (Seidlitz et al., 2002, p. 441). The STI demonstrated high consistency and validity across several samples in exploratory studies, including adaptations of the STI such as those employed in this study (Good, Willoughby, & Busseri, 2011; Kim & Seidlitz, 2002; Seidlitz et al., 2002). The modified version of the STI used four items that did not include the term “God.” In this study, it was important that the concept of spirituality not be limited to only theists. For the four items, participants were asked to rate their experience of the following on a 1–6 scale (1 = *strongly disagree* to 6 = *strongly agree*): “My spirituality gives me a feeling of fulfillment,” “Even when I experience problems, I can find a spiritual peace within,” “Maintaining my spirituality is a priority for me” and “My spirituality helps me to understand my life’s purpose.” Finally, one question was posed in a similar format to Nelson, Rosenfeld, Breitbart, and Galietta (2002) asking respondents to rate the importance of spirituality in their lives (0 = *not at all*, 1 = *somewhat*, 2 = *important*, 3 = *very important*), which mirrors the wording of the parallel item in the religiosity measure. Item scores were transformed into z-scores and then summed, where higher scores reflect higher levels of self-identified spirituality. In this sample, internal consistency of the five items in the spirituality measure was .96 ($N = 453$), reflecting strong scale reliability. Validity of modified versions of the STI also has been established (Good et al., 2011; Kim & Seidlitz, 2002).

Data Cleaning

To ensure quality and rigor, participants who answered less than 70% of the items on the SOCCS or MC-C were eliminated from the sample, based on the methodology of Henke, Carlson, and McGeorge (2009) and Rock, Carlson, and McGeorge (2010). Of the 556 initial respondents, 61 did not complete the required 70% minimum (20 of 29 items) on the SOCCS. The religiosity and spirituality measures included only four and five items, respectively; therefore, if even one item was omitted from either measure, those participants were eliminated from the sample ($n = 15$). Finally, 27 respondents did not indicate their primary practice setting and were eliminated from the sample because the researcher could not confirm that they were a counselor.

Further data cleaning was necessary for participants who completed more than 70–100% of the SOCCS or MC-C. For those who omitted one to eight items ($n = 89$) on the SOCCS or one to three items on the MC-C ($n = 8$), mean imputation accounted for missing items (Montiel-Overall, 2006). Of those 89 cases that were modified using mean imputation for the SOCCS, 61 participants had omitted only one item and 12 omitted only two items. The remaining 16 participants omitted three to seven items.

Results

The purpose of the study was to investigate the following factors as they relate to and predict LGB-affirmative counselor competence: counselor self-identified religiosity, spirituality, education level, counseling experience with LGB clients and LGB interpersonal contact. To answer the research questions, correlational analysis, multiple regression and analysis of variance (ANOVA) were conducted. The researcher completed post-hoc power analyses using G*power at the .05 level of statistical significance. The effect size and achieved power is reported for each analysis.

For Research Question 1, a correlational matrix presents the relationships among all variables in Table 2. There was a significant, although weak, correlation between LGB-affirmative counselor competence and social desirability ($r^2 = -.15, p < .01$). This suggests that the SOCCS results were not significantly inflated by social desirability.

Table 2
Correlation Matrix for Main Study Variables

Variable	1	2	3	4	5	6	7	8	9	10
1. MC-C	-	-.15**	-.06	-.28**	-.05	.08	.10*	-.03	-.06	-.01
2. SOCCS Total		-	.57**	.62**	.88**	-.30**	-.04	.31**	.35**	.24**
3. Attitudes			-	.12*	.27**	-.47**	-.31**	.08	.11*	.18**
4. Knowledge				-	.35**	-.17**	.04	.16**	.05	.17**
5. Skill					-	-.11*	.08	.34**	.45**	.18**
6. Religiosity						-	.60**	-.01	.03	-.12*
7. Spirituality							-	.07	.11*	-.04
8. Education								-	.22**	.06
9. LGB clients									-	.10
10. LGB interpersonal										-

Note. MC-C = Marlow Crowne Social Desirability Scale - Short Form C; SOCCS Total = Sexual Orientation Counselor Competency Scale Total score; Attitudes = SOCCS Attitudinal Awareness Subscale; Knowledge = SOCCS Knowledge Subscale; Skill = SOCCS Skill Subscale; Religiosity = self-identified religiosity measure; Spirituality = self-identified spirituality measure; Education = highest degree earned in counseling; LGB clients = number of LGB clients counseled; LGB interpersonal = number of LGB friends/relatives

Among initial findings, religiosity had a significant negative relationship with SOCCS total scores ($r = -.30, p < .01$) including significant negative relationships for all three of the SOCCS subscales (Attitudes, $r = -.47$; Knowledge, $r = -.17$; and Skill, $r = -.11$). Spirituality was not related to SOCCS total scores ($r = -.04, p > .05$), yet spirituality was strongly correlated with religiosity ($r = .60, p < .01$).

For Research Question 2, multiple regression analysis was conducted to determine predictors of LGB-affirmative counselor competence. The criterion variable was total score on the SOCCS and the predictors were (a) religiosity, (b) spirituality, (c) education level, (d) counseling experience with LGB clients, and (e) LGB interpersonal contact. The results of the regression indicated that these five predictors explained 31% of variance in SOCCS scores ($R^2 = .31, F(5, 391) = 35.31, p < .01$). All five variables significantly predicted SOCCS scores: religiosity ($\beta = -.40, p < .01$), spirituality ($\beta = .13, p < .05$), education ($\beta = .23, p < .01$), number of LGB clients worked with ($\beta = .28, p < .01$), and LGB interpersonal contact ($\beta = .13, p < .01$). Notably, there was a negative β value for religiosity, indicating an inverse relationship with SOCCS scores compared to a positive β value for spirituality and SOCCS scores. With a medium effect size of .45 (Cohen, 1992), achieved power for the multiple regression was 1.00.

For Research Question 3, ANOVA was used to examine differences in three variables (religiosity, spirituality, and LGB-affirmative counselor competence) across the following religious affiliation groups: Protestant Christian, Catholic, Other Religious Affiliation, and No Religious Affiliation. Table 1 displays the affiliations included in each group.

Religious affiliation and religiosity. A one-way, between-subjects ANOVA compared the effect of religious affiliation on religiosity in four groups: Protestant Christian ($n = 237$), Catholic ($n = 88$), Other Religious Affiliation ($n = 29$), and No Religious Affiliation ($n = 99$). There was a significant effect of religious affiliation on religiosity [$F(3, 449) = 156.69, p = .000$]. Post-hoc comparisons using Tukey HSD indicated that the mean score for No Religious Affiliation ($M = -4.12, SD = 2.30$) was significantly lower than Protestant Christian ($M = 1.61, SD = 2.20$), Catholic ($M = .45, SD = 2.39$), and Other Religious Affiliation ($M = -.73, SD = 2.11$). In addition, Protestant Christian ($M = 1.61, SD = 2.20$) was significantly higher in religiosity than Catholic ($M = .45, SD = 2.39$) and Other Religious Affiliation ($M = -.73, SD = 2.11$) groups. With a large effect size of 1.04 (Cohen, 1992), achieved power for the ANOVA was 1.00.

Religious affiliation and spirituality. A one-way, between-subjects ANOVA compared the effect of religious affiliation on spirituality in four conditions: Protestant Christian, Catholic, Other Religious Affiliation, and No Religious Affiliation. There was a significant effect of religious affiliation on spirituality [$F(3, 449) = 16.17, p = .000$]. Post-hoc comparisons using Tukey HSD indicated that the mean score for Protestant Christian ($M = 1.22, SD = 3.45$) was significantly higher than Catholic ($M = -.69, SD = 4.29$) and No Religious Affiliation ($M = -2.31, SD = 6.06$) groups. With a medium effect size of .31 (Cohen, 1992), achieved power for the ANOVA was 0.99.

Religious affiliation and LGB-affirmative counseling competence. A one-way, between-subjects ANOVA compared the effect of religious affiliation on LGB-affirmative counseling competence in four groups: Protestant Christian, Catholic, Other Religious Affiliation, and No Religious Affiliation. There was a significant effect of religious affiliation on LGB-affirmative counseling competence [$F(3, 449) = 12.98, p = .000$]. Post-hoc comparisons using Tukey HSD indicated that the mean score for Protestant Christian ($M = 4.51, SD = .77$) was significantly lower than No Religious Affiliation ($M = 4.95, SD = .78$). Furthermore, the mean score for Other Religious Affiliation ($M = 5.25, SD = .78$) was significantly higher than Protestant Christian ($M = 4.51, SD = .77$) and Catholic ($M = 4.70, SD = .75$).

Using G*Power, post-hoc power analysis was conducted. With a small effect size of .23 (Cohen, 1992), achieved power for the ANOVA was .98.

Discussion

Results of this study indicate that counselor religiosity and spirituality are each significant predictors of LGB-affirmative counselor competence. Counselor religiosity had a negative relationship with LGB-affirmative counselor competence ($\beta = -.40, p < .01$), whereas counselor spirituality had a positive relationship with LGB-affirmative counselor competence ($\beta = .13, p < .01$). Although counselors' self-identified spirituality and religiosity were correlated ($r = .60, p < .01$), the opposing directions of the relationship between counselor religiosity and spirituality with LGB-affirmative counseling competence is intriguing.

The current study examined counselors' self-identified religiosity as the degree of involvement in their religions, without knowledge of the specific nature of religious beliefs. It is possible that the negative relationship found between religiosity and LGB-affirmative competence is associated with conservative or fundamentalist beliefs, as found in Bidell's (2014) study. Nonetheless, the significance of counselors' self-identified spirituality as a positive predictor of LGB-affirmative counseling competence is new and useful information. Spirituality has been linked to empathy (Morrison & Borgen, 2010) and compassion for others (Saslow et al., 2013), which also may be factors related to LGB-affirmative counseling competence. Further empirical investigation of these variables is necessary to draw further conclusions.

The current study substantiates previous findings that education, the number of LGB clients worked with, and LGB interpersonal contact are positive predictors of LGB-affirmative counselor competence (Bidell, 2014). Reviewing the correlations of the SOCCS subscales (Table 2), education was most strongly related to skill ($r^2 = .34, p < .01$), weakly related to knowledge ($r^2 = .16, p < .01$) and unrelated to attitudes ($r^2 = .08, p > .05$). It may be surmised that more education may move the marker on LGB-affirmative knowledge and skill, but is less related to affirming attitudes. Counseling experience with LGB clients was moderately correlated to skill ($r^2 = .45, p < .01$), weakly related to attitudes ($r^2 = .11, p < .05$), and unrelated to knowledge ($r^2 = .05, p > .05$). Considering that counselors perceive themselves to have affirming attitudes toward LGB clients but have lower knowledge and skill (Bidell, 2012, 2014; Farmer et al., 2013; Graham, Carney, & Kluck, 2012), obtaining more counseling experience with LGB clients may be essential to strengthen self-perceived skill.

Finally, the ANOVA results suggest differences between religious affiliation groups in this study. Counselors in the "Protestant Christian" group were significantly lower in LGB-affirmative competence than counselors with "No Religious Affiliation." Likewise, counselors in the "Other Religious Affiliation" group were significantly higher in LGB-affirmative competence than the "Protestant Christian" and "Catholic" groups. Furthermore, there were no significant differences in spirituality between "Protestant Christian" and "Catholic" groups, yet there was a significant difference in the religiosity of these two groups. These results suggest that the two groups shared similarly high spirituality but did not share the same religiosity as it was measured in this study.

If religion is theorized as a function of spirituality (Pargament, 2013), then results of this study seem to support that counselor spirituality may facilitate LGB-affirmative dispositions. It is possible that only certain religious beliefs interfere with this relationship to negatively affect LGB-affirmative counseling. As further support, there was a significant difference between "Protestant Christian," "Catholic," and "Other Religious Affiliation" groups with regard to LGB-affirmative competence. No

firm conclusions can be drawn, but these results provide fodder for those in the field of professional counseling to discuss and consider.

Limitations

When self-report measures are used in a study of multicultural competence, there is a risk that participants may respond more favorably due to the influence of social desirability. Furthermore, self-perceived LGB-affirmative competence was measured using the SOCCS, which may not reflect actual competence with LGB clients. There is a chance of sampling bias due to the possibility that those who had greater interest in the topic of the study self-selected to participate. Finally, the nature of participants' religious beliefs was not examined; therefore, there may be wide variability in beliefs within each of the religious affiliation groups examined (e.g., Protestant Christian, Catholic, Other Religious Affiliation).

Implications

Results of this study suggest that religiosity and spirituality both predict LGB-affirmative counselor competence, but in different ways. Spirituality was a direct, positive predictor of LGB-affirmative counselor competence, while religiosity was a negative predictor. Results align with previous findings that suggest for highly religious counselors, LGB-affirmative counselor competence is most impacted by attitudes as opposed to the development of knowledge and skill (Bidell, 2014).

Considerations for Counselors

Religiosity and spirituality may each provide structure or ideological substance needed to develop one's sense of values concerning counseling LGB clients. Whereas religion may derive ideological substance from certain doctrines, scriptures or teachings, spirituality is likely to derive ideological substance from more intuitive or nontangible forms of meaning-making that drive human connection (Zinnbauer et al., 1999). Considering this, it seems possible that counselors who identify as both highly religious and spiritual could experience inner conflict related to integrating LGB-affirmative values if their religious doctrines or teachings have been interpreted in such a way as to condemn same-sex relationships (Altemeyer, 2003; Poteat & Mereish, 2012; Whitley, 2009). In this case, such counselors may be trying to negotiate two important ways of knowing and making meaning about the world: one derived from religious teachings and the other from intuitive or heart-centered means. Thus, if a counselor is experiencing a values conflict between their personal religious beliefs and LGB-affirmative practices supported by the *ACA Code of Ethics* (2014), it may be mutually beneficial to explore the common thread of spirituality to forge empathic connection.

Practical suggestions for counselors include self-reflection on spiritual and religious values and beliefs, peer consultation, supervision, and seeking consult from a variety of religious and spiritual leaders. It may be helpful for counselors to consider values from their religious affiliations that are congruent with LGB-affirmation to encourage integration. Through these activities, counselors may develop a deeper understanding of the complex ideas, beliefs and values that are important to their religious and spiritual selves.

Counselor Educators and Supervisors

Whitman and Bidell (2014) offered recommendations to counselor educators and supervisors for training LGB-affirmative counselors, such as conducting a thorough and honest appraisal of the program's level of LGB-affirmative counselor education integration, providing clear informed consent to potential students regarding the LGB-affirmative approach infused into the curriculum,

and encouraging student exploration of how personal values may affect worldview. As a pedagogical technique for encouraging self-exploration, Fischer and DeBord (2007) recommended evoking conversation with students when conflict is perceived between a student's religious values and professional obligations. Normalizing these experiences of struggle for students may be helpful, particularly for those whose religious beliefs are salient to their cultural identities (Robertson & Avent, 2016; Scott, Sheperis, Simmons, Rush-Wilson, & Milo, 2016). In these situations, students may be encouraged to explore and question the assumptions and beliefs that are involved in the perceived conflict with professional and ethical values (Whitman & Bidell, 2014). Kocet and Herlihy (2014) also proposed an ethical decision-making model and approach to managing values conflicts for counselors.

Finally, LGB interpersonal contact had a positive impact on LGB-affirmative counseling competence in this study. Learning activities designed to increase contact with LGB individuals, such as panel discussions or immersion experiences (e.g., Pride Festival attendance) may encourage students to consider personal views more deeply and develop new ways of understanding themselves and the world around them. Considering that counselors' self-perceived skill was correlated to the amount of counseling experience with LGB clients, it may be useful for counselor educators to find ways to diversify client demographics for practicum and internship students, including affectional orientation, to strengthen LGB-affirmative counseling skills.

Future Research

Although this study captured self-identified religiosity and spirituality through brief measures, a more robust and multidimensional measure of religiosity and spirituality is recommended for future studies. Further investigation of the intersection of counselor religiosity and spirituality is recommended because of the strong correlation between these variables, and might be best explored through qualitative studies. The specific nature of religious beliefs held by highly religious counselors was not verified and may be explored. Future researchers should also explore factors, such as developing empathy for clients, that potentially mediate the effect of prejudicial religious beliefs on LGB-affirmative counselor competence.

Conclusion

In this study, counselor spirituality was a direct predictor of LGB-affirmative counselor competence, evoking the question: What might contribute to a counselor's sense of spirituality, apart from religious doctrine or dogma that might otherwise compromise an affirming disposition toward LGB clients? Spirituality has been described as an innate capacity that moves us toward "knowledge, love, meaning, peace, hope, transcendence, connectedness, compassion, wellness and wholeness" and contributes to our value system ("Summit Results," 1995, p. 30). Perhaps the spiritual experience of compassion and the desire for connection provides a broader understanding and embodiment of LGB-affirmative counseling practices at the human level. After all, it stands to reason that multicultural counseling competence across diverse populations stems from an inward striving for unconditional acceptance and validation of the unique experiences of others. To nurture these connections in ourselves and in our work is perhaps one of the greatest gratifications of being a professional counselor.

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