ABSTRACT

Title of Document:	COUNSELING STRATEGIES WITH LESBIAN, GAY, AND BISEXUAL CLIENTS: AN ONLINE ANALOGUE STUDY
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The differences of three approaches to addressing a client's sexual orientation in an initial counseling session were investigated. Utilizing an online analogue method, participants were assigned to read and rate a hypothetical counseling vignette between a White, gay male client and a White, heterosexual male therapist. Participants were randomly assigned to Counselor A, who talked about the client's sexual orientation directly, Counselor B, who talked about the client's sexual orientation indirectly, or Counselor C, who did not mention the client's sexual orientation. It was found that addressing a client's sexual orientation in a first session was associated with higher ratings of general and multicultural competence and a greater willingness of the participant to discuss issues of sexual orientation with the hypothetical counselor. Addressing culture either directly or indirectly was rated

more highly than not addressing culture at all. No differences in perceptions of counselor approach were found either by race/ethnicity, sexual orientation, or previous experience in therapy. More generally, it was found that perceived general competence, multicultural competence, and working alliance were predictive of how willing participants would be to discuss both issues of sexual orientation and other issues with the hypothetical counselor. Multicultural competence contributed unique variance over and above general competence and working alliance. Results suggest that empirical efforts to investigate multicultural counseling competence may be enriched by including sexual orientation.

COUNSELING STRATEGIES WITH LESBIAN, GAY, AND BISEXUAL CLIENTS: AN ONLINE ANALOGUE STUDY.

By

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2006

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This work represents the culmination of my life as a perpetual student. If there is one thing I have learned for certain, it is that I could not have done this alone. Thus,

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Chapter 1: Introduction

The multicultural movement in counseling psychology has become a powerful one, indeed. Described as the fourth force of counseling psychology (Pedersen, 1990), this movement in the past 20 years has prompted the field to adopt and revise multicultural standards and establish a set of competencies to encourage expansion of our attitudes of, knowledge of, and skill in handling multicultural issues in counseling (Sue, Arredondo, & McDavis, 1992). Counseling psychologists' belief in the importance of multicultural sensitivity also is reflected in the increased importance in multicultural training and development, insuring that new generations of counseling psychologists are more aware of the complex role that culture plays in the lives of our increasingly diverse clients. Although initially formulated as a way to work effectively with racial/ethnic minority clients, there has been a call for a more inclusive view of multiculturalism and multicultural competence to include other cultural perspectives such as sexual orientation, religion, and disability (Israel & Selvidge, 2003; Pope, 1995; Sue, Bingham, Porche-Burke & Vasquez, 1999).

Although counseling psychologists have clearly established valuing and exploring diversity as a core belief in our field, counseling psychologists have only begun substantial work on empirical investigation of how this core belief may play out in the therapeutic context and how (or whether) it is different from what we as counseling psychologists already do and have done for decades. The multicultural counseling competencies (Sue et al., 1992) have been adapted for measurement into four major instruments that exist in the current literature, each of which has its strengths and weaknesses. In general, the psychometric properties of the instruments are not as strong as they could be, and the instruments may reflect multicultural self-efficacy more than

actual multicultural competence (Constantine & Ladany, 2000; Worthington, Mobley, Franks, & Tan, 2000). These instruments also have also defined multicultural competence narrowly in terms of race/ethnicity. No instruments currently exist which assess level of competence with other forms of diversity. Thus, more work needs to be done to operationalize the construct of multicultural counseling competence (MCC) in a way that is meaningful and useful to the field for researchers and practitioners alike.

In their review of the current state of multicultural literature, Pope-Davis, Liu, Toporek, and Brittan-Powell (2001) suggest that one of the major gaps in the literature is an investigation into the client perspective on multiculturalism in counseling. They assert it is not clear how clients perceive a multiculturally competent counselor and what is meaningful for clients in counseling. In fact, this need for client feedback has been echoed in other discussions in the multicultural literature (Fuertes, 2001; Pope-Davis & Dings, 1995), as well as being reflected in a call for inclusion of more client variables in research (Heppner, Kivlighan & Wampold, 1999). Theoretically, a multiculturally competent counselor is a more effective counselor (Sue & Sue, 2003), but only a few studies have investigated the connection between competence and outcome (Constantine, 2002; Fuertes & Brobst, 2002), and there are not enough data accumulated to state unequivocally that this is true. Difficulty also arises from the substantial overlap between general counseling competence and multicultural counseling competence, with some question as to whether they are different constructs (Worthington et al., 2000). Of course, the complexity of multiculturalism is that it can be so broadly-defined that it includes virtually every counseling interaction. The question then becomes, "What counseling is not multicultural counseling?" A small but growing body of research suggests that there is some quality over and above general counseling competence that appears to be

attributable to multicultural competence, but the data are too incomplete to pinpoint what exactly that quality is and how it is demonstrated in the therapeutic relationship.

Given the quagmire of trying to test a question like "Is multicultural competence important?" it would seem reasonable to change the question to "For whom, when, and how is multicultural competence important?" In order to gather empirical evidence to answer this question, psychologists must query the clients in an effort to "allow clients to have an equal voice" (Knox et al, 2003, p. 479).

One of the most basic assumptions in the theoretical literature seems to be that addressing issues of culture in therapy is important (Sue & Sue, 2003). This assumption seems particularly strong when there is an obvious cultural difference between counselor and client. It may be important to address cultural difference from the outset of therapy. In this way, the therapist demonstrates awareness of sociopolitical realities that have created a culture of oppression that may have affected the client and therapist in ways that could act as barriers to the therapeutic process. This highlighting of culture also may serve to communicate to the client the therapist's desire to understand the client's world while acknowledging there are things s/he probably cannot understand.

The assumption of the importance of addressing culture presents a number of questions. Although probably few would argue against the importance of counselor awareness of the role culture can and does play in therapy (for counselor and client alike), it becomes more difficult to try to describe a specific way of being multiculturally competent (e.g., what to say, how to say it, techniques to use). It seems reasonable that there may not be one way of being multiculturally competent or demonstrating cultural competence. Given the many ways counseling psychologists conceptualize being multiculturally competent or demonstrating this competence to clients, what do they think

of various efforts? It is not possible (or desirable) to demonstrate multicultural competence in a vacuum, and even the most theoretically sound and sensitively delivered intervention may be interpreted by clients in a very different way from the manner therapists intend.

Some qualitative work has suggested that clients do not necessarily view addressing culture and possessing clinical cultural acumen as important as other therapeutic factors (Pope-Davis et al., 2002). For some cultural competence can be a deal-breaker. For others, it is just one of many aspects of the therapy experience. A participant in one qualitative study suggested cultural competence may have been demonstrated by her therapist's not bringing culture into the therapy (Pope-Davis et al., 2002). A participant in another study, however, welcomed the therapist's even opening the door for a discussion of culture, expressing relief that the topic was out in the open (Sanders Thompson, Bazile & Akbar, 2004). With such a spectrum of possibilities, what is a counselor to do?

One thing that is known about what a counselor should do is to attempt to establish trust and rapport with clients early in counseling work. Such early alliance building is important to counseling goals, but it is also important to increasing the likelihood that clients will return week after week. Early termination is a problem particularly for minority clients (Wierzbicki & Pekarik, 1993). Lesbian, gay, and bisexual (LGB) clients have a higher utilization of counseling rate than heteterosexuals, yet they have a proportionally higher early termination rates (Bieschhke, McClanahan, Tozer, Grzegorek, & Park, 2000; Dorland & Fischer, 2001). It is suspected that at least one reason for such differential early termination rates for racial and sexual minorities may be counselor behaviors that are perceived by clients as unhelpful, minimizing, or

racist or heterosexist. As these clients often leave counseling with no further contact with the offending therapist, he or she may have no idea what happened or what he or she contributed to the client's decision not to return to therapy. Without such feedback, counselors may, in fact, continue demonstrating the offending behaviors with future clients, never realizing what they are doing wrong. Granted, counselors can discuss early termination issues in supervision, but it seems that when the issue involves attending to, not attending to, or attending poorly to cultural differences, counselors may have difficulty being aware of the role they may have played. A counselor may think s/he is being culturally sensitive, but if one's client does not perceive him or her as such (or as just the opposite, culturally insensitive), the counselor may never get an opportunity to find out why or what s/he could do differently.

Minority clients historically have been underserved by mental health practitioners. Now that counseling psychologists are making strides to reach out to such clients, it is imperative not to alienate such clients by being culturally insensitive. Given the importance of retaining minority clients in therapy, it is essential to investigate what they think of multicultural counseling efforts. Unfortunately, in addition to questions about when to address and pursue cultural issues in counseling, the field is lacking theoretical and empirical guidance as to how to discuss culture best. Some theory suggests therapists should initiate discussions about culture early in therapy (Cardemil & Battle, 2003). Such risk-taking ultimately benefits the client and contributes to the professional and personal growth of the therapist (Cardemil & Battle, 2003). The empirical work that has been done in this area has been limited to analogue studies that have a counselor in either a culturally sensitive or insensitive condition (Bischel & Mallincrodt, 2001; Dorland & Fischer, 2001) or a counselor in a culturally sensitive or culturally neutral

condition (Coleman, 1998; Zhang & Dixon, 2001). For example, sensitivity was demonstrated by one stimulus counselor in one study by refraining from using heterosexist language. Another stimulus counselor in another study went to great lengths to demonstrate an interest in clients' Asian culture. As a whole, the findings indicate that clients prefer culturally sensitive to culturally insensitive or neutral counselors. Although this is an important area for investigation, it does not explicate exactly how these "artificial" counselors demonstrated or conveyed such cultural sensitivity in a way the clients understood (other than the aforementioned examples). Thus, counseling psychologists are left with a sense that being culturally sensitive is important, but they are unsure how to be culturally sensitive or if the perception of being culturally sensitive varies from culture to culture.

Much has been written about different cultural issues that may come up both in content and process of counseling (Perez, DeBord & Bieschke 2000; Sue & Sue, 2003). Sue and Sue (2003) offer extensive guidelines for counselors about the types of process issues that they must attend to with racially diverse clients. They advise that being aware of how types of communication styles such as proxemics, high-context or low-context styles, nonverbals, and rhythm may be important aspects to which to attend. They even suggest that more directive, active, and influencing styles of counseling are vital to being multiculturally competent. Perez, DeBord & Bieschke (2000) suggest that counselors must be aware of issues unique to LGB clients (e.g. internalized homophobia, integrating religion and sexual orientation, coming out) in order to work effectively with them. It should be noted, however, that little attention has been paid to cultural competence with clients of more than one minority background (Lowe & Mascher, 2001). Issues of culture often have been dealt with as orthogonal, when in actuality race, sexual

orientation, disability status, and religion (among others) intersect for many clients, producing a cultural identity greater than the sum of its parts. If counselors are unsure of how to explore effectively the impact of multiple minority statuses on our clients, it is inevitable that clients may have difficulty exploring and integrating these aspects of themselves, too.

Little has been written, also, about possible ways for counselors to discuss these content and process aspects of culture with their clients. In other words, counselors know little about how such awareness is communicated best to clients. Should counselors address culture initially or wait for clients to broach the topic? Should counselors persist in exploring cultural issues when there is resistance, or should they back away? Since some clients have reported feeling relieved when counselors bring up culture and others have reported that pursuing culture with clients represents the counselor's own racism (Sanders Thomson et al., 2004), it seems clear that demonstrating the awareness and knowledge that are essential to culturally competent counseling might take on very different shape for different clients. Factors such as the client's level of racial or sexual identity development and acculturation may be crucial to understanding how best to discuss culture with individual clients.

With so many questions about how counselors demonstrate multicultural competence and what clients think of what counselors do when they try to do so, it seems worthwhile to investigate different ways that counselors can initiate and pursue cultural issues and how potential clients perceive these different ways.

The purpose of the current study is to provide an initial investigation into specific ways of facilitating the discussion of culture (specifically sexual orientation) with a sexual minority client in counseling. With concrete examples of counselor approaches to

discussion about the client's sexual orientation, an aspect of counselor-client interaction that has not been examined before, this study focuses on what potential clients think about specific ways of handling the subject of culture. As appropriate handling of culture may be a deciding factor in clients' decisions to persist in therapy, the investigation of specific examples of how to handle culture is important. Thus, this study will assess potential clients' ratings of counselors' general and multicultural counseling competence (which have both been linked to outcome; see Constantine, 2002) and participant willingness to see a hypothetical counselor as a real client. A second purpose of the study is to investigate what client variables may be important in their perceptions of hypothetical counselors. In particular, the study examines the importance of sexual identity development. A third and much broader purpose of the study is to incorporate sexual orientation into the empirical literature investigating multicultural competence. Although there has been a call to bridge the gap between these two areas (Israel & Selvidge, 2003), no empirical work to date has examined MCC with regard to sexual orientation, and no work yet has employed the established MCC measures with sexual minority clients. Thus, the current study will serve as a first step toward integrating these two literatures into a more broad and inclusive empirical view of multicultural counseling competence.

Chapter 2: Literature Review

In this chapter, the review of the literature has been divided into a number of sections. A discussion of the impact of cultural bias on counseling introduces the importance of culture as a variable. Next, the impact of cultural bias and prejudice on the working alliance and general competence with culturally different clients are explored in an effort to demonstrate how such bias may emerge in therapy. Multicultural counseling competence is then introduced as a way to combat and manage bias. This introduction is followed by a discussion of the operationalization of multicultural counseling competence and how it is different from and similar to general competence. Finally, the empirical findings of multicultural counseling competence are explored. This last section includes literature investigating both counselor's perceptions of their own competence and others' perceptions of counselor competence, clients' perceptions of counselor multicultural counseling competence, and how counselor multicultural competence may impact what clients are willing to discuss with their therapist.

Impact of Cultural Bias on Counseling

Understanding the role that culture plays in clients' lives is becoming increasingly important. Culture in the US, reflective of the majority of white social norms since its founding, is undergoing a dramatic change. By 2050, it is projected that there will be more people of color in the US than whites. With such recognition of the changing racial composition of the country comes increased recognition of other forms of demographic diversity such as sexual orientation, disability, and religion. Old ideas about psychopathology, norms, and the nature of counseling may need to change to be more responsive to the changing faces and backgrounds of clients.

If history is any indication, however, acceptance of diverse groups into the mainstream US society will be hard won. Prejudice and bias have long plagued the nation, with psychologists sometimes offering the science to support them. Psychology has been described as the "handmaiden" to society (Braginsky, 1985), its science used to preserve the status quo of a society with deep prejudices. Both racism and homophobia have been at varying points endorsed by psychologists, from the eugenics and intelligence testing movements to the inclusion of homosexuality as a mental disorder until 1973. Although psychologists have made great strides to learn from the injurious thinking of the past, subtle prejudice and bias still exist.

Particularly troublesome is the role prejudice can play in the therapeutic process. Levels of counselor prejudice and bias can lead to ineffective practice at best, injurious practice at worst. Prejudice, even subtle prejudice, can become manifested in the therapy relationship in a number of ways. Prejudice may, for example, lead to countertransference feelings that may be acted on in sessions. Such acting out is damaging to the client (Gelso & Hayes, 1998). Countertransference may be particularly strong when dealing with clients who belong to multiple minority groups (Lowe & Mascher, 2000). Three ways in which prejudice can negatively impact work with clients from diverse backgrounds are through the establishment of the working alliance, through the demonstration of competence, and through the limitation of issues the client is willing to discuss. Both the working alliance and the client's perception of counselor competence are important to hooking the client into counseling. Counselors whose prejudice interferes with their ability to establish an alliance and establish their credibility with the client will be less able to retain clients of diverse backgrounds. These clients will thus receive inadequate mental health care, as they may be unlikely to try to "shop

around" for a new counselor after having a negative experience. Clients who feel unable to discuss certain topics that are important to them because of perceived counselor bias would necessarily be receiving less than optimal care, settling for what they can get from the counselor instead of what they may need or want to get from the counselor.

Working alliance with culturally different clients

The working alliance has been defined as the client and counselors' agreement on goals and tasks of therapy, a "shared mission" of the work to be done (Gelso & Hayes, 1998). The working alliance also is influenced by the bond shared between counselor and client (Gelso & Hayes, 1998). The strength of the working alliance has been shown to be a good predictor of counseling outcome (Wampold, 2001), and the establishment of a good working alliance is one of the most important goals early in therapy. Although the working alliance may not be explicitly expressed by counselor or client, there is tacit understanding between the two that they are working collaboratively. In other words, without saying so, they agree on where to go in therapy, how to get there, and the fact that they are doing so together. Most work has assessed the client's contributions to the working alliance, but the therapist's role in establishing this alliance is equally important (Ligiero & Gelso, 2002).

Development of the working alliance may thus be thwarted or destroyed by counselors who have biases towards members of different groups. Research has suggested negative countertransference behaviors are negatively related to the quality of the working alliance (Ligiero & Gelso, 2002), and countertransference is a concern for disenfranchised clients in general (Javier & Herron, 200). Both racial and sexual orientation minorities, as members of historically oppressed groups, may elicit negative feelings and behaviors from counselors. For instance, a therapist may believe that a racial

minority client should learn to adjust to a racist society (or disagree with the client that the society is racist), whereas the client may believe adjusting to such a society is unacceptable. Instead, the client may wish to endeavor to change the society. Similarly, a therapist biased toward a gay client may suggest the client stay closeted, or discourage the client's exploration of his sexuality. The client may have no such intentions. Such obvious biases may be somewhat unlikely. The more probable scenario is that of a counselor's unconscious biases inadvertently emerging in a session. As the working alliance is something more implicit than explicit, a subtle "feeling out" process may go on for the client. The client may be sensitive to picking up clues about the counselors' feelings. This sensitivity holds especially true for members of traditionally oppressed groups, who may be more attuned to reactions of members of the dominant culture. Thus, feelings, expressions, or behaviors that the counselor displays unknowingly may suggest to the client a level of prejudice or ignorance that renders a solid working alliance unlikely.

Competence with Culturally Different Clients

Just as prejudice and bias can negatively impact the establishment or development of the working alliance, they can impair a counselor's ability to counsel a client competently and effectively. A counselor may have little understanding of different worldviews, values, and experiences of culturally different clients. This lack of understanding may lead to the counselor's imposing her values on the client (either explicitly or implicitly), misguiding the client, or suggesting possibilities for change that are ignorant of the client's reality. The counselor's ignorance of the potential impact of racism on a client of color may lead the counselor to attribute internal causes to problems the client is having rather than examining possible external causes. For example, a client

who is continuously passed over for job promotions may be directed by the counselor to work on self-esteem, interpersonal skill-building, and motivational problems. That client may, however, be the victim of a racist work environment that no amount of intrapsychic work can address. The prejudiced counselor may also be unable to work effectively with a client who is questioning her sexuality. Rather than facilitate the exploration of her sexuality, the counselor may view such thoughts as a passing phase. He may thus steer the client to discover why she keeps choosing the wrong men and work with her on her approach to dating and interpersonal skills. In cases of cultural difference regarding race and sexual orientation, it is easy to see how counselors who are unknowingly prejudiced may not be able to counsel such clients competently.

Multicultural Counseling Competence

In an effort to help counselors become aware of their biases, prejudicial attitudes and beliefs (and consequently minimize their negative impact on clients), scholars and practitioners have developed standards for multiculturalism and diversity. These standards form the concept of multicultural counseling competence (MCC).

There has been call for a broad, inclusive definition of multicultural counseling competence. Indeed, Sue, Bingham, Porche-Burke and Vasquez (1999), in a summary from the first National Multicultural Summit, state that a major theme of the summit was the need to broaden multiculturalism to include various forms of marginalization and oppression (e.g. sexual orientation, disability, religion, etc.). Such thoughts are echoed by Israel and Selvidge (2003), who point out that the separation of the multicultural and LGB literature has led to a turf war, a fight between these two areas of research for inclusion in multicultural counselor education. Pope (1995) argues that there is enough room in the “salad bowl” of multiculturalism for everyone, particularly sexual minorities.

LGB people, he asserts, fit the standard definitions of a minority not only in terms of numbers, but also in terms of cultural experience: shared practices, rituals, beliefs, geographic locations and experiences of discrimination.

Such a call for an inclusive view of multiculturalism has not yet been translated into more inclusive competency measures such as those focusing on race/ethnicity, however. Multicultural competence measures focusing on sexual orientation, disability, or religion do not currently exist. Consequently, empirical research on counselor multicultural competence that is not focused on race/ethnicity is virtually nonexistent. In a review of published articles in the first fifteen years of the *Journal of Multicultural Counseling and Development,* the authors described the almost exclusive focus of multicultural research on race and ethnicity (Pope-Davis, Ligiero, Liang, Codrington, & Corning, 2001). Only three percent of the articles published related to other dimensions of culture, namely religion, disability, and sexual orientation. Researchers know nothing about how competent counselors feel they are with other minority clients, what contributes to this level of confidence, or what clients with non-racial/ethnic minority status think about the multicultural competence of their counselors.

Operationalization of Multicultural Counseling Competence

In an attempt to understand counselor competence in dealing with culturally different clients, theorists have operationalized such competence as a tripartite model consisting of knowledge, skills, and attitudes/beliefs (Sue, et al., 1982). This initial conceptualization of MCC has been expanded to include not only the three parts of the model mentioned above (dimensions) but also to include three characteristics: (a) counselor awareness of own assumptions, values, and biases, (b) understanding the worldview of the culturally different client, and (c) developing appropriate intervention

strategies and techniques (Sue et al, 1992). Each of these three characteristics exists along three dimensions, resulting in a total of 31 separate competencies and objectives endorsed as important standards of MCC. While operationalization of MCC has focused exclusively on multiculturalism narrowly-defined in terms of race/ethnicity, it is obvious how the 31 competencies and objectives are applicable to working with clients of a variety of cultural backgrounds. For example, one of the competencies/objectives states, "Culturally skilled counselors are aware of institutional barriers that prevent minorities from using mental health services". Another competency/objective states, "Culturally skilled counselors possess specific knowledge and information about the particular group they are working with. They are aware of the life experiences, cultural heritage, and historical background of their culturally different clients." Such competences and objectives clearly are applicable to other forms of cultural difference such as sexual orientation.

These competencies have been incorporated to varying degrees into the four major measures of MCC: the Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin, and Wise, 1994), the Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition (MAKSS; Kim, Cartwright, Asay, and D'Andrea, 2003), and the Multicultural Counseling Awareness Scale (MCAS; Ponterotto, Rieger, Barrett, & Sparks, 1994), and the Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991). The MCI, MAKSS, and MCAS measure self-reported multicultural competence. The CCCI-R was designed to measure supervisor-rated counselor multicultural competence, but recent work has adapted it to measure client-rated counselor multicultural competence (Constantine, 2002). The 40-item MCI consists of four scales measuring Awareness, Knowledge, Skills, and

Relationship, and it employs a 4-point Likert-type scale ranging from "very accurate" to "very inaccurate". The 43-item MAKSS is comprised of 3 subscales: Awareness, Knowledge, and Skills. The MCAS consists of a Knowledge/Skills Scale, an Awareness scale, and a three-item Social Desirability cluster. The MCAS instructs respondents to rate the truth of an item, ranging from "not at all true to totally true." The CCCI-R is a unidemensional measure of MCC consisting of 20 items designed to be completed by the counselor's supervisor. In all of the above measures, higher scores indicate greater levels of self-perceived MCC.

Review of the psychometric data on these four measures suggests generally adequate internal consistency but generally weak validity (Pope-Davis & Dings, 1995). Indeed, Weinrach and Thomas (2002) ponder the following: "One must wonder…if it is wise to advocate the adoption of the Competencies by virtually all professional counseling organizations based on such a miniscule amount of data supporting their validity" (p. 23). Comparing instruments also is difficult due to lack of consistency between subscales with the same name. Furthermore, one review remarked that the Knowledge and Skills subscales were highly correlated, suggesting they may not be measuring distinct constructs (Kocarek, Talbot, Batka, & Anderson, 2001). Researchers have recommended acquiring additional validity information, test-retest reliability, and reassessing the tridimensional nature of the construct (Ponterotto & Alexander, 1996) Although Pope-Davis & Dings remarked a decade ago that the measures provided "a good beginning point" (p. 309), little additional work has been done to demonstrate the validity and reliability of these instruments. It should be noted that while the MAKSS has recently been revised and has stronger validity and reliability information (it consists of 43 items instead of the original 60), to date no study has been published utilizing the

new version of this instrument. The MCAS has also been recently revised and is now known as the Multicultural Counseling Knowledge and Awareness Scale (MCKAS), a more concise version of the original (Ponterotto, Gretchen, Utsey, Riger, & Austin, 2002).

The differential importance of these competencies has been examined in one study. Fraga, Atkinson, & Wampold (2004), investigated client preferences for each of the multicultural counseling competencies outlined by Sue et al. (1992). Using a paired-comparison approach, the authors developed 3 different survey instruments designed to measure preferences for attitudes/beliefs, knowledge, and skills, respectively. They modeled the instrument items on the initial Sue et al. conceptualizations of the competencies, condensing each of the competencies so it would be practical and concise for use in the paired-comparison format. Undergraduate White, Asian-American, and Hispanic-American participants, most of whom had engaged in some kind of personal counseling in their lives, completed one of the three instruments. The researchers were unable to recruit enough African-American participants for the study, so they were excluded from the analyses. An analysis of the findings revealed that some competencies are highly valued for all groups, while some competencies have differential importance to different groups. In the knowledge domain, all groups ranked a preference for "counselor awareness of institutional barriers that prevent racial/ethnic minority clients from using mental health services" as most important. In the skills domain, being able to intervene with institutions on behalf of racial/ethnic minority clients ranked as first for European Americans, second for Hispanic Americans, and third for Asian Americans. "Being culturally aware and sensitive to his/her own cultural heritage" was the most important component of awareness for Hispanic and European Americans, and it ranked second for

Asian Americans. In addition to these similarities, ethnic differences were found for 7 of the 11 skills competencies, 5 of the 9 attitudes/believes competencies, and 3 of the 5 knowledge competencies. The authors suggest that their data confirm the importance of demonstrating these preferred competencies with ethnic minority college students.

Scholars have further differentiated multicultural competencies into some specific suggestions for what to know about and how to interact with members of different groups (Sue & Sue, 2003). Demonstrating competence involves being able to adapt to the client's worldview and being able to integrate knowledge about his/her cultural group to meet the client's needs. According to Sue and Sue, for example, counseling African Americans may involve establishing an egalitarian relationship, assessing positive and negative ways the client has responded to discrimination, and personal self-disclosure. Counseling American Indians may involve evaluating interventions from the perspective of individual, family, and community, and starting off with a client-centered approach and gradually adding more direction and structure. Counselors should also be aware of the concepts of *familisimo* and *machismo* in working with Hispanic/Latin American clients and conduct a positive assets search with Asian American clients. Counselors working with LGB clients should be aware of the importance of the coming out process for such clients, and expand their own thinking of sexuality as stable and dichotomous (Perez et al., 2000). It is unclear exactly how orthogonal these suggestions are, as many seem to be applicable to all minority groups. These specific suggestions also have not generally been explored in the empirical literature. One concern is that in an attempt to be multiculturally competent by following these and other suggestions, a counselor may be succumbing to stereotypes (Patterson, 1996).

General Versus Multicultural Competence

The definition of multicultural counseling competence, while occasionally broadened to include areas other than race/ethnicity, has fairly consistently been limited to the Sue et al (1992) tripartite model. Such consistency, however, has not extended to a clear understanding of how such competency is different from general counselor competency. There has been some discussion in the theoretical literature of how these two concepts are related. Sue and Sue (2003) assert that multicultural counseling competence is a superordinate contstruct, a construct representing some quality over and above that of general competence. They state,

> The problem with traditional definitions of counseling, therapy, and mental health practice is that they arose from monocultural and ethnocentric norms that excluded other cultural groups. Mental health professionals must realize that good counseling uses White Euro-American norms that exclude three quarters of the world's population. Thus, it is clear to us that the more superordinate and inclusive concept is that of multicultural counseling competence, not clinical/counseling competence (p.10)

They also believe that generally mental health practitioners have rarely demonstrated multicultural competence. Although they offer that there are disagreements to the definition of cultural competence, they assert,"Many of us recognize clinical incompetence when we see it" (p. 9). The influence of this thinking of cultural competence as superordinate is evident in the substantial amount of writing generated regarding the need for increased multicultural training, including theoretical models of such training (Toporek, 2001). It is assumed that the training in general competence that has been the status quo is no longer sufficient.

Despite the virtually unanimous endorsement of Sue and Sue's assertion, there has been some question of the distinction between competence and cultural competence. Patterson (1996) takes issue with the emphasis on skill and technique learning as a way to work with clients of diverse backgrounds. First, he writes that since clients are all

members of multiple groups, it becomes problematic to try to develop theories, techniques, and strategies that work with all the possible combinations and permutations of cultural difference. Indeed, Sue and Sue (2003) include detailed chapters on counseling various minority groups (racial, sexual, disability, etc.). These chapters include guidelines for clinical practice for each of these groups. Second, he explains that a skills approach leads to self-fulfilling prophecies, reinforcement of stereotypes, and implementation of a way of counseling that we know is unsuccessful (e.g. an authoritarian, controlling counselor). He also believes that there is only so much that counseling as we know it can change to meet all possible client needs before it becomes "no longer effective in any meaningful sense of counseling" (p. 229). The danger, he says, lies in diluting the power of the individual and the need for him/her to self-disclose and find his or her own resolutions to problems (which he claims can result from tailoring counseling to some cultural expectations and beliefs.) Patterson says that the solution is to return to the fundamental importance of not technique or skill, but counselor-client relationship. He says, "The competent counselor is one who provides an effective therapeutic relationship. The nature of this relationship has long been known and is the same regardless of the group to which the client belongs (p. 229)." He argues that all counseling is multicultural and that at its heart is the counselor understanding about how client's various groups influence him or her.

Empirical support for the distinctiveness of multicultural counseling competence from general counseling competence has been mixed. In a study of 116 clients of color at college counseling centers, Constantine (2002) found that client-rated counselor multicultural competence contributed unique variance to client satisfaction over and above general competence and attitudes toward counseling. Constantine also reported a

correlation of .78 between general and multicultural competence, indicating a substantial degree of overlap.

A study by Fuertes & Brobst (2002) demonstrated that MCC accounted for an additional 4% of variance over and above competence, empathy, and Universal-Diverse Orientation. A study of Asian international students suggested that counselors in a culturally responsive interview were viewed as more expert, attractive, and trustworthy than those in a culturally neutral interview (Zhang & Dixon, 2001). In another study (Coleman, 1998), participants viewed a videotaped counseling vignette deemed culturally "sensitive" and one deemed culturally "neutral" and then rated the counselor on both the CCCI-R and competence. These results indicated that participants viewed multicultural competence as synonymous with general competence. These results are tenuous, however, as the order of the videotaped vignettes was not varied (the culturally sensitive counselor was shown first), and participants may have been responding to the difference.

Multicultural Counseling Competence-Counselor Findings

Scholars in the field assert the importance of MCC through their call for additional training, and several have proposed models for multicultural training. Additional training, they believe, will increase MCC and thus enable practitioners to serve their clients better. The empirical literature investigating the relationship of training to MCC is, however, a muddle, and it is difficult to distill it in a meaningful way. One of the biggest difficulties is that training has been operationalized in innumerable different ways, ranging from number of multicultural courses taken and number of clients of color to a specific intervention designed to enhance multicultural competence (specifically, an internship or a cross-cultural course). Two studies assessed the effects of a specific training intervention in a pretest-postest design, and both studies found

significant improvement in MCC from Time 1 Time 2 (Diaz-Lazaro & Cohen, 2001; Manese, 2001). Other studies have found aspects of multicultural training were significantly related to MCC (Holcomb-McCoy & Myers,1999; Pope-Davis et al, 1995; Ottavi et al., 1994; Sodowky et al, 1998), although those aspects varied widely and lacked consistency. For example, number of multicultural workshop hours was significant for Pope-Davis et al. (1995), but number of multicultural workshops was not for Sodowsky et al. (1998). One study found no effect on self-report MCC for percentage of time spent engaged in multicultural counseling (Pope-Davis & Ottavi, 1994), and several other studies found some aspects of training were significant while others were not (Pope-Davis et al., 1995; Sodowsky et al., 1998) Moreover, one study found no difference in self- or other-rated MCC between counselor trainees and professional counselors (Worthington et al., 2000). It is difficult to draw conclusions from the data, although it seems reasonable to say that broadly speaking, some aspects of training have been related to MCC even if the specific aspects have not been consistent.

Training issues aside, research suggests counselors view discussing issues of culture (in this case race) as important. A qualitative study of therapists investigated their experiences addressing issues of race in cross-racial dyads (Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003). The study used the CQR method of qualitative research, coming up with general, typical, and variant categorization of responses reflecting frequencies. Twelve therapists were asked about general and specific instances of bringing up race in therapy. European American and African American therapists reported that discussions of race generally had positive effects on the relationship, increasing trust and security. One therapist described therapy moving to a “deeper level” with one client, while another therapist believed the relationship became “closer and

more connected" (p. 15). African American therapists also believed that the effect of addressing race depending on timing, method, and client defensiveness, a category that did not appear for European American therapists. European American therapists typically brought up race early in therapy more often than African American therapists, but African American therapists reported feeling more comfortable than European Americans in discussing race. Only three therapists reported examples of the negative impact of not bringing up race. All African American therapists and most European American therapists reported that they addressed race when they believed it was relevant to the content or process of therapy. African American therapists also variantly reported addressing race when it was part of a client's presenting concern, whereas this category did not emerge for European American therapists. A few European American therapists also mentioned they would address the issue of race only if the client brought it up first, or they would not address race at all. The authors recommend that researchers begin to examine clients' perceptions of what these racial discussions are like in order to get a more complete picture of what is occurring for both parts of the dyad.

One of the few consistent finding from the literature is one that is rarely addressed by the researchers themselves, namely the fact that in general, counselors report feeling multiculturally competent. In a number of different studies, means of each of the MC subscales reported in each is well above the midpoint of the scale, indicating that at the very least respondents in these studies felt more multiculturally competent than less. The majority of the mean subscale scores are, in fact, above 3.0 out of 4. The full subscale and full total scale scores are also well above the midpoints of the possible range of scores (Constantine & Ladany, 2000; Hocomb-McCoy & Myers, 1999; Ottavi, Pope Davis, & Dings, 1994; Pope Davis, Reynolds, Dings, & Nielson, 1995). Granted, the

literature does not provide any guidance as to what the scores on these measures represent, other than a higher score indicates higher self-report MCC. Still, based on a number of studies, counselors in general report feeling multiculturally competent

Others' Perceptions of Counselor Multicultural Counseling Competence

It seems clear that many scholars, researchers, and practitioners believe multicultural competence is important, and the data suggest that practitioners (at least those sampled) believe they are multiculturally competent. What is less clear is how much is learned from only asking those in the field. When turning attention to what is known about clients and their perceptions of competence and the importance of culture, a review of the literature suggests a picture that is open for interpretation.

Despite the fact that practitioners sampled in numerous studies report feeling competent in dealing with cultural issues, comparison of this self-report data with other methods of evaluating competence has not supported this belief. One study found self-reported MCC and the ability to conceptualize a hypothetical case from a multicultural perspective were not related at all. Constantine & Ladany (2000) surveyed 135 counselors and counseling students drawn from a random sample of American Counseling Association members and solicited through personal contacts. Participants read a vignette portraying the case of a 25-year-old Mexican American woman seeking counseling for adjustment and depression after moving to a small town. The vignette included potential cultural issues that could have been contributing to her distress. After reading the vignette, participants were instructed to write at least three sentences on their thoughts on the etiology of the client's problems and an additional three sentences on their plans for treatment strategies for the client. In addition, participants then completed demographic information, the Marlowe Crown Social Desirability Scale (MCSDS), and

four different measures of self-reported MCC: the Cross-Cultural Counseling Inventory (CCCI-R), the Multicultural Counseling Awareness Scale-Form B (MCAS-B), the Multicultural Counseling Inventory (MCI), and the Multicultural Awareness/Knowledge/Skills Survey (MAKSS).

Multicultural case conceptualization ability was measured by amount of differentiation (i.e. counselor's ability to offer alternatives for etiology and treatment) and integration (i.e. counselor's ability to link these differentiated alternatives) Conceptualization ability was rated by two raters who received 10 hours of training in coding multicultural case conceptualization ability. Their interrater agreement for etiology and treatment were .93 and .82. The raters were also unaware of the research hypotheses.

Controlling for social desirability, none of the self-report MCC measures predicted multicultural case conceptualization ability. In general, participants felt fairly multiculturally competent, but their scores on their multicultural case conceptualization ability averaged in the low to medium level of sophistication.

Although the vignette provides another angle for assessing MCC, its generalizability and use are limited. The length and depth of response may have been a function of the participant's interest in completing the study or the time he/she allotted to do so. Given the length of the survey, some participants may have been less inclined to be as thorough as others, seeing there were five subsequent measures to complete The authors do not supply results regarding amount of material written, and thus we are left to wonder if those who were more interested in multicultural issues spent more time responding (thus writing more, thus potentially having more to rate). The system also tacitly assumes that multicultural case conceptualization ability is present only in those

who, given constraints on time, space, and (presumably) patience, choose to suggest cultural concerns primarily. After writing three sentences, perhaps many would mention culture in sentence four, but choose not to do so to minimize effort in completing the study. The structure of the vignette response may influence the amount and type of responses participants give, thus seriously limiting the generalizability of the results.

The rating system is not explained in great detail in the study, and it would be helpful to have more information in order to judge the study's merit. The authors suggest the lack of correspondence between self-rated MCC and observer-rated MC case conceptualization ability calls into question the subjective MCC measures' ability to tap the construct of MCC. Equally suspect, however, should be the objective rating system, as it is unclear whether this does measure MCC, either. Ability to incorporate culture into etiology and treatment in a hypothetical situation may tap only one piece of MCC. Given the complexity of the construct as measured by the four subjective measures (knowledge, awareness, skills, relationship, etc), the ability demonstrated in response to the vignette may have little overlap with how MCC is demonstrated in an actual counseling relationship.

Another study employed a counseling simulation to provide an opportunity for observers to rate demonstrated MCC. Worthington, Mobley, Franks, and Tan (2000) investigated the relationship between self-reported and other-reported MCC and a number of variables. The authors hypothesized that self- and other-rated MCC would correlate positively with amount of culturally-relevant material mentioned in responses by therapists (called "multicultural verbal content"). They also investigated multicultural case conceptualization, hypothesizing that those counselors who were able to take the

role of culture into account in conceptualization and etiology attribution would be more multiculturally competent in their own eyes and in the eyes of observers.

To test these hypotheses, the authors employed a counseling vignette and 5 dependent measures. Counselors completed the MCI, and observers rated counselors' MCC using the CCCI-R. The locus subscale of the Causal Dimension Scale was used to assess attributional locus for the hypothetical client's problems (internal or external). The reliability coefficient for the locus subscale was .75 for this study. The Etiology Attribution Scale is a 7-item scale that asks respondents to rank order causes of the client's problem, choosing from interpersonal, cognitive, somatic, emotional, biophysical, sociocultural, and developmental factors. Finally, social desirability was assessed using the Marlowe-Crowne Social Desirability Scale.

Participants were shown a videotape of a Mexican American college student experiencing adjustment difficulties to college (the vignette is similar if not identical to that utilized in Constantine & Ladany, 2000). Her presenting problem "was placed in the context of social and cultural conflicts within the client and across several layers of her social ecology" (p. 462). The videotape was stopped at nine different points, during which time the trainees were instructed to respond verbally to the client. The participants' responses were audio taped and transcribed, creating a complete session transcript. Graduate students who received approximately 24 hours of training then coded counselors' MCC using the CCCI-R, with 3 students reading each transcript. Interrater reliability was .80. Transcripts were then unitized and reviewed by two of the authors (who were blind to the observer-ratings of MCC) who then counted the number of units in which multicultural content was explicit. The frequency of content was divided by number of units of speech to control for counselors' length of response.

Counselors' explicit multicultural verbalizations ranged from 0% of their total verbalizations to 21.9% (M = 7.94, SD = 6.48).

Preliminary results indicate that no significant differences existed between counselor trainees and professional counselors on either self-rated or other-rated MCC. Women were more likely than men to rank sociocultural factors as primary in explaining the client's presenting problem. Women also were rated by observers as more multiculturally competent than men, and they made more socially desirable responses than men. Due to the gender imbalance in the sample, however, (75% women), gender was not included in subsequent regression analyses to maintain power. Most respondents (52.7%) believed sociocultural factors were the primary cause of the client's difficulties. Self-reported MCC was unrelated to other-reported MCC, with the exception of a significant positive correlation between Knowledge and CCCI-R score, a finding that was maintained even after accounting for social desirability. As expected, higher observer-rated MCC was related to a more external locus of causal attribution, more multicultural verbal content, and a tendency to view sociocultural factors as the primary cause of the client's difficulties. Social desirability was significantly positively correlated with the total score of the MCI ($r = .32$)

Citing the virtually nonexistent relationship between self- and other-rated MCC, the authors suggest the measures assessing these may, in fact, be tapping different constructs. They offer the interpretation that the MCI perhaps measures MCC self-efficacy rather than actual competence. Self-reported MCC may also have been influenced by the vignette, indicating the counselors' feelings about MCC related to the hypothetical client in particular and not clients in general. The authors recognize this

possibility but explain that counterbalancing the administration of the MCI before and after the videotape might have revealed the nature of the study to the participants.

The authors are reticent to suggest counselors should make external attributions if they wish to demonstrate multicultural competence, so they conclude that a component of multicultural competence may be an openness to nondispositional causal factors. This conclusion, however, is difficult to connect to the data, which only reflects a dichotimzation of attribution: sociocultural as primary or sociocultural as not primary (e.g. anything else as primary). The degree of openness as suggested by the authors is not knowable in this data. It is possible that al the respondents who did not see sociocultural factors as primary ranked them secondary. What does it mean, then, to say these respondents were less MCC than those who ranked them as primary? Does MCC involve seeing culture as primary? The answer is unclear.

The data are too sparse to begin to draw any conclusions about the validity of self-report MCC, but preliminary findings suggest what counselors believe they convey and what they actually convey to others may be different. Given the strong social desirability surrounding MCC and the lack of universal benchmarks by which counselors can assess their MCC, it is possible that counselors merely move the goalposts to adjust their view of MCC to coincide with what they already do.

Client Perceptions of Mulitcultural Counseling Competence

The discrepency between what counselors believe about their behavior and what outsiders observe about this behavior segues well into a more important discrepency: what do clients observe about counselors' behaviors? Although empirical work is sparse in this area, some interesting findings have emerged.

It is safe to say that in contrived situations, data thus far suggest potential clients prefer a culturally sensitive or competent counselor to one who is not. Researchers have employed analogue studies to investigate the impact of competence on various factors. One study surveyed 218 Native American women's perceptions of counselors in one of four conditions: Native American and culturally sensitive, Anglo and culturally sensitive, Native American and culturally insensitive, and Anglo and culturally insensitive (Bichsel & Mallinckrodt, 2001). The researchers presented the counselor scenarios as written vignettes which included three speaking turns each for counselor and client. They hypothesized that participants' level of commitment to Native American culture and Anglo culture would predict which counselors they preferred. Commitment to culture was measured using single item questions (e.g. "I have a strong commitment to both Native American and Anglo-American cultures."), and participants were grouped into one of four categories: high commitment to both cultures, high commitment to one and low to the other, low commitment to both cultures. Preference was rated using three single item questions asking how competent was the counselor, how comfortable would the participant feel actually seeing this counselor, and how willing the participant would be to see this counselor.

Unsurprisngly, the insensitive Anglo counselor was rated lowest by all four groups. The sensitive Native American counselor was rated highest by both those groups reporting high commitment to Native American culture. Interestingly, though, women with a strong commitment to Anglo cultures did not distinguish between the culturally sensitive Anglo counselor and the culturally insensitive Native American counselor. Women with a strong commitment to Native American culture but low commitment to Anglo culture preferred the culturally sensitive Anglo counselor to the culturally

insensitive Native American counselor, suggesting competence is more important than race/ethnicity of the counselor. The authors claim this finding further supports the importance of demonstrating cultural sensitivity, especially for those who have strong ties to their culture.

The repeated measures design (every participant responded to every vignette) was apparently not counterbalanced, so every participant read the vignettes in the same order. It is unclear what the effect of this presentation may have been, but it calls into question the results, particularly the generalizability to counseling. Participants thus may have been able to compare and contrast counselors and may have been "set up" to be more responsive to one vignette after having read the previous one (which offered a sharp contrast). Although analogue studies in general have problems with generalizability, the presentation of four different counselors is even further removed from an actual counseling encounter, in which a client would have to react to a counselor one-on-one, not in immediate comparison to others.

Counselor competence has also been examined in an analogue study with LGB clients (Dorland & Fischer, 2001). The researchers hypothesized that a counselor using nonheteosexist language in a vignette would be perceived by respondents as more credible than one using heterosexist language. They also hypothesized respondents would be more likely to see such a counselor, be more likely to disclose personal information to such a counselor, and be more comfortable disclosing their sexual orientation to such a counselor. For the purposes of the study, the researchers created two counseling vignettes including 10 client speaking turns and 11 counselor speaking turns. The vignettes were identical except for certain heterosexist or nonheterosexist language, and they were vetted by a review team for appropriate content and language.

Dependent measures included the Counselor Effectiveness Rating Scale (CERS), which measures expertness, attractiveness, and trustworthiness; the Self-Dislcosure Scale, which measures the client's willingness to disclose in a number of categories (e.g. emotions, morality, sex) and the utilization item on the CERS. Participants were asked to imagine what it would be like to be the client in question, and the 126 participants were randomly assigned to either the heterosexist or nonheterosexist condition. A series of ANCOVAs were conducted to test the hypotheses (with degree of outness as the covariate), and results confirmed all four of the hypotheses. The authors suggest the data support previous research findings which demonstrate LGB clients are more likely to terminate prematurely and be dissatisfied with their counselor's level of helpfulness as a result of therapists' unhelpful behaviors. As with the previous study, this study represents an important contribution of control to multicultural counseling literature. It is also an improvement in that it involved random assignment to one of two distinctive conditions, avoiding the direct comparison between and among conditions that may have occurred in the previous study. This study does, however, still dichotomize cultural competence into exaggerated and orthogonal categories. The study was also not racially or ethnically diverse, with 93% of the sample identified as White.

Another study examined the impact of culturally sensitive behaviors on Asian international students' perceptions of competence. Zhang and Dixon (2001) trained counselors to conduct a total of sixty interview sessions in either a culturally sensitive or culturally neutral condition. In the culturally sensitive condition, counselors greeted the students with "hello" in the students' native languages (and ended the session by saying "goodbye" in their native languages), asked clients about their hometowns, and expressed interest in traveling to Asia and learning more about Asian culture. The interview room

was also enhanced with Asian artwork, crafts, and a map of Asia. In the culturally neutral condition, none of the room enhancements or greetings were included. In both conditions, however, counselors were instructed to focus on questions about cultural adjustment, homesickness, and making friends in the U.S. Participants rated the counselor's credibility using the Counselor Rating Form (CRF) and responded to four additional questions. MANOVA results indicate that counselors in the culturally responsive condition were viewed as more competent and more open to different cultures, more capable of relating to people of different cultures, and more capable of helping both with personal/social concerns and academic/school problems. Both culturally neutral and culturally responsive conditions were, however, rated highly. The participatory nature of this analogue study is unique in the multicultural literature and makes its results much more relevant to real-world counseling. It is unclear, however, to what extent the sessions different in content and tone, as there were no manipulation checks to gauge counselor adherence to condition. It is also unclear what the significance of the findings means for counseling, since both culturally neutral and responsive conditions were rated positively by client participants. Given the amount of language training and modification of office space required in this study to be "responsive", it would be important to know just how important this is to clients. Is such responsiveness enough to insure a client returns the following week, makes more progress, or is it merely a nice touch? Since the difference between conditions was quite marked, the question also arises about the shades of gray in between learning a few words of every client's language and having oblique cultural references in one's office.

Another study found a relationship between self-reported MCC and perceived competence in a videotaped counselor (Steward, Wright, Jackson, & Han, 1998). For

White students observing two sessions with a counselor demonstrating more cultural competence and one demonstrating less with an African American client, it was found that the differences in CCCI-R ratings of these counselors varied depending on self-perceived competence of the respondent (as measured by the MAKSS). The difference between the culturally sensitive and culturally insensitive counselor was greater for students who had had higher scores on the MAKSS (the authors inexplicably refer to this as greater multicultural training, even though the MAKSS is a measure of competence, not level, amount, or depth/breadth of training). Further, respondents who reported higher MCC also perceived the culturally sensitive counselor more positively than those with lower MCC. All in all, 24% of the variance in CCCI-R ratings were accounted for by MAKSS scores. MCC had no effect on ratings of the culturally insensitive counselor, presumably because all respondents could, as Sue and Sue (2003) said, recognize bad counseling when they see it.

Despite the dichotomization of competence in contrived situations, work assessing clients in real counseling situations suggests the continuum of counseling competence is more realistic and more important to them. A study by Fuertes & Brobst (2002) examined clients' perceptions of their counselors' MCC and its relationship to various process and outcome measures and client variables. Eighty five graduate students in counseling and counseling psychology completed a retrospective survey in which they were asked to rate their counselor's MCC, (as measured by a modified version of the CCCI-R) level of empathy (as measured by the Barrett-Lennard Relationship Inventory), general competence (the Counselor Rating Form-Short version), the number of therapy sessions attended, and their own level of multicultural self-awareness, or Universal-Diverse Orientation (UDO, as measured by the Miville-Guzman

Univerality-Diversity Scale-Short). Hierarchical regression analyses with client satisfaction as the criterion (as measured by the Counselor Evaluation Inventory) demonstrated that MCC accounted for an additional 4% of variance over and above competence, empathy, and UDO. UDO accounted for 7% of the variance, and the entire prediction formula accounted for 80% of the variance in client satisfaction. The number of sessions in therapy was not found to be related to any of the variables and was thus excluded from the analyses. Further analyses divided the participants into White clients (n=49) and ethnic minority clients (n = 36) to see if MCC had a differential impact on these two groups. Regression results indicated that this separation eliminated the contribution of UDO to client satisfaction for both groups; furthermore, the contribution of MCC to satisfaction for White clients shrank to 2%, whereas its contribution to satisfaction for ethnic minority students rose to 16%. The authors propose that the findings confirm the importance of MCC to ethnic minority clients in particular and the close relationship between general and multicultural competence. Thus, perceptions of competence and importance of competence may depend on whom is being asked.

A qualitative study explored African Americans' perceptions of therapy and therapists (Sanders Thompson et al., 2004). Focus groups gathered data from 201 African American men and women. Mistrust of therapists and therapy generated a lot of discussion. Participants who had not had experience with therapy reported believing that most therapists would not be able to identify with the unique struggles of being African American, whereas those who had counseling experience reported the importance of the therapist taking clients' needs into consideration when building trust. Building trust seemed to involve careful monitoring of subtle cues as to the counselor's cultural awareness and sensitivity (e.g. signs of cultural diversity in waiting room decorations and

reading material). These participants also reported the importance of the therapist not appearing overwhelmed by their issues. Signs of therapist anxiety and discomfort around racial issues seemed to act as a red flag for participants, causing them to question the therapists' competence. Participants also reported self-censoring, editing, and avoiding certain topics such as discrimination and racism because they did not feel the therapist would understand. Interestingly, the group was split about the utility and wisdom of having the therapist address racial differences early on in the work. One third of the participants would be relieved to have the therapist open the door to such a conversation, one third of the participants felt this would be indicative of the therapists' own racism, and one third believed it would not affect the course of therapy or the relationship at all.

Client perceptions of MCC were also explored in a qualitative study by Pope-Davis et al. (2002). Using a grounded-theory approach, ten undergraduate students who had been involved in a counseling relationship with a counselor of a different cultural background from themselves participated in interviews exploring this relationship. The researchers devised a model of MCC and overall counseling experience that reflected the influence of a number of different factors, the heart of which was whether the counseling met or did not meet the clients' needs. They state, "When their central needs were fulfilled, clients allowed significant leniency in other areas (p. 370)." All clients reported that cultural issues arose in counseling, but the importance of the therapists' perceived competence in dealing with these issues was varied widely. Some clients did not expect their counselors to understand the importance, intricacies, and nuances of their culture, and some reported seeking cultural guidance and support from other relationships (e.g. family and friends) and not expecting them from the therapist. Others expressed a need to educate the counselor, a frustrating experience for some, while others saw it as

understandably necessary. Some clients also blamed themselves for their counselors' inability to understand their unique cultural position. Importance of MCC also seemed to vary depending on the client's perception of the importance of culture in his or her presenting issue. One client reported appreciating the fact that her counselor did not attach any cultural connection to her presenting problem (social anxiety) and said this made her feel more comfortable with her.

The researchers interpret the data as suggesting that the connection between perceived general and multicultural competence depends on four factors: a) support for cultural issues outside of counseling b) adequately addressing the presenting problem c) counselor match for client preferences and d) salience of cultural identity. They also assert that multicultural competence can be either make or break the therapy experience for some and have little impact on others, as long as other needs are met.

MCC and Client Willingness to Discuss Certain Topics

Research suggests that clients feel that discussing sensitive or deeply personal topics is important to the therapy process (Farber, Berano, & Capobianco, 2004). Research also suggests that the quality of the therapeutic relationship is important to clients' decision to share difficult material (Farber et al., 2004). Thus, a final way in which counseling may be influenced by counselor prejudice is an inhibition of willingness to discuss certain topics. Client socioeconomic status and race may, by themselves, impact willingness to disclose certain information to therapists (Plasky & Lorion, 1984). A client who senses counselor bias may be even less inclined to disclose information. As mentioned previously, clients may actively manage the discussion of culture in sessions (Pope-Davis et al, 2001; Sanders Thompson et al, 2004). Clients who sense that a counselor is uncomfortable, unwilling, or unable to discuss cultural issues

may be more inclined to leave those concerns out of counseling. Nonetheless, some clients may be able to work effectively with a counselor who is not able to discuss culture sensitively and appropriately. Their issues may have nothing to do with culture, or they may be seeking a culturally ignorant sounding board if they have issues with the culture itself. Other clients, however, may not be able to express the ways in which their culture influences them and their issues if they perceive the counselor as unable to understand or even listen. Clients may despair of having to describe to, explain to, educate yet another person about their culture. Clients may also have no idea how or if their culture is important to them, and without the help from a counselor who can facilitate such exploration, they may never find out.

Qualitative research suggests that clients' needs and their perceptions of whether and how these needs are met by counseling impacts their perception of the competence of their counselor and the course of counseling (Pope-Davis et al, 2002). If clients are able to get their needs met, they may be more understanding of ineffectual (or absent) demonstration of counselors' multicultural competence. For clients who are coming to counseling with cultural concerns, perceived multicultural competence may be a deciding factor in persisting in counseling, whereas other clients may feel multicultural competence is not as important.

Thus, participants' willingness to discuss a variety of topics was deemed an important area of investigation in the current study. Such information on what clients would be willing to discuss with which specific hypothetical counselor may be important for actual counselors. Participants reacting to Counselor A, for example, may in general be unwilling to discuss issues of discrimination with her. This finding would provide useful information for counselors who may take an approach similar to Counselor A's

approach. They may be able to reflect on the discussions, if any, they have had with clients regarding discrimination, and they may be able to reflect on cases of premature termination or unsuccessful counseling relationships in a new light. Counselors may also be able to understand better the cases in which discrimination does not come up, yet the client seems satisfied (as perhaps it is not the counselor's MCC, but rather the clients' needs that makes the difference). Finally, counselors might also be inclined to try, for example, an approach used by Counselor B, if that approach is found to engender more disclosing tendencies in potential clients. Such information would contribute not only to the empirical literature, but also to counselors' efforts to be multiculturally competent.

Summary and Implications

Developing awareness of the import role culture may play in the lives of clients and being able to communicate this awareness to clients in a sensitive and appropriate way is an important skill for counselors to master in order to serve culturally different clients effectively. Multicultural counseling competence has become an essential part of training and education, even though exactly how (if at all) such competence is different from general competence remains unclear (Worthington et al., 2000). Although a synthesis of the results of several studies suggests that most counselors report being multiculturally competent (at least with racial/ethnic minority clients), it is equally unclear on what basis they are making this assessment, how realistic it is, and whether their clients perceive them as competent. Such unknowns warrant further investigation, particularly since sensitive and appropriate handling of culture at the earliest stages of counseling may be vital to minority client retention.

While researchers have begun to ask clients what clients think about counselors' multicultural counseling efforts, such research has been limited by retrospective surveys

and qualitative research which, though valuable, may raise more questions than they answer. Analogue research has introduced a measure of control, but the analogue conditions have consistently dichotomized cultural competence and only confirm (somewhat unsurprisingly) that clients prefer a counselor who is culturally sensitive to one who is not. Considering the broadness of this finding, it hardly offers something tangible for counselors to try. For all its believed importance, the current state of the multicultural literature offers little insight into what counselors actually might do to be perceived as culturally competent. This lack of insight is all the more important given that most counselors report feeling multiculturally competent and what little research has been done suggests that they may not be as competent as they believe.

Statement of the Problem

Given the nascent state of empirical literature investigating client perceptions of counselor multicultural competence, the paucity of research that includes sexual orientation in multiculturalism, and the need for more controlled research into multicultural competence, the current study attempts to address some of the shortcomings of the current multicultural counseling literature. The study examined, in an online analogue study, LGB participants' perceptions of specific ways counselors handle culture in a first counseling session with a culturally different client, specifically a gay client. The choice to depict handling culture in a first session was made to acknowledge the importance of communicating sensitivity to culturally different clients quickly and immediately to increase likelihood of continuation of counseling.

Counseling vignettes demonstrated different ways a White, heterosexual male counselor may attempt to display cultural sensitivity with a client who is a White, gay male. The offering of specific credible examples of handling cultural material enabled

clients to rate the continuum of competence that qualitative data suggest is more reflective of reality than the dichotomy offered in the empirical literature. The counselor attempted to display cultural sensitivity in one of three ways: directly pursuing with the client how his being gay may be contributing to his presenting problem (Counselor A), indirectly alluding to the client's sexual orientation and its relation to his problems (Counselor B), and neither bringing sexual orientation into the discussion nor ignoring it when the client mentions it (Counselor C). The client responses to the counselor's interventions were identical; only the counselor interventions changed. This consistency was considered important to assure that counselor's approach to culture was the isolated variable and was not confounded with how the hypothetical client reacts.

Participants rated hypothetical counseling vignettes on a number of dimensions. Perceived general competence was measured using the CRF-S (Corrigan & Schmidt, 1983), a measure tapping a counselor's expertness, attractiveness, and trustworthiness. Perceived counselor MCC was assessed using a revised version of the CCCI-R, (LaFromboise et al, 1991), the only MCC instrument specifically developed for a third-party rating of competence. The CCCI-R was revised for the current study to address sexual orientation directly instead of race/ethnicity. This revised version was renamed the Sexual Orientation Counseling Competence Inventory (SOCCI). Perceived working alliance was measured by the Working Alliance Inventory-short form (WAI; Tracey & Kokotovic, 1989). Participants were asked on a Likert scale how willing they would be to discuss their sexual orientation with the counselor and how willing they would be to discuss issues other than their sexual orientation with their counselor. Open-ended follow-up questions provided an opportunity for clients to explain these ratings. In addition to demographic information, participants completed either the Lesbian Identity

Questionnaire-Revised (LIQ-R; Fassinger, 2001) or the Gay Identity Questionnaire-Revised (GIQ-R; Fassinger, 2001) to assess their sexual identity development. Bisexual participants were instructed to fill respond regarding their same-sex attraction.

It was hoped that the data from this study would provide insight into the concrete ways in which counselors may try to communicate cultural sensitivity in a first session and what impact these approaches may have on different clients.

Hypothesis 1a

Ratings of therapist MCC, general competence, and working alliance will predict unique variance to participant willingness to see the theoretical counselor.

Although multicultural competence, general competence, and working alliance are highly correlated in previous research, they have also been demonstrated to be separate constructs. It was hypothesized that in the current study, each factor would contribute uniquely toward predicting willingness to see the hypothetical counselor. Although these factors have not been previously tested for sexual minority participants, it was believed that these participants would view these constructs as similarly unique and important in rating a counselor.

Hypothesis 1b

MCC will contribute unique variance over and above participants' general and working alliance ratings.

Previous research with racial/ethnic minority participants has found that MCC contributes unique variance to predicting client satisfaction over and above a number of variables such as general competence, attitudes towards counseling, and empathy

(Constantine, 2002; Fuertes & Brobst, 2002). It was hypothesized that a similar pattern of results will be found for sexual minority participants. As the current study is analogue, the criterion was how willing participants would be to see their theoretical counselor rather than satisfaction.

Hypothesis 2

Clients will perceive Counselor B, the indirect counselor, to be the most multiculturally competent.

Since qualitative work offers conflicting opinions on what cultural competence is, how it's displayed, and what its impact is on the client (Pope-Davis et al, 2002; Sanders Thomson et al, 2004), it was hypothesized that the indirect approach of Counselor B would be regarded as demonstrating the most multicultural competence. It was believed that this approach would be most palatable to most people, as it broached the topic of culture but did so in a way that was designed to be less direct and consequently less potentially threatening.

Hypothesis 3

Phase of sexual identity development will moderate the relationship between multicultural counseling competence and participants' willingness to discuss issues with the hypothetical counselor in actual counseling.

The current literature suggests that clients of color have higher multicultural counseling expectations (Constantine & Arorosh, 2001), and that race has a moderating effect on the relationship between perceived MCC and satisfaction (Fuertes & Brobst, 2002). It is suggested that culture is more salient for minority clients and possibly more

important when assessing a therapist. Thus, it is hypothesized that for clients who have a strongly developed gay, lesbian, or bisexual identity, the ability of the counselor to engage in discussion about sexual orientation may be an essential factor in choosing what to discuss with a therapist. As their sexual orientation may be more salient for these clients, they may wish for a counselor who is bold in recognizing this salience. Clients who do not have a strongly developed LGB identity may prefer a more subtle approach or one that does not mention their sexual orientation at all. Such clients may feel overwhelmed by or suspicious of a counselor who directly brings culture into the discussion, as some qualitative work suggests with racial minority clients (Sanders Thomson et al, 2004).

Research Question 1

How will participant race relate to counselor ratings?

It is possible that racial/ethnic minority participants and White participants will have different reactions to the different counselor approaches due to issues such as salience of identity and different cultural communication styles. The nature of this question remains exploratory.

Research Question 2

How will previous counseling experience relate to counselor ratings?

It is possible that those who have had actual counseling experiences may react differently to the three different counselor approaches than those who have never had counseling. The nature of this question remains exploratory.

Chapter 3: Method

Online Research

As the present study utilized the Internet as a means of collecting data, an exploration of the advantages and limitations of this methodology is warranted. The use of the Internet to conduct psychological research is in its infancy, but there is much to recommend it as a viable and valid alternative to traditional paper-and-pencil methodologies. Recently, APA Board of Scientific Affairs published a report on conducting research on the Internet, outlining opportunities, challenges, and advice (Kraut, Olson, Banaji, Bruckman, Cohen, & Cooper, 2004). Online research is less expensive and easier to conduct than paper-and-pencil methods. Use of the Internet has "democratized data collection," referring to the fact that the expense associated with conducting survey research that may have deterred researchers in the past now is no longer an obstacle (p. 106). The Internet also affords researchers the opportunity to obtain larger sample sizes that are often more diverse. One study compared the demographics of visitors to an Internet site (outofservice.com) to the demographics of participants of 211 *Journal of Personality and Social Psychology* studies (Srivastava, John, Gosling, & Potter, 2003). Although the Internet participants were still not representative of the population at large in a number of demographic areas (e.g. race), they were more representative than the participants in the published studies. Additionally, despite the small percentages of racial minorities (e.g. 2.3% Latino), the sheer numbers of online participants translates these small percentages into large numbers (in this case, a sizable 8,281 people). Online research also allows researchers to target samples more specifically by directing requests at specific online communities or groups (Kraut et al, 2004).

Conducting research online also may allow researchers to solicit more honest responses to more difficult questions than in traditional settings. As anonymity is a key feature of the Internet, participants may be more inclined to be honest in their responses, avoiding the common problem of social desirability in traditional survey settings. This anonymity may be a particularly important way to obtain data about topics that may be perceived as threatening (e.g., racial prejudice, sexual orientation). A number of studies, particularly investigating questions of sexual orientation, have utilized online methods (Tomlinson, 2003)

Although the advantages associated with online research are important, the quality of the research being conducted and produced must be assured in order for online research to be valid. A number of studies have suggested that there are no differences between results obtained online and results obtained in person. One early study found that two identical data sets investigating determinants of female attractiveness, one collected online and one collected in a laboratory setting, yielded variable correlations near 1.0, suggesting no differences (Krantz, Ballard, & Scher, 1997). Another study found that in a study of Internet and social behaviors, there were no differences in online and paper and pencil responses (Riva, Teruzzi, & Annoli, 2003). An analysis of Internet studies concluded that the data obtained online are at least as good as data obtained in more traditional paper-and-pencil methods (Gosling, Vazire, Srivastava, & John, 2004).

Despite the promise of online research, a number of concerns exist about using online methodology (Kraut et al., 2004). Researchers cannot be sure if participants are being honest or are taking the research seriously. Researchers also lack the control of a laboratory or classroom setting to ensure environmental consistency. A survey on anxiety administered in a laboratory assures all participants are exposed to the same

external environs. The same survey administered online may allow the participants to take the survey in vastly different environments, all of which may contribute to their responses: a coffee house, a college computer lab, a friend's apartment. Online research is also subject to self-selection bias and drop-out, and random sampling or calculating response rates are all but impossible. As there is rarely a clearly defined sample, generalizability to a population is very difficult. Finally, a number of ethical issues arise. Participants may be informed of potential for harm, but it is much more difficult for researchers to monitor or respond to the reactions of participants. Participants also may be less inclined to contact researchers with questions, concerns, or discomfort than they would if the researcher were there in person. Confidentiality and anonymity are serious concerns as well. Information transmitted online cannot be guaranteed to be confidential, and a computer system may allow people other than the participants to access completed web pages.

Although there are certainly trade-offs in conducting research online, the evidence thus far suggests that the difficulties are not insurmountable or even unique. Indeed, it should be noted that many of the concerns about online methodology (e.g. lack of environmental control, potential harm) also can be true of the paper-and-pencil survey methods which are a staple of traditional psychological research. Kraut et al. (2004) assert that despite problems with generalizability, online research offers a level of internal validity that is valuable to psychology.

Analogue Research

The current study employs an experimental analogue design with written counselor-client scenarios as stimuli. Analogue studies have been used frequently in counseling research (Gelso, Fassinger, Gomez & Latts, 1995; Mohr, Israel & Sedlacek,

2001). Although many studies use either videotape (Burkard, Juarez-Huffaker & Ajmere, 2003; Gelso et al, 1995; Fuertes & Gelso, 2000), or audiotape (Burkard, Ponterotto, Reynolds, & Alfonso, 1999) scenarios, studies also have employed written scenarios as stimuli (Bichsel & Mallinckrodt, 2001; Dorland & Fischer, 2001).

Despite their use in counseling research as a whole, analogue designs have been infrequently used in the multicultural literature (Fuertes & Gelso, 2000; Steward, Wright, Jackson, & Han, 1998), and only two instances could be found of an analogue design utilized with a potential client sample in the multicultural literature (Bichsel & Mallinckrodt, 2001; Dorland & Fischer, 2002). Nevertheless, there are a number of reasons why an analogue design is appropriate. Heppner, Kivlighan and Wampold (1999) assert that the potential strengths and weaknesses of any design depend upon what is known already in a field and what has been done already. Most of the empirical work investigating multicultural competence has involved correlational studies, although a few studies employ qualitative methodology (Pope-Davis et al, 2002; Sanders Thompson et al., 2004). While there is nothing wrong with correlational methodology per se, there is a problem when the body of knowledge in a field relies exclusively on this (or any other) research methodology. Gelso (1979) refers to this problem as "paradigm fixation," and the multicultural competence literature suffers from lack of methodological pluralism.

Aside from broadening the methodology used to create the multicultural competence knowledge base, the current study's analogue design also will contribute a much-needed element of experimental control to competence research. Analogue designs afford researchers a level of control not found in field studies. Generalizability in analogue studies is limited, but it does allow researchers to make more claims about causation and more clearly define the phenonmena being observed (Heppner et al, 1999).

Indeed, there has been some call for more controlled studies in multicultural work. In their report on the second National Multicultural Conference and Summit, Bingham, Porche-Burke, James, Sue, and Vasquez (2002) call for the development of research that helps clinicians understand multicultural competence. Fuertes and Brobst (2001) also suggest that analogue studies would be important to help ascertain the effects of specific multicultural interventions. Dorland and Fischer (2001) call for empirical research testing clinical assumptions about LGB clients. Finally, Fuertes (2001) says that psychologists would be "remiss to overlook the potential use of experimental designs…to isolate, calibrate, and examine the effects of specific counselor multicultural competence interventions on client or research participant perceptions" (p. 5).

The current study extended the analogue methodology to the Internet. Although no published studies in counseling have reported an analogue study completed online, it is reasonable to argue that this methodology is a natural extension of written paper-and-pencil studies. The cautions about and limitations of online methodology discussed earlier will, however, be important to the interpretation of results based on this new approach to conducting analogue research.

Participants

Participants were lesbian, gay, and bisexual people solicited from a variety of listservs. An effort was made to solicit both graduate students and people outside of psychology and higher education. Overall demographic information is provided in Table 1, and demographic information broken down by vignette is provided in Table 2.

Table 1

Demographic Characteristics of Participants (N=290)

Characteristic	n	%
Gender		
Male	107	36.9
Female	183	63.1
Race		
African-American	5	1.7
Asian-American	11	3.8
Caucasian	263	90.7
Hispanic	5	1.7
Middle Eastern	1	.3
Native American	1	.3
Multiracial	4	1.4
Sexual Orientation		
Lesbian	128	44.1
Gay	103	35.5
Bisexual	59	20.3
Previous Therapy		
Yes	236	81.4
No	54	18.6
Grad Student in Counseling Psychology		
Yes	25	9
No	265	91

Table 2

Demographic Characteristics of Participants by Vignette

Characteristic	Vignette 1 (N=102)		Vignette 2 (N=92)		Vignette 3 (N=96)	
	n	%	n	%	n	%
Gender						
Male	40	39	35	37	32	35
Female	62	61	61	64	60	65
Race						
African-American	3	3	1	1	1	1
Asian-American	7	7	3	3	1	1
Caucasian	90	88	89	93	84	91
Hispanic	0	0	2	2	3	3
Middle Eastern	0	0	0	0	1	1
Native American	0	0	0	0	1	1
Multiracial	2	2	0	0	1	1
Sexual Orientation						
Lesbian	38	37	46	48	44	48
Gay	41	40	33	34	29	32
Bisexual	23	23	17	18	19	21
Previous Therapy						
Yes	82	80	77	80	77	84

No	20	20	19	20	15	16
Grad Student in Counseling Psychology						
Yes	14	14	4	4	7	8
No	88	86	92	96	85	92

Procedure

Participants were directed to the study's website through an e-mail link (Appendix A). Participants first encountered a brief description of the study and a consent form (Appendix B). By progressing to the next page, participants indicated their consent to participate in the study. Participants read a brief introduction to the exercise and then read one of three vignettes (Counselor A, B, or C). The vignettes were randomly assigned to the participants. The decision to assign one vignette to each participant was made to reflect the reality of counseling more than previous work, which offered four different types of counselors to each participant (Bischel & Mallinkrodt, 2001). It was thought that the random assignment of conditions was more generalizable, as clients in the real world will likely only have one counselor at a time. In this way, participants were reacting to the counselors in isolation, not compared to other counselors with which they are presented.

Participants then completed a series of measures and were thanked for their participation. The website instructed them that results of the study would be posted at a future date.

Instruments

Counseling Vignettes

The counseling vignettes consist of three brief vignettes of a client-counselor exchange. The stimuli are presented in Appendix (C). The client was introduced as a gay

man coming to counseling with feelings of loneliness and isolation at work. The counselor was introduced as a White male heterosexual therapist. The participants were told that the following transcript is from the very first session between a counselor and client. Using the Dorland and Fischer (2001) study as a model, the stimuli consist of approximately 10 counselor-client exchanges. The client response to the therapist was kept constant, with only the counselor interventions changing from vignette to vignette. In this way, any confound with how participants perceive the client's reaction to the counselor's interventions were avoided.

The stimuli were developed with input from a panel of four advanced graduate students with expertise and interest in multicultural counseling competence. After a 90-minute discussion about multicultural counseling competence, the stimuli were developed to be as realistic as possible and reflective of some of the issues and points raised by the panel. Once the vignettes were written, the panel reviewed them and offered some minor changes in wording.

The three different stimulus conditions reflect three levels of counselor directness in broaching the topic of sexual orientation in a first session. Some theorists recommend that counselors should take the risk of bringing up culture. Cardemil and Battle (2003) stated,

> When in doubt about the salience of these issues in treatment, we suggest that therapists initiate discussion in order to provide an opportunity for direct discussion should it be relevant. Broaching the topic directly and matter-of-factly can convey a sense of openness to your client, inviting future discussion on these issues as necessary (p 282).

The vignettes in the present study attempt to operationalize such directness. In version A, the counselor demonstrates the most straight-forward approach, asking the client directly about being gay several times. In version B, the counselor is more subtle in his approach,

referencing the client's culture and identity several times but not explicitly mentioning his being gay. In version C, the counselor does not mention culture at all. Counselor C maintains a neutral stance, neither pursuing sexual orientation nor steering the client away from pursuing it.

The variety of stimulus conditions was considered important to the study and to advancing the nuanced understanding of multicultural competence. Previous multicultural analogue studies have dichotomized competence into high demonstrated competence and low demonstrated competence conditions. One study investigating client preferences portrayed a counselor who was culturally sensitive or insensitive to Native American concerns (Bischel & Mallinckrodt, 2001). Similarly, a study investigating the impact of multicultural training on perceptions of counseling competence employed two conditions of a counselor-client dyad (Steward et al, 1998). The two dyads were chosen as the most and the least effective demonstrations of counseling an African American male client (out of 14 possible dyad choices). A study of LGB participants' perceptions of counselors read a client intake interview in which the counselor did or did not include heterosexist language bias (Dorland & Fischer, 2001).

Granted, such dichotomization of cultural competence into good or bad depictions is not entirely unrealistic, as it is possible for counselors to demonstrate either obvious acumen with or obvious incompetence with cultural material. It seems more likely (and thus more scientifically and clinically informative) that counselors would be perceived to fall somewhere on a continuum between competent and incompetent. Recognizing the range of expressions and range of perceptions of multicultural counseling competence (and how what seems competent to one person may seem incompetent to another) is an important contribution of the current study.

Lesbian Identity Questionnaire-Revised (LIQ-R; Fassinger, 2001) and Gay Identity Questionnaire-Revised (GIQ-R; Fassinger, 2001). The LIQ-R and GIQ-R are measures of phases in McCarn and Fassinger's (1996) model of lesbian and gay identity development. The phases of development are (in order of developmental progression) Awareness, Exploration, Deepening/Commitment, and Internalization/Synthesis. These phases are assessed at both the individual level of identity development and the group-level of identity development. Measurement of each phase is comprised of 5 items, and each phase is assessed at both the individual and group membership level. The instrument consists of 40 items rated on a 7-point Likert scale ranging from "disagree strongly" to "agree strongly." Scores are obtained by summing the 5-items in each phase and at each level and obtaining means. The phase with the highest mean score indicates the predominant phase. In the current study, six men and seven women had tie scores for their predominant phase (e.g., had means of 20 for both Phase 2 and Phase 4). In these cases, an effort was made to distribute phases. For example, if two participants were both tied between phase 3 and phase 4, one participant was categorized as phase 3 and the other participant was categorized as phase 4. In instances in which participants were tied in non-contiguous phases (e.g., phase 2 and 4), participants were categorized as being in the average phase (e.g., in the previous example, the participant would be categorized as being in phase 3).

It is possible for respondents to be in different phases at the individual identity level and group membership identity levels. A respondent may, for example, be in the exploration phase of individual identity development and in the awareness phase of group membership identity development. Sample items from the LIQ-R include, "I am just now recognizing that the way I feel about women may mean something" (Awareness-

Individual) and “Lately I am constantly aware that I have been mistreated because of my lesbianism” (Deepening/Commitment-Group Membership). Sample items from the GIQ-R include, “I feel attracted to a specific man, but I’m not yet sure that I’m attracted to men in general” (Exploration-Individual) and “”I have reached the point where I fully accept and understand that I am a member of the gay community” (Internalization/Synthesis-Group Membership).

Tomlinson and Fassinger (2003) reported internal consistency data for the LIQ-R in a study of 192 lesbians. Cronbach’s alphas for the individual scales ranged from .76 to .88, and alphas for the group scales ranged from .61 to .72. Mohr and Fassinger (2000), utilizing earlier versions of the LIQ-R and GIQ-R, reported internal consistency estimates for two of the eight subscales in a study of 590 lesbians and 414 gay men: internalization/synthesis (.68 for lesbians, .64 for gay men) and deepening/commitment (.69 for lesbians and .62 for gay men).

The sexual identity phases assessed in the LIQ and GIQ have been able to explain variance in participants’ self-esteem (Porter, 1998). Validity is further evidenced by Mohr and Fassinger (2000), whose findings suggest that negative beliefs regarding sexual orientation are demonstrated in earlier phases of development but not later. For example, high scores on the deepening/commitment subscale were related to Superiority (a belief that heterosexuals are inferior), a high Need for Acceptance (being preoccupied with others’ feelings about sexual orientation), and Difficult Process (a belief that the identity development process was difficult and slow) subscales of the Lesbian Gay Identity Scale (LGIS). Participants in the more developmentally advanced individual internalization/synthesis phase, however, had low Need for Acceptance, low Internalized Homonegativity, and low Identity Confusion.

Working Alliance Inventory-short-form (WAI; Tracey & Kokotvic, 1989). The WAI-short form is a measure of the perception of the working or therapeutic alliance between counselor and client. The instrument can be administered to either counselor or client. It consists of 12 sentence stems that respondants rate on a 1-7 point "descriptively anchored" Likert scale. Sample items include, "I believe ____ likes me" and "____ and I are working towards mutually agreed upon goals." Scores are obtained by adding the Likert ratings for the 12 items together. The total scores can range from 12 to 84, with higher scores indicating a stronger alliance between counselor and client.

Factor analysis reveals the bi-level structure of the WAI short-form, as it assesses both a General Alliance factor and three specific alliance factors of Task, Bond, and Goal. Although the specific factors can be examined when analyzing the results, Tracey and Kokotvic suggest that the data indicate that the primary construct measured by the WAI-short form is that of the overall General Alliance. Thus, the current study will interpret the WAI as a measure of the overall working alliance. The client version of the original Working Alliance Inventory on which the short form is based (Horvath & Greenberg, 1989) had a reported composite reliability alpha of .93, with subscale alphas of .85-.88. Content validity has been demonstrated by ratings by experts in the field and other professionals. The composite WAI score has been positively correlated with counselor-reported outcome measures of change (.38) and satisfaction (.66). Convergent and discriminant validity have also been supported.

Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman & Hernandez, 1991). The CCCI-R is a measure cross-cultural counseling competence based on the Sue et al. (1982) definition. Although the authors use the term "cross-cultural" instead of "multicultural," this discrepancy is likely a reflection of the

vocabulary in use at the time it was created. The CCCI-R is based on the original Sue et al. (1982) conceptualization of MCC, a construct Sue et al. then-called "cross-cultural competence." With the revised and updated Sue et al (1992) standards, the term they employed was "multicultural counseling competence." Unlike other measures of multicultural counseling competence, the CCCI-R was designed as a third-party rating of counselor behavior, not a self-report measure. Thus, its use in the current study is appropriate, as participants rated the competence of a hypothetical counselor. The measure consists of 20 items rated on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). Sample items included, "Counselor demonstrates knowledge about clients' culture" and "Counselor is able to suggest institutional intervention skills that favor clients." The score is obtained by adding the participant responses to each item. The range of total scores is from 20-120, with higher scores indicating higher perceived multicultural counseling competence. Content validity has been established by an acceptable interrater reliability kappa (.58), and the average reliability rating was .78. For the current study, the instrument was modified to reflect sexual orientation specifically instead of explicitly race/ethnicity and culture more broadly. Although the counseling literature and the current study endeavor to define culture broadly, it was believed that the use of the term "culture" in reference to sexual orientation would be confusing for participants. Wording of some items and content of other items were changed accordingly.

Counselor Rating Form-Short (CRF-S; Corrigan & Schmidt, 1983). The Counselor Rating Form-Short version is a measure of the social influence attributes of the counselor. The measure consists of 12 adjectives that rate the expertness (e.g. "experienced"), attractiveness (e.g. "sociable"), and trustworthiness (e.g. "sincere") of the

counselor. The 7-point Likert scale of ratings ranges from “not very” to “very”, and respondents are instructed to indicate a mark at the point that best describes how they viewed their therapist. Total scores are obtained by adding the responses for each item, and the range of scores is from 7 to 84. The CRF-S is a revision of the Counselor Rating Form (Barak & LaCrosse, 1975), which was designed to ascertain if expertness, attractiveness, and trustworthiness were indeed three distinct features of counselor behavior, as hypothesized by Strong. The original instrument consisted of 36 adjectives (12 for each component), and a factor analysis indicated these did fit into a three factor solution, although the loadings were not as high as expected.

The CRF-S is comprised of 12 total items, with 4 items each measuring expertness, attractiveness, and trustworthiness. These four items were chosen based on the strength of factor loadings in previous published factor analyses of the CRF. A confirmatory factory analysis suggested that the 3-factor solution is the best fit for the model. Factor loadings range from .64 to .95, with most above .75. Interitem reliabilities range from .82 to .94, with reliabilities in most cases meeting or exceeding those calculated for the original instrument.

Although the CRF-S measures three factors related to social influence, many studies have used the CRF-S as a measure of general counseling competence (Constantine, 2002; Zhang & Dixon, 2001), and the current study did the same.

Willingness to Discuss Participants answered two questions on a 5-point Likert scale ranging from “very unwilling” to “very willing.” Participants were asked, “I would be willing to discuss issues regarding my sexual orientation with this counselor” and “I would be willing to discuss issues other than my sexual orientation with this counselor.”

Participants were also asked “Why or Why not?” following each question and provided with space to respond.

Chapter 4: Results

Three primary hypotheses and two exploratory research questions were analyzed. For the analysis of sexual orientation identity, bisexual participants were analyzed separately. Because there were only five bisexual male participants, they were excluded from the identity analyses. Thus, identity phase data are only available for bisexual women.

Preliminary Analyses

Table 3 illustrates the means, standard deviations, and reliability coefficients for the variables investigated in the study: multicultural counseling competence, working alliance, general competence, and willingness to discuss sexual orientation and other issues. Table 4 indicates the reliability coefficients for the Lesbian Identity Questionnaire (LIQ) and Gay Identity Questionnaire (GIQ). As illustrated in Table 4, the LIQ and GIQ in general demonstrated adequate internal consistency, with estimates ranging from α = .64-.91 for women and α = .46 to .90 for men. The exception to this adequate reliability was the Internalization/Synthesis Group phase of the GIQ (α = .46). Efforts to improve the internal consistency of this subscale by removing items were unsuccessful. Interestingly, the LIQ demonstrated good reliability for bisexual women for each of the eight positions, with the exception of the Awareness phase of individual development (α = .51) The reliability coefficents ranged from α=.51-.90. These ranges are comparable to the reliabilities found for lesbian women. Although this measure was given to bisexual respondents only because there was no comparable measure of bisexual identity development, the results do suggest that a similar underlying construct of identity development may exist. These results must be interpreted with caution, however, as this instrument was not designed to be used with bisexual participants.

Table 3

Means, Standard Deviations, and Reliability Coefficients for Dependent Variables

	α	Vignette 1		Vignette 2		Vignette 3	
		M	SD	M	SD	M	SD
SOCCI	.95	90.51	16.36	89.83	15.67	80.45	18.00
CRF	.96	60.20	13.23	60.19	14.65	54.99	15.18
WAI	.93	51.25	12.42	53.83	13.29	47.38	14.41
WD1		3.66	1.00	3.65	1.05	3.13	1.10
WD2		3.75	.95	3.77	1.00	3.52	1.00

SOCCI = Sexual Orientation Counseling Competence Inventory
CRF = Counselor Rating Form
WAI = Working Alliance Inventory
WD1 = Willingness to discuss sexual orientation
WD2 = Willingness to discuss issues other than sexual orientation

Table 4

Reliability Coefficients for Lesbian and Gay Identity Questionnaire

LIQ	α
Individual	
Awareness	.91
Exploration	.91
Deepening/Commitment	.74
Internalization/Synthesis	.81
Group	
Awareness	.76
Exploration	.74
Deepening/Commitment	.64

Internalization/Synthesis	.64

GIQ	α
Individual	
Awareness	.78
Exploration	.90
Deepening/Commitment	.86
Internalization/Synthesis	.67
Group	
Awareness	.74
Exploration	.80
Deepening/Commitment	.66
Internalization/Synthesis	.46
LIQ-Bisexual Women	
Individual	
Awareness	.84
Exploration	.90
Deepening/Commitment	.74
Internalization/Synthesis	.85
Group	
Awareness	.51
Exploration	.65
Deepening/Commitment	.72
Internalization/Synthesis	.71

Table 5 reports the Individual and Group phase identities of participants. The overwhelming majority of participants indicated they were in the Internalization/Synthesis phase of both individual and group identities. No gay men or lesbian women indicated they were in the Awareness phase for either individual or group identity. For bisexual women, there appeared to be more variability.

Table 5

LIQ and GIQ Identify Phase Frequencies

Phase	Frequency	Percent	Cum Percent
Gay and Lesbian Participants			
Individual			
Awareness	0		
Exploration	1	.4	.4
Deepening/Commitment	14	6.1	6.5
Internalization/Synthesis	216	93.5	100.0
Group			
Awareness	0		
Exploration	8	3.5	3.5
Deepening/Commitment	19	8.2	11.7
Internalization/Synthesis	204	88.3	100.0
Bisexual Female Participants			
Individual			
Awareness	3	5.6	5.6
Exploration	6	11.1	16.7
Deepening/Commitment	9	16.7	33.3
Internalization/Synthesis	36	66.7	100.0
Group			
Awareness	1	1.9	1.9
Exploration	4	7.4	9.3
Deepening/Commitment	9	16.7	25.9
Internalization/Synthesis	40	74.1	100.0

As can be seen in Table 3, the Working Alliance Inventory, Counselor Rating Form-Short, and Sexual Orientation Counseling Competence Inventory all demonstrated good reliability. These results are similar to previous studies. Table 6 illustrates the correlation matrix for the dependent variables. All variables were moderately to strongly positively correlated at the $p < .01$ level. Previous research on race/ethnicity has shown a strong relationship among multicultural competence, working alliance, and general competence (Asay, 2006; Constantine, 2002; Coleman, 1998; Fuertes & Brobst, 2002).

Table 6

Correlations Among Dependent Variables

	SOCCI	CRF	WAI	WD1	WD2
SOCCI	1.00	.79*** .	77***	.68***	.59***
CRF			.71***	.64*** .	59***
WAI				.61***	.53***
WD1					.78***

*** $p < .001$

Table 3 also illustrates the means and standard deviations, by vignette, for the CRF-S, the WAI, SOCCI, and how willing clients would be to discuss sexual orientation (WD1) and issues other than sexual orientation (WD2) with the hypothetical counselor. Although there exist no established descriptive ranges for what scores mean on each of these instruments, a look at the midpoint of the scales can help to understand the data. It can be said that participants in all conditions rated the counselor that they viewed as more generally competent (scale midpoint = 48; current sample M = 58.54, SD = 14.51) and

multiculturally competent (scale midpoint = 70; current sample M = 87.10, SD = 17.22) than not. In general, participants in all conditions also indicated a working alliance that was stronger than not (scale midpoint = 48; current sample M = 50.88, SD =13.57). Participants also were generally more likely than not to discuss both issues regarding sexual orientation (single item mean =2.5 ; current sample M = 3.49, SD = 1.07) and other issues (single item mean = 2.5; current sample M = 3.68, SD = .98) with the counselor they had been assigned.

The SOCCI demonstrated strong reliability, indicating the presence of a coherent underlying construct. Its strong correlations with the CRF-S and WAI are similar to correlations found between these variables and the CCCI-R on which the scale was based, suggesting it demonstrates convergent constructive validity. (Asay, 2006). These findings, along with the fact that the SOCCI added variance over and above general competence and working alliance (suggesting predictive validity), indicate that the SOCCI has promise as an instrument to measure multicultural competence specific to sexual orientation issues.

Primary Analyses

Hierarchical Multiple Regression: Hypothesis 1

To test the hypothesis that MCC, general competence, and working alliance would predict participant willingness to discuss issues with the hypothetical counselor, two multiple regression analyses were calculated. Because it was further predicted that multicultural competence would contribute unique variance over and above the other two factors, a hierarchical technique was employed. To test the assumptions underlying regression analyses, scatterplots of the distribution of the variables and residuals and a q-q plot were examined. It was determined that the assumptions necessary for regression

analyses were met and all factors were normally distributed. In the first regression, working alliance ratings were entered in Step 1; ratings of counselor general competence were entered in Step 2; and participants' ratings of counselor MCC were entered in Step 3. Results of the regression are illustrated in Table 7. Participant rating of working alliance accounted for 37% of the variance in willingness to discuss sexual orientation. In Step 2, the addition of counselor competence contributed an additional 9% of the variance. The addition of multicultural competence contributed an additional 4% of the variance. Overall, the adjusted R^2 value indicated that the prediction equation accounted for 50% of the variance in willingness to discuss sexual orientation with the hypothetical counselor.

Table 7

Hierarchical Regression Predicting Willingness to Discuss Sexual Orientation

Step/Variable	B	SEB	*B*	t
Step 1				
WAI	.05	.00	.61	13.10**
Step 2				
WAI	.02	.01	.31	5.10**
CRF-S	.03	.01	.42	6.87**
Step 3				
WAI	.01	.01	.15	2.26*
CRF-S	.02	.01	.25	3.51**
SOCCI	.02	.01	.37	4.76**

Note. R^2 = .37 for Step 1; ΔR^2 = .09 for Step 2; ΔR^2 = .04 for Step 3; Total Adjusted R^2 = .50

*p<.05 **p<.01

WAI= Working Alliance Inventory

CRF-S= Counselor Rating Form-Short

SOCCI= Sexual Orientation Counseling Competence Inventory

A second hierarchical multiple regression was calculated for participants' willingness to discuss issues other than sexual orientation with the hypothetical counselor. This regression is illustrated in Table 8. Working alliance in step 1 accounted for 28% of the variance. The addition of general competence accounted for an additional 9% of the variance, and multicultural competence contributed 2% over and above these two factors. Overall, the adjusted R^2 value indicated that the prediction equation accounted for 39% of the variance in willingness to discuss issues other than sexual orientation with the hypothetical counselor. These results indicate that hypothesis 1 was supported. Working alliance, general competence, and multicultural competence ratings predict how willing a participant would be to discuss both sexual orientation issues and issues not related to sexual orientation. Furthermore, multicultural counseling competence contributes unique variance to this prediction over and above general competence and working alliance.

Table 8

Hierarchical Regression Predicting Willingness to Discuss Other Issues

Step/Variable	B	SEB	*B*	t
Step 1				
WAI	.04	.00	.53	10.67**
Step 2				
WAI	.02	.01	.24	3.55**
CRF-S	.03	.00	.42	6.29**
Step 3				
WAI	.00	.01	.12	1.56

CRF-S	.02	.01	.28	3.67**
SOCCI	.02	.01	.28	3.31**

Note. R^2 = .28 for Step 1; ΔR^2 = .08 for Step 2; ΔR^2 = .02 for Step 3; Total Adjusted R^2 = .39

*p<.05 **p<.01

WAI= Working Alliance Inventory
CRF-S= Counselor Rating Form-Short
SOCCI= Sexual Orientation Counseling Competence Inventory

Analysis of Variance: Hypothesis 2

Hypothesis two posited that participants would rate Counselor B, the more subtle counselor, as more multiculturally competent than Counselors A and C. To test this hypothesis, an analysis of variance was calculated. Results are illustrated in Table 9. As can be seen, the analysis revealed significant differences amongst counselor conditions, F (2, 287) = 10.75, p = .00. Post hoc Bonferroni tests revealed that both Counselors A and B were rated as significantly more multiculturally competent than Counselor C. Counselors A and B were not significantly different from each other. Thus, hypothesis two was only partially confirmed. It appears that both a direct and more subtle handling of culture in a session are viewed as more multiculturally competent than an indirect approach.

Table 9

Analysis of Variance of Vignette and Multicultural Competence Score

Source	df	Sum of Squares	Mean Square	F ratio
Between Subjects	2	5976.93	2988.47	10.75***
Within Subjects	287	9094.28	278.11	

Total	289	85794.49

*** $p < .001$

Hierarchical Multiple Regression: Hypothesis 3

Hypothesis three examined the possible moderating effect of sexual orientation identity phase on the relationship between MCC and willingness to discuss sexual orientation and other issues. It was determined that because of the lack of variability in phases of sexual orientation identity development, sufficient power did not exist to conduct the appropriate analyses. Thus, this hypothesis was unable to be tested.

Analyses of Variance: Exploratory Research Questions 4 and 5

Research question four sought to investigate if there would be any differences in participants' ratings of the hypothetical counselor based on race/ethnicity. Research question five sought to investigate if there would be any differences in participants' ratings of the counselor based on their previous therapy experience. To test both of these questions, multiple analyses of variance were calculated with the dependent variables. Due to the fact that there were so few racial/ethnic minority participants, it was not possible to run the analyses on each racial group. Thus, participants were recoded into White and Non-White categories. It was believed that despite the important differences that may exist between members of different racial/ethnic groups, there could be argued to be a possible shared experience of LGB people of color as double minorities that is different from White LGB participants. Despite the recoding, no significant differences were found for multicultural counseling competence F (1, 288) =..03, p =.87, general competence, F 1, 288 =..17, p=.69, working alliance, F (1, 288) =.1.41, p=.24, willingness to discuss sexual orientation, F (1, 288) =.78, p=.38, and willingness to discuss other issues F (1, 288) =.39, p=.53. Similarly, no significant differences were

found based on previous experience in therapy for multicultural counseling competence, F (1, 288) =.03, p =.86, general competence, F 1, 288 =.68, p=.41, working alliance, F (1, 288) =.02, p=.89, willingness to discuss sexual orientation, F (1, 288) =.45, p=.51, and willingness to discuss other issues, F (1, 288) =.41, p=.52. Thus, it appears that neither participant race nor previous counseling experience impact counselor ratings.

Additional Analyses

Additional analyses were conducted to investigate if there were differences and similarities that may be of interest. The relationship between sexual orientation and counselor ratings was investigated to determine if lesbian, gay, and bisexual participants viewed the counselors consistently differently. Oneway analyses of variance were conducted and revealed no significant differences among the groups for multicultural competence, F (2, 287) =1.21, p = .30, working alliance, F (2, 287) = 2.53, p=.08, general competence, F (2, 287) =.36, p=.70), and willingness to discuss sexual orientation, F (2, 287) =1.56, p=.21. Participant willingness to discuss other issues approached significance F (2, 287) = 2.87, p=.06. Thus, it appears that gay men, lesbian women, and bisexual participants did not have different responses to the counselors that they rated. Although hypothesis 3 speculated that Counselor B would be perceived as more multiculturally competent, none of the hypotheses or research questions addressed the other dependent variables that were investigated. Thus, multiple analyses of variance were calculated to investigate what differences, if any, existed among the three vignette groups regarding the other dependent variables (general competence, working alliance, willingness to discuss sexual orientation and other issues). Results of these analyses are illustrated in Tables 10-13. Posthoc Bonferroni calculations revealed that for general competence and willingness to discuss sexual orientation, both Counselors A and B were rated more

highly than Counselor C. There were no significant differences by vignette for willingness to discuss other issues. Finally, the working alliance between Counselor B and the client was rated significantly more positively than the working alliance between Counselor C and the client. No working alliance differences between Counselor A and B and Counselor A and C were detected.

Table 10

Analysis of Variance of Vignette and General Competence Score

Source	df	Sum of Squares	Mean Square	F ratio
Between Subjects	2	1700.31	850.16	4.13*
Within Subjects	287	59135.69	206.05	
Total	289	6836.00		

* $p < .05$

Table 11

Analysis of Variance of Vignette and Working Alliance

Source	df	Sum of Squares	Mean Square	F ratio
Between Subjects	2	1978.39	989.19	5.54**
Within Subjects	287	51254.39	178.59	
Total	289	53232.78		

** $p < .01$

Table 12

Analysis of Variance of Vignette and Willingness to Discuss Sexual Orientation

		Sum of	Mean	

Source	df	Squares	Square	F ratio
Between Subjects	2	17.06	8.53	7.76***
Within Subjects	287	315.38	1.10	
Total	289	332.45		

***$p < .001$

Table 13

Analysis of Variance of Vignette and Willingness to Discuss Issues other than Sexual Orientation

		Sum of	Mean	
Source	df	Squares	Square	F ratio
Between Subjects	2	3.53	1.76	1.87
Within Subjects	287	271.29	.95	
Total	289	274.81		

p=.16

Chapter 5: Discussion

Summary of Findings and Comparison to Literature

The current study found that sexual orientation multicultural counseling competence was a unique predictor of whether participants would discuss both issues about their sexual orientation and other issues with a hypothetical counselor. This finding is similar to previous work done with race/ethnicity, in which studies have also found MCC contributes over and above other factors such as general competence (Constantine, 2002; Fuertes & Brobst, 2002). This finding can be considered important in a number of ways. First, it suggests that empirical work in the race/ethnicity area is similar to that in the sexual orientation arena. Thus, the broad view of MCC that has been encouraged in some of the theoretical literature may translate well to the empirical efforts that have been devoted to a more narrow view of MCC. Second, this finding suggests that perceived MCC is an important contributor to the client's evaluation of the therapist. Client evaluation of a therapist and his or her ability to help plays a large role in determining whether the client will persist in therapy. The therapist needs to be able to instill hope and establish rapport quickly in order to "hook" the client into therapy. It seems that part of this task is to convey a sense of cultural competence, particularly to facilitate discussion around cultural identity and issues. Finally, this finding lends support to the notion of MCC as a superordinate construct, something unique and distinct from general counseling competence. Although both MCC and general competence were highly correlated in the current study ($r = .79$), and have been highly correlated in other studies (Constantine, 2002), they do, in fact, appear to be different constructs.

Interestingly, the regression analyses revealed that, when predicting their willingness to discuss certain issues with a hypothetical therapist, the prediction

equations accounted for different portions of variance. When prompted to think about sexual orientation, the combination of general competence, perceived working alliance, and MCC accounted for 50% of the variance in how willing participants were to talk about sexual orientation with the assigned therapist. When prompted to think about discussing other issues with the therapist, these variables only accounted for 39% of the variance. Further, MCC uniquely contributed an additional 4% of the variance in the former condition (identical to findings in Fuertes & Brobst, 2002), while it contributed only an additional 2% of the variance in the latter. It seems a number of factors may be at work here. Sexual identity was likely particularly salient for the respondents (e.g., they were on listservs and chose to respond to the survey, knowing it was related to their sexual identity). It also may be that for these clients perceived cultural competence is more directly related to how safe they would feel discussing this aspect of themselves. As Pope-Davis et al. (2001) found, the importance of MCC depends greatly on the client's needs and how the therapist meets these in a variety of areas. The current participants' needs in other areas (and the therapist's ability to address them) may not have seemed as important; thus, the prediction equation was not as predictive of whether they would discuss other issues with the therapist in question. Perhaps other factors would be important in predicting participant willingness to discuss issues besides sexual orientation. For example, participants dealing with grief may find that perceived counselor empathy is an important factor. Participants imagining talking about religious concerns may want more information about the faith background of a therapist.

Another interesting finding in looking at participants' willingness to discuss certain issues with the hypothetical counselors was that participants made no distinction between their comfort in discussing sexual orientation and other issues except for

Counselor C, the culturally neutral counselor. In general, participants reported being willing to discuss both sexual orientation and other issues, as demonstrated by the means in Table However, participants were significantly less likely to discuss their sexual orientation with Counselor C than they were other issues. This finding is similar to previous work in which participants evaluated heterosexist and nonheterosexist hypothetical therapists and were less likely to discuss their sexual orientation with heterosexist therapists (Dorland & Fischer, 2001). Perhaps, as in previous research (Sanders Thompson et al, 2001), the counselor's failure to mention sexual orientation acted as a red flag, a warning sign that it would be unsafe to bring it up.

In the regression analyses, it was found that working alliance was a significant predictor in the full model predicting willingness to discuss sexual orientation. In willingness to discuss other issues, however, the working alliance ceased to make a significant contribution to the full model. Thus, working alliance appeared to be important when discussing sexual orientation and unimportant when discussing other issues. It may be that when a counselor is viewed as generally and multiculturally competent, the working alliance is not as important: the counselor may seem to be "good enough" to handle most issues. When dealing with gay issues, however, there may be more of a perceived risk on the part of the participants requiring greater trust of the therapist. The working alliance may have been deemed important in this case because the participants were seeking not just a counselor who was "good enough," but maybe a counselor who would be active and deliberately proactive in establishing trust around sexual orientation issues.

The hypothesis that Counselor B would be perceived as more multiculturally competent than either Counselor A or C was only partially supported. In fact,

participants rated MCC higher for both Counselors A and B. Bringing up culture in any way, either directly or subtly, was perceived as more multiculturally competent than neither supporting nor denying culture's importance. This finding is interesting, particularly in light of the previous literature. This result seems to support the theoretical literature that suggests bringing up culture and taking the lead in that discussion may be an important way to demonstrate competence (Cardemill & Battle, 2003). As therapists have power in the therapy relationship, it may be important for them to establish that their power will be used to affirm the client's sexual identity and the role it may play in the client's problems. Additional analyses revealed that Counselor A and B were also perceived to be more generally competent than Counselor C. This finding is not surprising, given the strong correlation between general and multicultural competence. Interestingly, the working alliance ratings of Counselor B were significantly higher than those of Counselor C, but no other differences existed among the counselors. It may be that the more subtle approach of Counselor B was interpreted to meet the needs of the client and thus reflect a stronger working alliance, whereas the ignoring of culture by Counselor C was interpreted as indicating more of a disconnect between the two. This "middle ground" approach may have been interpreted as less threatening. The very direct approach of Counselor A may have been viewed as a refreshing and open way to discuss culture or a single-mindedness about sexual orientation that conveyed a negative attitude.

One major caveat to these implications is the fact that this preference for bringing up culture, regardless of style, is based on participants who identify as being in the most advanced phase of their sexual orientation identity development. The current sample overwhelmingly identified as being in the Internalization/Synthesis phase, a characteristic that may or may not be representative of lesbian, gay, and bisexual people in general. As

their gay identity is embraced by these participants, so, too, may be the efforts of a therapist to bring that identity into the therapy room. Previous research indicates that those LGB clients who are not in conflict about their sexual orientation benefit significantly more from therapy than those for whom sexual orientation is still being developed (Jones, Botsko, & Gorman, 2003). It is possible to imagine that clients who are in different phases of their identity development may, in fact, react quite differently to a therapist who attempts to initiate discussions about culture, particularly if those clients are conflicted about their culture.

Demographic characteristics did not appear to play a significant role in how the hypothetical counselors were perceived. Neither race nor previous experience in therapy nor sexual orientation status were related to counselor ratings. The finding regarding race should be interpreted with caution, as the portion of non-White participants was so small. These results are reflective of a sample that is over 90% White. It may be that there was not adequate power to detect differences because the samples sizes were small. Theory suggests that different cultural styles of communication practiced by different cultural groups may affect the results significantly. Sue and Sue (2003) state, “many minority groups may value indirectness” (p. 132) in communication. Thus, it is reasonable to hypothesize that different racial minority groups may have reacted less positively to the direct approach of Counselor A. The fact that no differences were found in the current study thus may be due to the nature of the sample and not the nature of the phenomenon.

It should be kept in mind, however, that regardless of condition, participants generally rated the hypothetical counselor as competent, multiculturally competent, and perceived a strong working alliance between counselor and therapist. Participants also

generally indicated that regardless of condition, they would be willing to discuss issues regarding their sexual orientation and other issues with the hypothetical counselor.

Strengths and Limitations

This study is the first known effort to integrate the multicultural counseling and the sexual orientation literatures in an experimental analogue design. As it is grounded in previous research in both of these areas, it may represent a theoretical and empirical bridge to future research. The study employed more controlled, experimental methods that have been called for in previous literature (Bingham et al., 2002). The use of experimental vignettes helps move the MCC field beyond retrospective studies and into work that is more scientifically controlled. Since each participant was provided with only one vignette, the study simulated an actual counseling session more so than studies in which clients compare and contrast therapists. The current study also moved beyond the dichotomization of competence that exists in the current MCC literature. The new Sexual Orientation Counseling Competence Inventory (SOCCI) measure that was developed for the study had strong reliability. This suggests that with careful psychometric work, some of the existing race/ethnicity measures of multicultural counseling competence may be adapted for work with LGB populations. The sample of 290 participants is relatively large for counseling research, and it enabled adequate power to investigate the dependent variables in each of the vignettes. The study's inclusion of bisexual participants is also a strength, as this population has typically been left out of sexual orientation research. Although the number of bisexual participants was small relative to gay and lesbian participants, and there were only five bisexual men included, this represents an important step in research.

It is also important to consider the results in light of the limitations of this study. The design as an analogue study naturally curtails generalizability. While efforts were made to make the counseling vignettes as realistic as possible, the vignettes were still artificial in nature. Much of what goes on in counseling is nonverbal, and dialogue written on a page cannot convey other cues that may communicate levels of competence to clients. Similarly, much can be read into the hypothetical client's reactions to the counselor interventions. It is impossible to control for participants' interpretations of how the client is experiencing the session, and absence of nonverbals such as tone of voice, kinesics, and eye contact are all left up to the participants' imaginations. One factor tempering this effect may be the fact that the overwhelming majority of participants reported having had previous therapy experience. These participants may have been able to put the vignette into a familiar context and understand the counselor's interventions.

Another major limitation is the fact that there was no manipulation check performed on the data. Participants were not asked about the directness of the hypothetical counselor they were assigned. Thus, it is not possible to tell if participants detected differences in the independent variable.

Despite deliberate efforts to solicit participants of color, over 90% of the participants were Caucasian. Although this lack of minority representation is not unusual in sexual orientation research (Croteau, 1996), it nonetheless limits the generalizability of the study. Because so little is known about the intersection of racial and sexual identities, it is impossible to speculate how the study's results may apply to lesbian, gay, and bisexual clients of color. Greater participation from participants of color would have allowed for differences between racial groups to be tested. The fact that the hypothetical

counselor and client in the study were both White may have also made it difficult for participants of color to relate to the vignette to which they were assigned.

The vignettes were also limited in terms of gender. Both client and counselor in the study were male. It is possible that the exact same study utilizing a female therapist and client would yield different results. Previous work suggests that female therapists may have a more positive, gay-affirming attitude and approach to treatment (Kilgore et al., 2005). Other work indicates that having a female therapist is a significant predictor of therapeutic benefit gained by lesbian and bisexual women (Jones et al., 2003). The current study's results thus must be considered in light of the gender limitation.

Another sampling issue that is endemic to sexual orientation research in general and this study in particular is the biased sample of lesbian, gay, and bisexual participants. Such research is plagued by problems of convenience sampling and sample bias (Croteau, 1996). The sample bias in the current study rendered investigation of Hypothesis 3 impossible. Due to the nature of soliciting such participants, a certain level of affiliation, identity, and interest in LGB issues already exists in the present sample. Participants were for the most part members of organizations at least sensitive to LGB issues (e.g. Association for Women in Psychology; Division 44 of APA) if not members of organizations dedicated specifically to LGB issues (e.g. Human Rights Campaign, Indiana Equality). It is thus not surprising that an overwhelming majority of all participants identified themselves as in the Integration/Synthesis phase of both individual and group identity development. Such participants can be reasonably assumed to represent a particular viewpoint that members of the LGB community who are in different phases of their identity development may not share. Previous literature suggests

that probability sampling is essential to increasing the diversity and generalizability of LGB work (Croteau, 1996).

The online nature of the study also presents a number of other sampling problems. It is impossible to ascertain a response rate, and thus the response bias of those who did participate may be even more substantial. A total of 444 visits were made to the consent form. A number of these 444 also filled out the demographic page but did not complete the survey, at least at that same sitting. It is unknown how many of those people later returned to fill out the survey and how many simply dropped out. Ultimately 290 people participated, but the 154-website-hit discrepancy is impossible to analyze.

Implications

Research

The results of the current study present a number of interesting implications for future research. Most generally, the results suggest that empirical research involving other dimensions of multicultural counseling competence, not just race and ethnicity, may be fruitful. In some ways, it may be that race/ethnicity has been the most obvious object for research attention. Race is certainly an important issue in U.S. culture, and psychology has a history of marginalizing people of color. That having been said, it is interesting that the call to multicultural competence has included voices crying for a broad definition of culture, while empirical efforts have been fairly narrowly focused on race/ethnicity.

What may be particularly fruitful is investigation into the similarities and differences of demonstrating competence (and how that competence is perceived by clients) with different dimensions of culture. The current study suggests a natural research direction of comparing and contrasting cultural competence in handling race or

in handling sexual orientation. With race, there is often (but certainly not always) a visual cue as to the nature of the difference between counselor and client. In some ways, race is already "on the table" by virtue of the fact that both parties may perceive their differences from point of first contact. In contrast, sexual orientation is not visible; indeed, sexual orientation is a hidden minority identity (Fassinger, 1991). This hidden identity may be associated with secrecy and shame, and clients may actively endeavor to cloak this aspect of their identity. There may be a coming out process for sexual orientation, both for client and for therapist, that does not exist in the same way for race. A counselor's addressing obvious racial differences in an effort to be multiculturally competent may be perceived by clients very differently from that same counselor's addressing possible (or perceived) sexual orientation differences, particularly when the client may be trying to hide his or her LGB identity. It may be interesting to investigate clients' reactions to naming cultural difference in both of these instances. It would be especially crucial to investigate how counselors should address culture early on in therapy, as establishing rapport and building trust quickly are essential to getting clients to commit to the therapy process. Sexual orientation and race are but two of the dimensions of culture to be explored; indeed, other issues such as religion and socioeconomic status would be ripe for such research as well.

An important direction will also be to explore MCC in the context of clients' multiple intersecting identities. Clients do not exist as singular cultural beings, and investigating how to negotiate competence with clients' multiple identities would be useful. This research would be particularly useful with aspects of identity that may conflict for clients (e.g., sexual orientation and race; religion and sexual orientation). Again, following from this study, a focus on LGB people of color is the next step. The

current study was unsuccessful in obtaining a racially diverse sample, and given what is known about White privilege (McIntosh, 1988), it is likely that racial identity was not a salient issue for these participants. What, then, of clients who are both gay and racial/ethnic minorities? It is clear that different racial/ethnic groups have differing opinions towards sexual orientation. Indeed, "many cultures reject LGB sexualities more than the dominant [U.S. White] culture" (Pachankis & Goldfried, 2004, p. 240). How might a counselor address both of these issues early in the therapy process in a way that acknowledges there may be conflict within the client about these identities? Given the paucity of research in this area, some qualitative investigation may be most appropriate at this juncture. Previous work suggests the need for qualitative efforts in LGB research (Croteau, 1996). Such investigation may help provide some specific ways to foster discussions with clients with multiple cultural identities.

Because the current study's range of sexual identity development was so narrow, the question remains how competence may be demonstrated to and perceived by those in earlier stages of identity development. Future work could address this question by targeting those who may be just coming to understand their sexual orientation. Such clients may be more vulnerable to the counselor's MCC, as these clients do not have the comfort with their identity that those in later stages might. Earlier phase clients may be struggling with their own thoughts and feelings about their sexual orientation, and they may need a counselor to address this aspect of their identity differently from those comfortable with being gay.

The current study also highlights some of the confusion regarding the understanding of bisexual identity development. The subscales of the LIQ were found to be reasonably reliable for bisexual women, with alpha coefficients similar in range to

those for lesbians. As the underlying construct is measuring lesbian identity development and not bisexual development, it is unclear what these results mean. These results may suggest that the development of same-sex attraction for bisexual women follows a similar course to that of lesbians, but this is a tenuous notion at best. As the current study's results seem to raise more questions about bisexual identity development than it answers, more work needs to be done to investigate the unique identity development of bisexual men and women (Reynolds & Hanjorgiris, 2000).

Finally, it seems to be important to begin to quantify just how important MCC is to clients and the therapy process. What are the "deal-breakers" for clients? At what point do clients decide they will not return for counseling or at what point do they decide they can get something useful from a therapist who may not meet all their cultural needs? Revisiting the Pope-Davis et al. (2001) study, it will be important to flesh out more specifics with real counselor-client relationships. Longitudinal work would be informative, following the evolution of cultural competence and understanding in the therapy process.

Given the myriad of possibilities suggested by the current work, this researcher plans to conduct a companion study that focuses on race/ethnicity rather than sexual orientation. The methodology from the current study will be replicated, but a client of color and White therapist will be portrayed in the stimulus vignettes. This study will hopefully shed light onto the differences and similarities that may exist in ways to demonstrate cultural competence with different cultural identities. In an effort to integrate multiple aspects of client identity, the researcher also plans to conduct a qualitative study investigating the therapy experiences of lesbian, gay, and bisexual people of color. Using a consensual qualitative research methodology (CQR; Hill,

Thompson, & Williams, 1997), the study will investigate the importance of both racial/ethnic and sexual orientation identities to participants, how those identities were incorporated into their therapy experiences, and how they perceived their therapists' efforts to broach these topics. This study will also be conducted online, as has been done in some previous qualitative research (Kim, Brenner, Liang, & Asay, 2003). It is hoped that data from this study will inform additional quantitative work to describe the therapy experiences and needs of LGB people of color. The researcher also plans to conduct research to develop further the psychometric properties of the Sexual Orientation Counseling Competence Inventory.

Practice

The current study suggests that whether boldly or more subtly, it is important to clients that therapists address sexual orientation, specifically for clients who have a strongly developed sexual orientation identity. Although more research is needed to explore the parameters of this finding, it does suggest some fairly concrete possibilities for clinical practice and training. For example, it may be important for counselors to consider addressing sexual orientation issues at the beginning of counseling. As previously mentioned, this may involve a coming out for both client and counselor. This coming out may feel risky for the therapist, particularly if he or she is unclear on one's own biases regarding sexual orientation. It will thus be important for therapists to understand their own feelings and beliefs about sexual orientation in order to facilitate this conversation genuinely. Clients may be looking for "red flags" or may be suspicious of a therapist who brings up sexual orientation as indicative of the therapists' own discomfort. It is therefore all the more important for counselors to be self-aware and

practiced in taking the lead in what may be a difficult conversation for the client and therapist alike.

Results also suggest that training in facilitating discussions about sexual orientation may be warranted. Much literature has suggested that in the MCC area, concrete ways to develop necessary MCC skills are lacking. The current study provides basic dialogues that provide specific language to use in a first session. Although it is certainly not expected that these dialogues be adhered to as a "script," they may help trainees find their own language around sexual orientation issues. In this way, trainees can develop their self-awareness and be much more comfortable in their trial (and error) in "doing" multicultural competence.

Although the current study did not investigate MCC in group therapy situations, it is interesting to speculate how the findings may inform group work. If it is important to sexual minority clients for an individual therapist to address sexual orientation early in the work, it may be important for therapists to model this behavior in a therapy group as well. Previous literature suggests that a needed area of research is how group facilitators impact LGB group process and outcome (DeBord & Perez, 2000). This need may be extended to general therapy groups as well, as not only demonstrating MCC but also facilitating it among group members may be an important task.

It is also worth noting that the results suggest that therapists be attuned not just to what their clients say, but also what they may not be saying. Participants were significantly less likely to discuss sexual orientation with Counselor C than they were other issues. It is entirely possible to imagine that Counselor C would have no idea about the client's hesitancy. If a client is willing to talk about other issues and is working hard, therapists may assume that if sexual orientation were an issue, the client would bring it

up. Given the results, this does not appear to be the case. Thus, it is all the more important for therapists to self-monitor the subtle (and maybe not so subtle) ways they may be communicating to the client that sexual orientation is not safe for discussion.

Summary

The current study investigated the differences of three different approaches to addressing culture in a first session. Utilizing an online analogue method, it was found that addressing a client's sexual orientation in a first session was associated with higher ratings of general and multicultural competence and a greater willingness of the participant to discuss issues of sexual orientation with the hypothetical counselor. Addressing culture either directly or more subtly was rated more highly than not addressing culture at all. No differences in perceptions of counselor approach were found either by race/ethnicity, sexual orientation, or previous experience in therapy. More generally, it was found that perceived general competence, multicultural competence, and working alliance were predictive of how willing participants would be to discuss both issues of sexual orientation and other issues with the hypothetical counselor. Multicultural competence contributed unique variance over and above general competence and working alliance. Results suggest that empirical efforts to investigate multicultural counseling competence may be enriched by including sexual orientation.

Appendices

Appendix A

E-mail template

I am a doctoral candidate in counseling psychology at the University of Maryland, and I am writing to ask for your help. I am conducting a study of lesbian, gay, and bisexual people's perceptions of various counseling strategies. It is hoped that the results of this study will help counselors address the needs and concerns of LGB clients more effectively. The study consists of reading a dialogue between a counselor and a client and responding to some questions about it. Participation will take about 15 minutes, and all responses will be anonymous. If you are interested in participating, please click the link below or type the URL into your web browser.

Thank you!

Appendix B

Web Site Cover Letter

INFORMED CONSENT

Thank you for your interest in our survey. This survey is investigating lesbian, gay, and bisexual people's perceptions of various counseling strategies. The following survey will take about 15 minutes to complete. You will be asked to read a dialogue between a fictional counselor and client and then respond to items about your thoughts about the dialogue. Any risks involved in participating in this study are minimal. Although this study is not designed to help you personally, it will help us understand what counseling strategies may be helpful for lesbian, gay, and bisexual clients.

Your responses will be kept anonymous since we will not know your name or any identifying information. The answers you provide during the survey will only be associated with a random "session ID" your web browser generates while you are connected. However, whenever relying on technology, there is always some uncertainty. Thus we cannot completely assure the security of the information that is being transmitted across the Internet. However, you will not be asked to provide your name and once we receive your completed survey, your responses will be anonymous.

Please note that your participation in this study is voluntary. Therefore, you can change your mind at any time before submitting your responses simply by exiting this page without clicking on "Submit". If you decide to participate in this study, you will indicate your consent to do so by completing and submitting the following survey. You have the right to choose not to answer items, and you are free to ask questions at any time. We really appreciate your help.

If you have any questions, please contact Penelope Asay by e-mail at pasay@psyc.umd.edu. If you have questions about your rights as a research subject or wish to report a research-related injury, please contact: Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742; (e-mail) irb@deans.umd.edu; (telephone) 301-405-4212

Sincerely,

Penelope Asay, Doctoral Candidate
Psychology Department
University of Maryland
College Park, MD 20742

Dr. Ruth Fassinger, Professor
Counseling and Personnel Services
University of Maryland
College Park, MD 20742

I state that I am over 18 years of age and wish to participate in a program of research being conducted by Penelope Asay in the Department of Psychology and Ruth Fassinger in the Department of Counseling and Personnel Studies at the University of Maryland, College Park.

Click to Begin Survey

Appendix C

Counseling Vignettes

Introduction to all versions of the vignettes:

The following is a fictional exchange between a counselor and a client in their first session together. The counselor is a White, heterosexual male. The client is White, gay male. They have spoken briefly on the phone prior to this meeting, during which the client disclosed his sexual orientation. After you read the dialogue, please answer the survey questions that follow.

VERSION A

Counselor: Michael, I know we spoke briefly on the phone, but why don't you tell me a little about what brings you into counseling.

Client: Yeah,, well, I've never had a lot of friends—I'm kinda shy with people, and when I was growing up it was hard enough feeling different...I didn't realize until later that being gay explained a lot. The few people I have been friendly with at work, I've just sort of stopped accepting their invitations. I don't know why, but lately I've just withdrawn from people even more.

Counselor: So this has gotten worse lately

Client: I think so. Especially since I started working with this new company. I just don't feel like I fit in there at all. People have all been friendly, I guess, but I just feel less and less interested to keep putting myself out there to be with people.

Counselor: What do you think is making it even more difficult at your new job?

Client: I don't really know. I've been trying to figure that out. At my old job I was at least used to the place and the people, even if I still didn't feel totally comfortable. It seems it's hard to find people I "click" with, you know? So I guess with this new job, I tried at first because I thought this time it might be different. But, pretty soon it seemed like everyone was the same, and I just gave up. I don't know. I hope people will be different, but I guess people don't get me.

Counselor: People don't get you? Could you tell me a little more about what you mean when you say that?

Client: Well, I've always felt like a bit of an outsider, even in school. I always feel really awkward and shy around people. I really do like to open up with the right people, but it's just so hard for me to find them. It just seems so hard for me and so easy for everyone else.

Counselor: A lot of the feelings you're having are actually pretty universal, but that certainly doesn't make them any less painful. How do you think being a gay man may contribute to some of the feelings you're having?

Client: Uh….I'm not quite sure I follow you

Counselor: Well, I'm wondering if you see any link between your feelings and any negative reactions you've gotten from people about being gay—prejudice or even outright discrimination?

Client: Hmm. (Client pauses to think) Well, being gay certainly doesn't help. Not only is it tough to find people who are like me, there aren't that many, especially around here.

Counselor: It does sound tough.

Client: Yeah, as if it weren't hard enough for me to connect with people, it's like I make it worse.

Counselor: You make it worse?

Client: Well, maybe I don't make it worse, but it doesn't help that I'm gay and of course most of the people at work are straight

Counselor: How do you think being gay might affect your relationships at work?

Client: Hmmm…I guess you could say I'm "out" at work, although it certainly wasn't planned. After a month or two at my new job, a guy who works in another division asked me out. It didn't go anywhere, but it ended up he told a lot of people. I guess it's hard to have people I barely speak to know something so personal about me. I think it makes me even more reluctant to open up to people.

Counselor: Sounds like it makes you feel a little exposed.

Client: Yeah, like they barely know anything about me, and the one thing they do know is something I don't exactly share with strangers.

Couselor: What about the climate for gay people at work? How might that come into play with your difficulty in feeling connected?

Client: Actually, it could be worse. There seems to be an active Minority Matters group, with brown-bag lunches every two weeks for racial minorities, lesbians and gays, you name it. I went once when I first started the job, and it was a nice group, but I haven't been back because…well, I don't really know why. I guess I just gave up.

Counselor: Maybe that's part of withdrawing from people. You just don't feel up to trying.

Client: Yeah, I guess so.

Counselor: Michael, for some people I work with, it matters whether or not I'm different from them or like them in various ways. I think it's important for you to know that I'm straight. It occurs to me it might be really tough to talk about being gay with a counselor who's straight. I was wondering about your reaction to me and what it's been like to talk about these issues today.

Client: I'm actually feeling okay. I know there are things you probably can't understand about being me, but it feels good to talk about them, anyway. I'd like to give counseling a try, I think.

VERSION B

Counselor: Michael, I know we spoke briefly on the phone, but why don't you tell me a little about what brings you into counseling.

Client: Yeah,, well, I've never had a lot of friends—I'm kinda shy with people, and when I was growing up it was hard enough feeling different...I didn't realize until later that being gay explained a lot. The few people I have been friendly with at work, I've just sort of stopped accepting their invitations. I don't know why, but lately I've just withdrawn from people even more.

Counselor: So this has gotten worse lately

Client: I think so. Especially since I started working with this new company. I just don't feel like I fit in there at all. People have all been friendly, I guess, but I just feel less and less interested to keep putting myself out there to be with people.

Counselor: What do you think is making it even more difficult at your new job?

Client: I don't really know. I've been trying to figure that out. At my old job I was at least used to the place and the people, even if I still didn't feel totally comfortable. It seems it's hard to find people I "click" with, you know? So I guess with this new job, I tried at first because I thought this time it might be different. But, pretty soon it seemed like everyone was the same, and I just gave up. I don't know. I hope people will be different, but I guess people don't get me.

Counselor: People don't get you? Could you tell me a little more about what you mean when you say that?

Client: Well, I've always felt like a bit of an outsider, even in school. I always feel really awkward and shy around people. I really do like to open up with the right people, but it's just so hard for me to find them. It just seems so hard for me and so easy for everyone else.

Counselor: A lot of the feelings you're having are actually pretty universal, but that certainly doesn't make them any less painful. How do you think your identity may contribute to some of the feelings you're having?

Client: Uh….I'm not quite sure I follow you

Counselor: Well, I'm wondering if you see any link between your feelings and aspects of your identity: religion, ethnic background, sexual orientation, family, that sort of thing.

Client: Hmm. (Client pauses to think) Well, being gay certainly doesn't help. Not only is it tough to find people who are like me, there aren't that many, especially around here.

Counselor: It does sound tough.

Client: Yeah, as if it weren't hard enough for me to connect with people, it's like I make it worse.

Counselor: You make it worse?

Client: Well, maybe I don't make it worse, but it doesn't help that I'm gay and of course most of the people at work are straight

Counselor: How might your identity affect your relationships at work?

Client: Hmmm…I guess you could say I'm "out" at work, although it certainly wasn't planned. After a month or two at my new job, a guy who works in another division asked me out. It didn't go anywhere, but it ended up he told a lot of people. I guess it's hard to have people I barely speak to know something so personal about me. I think it makes me even more reluctant to open up to people.

Counselor: Sounds like it makes you feel a little exposed.

Client: Yeah, like they barely know anything about me, and the one thing they do know is something I don't exactly share with strangers.

Counselor: What about the climate at work? How might that come into play with your difficulty in feeling connected?

Client: Actually, it could be worse. There seems to be an active Minority Matters group, with brown-bag lunches every two weeks for racial minorities, lesbians and gays, you name it. I went once when I first started the job, and it was a nice group, but I haven't been back because…well, I don't really know why. I guess I just gave up.

Counselor: Maybe that's part of withdrawing from people. You just don't feel up to trying.

Client: Yeah, I guess so.

Counselor: Michael, for some people I work with, it matters whether or not I'm different from them or like them in various ways. It occurs to me it might be really tough to talk about issues with someone who is different from you. I was wondering about your reaction to me and what it's been like to talk about these issues today.

Client: I'm actually feeling okay. I know there are things you probably can't understand about being me, but it feels good to talk about them, anyway. I'd like to give counseling a try, I think.

VERSION C

Counselor: Michael, I know we spoke briefly on the phone, but why don't you tell me a little about what brings you into counseling.

Client: Yeah,, well, I've never had a lot of friends—I'm kinda shy with people, and when I was growing up it was hard enough feeling different...I didn't realize until later that being gay explained a lot. The few people I have been friendly with at work, I've just sort of stopped accepting their invitations. I don't know why, but lately I've just withdrawn from people even more.

Counselor: So this has gotten worse lately

Client: I think so. Especially since I started working with this new company. I just don't feel like I fit in there at all. People have all been friendly, I guess, but I just feel less and less interested to keep putting myself out there to be with people.

Counselor: What do you think is making it even more difficult at your new job?

Client: I don't really know. I've been trying to figure that out. At my old job I was at least used to the place and the people, even if I still didn't feel totally comfortable. It seems it's hard to find people I "click" with, you know? So I guess with this new job, I tried at first because I thought this time it might be different. But, pretty soon it seemed like everyone was the same, and I just gave up. I don't know. I hope people will be different, but I guess people don't get me.

Counselor: People don't get you? Could you tell me a little more about what you mean when you say that?

Client: Well, I've always felt like a bit of an outsider, even in school. I always feel really awkward and shy around people. I really do like to open up with the right people, but it's just so hard for me to find them. It just seems so hard for me and so easy for everyone else.

Counselor: A lot of the feelings you're having are actually pretty universal, but that certainly doesn't make them any less painful. How do you think who you are might be contributing to some of the feelings you're having?

Client: Uh….I'm not quite sure I follow you

Counselor: Well, I'm wondering if you see any link between your feelings and aspects of who you are.

Client: Hmm. (Client pauses to think) Well, being gay certainly doesn't help. Not only is it tough to find people who are like me, there aren't that many, especially around here.

Counselor: It does sound tough.

Client: Yeah, as if it weren't hard enough for me to connect with people, it's like I make it worse.

Counselor: You make it worse?

Client: Well, maybe I don't make it worse, but it doesn't help that I'm gay and of course most of the people at work are straight

Counselor: How might aspects of who you are impact your relationships at work?

Client: Hmmm…I guess you could say I'm "out" at work, although it certainly wasn't planned. After a month or two at my new job, a guy who works in another division asked me out. It didn't go anywhere, but it ended up he told a lot of people. I guess it's hard to have people I barely speak to know something so personal about me. I think it makes me even more reluctant to open up to people.

Counselor: Sounds like it makes you feel a little exposed.

Client: Yeah, like they barely know anything about me, and the one thing they do know is something I don't exactly share with strangers.

Counselor: What about the atmosphere at work? How might that come into play with your difficulty in feeling connected?

Client: Actually, it could be worse. There seems to be an active Minority Matters group, with brown-bag lunches every two weeks for racial minorities, lesbians and gays, you name it.. I went once when I first started the job, and it was a nice group, but I haven't been back because…well, I don't really know why. I guess I just gave up.

Counselor: Maybe that's part of withdrawing from people. You just don't feel up to trying.

Client: Yeah, I guess so.

Counselor: Michael, for some people I work with, it is really tough to talk about very personal things with someone. I was wondering about your reaction to me and what it's been like to talk about these issues today.

Client: I'm actually feeling okay. I know there are things you probably can't understand about being me, but it feels good to talk about them, anyway. I'd like to give counseling a try, I think.

Appendix H

Gay Identity Questionnaire and Lesbian Identity Questionnaire
Gay Identity Questionnaire (Revised) (GIQ-R)

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY

The following items are intended to identify the beliefs and feelings that you have about your sexual identity NOW. Some of the items may not apply to you, and some may have applied to you in the past but not the present. Please respond to all items and endorse most strongly items that capture your feelings about yourself at the current time. You may want to scan the items quickly before responding so that you get an idea of how the items differ. Remember to endorse most strongly those items that describe you NOW. IF YOU IDENTIFY AS BISEXUAL, PLEASE RESPOND TO THE FOLLOWING QUESTIONS IN REFERENCE TO YOUR SAME SEX ATTRACTIONS ONLY.

For example, consider the following item:
18. I can't even imagine what a room full of gay people would be like.

If that statement reflects where you are right now in your identity development, you would indicate Agree or Agree Strongly, depending on the extent to which the statement fits for you. However, if this doesn't fit for you at the current time (e.g. perhaps you experienced this in the past but now you have been in a room full of gay people and you know what it is like), then you would indicate Disagree or Disagree Strongly for the statement because it doesn't fit where you are in your identity development NOW.

Also consider the following item:
37. Recently, I have reached the point where I know clearly that I am gay.

If that statement reflects where you are right now in your identity development, you would indicate Agree or Agree Strongly, depending on the extent to which the statement fits for you. However, if this doesn't fit for you at the current time (e.g., perhaps you are questioning your sexual identity and are not really sure that you are gay), then you would indicate Disagree or Disagree Strongly for the statement because it doesn't fit where you are in your identity development NOW.

The key point is to respond to items according to where you are NOW in your identity process, regardless of how you may have felt in the past or think you might feel in the future.

The scale is:

Disagree Strongly 1
Disagree 2
Disagree Somewhat 3
Neither Disagree nor Agree 4
Agree Somewhat 5
Agree 6
Agree Strongly 7

1. Lately, I prefer spending time with gay people because I find them much more interesting than heterosexuals.
2. I have reached the point where I have successfully incorporated my intimacy with men into my overall identity.
3. I feel attracted to a specific man, but I'm not yet sure that I'm attracted to men in general.
4. I have been wanting to get to know gay people, but the stigma attached to homosexuality is frightening.
5. I have finally reached the point where I love and appreciate myself as a gay man.
6. I get angry a lot lately at the way heterosexuals talk about and treat lesbians and gays.
7. Lately, I have been wondering for the first time if there is something strange about me compared to other men.
8. Just recently, I have noticed that my feelings and fantasies are finally uniting with my sexual behavior.
9. I am just noticing for the first time that I have a strong desire to touch another man.
10. Recently, I have begun to realize that some of my suffering could have been avoided if my homosexuality had been encouraged.
11. Lately, I have become very aware that many heterosexuals don't even know that gays exist.
12. I have reached the point where I feel a deep contentment about my love of other men.
13. I have reached the point where I fully accept and understand that I am a member of the gay community.
14. Just recently, I have discovered that there are people out there who have the same kinds of sexual desires that I do.
15. Lately, I have come to realize that I am no longer willing to consider women as intimate partners.
16. I am just realizing for the first time that I feel different from other men.
17. These days, I mostly rely on my gay friends for support, but I have good heterosexual friends as well.
18. I can't even imagine what a room full of gay people would be like.
19. I am just noticing for the first time that I don't seem to like dating women as much as other men do.
20. Sometimes I get angry at the way gays are treated, but I'm not preoccupied by it.
21. Just recently, I have realized that I am interested in being intimate with men.
22. Now that I am learning about gays for the first time, I feel guilty about attitudes I had about gays in the past.
23. I am just realizing for the first time that I might be willing to live with a male lover.
24. Right now, I'm afraid to associate with gay people because it might reveal my homosexuality to others.
25. I have just become aware for the first time that I have a strong desire to kiss another man.
26. Lately, I have been feeling sad and angry at realizing that societal prejudice stood in the way of my true feelings for men.
27. I am just realizing for the first time that I'm not attracted to women and it scares me.
28. Until just recently, I had no idea how many gay people are out there.
29. I am just noticing for the first time that I want to become closer to men or to a certain man.

30. Now that I am consistently doing what I want to do in terms of love and sex, I feel more integrated as a person.
31. Recently, I have come to realize that I was conditioned to view gay people negatively.
32. I have come to realize recently that while some heterosexuals are anti-gay, many are not.
33. Recently, I have reached the point where I clearly feel more intimate sexually with men than women.
34. I am just noticing for the first time that I feel nervous and emotional around men, but I don't know why.
35. I have reached the point where my love for men is an important part of me, but it is not the only thing that defines me.
36. I have recently been undergoing a personal liberation and becoming involved in gay culture for the first time.
37. Recently, I have reached the point where I know clearly that I am gay.
38. Lately, I have been wondering a lot about whether I can fit in as a gay man and develop my own gay style.
39. I can now, as a gay man, relate comfortably to both gays and nongays.
40. I have just discovered for the first time that there are gay people out there, and I want to find them.

Lesbian Identity Questionnaire (Revised) (LIQ-R)

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY

The following items are intended to identify the beliefs and feelings that you have about your sexual identity NOW. Some of the items may not apply to you, and some may have applied to you in the past but not the present. Please respond to all items and endorse most strongly items that capture your feelings about yourself at the current time. You may want to scan the items quickly before responding so that you get an idea of how the items differ. Remember to endorse most strongly those items that describe you NOW. IF YOU IDENTIFY AS BISEXUAL, PLEASE RESPOND TO THE FOLLOWING QUESTIONS IN REFERENCE TO YOUR SAME SEX ATTRACTIONS ONLY.

For example, consider the following item:
1. I am getting to know lesbian/gay people for the first time, and it is scary but exciting.

If that statement reflects where you are right now in your identity development, you would indicate Agree or Agree Strongly, depending on the extent to which the statement fits for you. However, if this doesn't fit for you at the current time (e.g. perhaps you experienced this in the past but now you know lots of lesbian/gay people and it isn't scary for you), then you would indicate Disagree or Disagree Strongly for the statement because it doesn't fit where you are in your identity development NOW.

Also consider the following item:

19. I now recognize clearly that I am a person who has intimate romantic relationships with women.

If that statement reflects where you are right now in your identity development, you would indicate Agree or Agree Strongly, depending on the extent to which the statement fits for you. However, if this doesn't fit for you at the current time (e.g. perhaps you are questioning your sexual identity and are really not clear that you are a person who has intimate relationships with women), then you would indicate Disagree or Disagree Strongly for the statement because it doesn't fit where you are in your identity development NOW.

The key point is to respond to items according to where you are NOW in your identity process, regardless of how you may have felt in the past or think you might feel in the future.

The scale is:
The scale is:

Disagree Strongly 1
Disagree 2
Disagree Somewhat 3
Neither Disagree nor Agree 4
Agree Somewhat 5
Agree 6
Agree Strongly 7

1. I am getting to know lesbian/gay people for the first time, and it is scary but exciting.
2. My lesbianism is now an integrated part of my social and public life.
3. I am just realizing that I may be interested in dating women
4. I am beginning to realize from my choices that I am expressing a clear preference for women, rather than men as partners/lovers.
5. Lately, I am constantly aware that I have been mistreated because of my lesbianism.
6. I am just noticing that there are lesbians/gays everywhere, and I can often sense who they are.
7. Recently, I have reached the point where I clearly feel more intimate sexually and emotionally with women than men.
8. I am just realizing that heterosexuality is not all there is.
9. I am just now realizing that the way I feel about women may mean something.
10. I believe there are many heterosexuals who are accepting of lesbians/gays.
11. I am just beginning to think the way I am feeling means that I am in love with a woman.
12. I have recently been undergoing a personal liberation and getting involved in gay/lesbian culture for the first time.
13. I can now, as a lesbian, relate comfortably to both lesbians/gays and nongays.
14. For the first time, it has become very important for me to find and meet lesbian and gay people.
15. I am just realizing for the first time that I feel different from other women.

16. I have just realized recently that I have been conditioned to view lesbians/gays negatively.
17. I am beginning to notice for the first time that I have a strong desire to touch another woman's body.
18. Lately, I have become very aware that many heterosexuals don't even know that lesbians and gays exist.
19. I now recognize clearly that I am a person who has intimate romantic relationships with women.
20. Lately, I find myself withdrawing from the heterosexual world.
21. I am just realizing for the first time that I might be willing to live with a woman lover.
22. I get angry a lot lately at the way heterosexuals talk about and treat lesbians and gays.
23. Now that I am consistently doing what I want to do in terms of love and sex, I feel more integrated as a person.
24. I am just realizing that I feel pulled toward women in ways I don't understand.
25. I am finally at a point where I feel comfortable with my lesbianism no matter where I am or who I am with.
26. Recently, I have discovered that there are many people out there like me who aren't trying to live as heterosexuals.
27. I have just become aware for the first time that I have a strong desire to kiss another woman.
28. Lately, I have realized that I probably would no consider men as intimate partners.
29. I can't even imagine what a roomful of lesbians and gays would look like.
30. I have reached the point where I feel a deep contentment about my love of other women.
31. I am just noticing for the first time that I feel nervous and emotional around women.
32. Lately, I only feel at ease in lesbian/gay surroundings.
33. Recently, I have found myself wondering for the first time what it might be like to be romantic with a woman.
34. These days, I mostly rely on my lesbian/gay friends for support, but have some good heterosexual friends as well.
35. I now fully accept my emotional and sexual preference for women.
36. The way I feel recently makes me think for the first time that I might like to be sexual with a woman.
37. I had no idea before now that there were lesbian/gay people out there.
38. I have reached the point where I feel deeply fulfilled in my relationships with women.
39. I am just realizing for the first time that I have been duped into believing everyone is heterosexual.
40. I have reached the point where I have successfully incorporated my intimacy with women into my overall identity.

Appendix D

Counselor Rating Form-Short

INSTRUCTIONS: Each of the following characteristics is followed by a seven-point scale that ranges from “not very” to “very”. Please mark an “X” at the point on the scale that best represents how you viewed the therapist. For example:

FUNNY
Not Very_______|_______|_______|_______|_______|_______|_______Very

WELL DRESSED
Not Very_______|_______|_______|_______|_______|_______|_______Very
These ratings might show that the counselor did not joke around much, but was dressed well.

Though all of the following characteristics we ask you to rate are desirable, counselors may differ in their strengths. We are interested in knowing how you view these 4differences.

FRIENDLY
Not Very_______|_______|_______|_______|_______|_______|_______Very

LIKEABLE
Not Very_______|_______|_______|_______|_______|_______|_______Very
SOCIAL
Not Very_______|_______|_______|_______|_______|_______|_______Very
WARM
Not Very_______|_______|_______|_______|_______|_______|_______Very
EXPERIENCED
Not Very_______|_______|_______|_______|_______|_______|_______Very
EXPERT
Not Very_______|_______|_______|_______|_______|_______|_______Very
PREPARED
Not Very_______|_______|_______|_______|_______|_______|_______Very
SKILLFUL
Not Very_______|_______|_______|_______|_______|_______|_______Very
HONEST
Not Very_______|_______|_______|_______|_______|_______|_______Very
RELIABLE
Not Very_______|_______|_______|_______|_______|_______|_______Very
SINCERE
Not Very_______|_______|_______|_______|_______|_______|_______Very
TRUSTWORTHY
Not Very_______|_______|_______|_______|_______|_______|_______Very

Appendix E

Sexual Orientation Counseling Competence Inventory

The purpose of this inventory is to measure your perceptions about the Cross Cultural Counseling Competence of the counselor you have just read about. We are interested in your opinion so please make a judgment on the basis of what the statements in this inventory mean to you. In recording your response, please keep the following points in mind:

a. Please circle the appropriate rating under each statement.
b. Please circle only one response for each statement.
c. Be sure you check every scale even though you may feel that you have insufficient data on which to make a judgment – please do not omit any.

Rating scale

1 = strongly disagree   4 = slightly agree
2 = disagree   5 = agree
3 = slightly disagree   6 = strongly agree

1. Counselor is comfortable with own sexual orientation.

2. Counselor values and respects sexual orientation differences.

3. Counselor is aware of how own values might affect clients

4. Counselor is comfortable with difference between counselor and clients

5. Counselor is willing to suggest referral when differences are extensive.

6. Counselor understands the current socio-political system and its impact on clients.

7. Counselor demonstrates knowledge about clients' sexual orientation issues.

8. Counselor has a clear understanding of counseling and therapy process.

9. Counselor is aware of institutional barriers which might affect clients' circumstances

10. Counselor is unsure of how to work with clients of a different sexual orientation from his.

11. Counselor is open to feedback about his ability to work with gay, lesbian, and bisexual clients

12. Counselor is able to suggest ways clients can battle discrimination at institutional or political levels.

13. Counselor is unaware of how he may be coming across to the client

14. Counselor attempts to perceive the presenting problem within the context of clients' cultural experience, values, and/or lifestyles.

15. Counselor presents own values to clients.

16. Counselor is at ease talking with clients.

17. Counselor recognizes those limits determined by the sexual orientation differences between clients and counselor.

18. Counselor appreciates clients' social status as a sexual orientation minority.

19. Counselor is aware of the professional and ethical responsibilities of a counselor.

20. Counselor acknowledges and is comfortable with difference

Appendix F

Willingness to Discuss

1) I would be willing to discuss issues regarding my <u>sexual orientation</u> with this counselor

1	2	3	4	5
very unwilling	unwilling	neutral	willing	very willing

Why or why not?

2) I would be willing to discuss <u>issues other than my sexual orientation</u> with this counselor

1	2	3	4	5
very unwilling	unwilling	neutral	willing	very willing

Why or why not?

Appendix G

Working Alliance Inventory

INSTRUCTIONS: Please rate the counselor you have just seen on the following questions. Although you may feel you do not have enough information to judge some of the statements, please respond with a rating that seems right to you.

1 = strongly disagree
2 = disagree
3 = slightly disagree
4=neither agree nor disagree
5 = slightly agree
6 = agree
7 = strongly agree

_____1. This counselor and Michael agree about the things he will need to do in counseling to improve his situation.

_____2. What Michael is doing in counseling gives him new ways of looking at his problem.

_____3. I believe the counselor likes Michael.

_____4. The counselor does not understand what Michael is trying to accomplish in counseling.

_____5. Michael is confident in his counselor's ability to help him.

_____6. The counselor and Michael are working towards mutually agreed upon goals.

_____7. Michael feels that his counselor appreciates him.

_____8. Both the counselor Michael agree on what is important for Michael to work on.

_____9. The counselor and Michael trust one another.

_____10. The counselor and Michael have different ideas on what his problems are.

_____11. The counselor and client have established a good understanding of the kind of changes that would be good for Michael.

_____12. Michael believes the way he and his counselor are working with his problem is correct.

Appendix I

Demographics

Age

Gender

Female
Male
Other

Race (Feel free to check more than one)

African-American
Asian/Pacific Islander
Caucasian/European American
Hispanic/Latino
Middle Eastern
Native American
Other (please specify):

Sexual Orientation

Lesbian
Gay
Bisexual
Other (please specify):

Have you ever been in therapy?

Yes
No

Are you a graduate student in counseling psychology?

Yes
No

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