THE RELATIONSHIP BETWEEN AGE, RELIGIOUS IDENTITY, MULTICULTURAL COUNSELING COMPETENCY, AND TRANSGENDER COUNSELING COMPETENCY OF GRADUATE STUDENTS ENROLLED IN CACREP ACCREDITED PROGRAMS

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by

Heidi Lanae Henry

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DEDICATION

I dedicate my work to my husband who has been nothing but supportive from the day I started this PhD program. I also dedicate this to my family. May you take pride in this accomplishment and for helping shape me into the woman that I am today.

ABSTRACT

Henry, Heidi Lanae, *The relationship between age, religious identity, multicultural counseling competency, and transgender counseling competency of graduate students enrolled in CACREP accredited programs.* Doctor of Philosophy (Counselor Education), May, 2018, Sam Houston State University, Huntsville, Texas.

The purpose of this study was to investigate the relationship between age, religious identity, multicultural counseling competency, and transgender counseling competency. A correlational design was used to assess whether age and religious identity predicted multicultural and transgender counseling competence. Religious identity was measured using the Religious Identity Development Scale (RIDS); multicultural counseling competency was assessed the Multicultural Awareness, Knowledge, and Skills Scale–Counselor Edition–Revised (MAKSS-CE-R); and transgender counseling competency was measured using the Gender Identity Counselor Competency Scale (GICCS). There was a total of 157 participants who completed a demographic questionnaire and the assessments. Participants included graduated students from CACREP accredited counseling programs. A canonical correlation analysis was used to assess how age and religious identity impacted multicultural counseling competency. The full model was statistically significant and explained about 28% of the shared variance between the variables. Concrete, Relational, and Confusion were inversely related to Awareness and Knowledge, whereas Exploration was positively related to Awareness and Knowledge. Participants who were less rigid, less influenced by significant others about their beliefs, who sought less logical and rational views of religion, and were more independent and intentional in their search for religious meaning scored higher on multicultural awareness and knowledge. A canonical correlation analysis was conducted using the six statuses of the RIDS and age as predictors for the three subscales of the

GICCS to evaluate the shared relationship between the two sets of variables (i.e., age and religious identity with transgender counseling competency). The full model was statistically significant and accounted for about 41% of the shared variance. Participants who were less passive and rigid and less influenced by significant others in their beliefs were more likely to report greater transgender counseling competency. Participants who were more independent and deliberate in their search for religious meaning and those who were more likely to value other religions possessed greater transgender counseling attitudes, skills, and knowledge. The second function was also significant in the analysis and indicated that older counseling students reported greater skills in counseling transgender clients. Overall, a relationship exists between religious identity and counseling competency.

KEY WORDS: Religious identity, Transgender counseling competency, Multicultural counseling competency, Age, Counseling students, Canonical correlation

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CHAPTER 1

INTRODUCTION

Multicultural competence training has become a significant focus in counselor education programs in recent years. Counseling ethics and accreditation standards have been modified to focus on multicultural preparation in counselor education programs. Counselor educators are encouraged to infuse multiculturalism and diversity into all courses according to the *Code of Ethics* for the American Counseling Association (2014). The Association for Multicultural Counseling and Development (AMCD), a division of the ACA, first issued *Multicultural Competencies and Standards* written by Sue, Arredondo, and McDavis in 1992. The competencies have been recently updated, and in July 2015, AMCD endorsed the *Multicultural and Social Justice Counseling Competencies* (MSJCC). Within the MSJCC's conceptual framework, Ratts, Singh, Nassar-McMillan, Butler, and McCullough (2015) identified that the intersection of identities with power, privilege, and oppression may impact the counseling relationship. They stated, "Multicultural and social justice competent counselors acknowledge openness to learning about their cultural background as well as their privileged and marginalized status" (p. 5). A counselor's cultural background, including factors such as age and religious identity, influence the counseling relationship with clients from diverse backgrounds.

Multicultural counseling competence relates to many different categories of diversity. The ACA *Code of Ethics* (2014) includes the following categories when referring to multiculturalism in code C.5. Nondiscrimination: Age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation,

marital/partnership status, language preference, socioeconomic status, and immigration status. In 2010, the Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling Transgender Committee (ALGBTIC), a division of the American Counseling Association (ACA), developed counseling competencies pertaining to the category of gender identity; they created competencies for working with transgender clients within the multicultural framework of attitudes, knowledge, and skills related to the eight Council for the Association of Counseling and Related Educational Programs (CACREP) domains (Burnes et al., 2010).

The need for counselors to be trained and competent to work with transgender clients is imperative. Haas, Rodgers, and Herman (2014) indicated that 46% of the transgender men they surveyed attempted suicide and 42% of transgender women attempted suicide. Additionally, they discovered that transgender individuals who fully disclose their gender identity experience higher rates of suicide attempts, 50%. The rates of harassment, discrimination, violence, and homelessness of transgender persons found by Haas et al. (2014) were disturbing. Approximately 50-59% of surveyed participants reported experiencing harassment and discrimination at work; 60% reported being refused treatment by doctors or health care providers; 64-78% experienced physical or sexual violence at work or school; and 69% reported experiencing homelessness. Given the high rates of suicide attempts, harassment, and violence towards transgender persons, it is important that counselors develop transgender counseling competency. Additionally, given the ACA's development and endorsement of the *Multicultural and Social Justice Counseling Competencies*, which recognize the role of a counselor's culture in MCC, and the development of the *American Counseling Association Competencies for Counseling*

with Transgender Clients, it is essential for professionals in the counseling field to investigate and address how a counselor's identity affects multicultural and transgender counseling competency development.

Multicultural Counseling Competency

Multicultural counseling competence is based upon the tripartite model proposed by Sue et al. (1982) comprised of a counselor's knowledge, attitudes, and skills when working with diverse populations. According to Sue, Arredondo, and McDavis (1992), knowledge pertains to a counselor's understanding of a client's worldview and his or her ability to respect and appreciate that worldview without judgment. Additionally, the counselor should have knowledge that is specific to the cultural group he or she is treating and an understanding of how sociopolitical climate impacts those cultural groups. The examination of the intersection of power, privilege, and oppression among various identities of the client and counselor outlined by Ratts et al. (2015) in the MSJCC is an example of having knowledge related to the sociopolitical influences on specific cultural groups, such as people of color and members of the LGBTQ community. Kocarek and Pelling (2003) discovered that knowledge alone was not sufficient at developing counselor competencies and that improving attitudes and skills were necessary for working with LGB clients.

The second aspect of the tripartite model of multicultural counseling competence is attitudes. Attitudes, which can be interchanged with awareness, refers to a counselor's "assumptions about human behavior, values, biases, preconceived notions, personal limitations, and so forth" (Sue et al., 1992, p. 481). It is imperative that counselors are aware of their values, beliefs, and biases and how they impact work with their clients.

Kanamori and Cornelius-White (2017) analyzed the attitudes of 38 counseling students and 57 professional counselors using the Transgender Attitudes and Beliefs Scale and discovered that counselors reported a highly positive attitude towards transgender persons; women were more likely to have positive views than men; and knowing someone personally who identified as transgender indicated the likelihood of more positive attitudes. Bidell (2014a) found that political attitudes had an impact on sexual orientation counselor competency, the more conservative the attitudes the lower the scores on competency. Bidell's (2014a) findings illustrate how attitudes affect multicultural counseling development.

The last aspect of multicultural competence is skills. Skills involve the counselor's ability to use intervention techniques and strategies that are appropriate for the clients from different cultural backgrounds (Sue et al., 1992). Skills include relationship building, assessment, theoretical techniques, and diagnosis. Kocarek and Pelling (2003) suggested using role-play exercises in training to increase counselors' skills when working with LGB clients.

Transgender Counseling Competency

ALGBTIC, a division of the American Counseling Association (Burnes et al., 2010), developed counseling competencies, *American Counseling Association Competencies for Counseling with Transgender Clients*, addressing the necessary attitudes, knowledge, and skills needed for counselors working with transgender clients. The American Counseling Association has endorsed and adopted theses competencies. The competencies are based upon the tripartite multicultural framework related to the eight CACREP domains: (a) Human Growth and Development, (b) Social and Cultural

Foundations, (c) Helping Relationships, (d) Group Work, (e) Professional Orientation, (f) Career and Lifestyle Development Competencies, (g) Appraisal, and (h) Research.

Singh and Burnes (2010) discussed the development of the competencies and noted that the competencies were developed with viewing a transgender client from a strengths-based and resiliency perspective, rather than pathologically. Additionally, the competencies were created from a transgender-positive and affirmative approach to counseling transgender clients. They were also based on feminist, social justice, and multicultural frameworks, which include the values of advocacy and wellness.

Language is an essential competency component for counselors to have when working with transgender clients (Burnes et al., 2010; Singh & Dickey, 2017; Goodrich, Harper, Luke, & Singh, 2013; Singh & Burnes, 2009; Gonzalez & McNulty, 2010; Henry & Grubbs, 2017). Counselors should familiarize themselves with terms used in the transgender community but also be aware that language and terms are constantly changing and need to stay abreast of these changes. Additionally, just like any cultural group, variances exist in language used (Singh et al., 2010). Whenever a counselor does not understand something, he or she should respectfully ask his or her client to clarify.

Another important concept related to language is the use of pronouns. Clients may choose to use he, she, they, ze, or another pronoun (Burnes et al., 2010). Counselors should consider it standard practice to ask or even include on their paperwork the question, “What pronouns do you use?” This will ensure counselors are addressing clients correctly.

In addition to language, it is essential that counselors understand the concept of gender identity from a nonbinary and affirmative, not pathological, approach. Gender

identity is a client's inner sense of being male, female, both, or neither. It is viewed on a spectrum where male and female are at opposite ends. Gender expression is how a client presents him, her, or their self based upon outward characteristics, such as clothing, hairstyle, makeup, etc. (Lambda Legal, 2008).

Identity and Competency

It is important to consider how a counselor's cultural identity impacts his or her transgender competency development. Ratts et al. (2015) addressed this notion in the MSJCC, and wrote that it is important for counselors to identify how the intersection of cultural identities with power, privilege, and oppression may impact the counseling relationship. They discussed that at any point multiple identities exist within the counselor and client dyad, some of which are marginalized and some of which are privileged.

Numerous researchers have conducted studies examining how a counselor's cultural identity impacts his or her competency. Pope and Mueller (2005) suggested that one's race or membership in an oppressed group affects one's level of multicultural competence. Additionally, studies have been conducted suggesting that racial identity affects multicultural competence (Middleton et al., 2005). African American and Hispanic students reported more cultural self-awareness than did White counseling students (Dickson & Jepsen, 2007). Constantine and Yeh (2001) conceptualized that counselors of color may be more culturally competent than their White counterparts because of their personal experiences as racial/ethnic minorities in the United States. Constantine and Gushue (2003) also found that racial/ethnic minority counselors scored higher than White counseling students on multicultural knowledge. Counselors' identity

has also been found to impact competency working with lesbian and gay clients. Green, Murphy, and Blumer (2010) discovered that the combined identity variables of sex, age, race, sexual orientation, political orientation, and religious practices significantly predicted therapists' comfort levels working with lesbian and gay clients. The results of these studies demonstrate how identity influences counselor's competence.

Age

Cultural identity consists of many factors, including but not limited to age, sex, gender, gender identity, sexual orientation, class, religious/spiritual identity, disability status, language, immigration status, marital status, and size. The impact of age on multicultural and LGBT competency among mental health professionals is somewhat surprising. When it came to age and multicultural counseling competency, Pope-Davis, Reynolds, Dings, and Nielson (1995) found that age was not significantly correlated with scores on the Multicultural Counseling Inventory (MCI) among 344 graduate students in psychology. Chao (2012) reported similar findings and discovered that age was not significantly correlated with scores on the Multicultural Counseling Knowledge and Attitudes Scale among 460 nationally certified counselors (NCCs). Likewise, Dispenza and O'Hara (2016) observed that age was not a significant predictor of transgender counseling competency among 113 psychologists and mental health professionals surveyed.

Surprisingly, whenever I found significance in the research, older mental health professionals appeared to be more competent in working with LGBT clients than younger professionals. Kissinger, Lee, Twitty, and Kisner (2009) revealed that participants younger than age 23 reported significantly more negative attitudes towards gay men and

lesbians than did their peers in the age ranges of 24- to 35-years-old and older than 36-years-old; they surveyed 143 graduate students in counseling, social work, and rehabilitation counseling programs. Similarly, Matthews, Selvidge, and Fisher (2005) found that attitudes towards lesbians and gay men were more positive among older licensed addictions counselors than their younger counterparts.

Religious Identity

In addition to age, another facet of cultural identity that may impact competency development is religion. The Association for the Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) developed competencies for addressing spiritual and religious issues in counseling. Two of these competencies address the need for a counselor to be aware of his or her own religious or spiritual identity and how that may impact the counseling process. Competency 3 states, “The professional counselor actively explores his or her own attitudes, beliefs, and values about spirituality and/or religion” (ASERVIC, 2009). Competency 4 states, “The professional counselor continuously evaluates the influences of his or her own spiritual and/or religious beliefs and values on the client and the counseling process” (ASERVIC, 2009). It is crucial that counselors are self-aware of their own beliefs and how they impact their competency development for working with diverse populations, including transgender clients.

Despite ASERVIC’s competencies, there is a lack of research examining how religious identity impacts a counselor’s competency when working with transgender populations; after an extensive search in Ebscohost, I found no studies. However, I did find some research concerning religion and attitudes toward LBG populations among clinicians. Green et al. (2010) found that the higher the levels of religious practice, the

lower the levels of comfort working with LBG clients among 199 members surveyed from the American Association for Marriage and Family Therapy (AAMFT). Balkin, Schlosser, and Levitt (2009) discovered that counselors and counseling graduate students with more rigid religious beliefs, those who were more easily influenced regarding their beliefs, and those who did not question their beliefs were less likely to demonstrate tolerance towards LGB people. Additionally, Bidell (2014b) revealed that counseling students and professionals who reported more religiously conservative beliefs scored lower on the competency scale for working with LGB clients.

Multicultural Counselor Training

In addition to identity influencing the development of multicultural and transgender counseling competency, training has been found to have a significant effect. D'Andrea, Daniels, and Heck (1991) conducted a pre- and post-test using the Multicultural Awareness Knowledge and Skills Survey (MAKSS) with graduate students who took a multicultural counseling class in three different formats. The first group took the course for 15 weeks, the second group took the class for 12 weeks, and the last group had six extended training workshops. D'Andrea et al. (1991) found that all three groups had a significant increase in multicultural awareness, knowledge, and skills compared to a control group who did not receive the course.

Estrada, Durlak, and Juarez (2002) conducted a study in which they compared undergraduate students who received training in multicultural counseling competencies and those who did not. They discovered that the students who received training had significantly increased levels of multicultural counseling awareness and knowledge.

Dickson and Jepsen (2007) assessed the multicultural competence of 516 students across the United States utilizing the Multicultural Counseling Inventory (MCI) and uncovered that those students who had multicultural issues infused throughout the curriculum and in supervision had higher levels of multicultural knowledge and awareness. Paone, Malott, and Barr (2015) analyzed changes in 121 White counseling students who took a race-based course. They found significant increases in participants' awareness of White privilege and their openness to confronting that privilege. Paone et al. (2015) suggested that their awareness of privilege "will increase their understanding of the challenges clients of color may face" (p. 215).

Training related specifically to LGBT issues has been found to have similar effects on increasing competency. Rutter, Estrada, Ferguson, and Diggs (2008) compared two groups, one group consisted of students in an introductory course and another in an upper-level counseling course. The upper level course received training on LGB issues and scored significantly higher on the skills and knowledge subscales of the Sexual Orientation Counselor Competency Scale (SOCCS). Similarly, Bidell (2013) discovered significant differences between pre- and post-test scores of counseling students enrolled in an LGBT course. They had significantly higher scores on competency and self-efficacy for working with LGB populations after taking the course.

Bidell (2014a) sought out to determine if a general multicultural course alone would impact competency working with LGB clients. He discovered that LGB course completion among counseling and psychology students but not multicultural course completion was a significant predictor on competency for working with LGB clients. This indicates that multicultural courses alone do not appear to equip counselors to work

competently with LGB clients. I did not find a study analyzing the effect of multicultural or LGBT coursework on transgender counseling competency development.

Statement of the Problem

Results are inconsistent examining the effect of age on LGBT counseling competency. Some researchers found that age is not a factor, though others found that older mental health professionals reported themselves to have more positive attitudes than younger professionals in the field. Although research exists examining the relationship between religious identity and competency working with LGB clients, I found no study examining the relationship between religious identity and transgender counseling competency. Additionally, although there is substantial research examining how multicultural training improves counselors' overall multicultural competency, I found very little research examining how multicultural training impacts transgender counseling competency. There is a need to study the relationship between counseling students' age, religious identity, multicultural counseling competency, and transgender counseling competency and the extent to which students feel prepared to work with transgender clients.

Purpose of the Study

The purpose of this study was to examine the relationship between age, religious identity, multicultural counseling competency, and transgender counseling competency, and to examine how prepared counselors-in-training are to work with transgender clients. Counselors need to become aware of how their own identity affects their ability to become multiculturally competent. The MSJCC (Ratts et al., 2015) identifies how the intersection of privilege and marginalization affect the counselor-client relationship, and

assert that counselors need to be self-aware of their own social identities, social group statuses, power, privilege, oppression, strengths, limitations, assumptions, attitudes, values, beliefs, and biases. Because there is limited research concerning the relationship between counseling students' age, religious identity, multicultural counseling competency, and transgender counseling competency, this study added to the field of counselor education by revealing information about the intersection of identity and counseling competency development.

Significance of the Study

This research study benefits counselor education programs by providing information to improve multicultural pedagogy in counselor education programs. Numerous researchers have demonstrated that multicultural training produces more culturally competent individuals (D'Andrea et al., 1991; Estrada et al., 2002; Dickson & Jepsen, 2007; Paone et al., 2015). By understanding if and how cultural identity affects transgender competency development in counseling, this study contributes to evaluating whether or not it is necessary to tailor multicultural training to diverse counselors-in-training. This information also provides a rationale for multicultural counselor educators to adjust their pedagogy to be more inclusive of vast cultures and more differentiated towards counseling students from all backgrounds. Additionally, by studying how training plays a role in transgender competency development, this study provides evidence for the type of training needed to produce competent counselors for working with transgender clients.

Definition of Terms

Age

For the purposes of this study, age is the years a person has been alive since birth, and is a continuous variable, measured in number of years.

Cultural Identity

Cultural identity is defined as how an individual identifies and expresses oneself according to their cultural background, including customary beliefs and practices based upon ethnic group, racial group, religious group, sexual identity, gender, gender identity, age, size, socioeconomic status, or disability status (Orozco, Lee, Blando, & Shooshani, 2014).

Gender identity

Gender identity is the inner sense of being male, female, both, or neither. It is viewed on a spectrum where male and female are opposite ends of the spectrum (Lamba Legal, 2008).

Counseling Students and Counselors-in-training (CIT)

For the purposes of this study, both counseling students and counselors-in-training were used synonymously and include individuals currently enrolled in graduate counselor education programs. Some researchers refer to CIT as counselors still receiving supervision or working under a provisional license. For this study, it only included graduate students enrolled in clinical mental health counseling, community counseling, school counseling, and counselor education programs.

Multicultural Counseling Competency (MCC)

Constantine, Hage, Kindaichi, and Bryant (2007) define multicultural competency as "the extent to which counselors possess appropriate levels of self-awareness, knowledge, and skills in working with individuals from diverse cultural backgrounds" (p. 24). This definition is derived from the tripartite view of multicultural competence proposed by Sue et al. (1982). In this study awareness and attitudes are used interchangeably.

Religious Identity

Religious identity was defined according to the Religious Identity Development Scale (RIDS) used for this study and is a developmental process through which individuals progress through stages to develop religiosity (beliefs and practices). Those stages are (a) Concrete, (b) Relational, (c) Confusion, (d) Cognitive-Rationalization, (e) Exploration, and (f) Acceptance (Veerasamy, 2002).

Training

Training includes formal coursework, such as a multicultural class taken at a higher educational institution, workshops, and conference presentations.

Transgender

Transgender is defined as "an umbrella term used to describe those who challenge social gender norms, including genderqueer people, gender-nonconforming people, transsexuals, crossdressers, and so on. People must self-identify as transgender for the term to be appropriately used to describe them" (Lamba Legal, 2008).

Transgender Counseling Competency (TCC)

Transgender counseling competency (TCC) refers to the attitudes, knowledges, and skills needed to counsel transgender clients (Bidell, 2005; O'Hara, Dispenza, Brack, & Blood, 2013).

Theoretical Framework

The *Competencies for Counseling with Transgender Clients* (ACA, 2010) were derived from feminist, multicultural, and social justice theories. Feminist theories address power and oppression, relevant to the oppression transgender individuals have faced. Multicultural counseling addresses the need for counselors to possess the appropriate attitudes or awareness, knowledge, and skills for working with transgender clients. Social justice frameworks include an action component—advocacy—in which counselors are to advocate individually and systemically for transgender clients and rights.

Multicultural Counseling

Multicultural counseling is known as the fourth wave in counseling (Ratts & Wayman, 2015), and Paul Pedersen has been credited with first acknowledging multicultural counseling as the fourth force in counseling (Pedersen, 1990; Pedersen, 1991). Its framework is derived from the tripartite model of attitudes, knowledge, and skills of Sue et al. (1982). It has undergone many critiques and revisions, and is most commonly today viewed in conjunction with social justice or advocacy, as evidenced by the establishment of the MSJCC.

History. Sommers-Flanagan and Sommers-Flanagan (2012) suggested that the multicultural movement in counseling was sparked by a change in the United States populace and political climate. They proposed that the Civil Rights Act of 1964

strengthened the confidence of people of color due to significant changes in educational, housing, and employment access. This inspired racial and ethnic minorities to organize themselves and several associations for people of color formed, beginning with the Association of Black Psychologists in 1968. The formation of the Asian American Psychological Association, the National Hispanic Psychological Association, and the Society of Indian Psychologists soon followed.

Robinson and Morris (2000) argued that research, clinical observations, and theoretical arguments were the basis for the emergence of the multicultural movement. They stated that researchers and scholars began to realize that minorities in the United States did not benefit from the universal, traditional counseling theories. Robinson and Morris (2000) stated that the emergence of the multicultural movement began in the 1950s whenever desegregation laws required racial integration. Articles began to be published addressing the psychological needs of racial and ethnic minorities. The racially charged events of the1960s continued to strengthen the debate for the counseling needs of culturally diverse clients and the effectiveness of services. It was in the 1970s that research increasingly began to focus on how psychological services failed to treat racial and ethnic minority clients. According to Robinson and Morris (2000), even the term *minority counseling* changed to the more culturally competent terms of *cross-cultural counseling* and *multicultural counseling*.

By the early 1980s, the focus on multicultural competence in the counseling field began to gain even greater attention. In 1982, Sue et al. wrote a position paper on cross-cultural counseling competencies. The president of the American Psychological Association, Allen Ivey, commissioned the paper at the time from the Education and

Training Committee of the APA's Division of Counseling Psychology (Sommers-Flanagan & Sommers-Flanagan, 2012). Sue et al. (1982) discussed 11 different characteristics of culturally skilled counseling psychologists, which focused on beliefs/attitudes, knowledge, and skills. According to Robinson and Morris (2000), the Committee also made recommendations for graduate level training, which included courses specifically focused on racial and ethnic minority issues, integrating racial and ethnic minority issues into the current curriculum, and offering practicum and internship sites with racially and ethnically diverse clients.

Almost ten years later, the position paper from the Education and Training Committee was expanded into 31 multicultural counseling competencies. *Multicultural Counseling Competencies and Standards: A Call to the Profession* was created by Sue, Arredondo, and McDavis (1992), who were members of the Professional Standards Committee of the Association of Multicultural Counseling and Development (AMCD), a division of ACA (Sommers-Flanagan & Sommers-Flanagan, 2012; Robinson & Morris, 2000). The competencies further expanded the beliefs/attitudes, knowledge, and skills of culturally competent counselors. Sue et al. (1992) focused the competencies on working with ethnic or racial minorities. In 1996, Arredondo et al. expanded the competencies into 119 explanatory statements, operationalizing the competencies (Sommers-Flanagan & Sommers-Flanagan, 2012). Arredondo et al. (1996) described the purpose for operationalizing the competencies: "With the Explanatory Statements are examples and anecdotes that give life to the competencies. They are operationalized through language that describes the means of achieving and demonstrating a said competency" (p. 52).

The multicultural counseling competencies underwent a small change in 1998, adding three competencies related to organizational change (Sommers-Flanagan & Sommers-Flanagan, 2012) and were updated again in 2008. However, the competencies have undergone a tremendous change in 2015 and now include competencies related to social justice. They are now known as the *Multicultural and Social Justice Counseling Competencies* (MSJCC). According to Ratts et al. (2015), the MSJCC assert that the counselors' own cultural identity may impact the counseling relationship, and the counselor must possess self-awareness of their identity and its potential impact. At the core of the MSJCC is the belief that multiculturalism and social justice should be at the core of all counseling (Ratts et al., 2015).

Social Justice Counseling

Social justice counseling builds upon the foundation established by multicultural counseling and they are often viewed in conjunction with one another. However, there are some historical foundations and theoretical principles that set it apart from multicultural counseling. The main principle of social justice is the need to be an active agent in working to promote fairness for clients, which is often why advocacy is an integral part of the social justice counseling movement.

History. The origins of social justice, proposed by Ratts, D'Andrea, and Arredondo (2004) as the fifth force in counseling, are traced back to a 1971 special issue of the counseling field's flagship journal, then called the *Personnel and Guidance Journal.* The special issue was titled *Counseling and the Social Revolution.* This issue addressed the need for counselor training programs to prepare counselors to address the social injustices suffered by their clients (Ratts & Wayman, 2015).

In the 1980s, the need to advocate for clients got derailed as the need to advocate for the profession of counseling prevailed. Throughout the 1990s and early 2000s, literature and organizations began again addressing the need for social justice in the counseling profession. The Association for Gay, Lesbian, Bisexual, and Transgender Issues in Counseling, a division of ACA, was established in 1997. In 1998, Lee and Walz published a book called *Social Action: A Mandate for Counselors*, and it urged counselors to be advocates and agents for social change. They related social justice to multiculturalism but also noted the difference between the two. Additionally, in 2000, Lewis and Bradley published a book entitled *Advocacy in Counseling: Counselors, Clients, and Community.* Jane Goodman, the president of ACA in 2000, also established a taskforce to develop advocacy competencies for the counseling field. These competencies were adopted in 2003 and a social justice division of ACA was established in 2002–Counselors for Social Justice. In 2009, a special issue of the *Journal of Counseling and Development* was published that focused on the advocacy competencies, and in 2010, *Social Justice: A National Imperative for Counselor Education and Supervision*, a special issue, was published in *Counselor Education and Supervision* (Ratts & Wayman, 2015). ASERVIC's journal *Counseling and Values* also published a special section in 2012 addressing the intersection of social justice in counseling, ethics, and spirituality (Crethar & Winterowd, 2012).

Ethics and competencies. One of the most important concepts related to social justice counseling is advocacy. The 2014 *ACA Code of Ethics* even includes two codes related to advocacy: A.7.a. Advocacy and A.7.b. Confidentiality and Advocacy. A.7.a. states, "When appropriate, counselors advocate at individual, group, institutional, and

social levels to address potential barriers and obstacles that inhibit access and/or growth and development of clients." Toporek and Williams (2006) recognized Principal B in APA's 2002 Code which urges psychologists to donate part of their professional time for little or no compensation. They discussed that this code represents social action, an important part of social justice. The APA code is similar to ACA's (2014) Code C.6.e. Contributing to the Public Good (*Pro Bono Publico*). This code states, "Counselors make a reasonable effort to provide services to the public for which there is little or no financial return."

Constantine et al. (2007) outlined nine competencies related to social justice in counseling. Many of these competencies are similar to the framework for the MSJCC. These competencies include the recognition of ways oppression affects individuals and society; continuous self-awareness of the impact of race, ethnicity, oppression, power, and privilege and how it affects interactions with others; challenging inappropriate or exploitative interventions; and developing advocacy skills.

Feminist Therapy

In addition to multicultural and social justice frameworks, the *Transgender Counseling Competencies* were also based off Feminist Therapy. According to Brown (2010), the clinical roots of feminist therapy come from humanistic theories, primarily the work of Carl Rogers who sought to see the client as a human being rather than a function of behavior or a diagnosis. However, Brown (2010) stated that humanistic therapies were insufficient in understanding women's experiences in therapy and that often therapy mirrored the objectification women experienced in their everyday lives. As a result, women, both therapists and clients of therapy, started attending feminist

consciousness-raising groups, which critiqued and discussed the way women were viewed and treated in humanistic therapy. There was no leader in the group, and each woman when talking was viewed as the authority of her own life (Brown, 2010).

History. Brown (2010) also stated that the notions of feminist psychology are rooted in three documents, two of which were written by psychologists involved in the Women's Movement and one written in the language of scientific psychology. Those three documents include: (a) *Women and Madness* (1972) by Phyllis Chesler; (b) *Kinder, Kuche, Kirche as Scientific Law: Psychology Constructs the Female* (1968) by Naomi Weisstein; and (c) *Sex Role Stereotypes and Clinical Judgment of Mental Health* (1970) by Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel. Brown (2010) stated, "For their readers, these writings had the effect of initiating the first step in any process of feminist therapy, which is the arousal of feminist consciousness in the individual, a consciousness without which feminist practice cannot occur" (p. 11). Feminist consciousness refers to developing an awareness that one's mistreatment is due to membership in a specific group and not because of individual shortcomings. While these works were being drafted and published, female therapists also began meeting at both professional conferences and gatherings. These works coupled with the gathering of female mental health professionals sparked the feminist therapy movement, which went through several stages until it reached today's multicultural, global, and postmodern feminisms (Brown, 2010).

Theoretical foundations. Empowerment is the main goal of feminist therapy (Brown, 2010). Underlying this goal is the notion that women have historically been disempowered due to the patriarchal assumption of hierarchy. Brown (2010) stated the

questions always in the back of a feminist therapist's mind when working with clients are: "What are the power dynamics in this situation? Where am I taking patriarchal assumptions for granted as true?" (p. 30). Additionally, Brown (2010) asserted that patriarchy and powerlessness are causes of distress.

Sommers-Flanagan, Sommers-Flanagan, and Baldridge (2012) emphasized three major underlying theoretical principles of feminist therapy. The first is that sex and gender powerfully affect identity. Although sex concerns the biology and anatomy of a person, gender has an aspect of socially constructed and expected roles, behaviors, activities, and attributes associated with maleness and femaleness. The awareness of being male or female and the drive to adhere to the expectations of each can be useful but also harmful.

The second theoretical principle outlined by Sommers-Flanagan et al. (2012) is that deviance comes from dysfunctional culture, meaning that deviating from normative male, white, and privileged class brings about inequities, suffering, and distress. Seeing the White man as normative also means that maleness is the average standard and everything else is abnormal. It also assumes that maleness is more valuable than femaleness.

The last theoretical principle discussed by Sommers-Flanagan et al. (2012) is that consciousness-raising enables healing, change, and growth. For change to occur, one must understand that it is ok to not be a straight, white, male and that one's problems stem from a patriarchal, male-dominated culture. A similar concept is the idea that the personal is political, which implies that problems are related to a person's socio-political cultural setting.

Research Questions

1. What is the relationship between the combined variables of age; the Concrete, Relational, Confusion, Cognitive-Rationalization, Exploration, and Acceptance scales of the RIDS; and the combined variables of awareness, knowledge, and skills of multicultural counseling competency as measured by the Multicultural Awareness, Knowledge, and Skill Survey—Counselor Edition—Revised (MAKSS-CE-R)?
2. What is the relationship between the combined variables of age; the Concrete, Relational, Confusion, Cognitive-Rationalization, Exploration, and Acceptance scales of the RIDS; and the combined variables of attitudes, knowledge, and skills of transgender counseling competency as measured by the Gender Identity?
3. To what extent do participants believe they are prepared to work with transgender clients?

Limitations

My research study had the following limitation. I could not guarantee that the participants were demographically representative of the counseling field, making it difficult to generalize the results. Even though I chose my sampling procedure, I could not force participants to consent to the study and did not have control over the demographics.

Delimitations

Both of my instruments were self-report so the study was limited to self-report data of the participants. Additionally, the data were collected online so I was unable to be present to ensure understandability of the questions asked. This study was delimited to

persons ages 18-years-old or above in Master's level counseling training programs with computer and internet access. It was also delimited to counseling students who had already taken at least three credits of a multicultural course and were enrolled in CACREP accredited clinical mental health, community, and school counseling programs. The last delimitation involved the sampling procedure. I obtained participants through emailing CACREP liaisons, chairs of CACREP accredited programs, and other professors with whom my committee had collegial relationships asking them to forward the informed consent and study to their students, making it difficult to determine the response rate.

Assumptions

I assumed the following in this study:

1. Participants who completed the demographic questionnaire, RIDS, MAKSS-CE-R, and GICCS were consenting to participate in research and those who did not complete the questionnaire and instruments were refusing to participate in the research.
2. A counselor's culture impacts his or her relationship with clients (Ratts et al., 2015).
3. Participants understood the meaning of the demographics and instruments' questions and responded honestly.
4. Gender identity is not pathological.
5. SPSS was statistically accurate in analyzing my data.

Organization of the Study

This dissertation is organized into five chapters. The first chapter contained a background for the study, statement of the problem and purpose, significance of the study, definitions, theoretical framework, research questions, limitations, delimitations, and assumptions. Chapter two contains a review of the literature related to multicultural and transgender counseling competency; the relationship between age, religious identity, and competency; and the role of training in developing competency. Chapter three describes the research design, participants, instruments, data collection, and data analysis of the study. Chapter four provides a description of the data collection, analysis, demographic information, and results. The last chapter contains the discussion, implications, and recommendations for future research.

CHAPTER II

REVIEW OF THE LITERATURE

The purpose of this chapter is to provide an overview of the literature related to multicultural counseling competency (MCC), specifically competency working with transgender populations. It further explores how age and religious identity relate to MCC and transgender counseling competency. The chapter begins with a discussion of the history of multicultural counseling competency, followed by the development of transgender counseling competencies. Then I discuss the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) competencies and literature related to religious identity development. I review literature pertaining to multicultural training and its impact on multicultural competency development, current research related to counselors' competencies working with transgender clients, and the impact of identity on competency. I conclude by discussing the existing literature demonstrating how age and religiosity influence multicultural and transgender counseling competency.

There is sufficient literature on how multicultural training impacts self-reported multicultural competencies of counselors in training and counselors. Although literature exists discussing the multicultural competence of counselors and counselors-in-training, there is a lack of literature discussing their competency working with transgender clients. Additionally, even though research exists discussing the impact of age and religious identity on attitudes towards individuals who identify as gay and lesbian, little research exists within the counseling literature examining how a counselor's age and religious identity impact his or her competency working with transgender clients.

Multicultural Counseling Competency

Becoming multiculturally competent is an ongoing process and not something to be achieved but rather something towards which to be constantly progressing and growing (Ahmed, Wilson, Henriksen, & Jones, 2011). The definition of multicultural counseling competency (MCC) has evolved over the years. Most commonly, MCC is associated with the tripartite model, which includes counselors' attitudes, knowledge, and skills, discussed by Sue et al. (1982) in the commissioned paper by APA's president Allen Ivey. Ivey commissioned the paper from the Education and Training Committee of APA's Division of Counseling Psychology (Sommers-Flanagan & Sommers-Flanagan, 2012). Sue et al. (1982) discussed 11 different characteristics of culturally skilled counseling psychologists.

When Sue, Arredondo, and McDavis (1992) wrote their paper titled Multicultural Counseling Competencies and Standards: A Call to the Profession, cross-cultural competency referred mainly to race, ethnicity, class, and cultural beliefs. Today, MCC has been expanded to include diverse populations outside of race and ethnicity. Constantine, Hage, Kindaichi, and Bryant (2007), defined multicultural competence as, "the extent to which counselors possess appropriate levels of self-awareness, knowledge, and skills in working with individuals from diverse cultural backgrounds" (p. 24.) Diverse cultural backgrounds include any variable in which a counselor and client may differ, included but not limited to race, ethnicity, gender, gender identity and expression, age, class, religion or spirituality, size, disability status, immigration status, marital status, language status, and sexual orientation.

Becoming a culturally competent counselor is imperative in the United States today because its population is constantly changing and becoming more diverse. Between 2000 and 2010, the United States population grew 9.7%. In terms of racial and ethnic diversity, individuals who reported themselves to be in a category other than White comprised the majority of that population growth in the 2010 U.S. Census (Humes, Jones, & Ramirez, 2011).

The religious landscape of the United States is also changing. The percentage of Americans who identify as Christian has declined, whereas the percentage of individuals who are religiously unaffiliated or affiliated with other religions, such as Islam and Hinduism, has grown (Pew Research Center, 2015). Between 2007 and 2014, the percent of self-reported Christians in the United States declined from 78.4% to 70.6%. The percentage of Americans who identify as atheist, agnostic, or nothing has increased from 16.1% to 22.8%. The number of Americans who identify with non-Christian faiths has also increased from 4.7% in 2007 to 5.9% in 2014 (Pew Research Center, 2015).

Measuring the growth of the LGBT population is difficult because the United States Census does not ask statistics related to sexual orientation, but only same-sex couple households (File, 2016). Recently, the National Center for Health Statistics added demographic questions related to sexual orientation in 2013 on the National Health Interview Survey, and the Bureau of Justice Statistics added questions related to sexual orientation and gender identity on the 2016 National Crime Victimization Study (File, 2016). Ward, Dahlhamer, Galinsky, and Joestl (2014) reported that data from the National Health Interview Survey indicated that 1.6% of the population interviewed identified as gay or lesbian, and 0.7% identified as bisexual, and the remaining 1.1% of

adults identified as something else. Flores, Herman, Gates, and Brown (2016) found that the United States adult transgender population has nearly doubled from 2011 to 2016.

Historically, mental health systems in the United States have been unsuccessful in meeting the needs of persons with diverse cultural, ethnic, racial, and socioeconomic backgrounds (D'Andrea, Daniels, & Heck, 1991; Ponterotto & Casas, 1987). Additionally, Avery, Hellman, and Sudderth (2001) discovered that the LGBT population was significantly more dissatisfied with their mental health care than those who did not identify as LGBT. With the change in the cultural landscape of the United States and the failure of mental health systems to address the needs of diverse populations, it is essential that counselors receive adequate multicultural training and are ever evolving in their multicultural counseling competencies.

Historical Foundations

Multicultural counseling competencies were first developed in 1982 by Sue et al. and expanded upon in 1992 by Sue, Arredondo, and McDavis, who were members of the Professional Standards Committee of the Association of Multicultural Counseling and Development (AMCD), a division of ACA (Sommers-Flanagan & Sommers-Flanagan, 2012; Robinson & Morris, 2000). Their paper, *Multicultural Counseling Competencies and Standards: A Call to the Profession*, discussed 31 multicultural counseling competencies. To possess these competencies meant a counselor had the attitudes, knowledge, and skills necessary to work with diverse racial and ethnic minority groups (Sue et al., 1992; Sue et al., 1998).

The multicultural counseling competencies have undergone a tremendous change and the new competencies were endorsed in July 2015 by the AMCD. They are now

called the *Multicultural and Social Justice Counseling Competencies* (MSJCC). Within the MSJCC's conceptual framework, Ratts, Singh, Nassar-McMillan, Butler, and McCullough (2015) identified that the intersection of identities with power, privilege, and oppression may impact the counseling relationship. Ratts et al. (2015) identified how the intersection of privilege and marginalization affects the counselor-client relationship, and they assert that counselors need to be self-aware of their own social identities, social group statuses, power, privilege, oppression, strengths, limitations, assumptions, attitudes, values, beliefs, and biases in order to practice as a multiculturally competent counselor.

American Counseling Association

Not only has the American Counseling Association endorsed the MSJCC, but it is also an ethical obligation for a counselor to practice in a culturally competent manner. The *ACA Code of Ethics* (2014) purports that MCC is a requirement for all counselors regardless of their areas of practice and states in code C.2.a. Boundaries of Competence: "Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population." The *ACA Code of Ethics* (2014) also addresses multiculturalism throughout the ethical code, including ethics related to communication (A.2.c.), confidentiality (B.1.a.), nondiscrimination (C.5.), assessment (E.5.b., E.5.c., and E.8.), supervision (F.2.b.), counselor education (F.7.c., F.11.a., F.11.b., and F.11.c.), and technology (H.5.d.).

There are a few important codes to highlight concerning discrimination and referrals based upon competence versus values. One important code to highlight is C.5. Nondiscrimination as this code outlines most of the categories used when referring to multiculturalism. It also highlights the importance of being competent in working with clients from all of these categories. C.5 states:

> Counselors do not condone or engage in discrimination against prospective or current clients, students, employees, supervisees, or research participants based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law.

Additionally, it is important to note the *ACA Code of Ethics* (2014) delineates between competence and values when it comes to referrals. A.11.a. allows clients to "avoid entering or continuing counseling relationships" if they lack the competence to professionally help the clients. However, ACA (2014) does not consider it ethical practice to refer based solely on values, and even goes as far as to say, "Counselors…seek training in areas in which they are at risk of imposing their values onto clients, especially when counselors' values are inconsistent with the client's goals or are discriminatory in nature" (A.11.b.).

Despite the ACA's clear stance that it is unethical to discriminate or refer based on values (Watts, 2016), recent legislation in states like Tennessee, North Carolina, and Mississippi, allow practitioners to refuse clients services based upon religious values. The Mississippi legislature passed House Bill No. 1523 in April 2016 stating that the government cannot take action against a business or religious organization who refuses

services or refuses to hire individuals "whose conduct or religious beliefs are inconsistent with those of the religious organization." Additionally, North Carolina House Bill 2 that passed in March 2016 allows businesses to discriminate against individuals based on their sexual orientation or gender identity by denying them public accommodations, goods, services, and facilities. Additionally, it allows discrimination against job applicants and employees by eliminating the right for an employee to sue based on being fired due to race, religion, national origin, age, or sex (North Carolina Justice Center, 2016). The Tennessee legislation goes directly against the *ACA Code of Ethics* and applies specifically to counselors. Tennessee Senate Bill 1556 states:

> No person providing counseling or therapy services will be required to counsel or serve a client as to goals, outcomes, or behaviors that conflict with the sincerely held principles of the counselor or therapist; requires such counselor or therapist to refer the client to another counselor or therapist; creates immunity for such action; maintains liability for counselors who will not counsel a client based on the counselor's religious beliefs when the individual seeking or undergoing the counseling is in imminent danger of harming themselves or others.

Despite the recent legislation permitting discrimination and refusal of services to clients based upon a counselor's values, it is unethical according to the 2014 *ACA Code of Ethics* and should be avoided.

Council for the Accreditation of Counseling and Related Educational Programs

According to the 2016 Council for the Accreditation of Counseling and Related Educational Programs' (CACREP, 2015) Standards, counseling curriculum at all CACPREP accredited master's and doctoral programs must include curriculum related to

Social and Cultural Diversity. According to CACREP, it is expected that all graduates from CACREP programs possess foundational knowledge in the area. The standards explicitly state that multicultural counseling competencies are to be included in the curriculum.

Some individuals in the counseling field argue that CACREP's standards are not specific enough and by including the term "multicultural" fail to ensure that students graduating from CACREP accredited programs are prepared to work with LGBT clients. Troutman and Packer-Williams (2014) argued, "Without specific standards for training counselors to work competently with LGBT clients, low or absent levels of training may continue" (p. 2). They urge CACREP to include specific standards for working with LGBT clients instead of the general term multicultural.

The 2016 CACREP (2015) Standards also include that the Social and Cultural Diversity curriculum must cover "the impact of spiritual beliefs on clients' and counselors' worldviews" (p. 9). Smith and Okech (2016) argued that a systemic issue exists whenever faith-based institutions that disaffirm or prohibit LGBT behavioral expression from attending their institution are granted CACREP accreditation because this is unethical according to the 2014 *ACA Code of Ethics*. Among a list of other recommendations, Smith and Okech (2016) recommend that ACA and CACREP "develop literature that addresses how programs in such institutions navigate disaffirming and discriminatory codes of conduct and policies in an effort to adhere to the *ACA Code of Ethics* (ACA, 2014) and CACREP (2009) Standards" (p. 257). Sells and Hagedorn (2016) responded to Smith and Okech's article by noting that CACREP accredits counseling programs and not institutions, so although an institution may not follow the

ACA ethical codes, the program is still required to ensure it is in accordance to the *2014 ACA Code of Ethics*.

In sum, the sociopolitical climate in the United States is continuing to change and become more diverse. Counselors must continue to increase their multicultural competence, including competency working with LGBT clients, to meet ethical standards. CACREP (2015) also recognizes the importance of multicultural competence and requires accredited programs to teach MCC to students.

Transgender Counseling Competency

One specific area under MCC is transgender counseling competency. The term transgender is an umbrella term that includes individuals who do not identify with their sex assigned at birth or who challenge societal gender norms (Nadal, Skolnik, & Wong, 2012). Some authors and organizations use gender non-conforming and transgender synonymously (APA, 2015). Additionally, it is important to note than individuals self-identify as transgender and cannot be identified based on another person's perceptions (Lamba Legal, 2008). According to Singh and Dickey (2017), there is a need for counselors to provide transgender and gender nonconforming (TGNC) affirmative counseling. Based upon the tripartite model of Sue et al.'s (1992; 1998) multicultural counseling competency, Singh and Dickey (2017) stated that it is necessary that TGNC-affirmative counselors, "have the awareness, knowledge, and skills to not only affirm TGNC clients in their gender journeys but also address the multicultural and social justice issues influencing a client's overall well-being" (p. 157).

One of the most important issues in providing TGNC-affirmative counseling is the use of language. It is important that TGNC-affirming counselors know and

understand the terms being used by TGNC clients (Singh & Dickey, 2017; Goodrich, Harper, Luke, & Singh, 2013; Singh & Burnes, 2009; Gonzalez & McNulty, 2010; Henry & Grubbs, 2017). Terms and definitions can be found in Appendix A; they are adapted from Lamba Legal (2008) and include the additional terms added by Henry and Grubbs (2017). It is also important to address a TGNC client by the client's chosen pronouns. If a counselor is uncertain as to what pronouns to use or unclear about a term used by his or her client, then the counselor should respectfully ask for clarification (Singh & Dickey, 2017).

History of Care

Using the word "affirming" is imperative when working with TGNC clients because historically gender identity and expression have been viewed and treated from a pathological perspective (Singh, Boyd, & Whitman, 2010). Currently, *gender identity disorder* (GID) is included in the *Diagnostic and Statistical Manual of Mental Disorders-5* (DSM-5). Singh et al. (2010) and Singh and Burnes (2010) reported that there are TGNC individuals and mental health practitioners on both sides of the argument when it comes to including or eradicating GID from the DSM. They also stated that though some do not agree that GID is a psychiatric disorder but rather a medical disorder, some practitioners argue that a diagnosis is necessary until insurance and medical care progress because a diagnosis helps hormonal therapy or surgical procedures to be covered under insurance.

The first known treatment standards for transgender persons were created in 1979 by the World Professional Association of Transgender Health (WPATH), formerly known as the Harry Benjamin International Gender Dysphoria Association (HBIGDA;

Singh et al., 2010). In order for transgender individuals to have sex reassignment surgery, they are required to have a letter from a licensed mental health professional recommending hormone therapy and two additional letters from medical providers prior to genital reconstruction. Singh et al. (2010) argued that this tasked licensed mental health providers with acting as gatekeepers because individuals wishing to transition needed a formal diagnosis of GID. Singh and Dickey (2017) reported that WPATH released its seventh report on the standards of care in 2012 entitled *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, which explicitly state that gender dysphoria is not a mental disorder (Coleman et al., 2012).

In 2009, the American Psychological Association's (APA) Task Force on Gender Identity and Gender Variance (TFGIGV) published a report providing scientific research with transgender persons and made suggestions for assessment, diagnosis, and treatment of transgender clients. Singh et al. (2010) stated that though this report focused on recommendations for practice, it did not address other important areas, such as training standards. APA (2015) has since released *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People*. APA (2015) stated that the purpose of the guidelines "is to assist psychologists in the provision of culturally competent, developmentally appropriate, and trans-affirmative psychological practice with TGNC people" (p. 832). They also make the distinction between guidelines, which are aspirational, and standards, which are required for all psychologists to follow.

ACA Transgender Competencies

The Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling Transgender Committee, a division of the American Counseling Association (ACA,

2010), developed counseling competencies for working with transgender clients based on wellness, resilience, and strengths-based approaches. The team that created the competencies consisted of four counselor educators, three practitioners, and one student who met monthly for 15 months. Each team member composed competencies related to the multicultural framework of attitudes, knowledge, and skills for one of the eight CACREP domains. During their monthly meetings, they processed and gave feedback on the domains. Each team member then edited the domain according to the feedback received (Singh & Burnes, 2010).

The *Competencies for Counseling with Transgender Clients* (ACA, 2010) were derived from the combination of multicultural, social justice, and feminist theoretical frameworks. Using these frameworks allowed the authors to analyze how power, privilege, and oppression impact transgender clients' lives, assist the client on an individual level, and assist the transgender population on a macrolevel through advocacy. Additionally, ACA (2010) reported that these competencies should be used in conjunction with professional training, supervision, and continuing education. Additionally, they are not intended to replace but rather to complement WPATH's Standards of Care (Coleman et al., 2012).

The competencies are organized according to the same categories that the 2009 CACREP Standards required across curriculum for accredited programs (CACREP, 2009). ACA (2010) chose to organize the competencies according to the CACREP Standards because they are the minimum criteria for ethical and competent counseling. Those eight areas include (a) Human Growth and Development, (b) Social and Cultural Foundations, (c) Helping Relationships, (d) Group Work, (e) Professional Orientation, (f)

Career and Lifestyle Development Competencies, (g) Appraisal, and (h) Research. ACA has endorsed and adopted these competencies.

In short, ACA (2010) has recognized the need for counselors to become competent working with transgender clients and have established and endorsed competencies for working with transgender clients. Additionally, counselors working with transgender clients should follow WPATH's Standards of Care. Mental health professionals have also been a consequential part of the transitioning process for transgender persons as they are required to diagnose clients with GID before they can physically transition. Although historically gender identity disorder was pathologized and is included as a diagnosis in the DSM-5, Singh et al. (2010) argued that counselors need to view and treat transgender clients from an affirming approach. Additionally, with WPATH's most recent version of their Standards of Care, they have declared that gender dysphoria is not a mental health disorder (Coleman et al., 2012).

Religious Identity in Counseling

As previously mentioned, it is unethical to refer clients based on values conflicts. One of the most common values conflicts raised in literature and even court cases, such as *Julea Ward v. Board of Regents of Eastern Michigan University* (Rudow, 2013), has been religious values of the counselor conflicting with counseling LGBT clients. The American Counseling Association took a clear stance on this practice being unethical when it decided to move the 2017 national conference from Tennessee, a state that passed legislation allowing discrimination based on religious values, to San Francisco, California. It is imperative that counselors are familiar with the ASERVIC competencies—ACA endorsed competencies for addressing spiritual and religious issues

in counseling—and models of religious identity development to increase awareness of the client's and their own religious and spiritual identities, how they impact the counseling process, and how to practice ethically.

ASERVIC Competencies

The first ASERVIC sanctioned competencies were developed in 1995 but had some issues requiring the update in 2009. According to Cashwell and Watts (2010), some of those issues included clarity of language and empirical validation**.** In the summer of 2008, key leaders in spirituality and counseling convened to brainstorm and develop new competencies. The newly revised competencies were empirically supported by Robertson's (2008) research and adopted in 2009.

The competencies are divided into six major areas: (a) culture and worldview, (b) counselor self-awareness, (c) human and spiritual development, (d) communication, (e) assessment, and (f) diagnosis and treatment. The competencies urge counselors to understand the basic tenets of major world religions and views of those who consider themselves agnostic or atheist. The competencies also suggest that counselors are able to distinguish between religion and spirituality and how they influence a client's psychosocial functioning and human development (ASERVIC, 2009).

The counselor self-awareness section, which is the most pertinent to this study, recommends counselors become aware of their own religious or spiritual attitudes, beliefs, and values and how they influence the client and counseling process. The competencies also assert that it is important for counselors to understand their limits in understanding their client's spiritual and religious beliefs and should become familiar with resources and leaders with whom to consult and refer (ASERVIC, 2009). The

competencies related to a counselor understanding how his or her beliefs impact the client and counseling process indicate that a counselor's religious identity may impact the counseling process, providing a basis for this study.

The communication section of the ASERVIC competencies advises counselors to be capable of communicating about spiritual and religious issues with acceptance and sensitivity, using language consistent with the client's beliefs, and recognizing spiritual and religious themes in counseling. The assessment section recommends that counselors gain knowledge and understanding of the client's spiritual and religious beliefs during intake and assessment procedures. The diagnosis and treatment section includes competencies advising counselors to consider the impact of a client's spiritual and religious beliefs when making a diagnosis, setting goals, choosing therapeutic techniques, and applying theories and research (ASERVIC, 2009).

Religious Identity Development

Fowler's Stages of Faith. Whereas ASERVIC (2009) recognizes the importance of a counselor's religious and spiritual identity and its impact on the counseling relationship, James Fowler is recognized as the most notable theorist for proposing a model of faith development. In Fowler's (1981) work, *Stages of Faith*, he discussed the six stages of faith development from interviewing almost 400 people, ranging from ages 4 to 88, from numerous religious orientations, including Jews, Catholics, Protestants, agnostics, and atheists. The Stages of Faith are developed based upon Piaget's Stages of Cognitive Development, Erikson's Stages of Psychosocial Development, and Kohlberg's Stages of Moral Development.

In Fowler's (1981) definition of faith, he expressed that faith is not always religious in nature, but rather refers to the ways human beings find meaning and make sense of life. Fowler (1981) stated, "Faith, it appears, is generic, a universal feature of human living, recognizably similar everywhere despite the remarkable variety of forms and contents of religious practice and belief" (p. 14). He also discussed how faith is visible in every major religion but has different variants in each. Additionally, faith gives purpose and hope to life.

Because faith is universal, Fowler's (1981) Stages of Faith are applicable to any religious or areligious individual. The first stage is called the Intuitive-Projective Faith and is categorized by imitation. Children, usually ages three to seven, are in this stage and imitate the moods, actions, and stories of faith of the primary adults in their lives. Transitioning to the second stage is caused by the manifestation of concrete operational thinking.

Mythical-Literal Faith is the second stage of faith development. Individuals in this stage interpret religious stories, beliefs, rules, and attitudes literally from significant adults in their lives, typically their family, and are usually school-aged children; however, this type of thought can be visible in adolescents and adults. Their literal interpretation can result in either overcontrolling perfectionism, guided by "works righteousness," or oppositely, a badness resulting from the mistreatment received by significant persons in their lives (Fowler, 1981, p. 15).

The third stage, Synthetic-Conventional Faith, is characterized by adopting a belief system that is guided by numerous facets in their lives, such as family, school, work, peers, media, and religion. This stage usually emerges in adolescence. Individuals

in this stage cannot see outside their belief system and conform to what is expected from the significant others in their lives. To transition to the fourth stage, an individual in this stage must encounter some sort of conflict requiring them to think critically about their beliefs (Fowler, 1981).

Stage four is known as Individuative-Reflective Faith. Fowler (1981) stated that transitioning from stage three to four is one of the most critical transitions because individuals begin to take responsibility for their own belief system and resulting lifestyle. This stage usually emerges in late adolescence or adulthood. People in this stage start to reconcile their own individuality with group membership and self-actualization with service to others. This stage is also characterized by conscientious and critical thinking.

In the fifth stage, Conjunctive Faith, individuals become aware of things that have been suppressed or unrecognized, and become open to exploring one's "deeper self" (Fowler, 1981, p. 198). Fowler (1981) stated, "Importantly, this involves a critical recognition of one's social unconscious—the myths, ideal images and prejudices built deeply into the self-system by virtue of one's nurture within a particular social class, religious tradition, ethnic group, or the life" (p. 198). Individuals in this stage recognize paradox and contradictions and strive to reconcile these in their mind. They also recognize the truths of those outside of their own tribe, class, and religious community or nation. This stage usually occurs during mid-life and individuals recognize the importance of symbols, myths, and rituals again; however, this stage is divided. Individuals in this stage recognize that they have transformed their vision of faith and their loyalties, but are living in a world that is untransformed (Fowler, 1981).

The division in stage five paves the way for the emergence of stage six, Universalizing Faith. This stage is rarely achieved. It is marked by "a disciplined, activist *incarnation*—a making real and tangible—of the imperatives of absolute love and justice" (Fowler, 1981, p. 200). Individuals in stage six are often seen as going against what is normal, devoted to universalizing compassion, and often challenge parochial perceptions of justice. Gandhi, Martin Luther King, Jr., and Mother Teresa are representative of individuals who progress to stage six because of their nonviolent suffering, respect for humanity, and martyrdom (Fowler, 1981).

Veerasamy's Experiential/Rational Model of Religious Identity Development. The instrument used in this study to measure religious identity development is the Religious Identity Development Scale (RIDS; Veerasamy, 2002). Veerasamy (2002) developed the instrument based off his model of religious identity development—Experiential/Rational Model of Religious Identity Development. The model was developed from the main premise of Epstein's theory of personality, i.e. people process information by two interactive systems: 1) an experiential system, and 2) a rational system. Veerasamy (2002) suggested that an individual's religious identity development is the product of the interaction of these systems. His model is mirrored after Helms' (1990) concept of statuses used in her racial identity development models. Statuses are defined as "the cognitive, emotional, and behavioral processes that reflect a person's perception of pertinent information in his or her interpersonal environments" (Veerasamy, 2002, p. 36). The statuses are sequential in development, and transitioning to the next status is usually triggered by a need of not being able to cope effectively with the current religious experience in his or her environment.

There are seven statuses in Veerasamy's (2002) model, but only six are present in the RIDS. The seventh status and resulting subscale, Integration, is more abstract in nature and harder to quantify. It was removed because it was the only status that did not emerge in the seven-factor solution of the factor analysis (Veerasamy, 2002). The six statuses are discussed in detail in chapter three.

Multicultural Training

One way a counselor-in-training becomes aware of the impact of religious identity on the counseling process and the knowledge, attitudes, and skills needed to counsel transgender clients is through the multicultural training received in their graduate program. This section discusses the development and efficacy of multicultural training. In 1982, when the Education and Training Committee of APA's Division of Counseling Psychology wrote a position paper on cross-cultural counseling competencies, the Committee also made recommendations for graduate level training, which included courses specifically focused on racial and ethnic minority issues, integrating racial and ethnic minority issues into the current curriculum, and offering practicum and internship sites with racially and ethnically diverse clients (Robinson & Morris, 2000; Sue et al., 1982). Since the establishment of these cross-cultural competencies and their further development into the 1992 *Multicultural Counseling Competencies,* the inclusion of multicultural training in counseling began. Multicultural counseling training can be portrayed as falling on a continuum from a separate course, an area of concentration, interdisciplinary, to integration of multiculturalism into all aspects of training (LaFromboise & Foster, 1992).

Currently, counselor educators are encouraged to infuse multiculturalism and diversity into all courses according to the *ACA Code of Ethics* (2014). Additionally, CACREP requires multiculturalism to be a focus in counseling programs. CACREP is the highest accrediting body for counselor education programs. According to their 2016 standards, one of the core curricular areas required by all students in a CACREP accredited counseling program is social and cultural diversity (CACREP, 2015).

Theoretical Model for Multicultural Training

D'Andrea and Daniels (1991) engaged in exploratory research to propose a theoretical model for explaining different types of multicultural training in counselor education programs. They gathered data through the following four methods and then synthesized it into different levels and stages:

1. They reviewed research from the journals of professional counseling associations, including *Journal of Counseling and Development, Journal of Multicultural Counseling and Development,* and *Counselor Education and Supervision*.
2. They engaged in numerous dialogues with counselor educators, professional counselors, and graduate students.
3. They gathered information from professional conferences, workshops, and conventions.
4. They synthesized data from connections one author made through being an editor for the *Journal of Multicultural Counseling and Development*.

D'Andrea and Daniels (1991) determined that the first level of multicultural counseling was the Cultural Encapsulation Level. At this level, multicultural training

almost ceases to exist. Programs at this level usually consist of mostly White, middle-class, male professors with little knowledge or interest in multiculturalism and few experiences counseling diverse clients. There are two stages at this level: 1) The Culturally Entrenched Stage, and 2) The Cross-Cultural Awakening Stage. Programs in the Culturally Entrenched Stage contain professors who diligently prepare for teaching their classes but rarely engage in instruction or discussion of issues related to mental health needs of diverse populations. Programs in the Cross-Cultural Awakening Stage differ from the Culturally Entrenched Stage in that professors are willing to acknowledge that traditional counseling approaches failed to meet the needs of racially and ethnically diverse clients but that is where the discussion usually ends. D'Andrea and Daniels (1991) asserted that counselors who graduated from programs in the Cultural Encapsulation Level are usually unprepared to counsel clients from diverse cultural backgrounds.

D'Andrea and Daniels (1991) reported that the second level of multicultural counselor training is called the Conscientious Level of Counselor Education. Counselor educators in programs at level two acknowledge the role that culture, race, ethnicity, gender, and socioeconomic status play in an individual's development and seek to make institutional adjustments to ensure counseling students are receiving adequate multicultural training. There are two stages at the Conscientious Level of Counselor Education. Stage three is the Cultural Integrity Stage. At this stage, counselor educators have institutionalized multicultural counseling courses into their curriculum. Stage four, the final stage, is called the Infusion Stage. Counselor education programs at this stage infuse multicultural training into their programs beyond a single course. They may also

contain professors who support the infusion of multicultural counseling into courses outside of a single multicultural training course.

Even though ethical codes and counselor training standards have mandated multicultural training, there are some major critiques of the status of multicultural training in counselor education programs. Dinsmore and England (1996) surveyed students and faculty in 90 CACREP doctoral and master's level counselor education programs. They found that only 64% of the programs infused multicultural content into all courses. They also found that only 59% of the programs contained practicum and internship sites with clients from racial/ethnically diverse backgrounds. Because this study is over 10 years old, there is a need in the literature to survey programs to determine the level to which multiculturalism is infused throughout courses, practicums, and internships currently.

Because the overwhelming majority of counseling students are White, multicultural counseling classes tend to discuss minority issues from a White, middle class perspective (Vontress, 1971), and are geared towards helping White counseling students become aware of racist attitudes and beliefs (Neville, Spanierman, & Doan, 2006). Chao (2013) found in a study of 259 school counselors that racial/ethnically diverse school counselors reported similar results of MCC across different levels of multicultural training, suggesting that they did not benefit from obtaining more multicultural training. Based upon the study, Chao (2013) suggested that counselor educators alter multicultural education towards counseling students' diverse cultural backgrounds. Additionally, she encouraged counselor educators to study the

appropriateness of providing similar or even identical training to an entire class made up of racial and ethnically mixed students.

Empirical Research on Multicultural Training

According to Pedersen and Lefley (1986), multicultural training allows counselors to understand both the complexity of clients' diverse cultural backgrounds and the dynamic ways in which counselors' own cultural identities affect their relationships with clients. Although critiques of the current state of multicultural training exist, numerous researchers have demonstrated that multicultural training produces more culturally competent individuals (D'Andrea et al., 1991; Pope-Davis, Reynolds, Dings, & Nielson, 1995; Neville et al., 1996; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998; Holcomb-McCoy & Myers, 1999; Estrada, Durlak, & Juarez, 2002; Dickson & Jepsen, 2007; Constantine, Miville, & Kindaichi, 2008; Reynolds & Rivera, 2012; Paone et al., 2015). Pope-Davis et al. (1995) found that individuals who participated in multicultural courses and workshops had significant and positive relationships with multicultural knowledge and awareness. They surveyed 344 graduate students enrolled in counseling psychology and clinical psychology programs. Pope-Davis et al. (1995) found that counseling psychology students identified themselves as more multiculturally competent than clinical psychology students. They also had greater amounts of experiences with courses, clients, and supervision devoted to multicultural issues.

Neville et al. (1996) discovered that students who completed diversity-related courses demonstrated increased multicultural counseling competency and progressed in their level of racial identity development. They administered the Multicultural Awareness Knowledge and Skills Survey (MAKSS) the White Racial Identity Attitudes Scale

(WRIAS), and used guided inquiry to examine multicultural competence, identity development, and factors promoting and hindering the development of multicultural awareness. Neville et al. (1996) found that there were significant increases in the level of multicultural competency across all subscales—knowledge, awareness, and skills—of the MAKSS throughout the duration of a semester-long multicultural class.

Sodowsky et al. (1998) found that multicultural training had positive associations with multicultural counseling awareness, knowledge, and skills in a group of university counselors. They surveyed 176 university counseling staff utilizing the Multicultural Counseling Inventory (MCI). They also assessed their level of multicultural training by having counselors rate whether they took one class, two or more classes, or participated in multicultural counseling research. Multicultural training was found to have a significant effect on self-reported multicultural competency.

Holcomb-McCoy and Myers (1999) found that counselors who had multicultural training reported higher levels of multicultural knowledge but not multicultural awareness. They surveyed 500 professional counselors who were members of the American Counseling Association. Counselors were asked to rate the adequacy of their multicultural training on a scale of one to four, with one indicating "no training received" to four indicating "more than adequate training received." The adequacy rating of multicultural training was significantly associated with the self-reported level of multicultural knowledge.

Toporek and Pope-Davis (2005) surveyed 158 master's level counseling students using the Beliefs About Poverty Scale, Quick Discrimination Index, Multicultural Social Desirability Scale, and Multicultural Training Questionnaire. They found that students

who completed multicultural courses were more likely to attribute clients' poverty to structural explanations compared to those who completed fewer multicultural workshops; those receiving less multicultural training were more likely to attribute poverty to individual explanations.

Reynolds and Rivera (2012) surveyed 129 graduate students in master's level counseling programs. Participants were given a demographic questionnaire to note their level of multicultural training and took the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002). Reynolds and Rivera (2012) found that taking a multicultural course had a positive influence on students' levels of multicultural knowledge.

Paone et al. (2015) conducted one of the most recent studies analyzing the efficacy of multicultural training on multicultural competency. Paone et al. (2015) analyzed changes in 121 White counseling students who took a race-based course. They found significant increases in participants' awareness of White privilege and their openness to confronting that privilege. Paone et al. (2015) suggested that their awareness of privilege "will increase their understanding of the challenges clients of color may face" (p. 215).

Empirical Research on Training and LGBT Counseling Competency

According to the research, multicultural training seemed to have a positive correlation with multicultural counseling competency. Similarly, training specifically related to LGBT issues was also positively correlated to LGBT counseling competency. Rutter, Estrada, Ferguson, and Diggs (2008) conducted a study with 38 counselor education students from an urban university in the western United States. They utilized a

control group (*n* = 17) of students enrolled in an introductory counseling course and a treatment group (*n* = 21) of students enrolled in an upper-level counseling course. Students in the introductory course did not receive training on LGB issues whereas students in the upper-level counseling course did. Students completed the Sexual Orientation Counselor Competency Scale (SOCCS) during the third and thirteenth weeks of the semester. The SOCCS (Bidell, 2005) is a 29-item survey containing items measuring the three subscales of awareness, knowledge, and skills. It is a self-report inventory and the items are ranked on a seven-point Likert scale. Rutter et al. (2008) found significant differences between the pre- and post-test scores on the Skills subscale and between the scores of the treatment versus control group on total SOCCS scores and the Skills and Knowledge subscales' scores. Therefore, training related to LBG issues appeared to have a positive impact on counselor competency related to sexual orientation.

Bidell (2013) found similar results in a study analyzing the impact of a graduate counseling course covering LGBT issues on students' competency and self-efficacy. Twenty-three students were enrolled in an LGBT counseling course. The SOCCS and the Lesbian, Gay, and Bisexual Affirmative Counselling Self-Efficacy Inventory (LGB-SE) were administered to students on the first and last course of the summer semester. The LGB-SE (Dillon & Worthington, 2003) is a 32-item self-report inventory measuring self-efficacy of five subscales (Knowledge, Advocacy Skills, Awareness, Assessment, and Relationship). Bidell (2013) found significant differences between their pre- and post-test scores on total SOCCS' score, each subscale of the SOCCS, total LGB-CSI scales, and scores on each subscale of the LBG-CSI. He also compared scores to an existing data set and found no significant differences between groups' SOCCS scores at Time 1 versus

Time 2, which was six months later, using a paired sample *t* test, $t(22) = 1.76$, $p = .092$. He did, however, find a significant difference between the two groups' SOCCS scores when using an independent sample *t*-test, $t(44) = –9.69$, $p < .001$.

Bidell (2014a) sought out to examine if a multicultural class, not specifically related to LGB issues, impacted competency when working with LGB issues. He conducted a study with 286 Master's- and doctoral-level counseling and psychology students enrolled in CACREP accredited and APA accredited programs, respectively. Participants were recruited from nine universities across the United States. Most students ($n = 218$) had not completed a course specifically related to LGB issues, but 68 reported completing one or more related courses. Participants completed a demographic questionnaire that assessed their completed coursework and training related to multicultural and LGB issues as well their political ideology. Participants also completed the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002) and SOCCS. Bidell (2014a) found that political conservatism, LGB course completion, and education level were significant predictors of scores on the SOCCS. He noted that multicultural course completion was not a significant predictor.

Dispenza and O'Hara (2016) conducted a study analyzing gender identity counseling competency of 113 psychologists and mental health professionals. Approximately half of the professionals were doctoral level and the other half were master's level. Participants completed the GICCS to assess their competency working with transgender and gender non-conforming clients. Although they did not assess what specific types of multicultural training participants completed, Dispenza and O'Hara (2016) found that educational level was not a significant predictor on GICCS scores. This

seems to indicate that having advanced levels of training alone does not predict competency working with transgender clients.

After synthesizing and analyzing the research related to training's impact on cultural competence, it appears that it is necessary to have a course specifically related to LGBT issues in counseling. Additionally, all of the literature analyzed the impact of training on sexual orientation counselor competency, but no study examined how training affects competency working with transgender clients. There is a need for future studies to examine how, to what extent, and what types of training impacts counselors' and counselors'-in-training competency when working with transgender clients.

Counselors' Competencies and Attitudes Towards Working with Transgender Clients

With the development of ACA's (2010) *Competencies for Counseling with Transgender Clients*, it is important that counselors seek out training and supervision to be competent in working with transgender clients. After an exhaustive review of the literature in Ebscohost, I found few studies analyzing the competencies and attitudes of counselors working with transgender clients. Kanamori and Cornelius-White (2017) analyzed the attitudes of 95 participants, 40% of which were counseling students and 60% professional counselors, using the Transgender Attitudes and Beliefs Scale (TABS; Kanamori, Cornelius-White, Pegors, Daniel, & Hulgus, 2016) and the MCKAS (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002). TABS contains a three-factor scale (Interpersonal Comfort, Sex/Gender Beliefs, and Human Value) and is a 29-item self-report inventory with items being scored on a 7-point Likert-type scale. Kanaomori and Cornelius-White (2017) uncovered that counselors reported a highly positive attitude

towards transgender persons; women were more likely to have positive views than men; knowing someone personally seemed to indicate likelihood of favorable views; and perceived multicultural competence and competence with gender identity issues also seemed to positively correlate with attitudes toward transgender individuals. Interestingly, Kanamori and Cornelius-White (2017) found that professional training and experiences with transgender clients were not significantly correlated with positive attitudes; in fact, professional experiences working with clients who identify as transgender were correlated with negative attitudes for counselors-in-training and the overall group, but not professional counselors alone.

Nisley (2010) conducted a study of 138 master's and doctoral level counselors and counseling psychologists analyzing their attitudes towards individuals who identify as transgender. Participants were given scenarios of two fictional clients, one identified as transgender and the other as gender-variant. Participants assessed the client's functioning using the Goal Assessment of Functioning Scale (APA, 2000) and described them with adjectives from the Adjective Check List. Participants' attitudes were also assessed using the Genderism and Transphobia Scale (Hill & Willoughby, 2005) and the MCKAS. Nisley (2010) found that overall participants reported highly positive beliefs towards persons who identify as transgender. She also found that men had less positive attitudes than women; counselors who had less personal familiarity, training, experience, and less perceived multicultural counseling competence had high levels of anti-trans attitudes.

After an extensive review of the literature in Ebscohost, I found three studies examining counseling competence related specifically to transgender clients, two of which were dissertations. The only published peer-review article was pertaining to

counselors-in-training from CACREP, APA, and Council on Rehabilitation Education (CORE) accredited programs. O'Hara, Dispenza, Brack, and Blood (2013) examined the competency of 86 counselors-in-training—master's, specialist, and doctoral students—in working with transgender individuals. They modified the Sexual Orientation Counselor Competency Scale to form the Gender Identity Counselor Competency Scale (GICCS) because no assessment yet existed measuring counselor competency working with transgender clients. The GICCS is a 29-item self-report instrument measuring the three subscales of competency: attitudes, knowledge, and skills. Participants rank items based upon a 7-point Likert scale. O'Hara et al. (2013) distributed the survey to 87 participants and found no significant differences among demographic variables, such as gender, race/ethnicity, ability status, and sexual orientation identification on GICCS' scores. They also found no significant differences between the beginning and advanced students on overall GICCS' scores, nor was there a significant difference between individuals who completed practicum or internship versus those who did not. The only variable to have a significant effect on competency was knowing someone personally who was transgender.

O'Hara et al. (2013) also used qualitative methodology to examine educative experiences contributing to the understanding of transgender clients in counseling. They studied seven counselors-in-training from a large, urban university in the southeast region of the United States. O'Hara el al. (2013) found five main themes: (a) terminology, (b) sources of information and knowledge, (c) approaches to working with transgender people, (d) counselor-in-training characteristics, and (e) recommendations. Participants expressed confusion surrounding terminology and language to use with transgender clients. They also cited informal and formal means to obtain information related to issues

concerning people who identify as transgender. Informal sources included transgender individuals whom they know personally, news, media, and social relationships. Formal sources included textbooks, scholarly articles, and classroom training. Although participants expressed empathy towards the transgender population, they all initially stated that they felt incompetent to counsel transgender clients. Participants' characteristics included the awareness that gender is not binary and that socialization is a key factor in gender and sexual identity. Participants also made recommendations, such as including small group discussions or transgender topics in counseling classrooms.

Couture (2016) analyzed 84 college mental health clinician's preparedness in working with transgender college students. They completed a Total Preparedness instrument developed by the researcher, including four subscales: Clinical Interviewing and Assessment Skills, Counseling Ethics, Personal Community Awareness, and Education on Transgender Issues. They also completed a demographic questionnaire analyzing gender, age, ethnicity, education level, CACREP accreditation, program track, licensure, length of work experience, and institution size and type. Couture (2016) reported that participants reported a moderate amount of preparedness, and there were no significant differences based upon the analyzed variables of years of counseling experience nor completing training from CACREP versus non-CACREP accredited programs.

Lutz (2013) conducted a phenomenological study concerning preparedness of six clinicians who work with transgender clients. Three participants were licensed psychologists and three were Licensed Marriage and Family Therapists. After analyzing the data, Lutz (2013) found four main themes: (a) clinicians' beliefs about gender; (b) the

transgender experience; (c) clinicians' use of culturally appropriate interventions; and (d) education and training on the transgender population. Clinicians reported that they believed gender is complex, is a psychological concept, not binary, and can be thought of as a spectrum. Regarding the transgender experience, subthemes included believing that the transgender experience is unsafe, stigmatized, isolating, and gets better with time. Subthemes related to interventions included that no specific transgender interventions exist, but rather to focus on the client's individual needs. Thirty-three percent of participants stated that they use cognitive behavioral interventions. All of the participants expressed that they did not receive formal educational training concerning transgender issues but rather sought out information from workshops and conferences. Other subthemes included learning information from a transgender client and from a mentor in the field.

In sum, research is scarce concerning counselor competency working with transgender clients. Although counselor attitudes toward transgender clients were reported to be positive (Kanaomori & Cornelius-White, 2017; Nisley, 2010), research studying competency regarding knowledge and skills is rare, indicating a need for future studies measuring transgender counselor competency. Knowing someone personally who identifies as transgender seemed to have a positive effect on attitudes and competency working with transgender clients (O'Hara et al., 2013; Kanaomori & Cornelius-White, 2017; Nisley, 2010).

Influence of Identity on Counseling Competency

The multicultural counseling competencies developed by Sue et al. (1992) discussed the necessity for counselors to be aware of their own cultural background and

experiences. Awareness includes counselors' understanding of how their cultural identities may impact the counseling process and their ability to recognize whenever they have limited expertise when working with diverse client populations. Additionally, they discussed how a counselor's knowledge of his or her own background affects the counseling relationship, and this knowledge is necessary to practice as a culturally competent counselor. That knowledge includes a counselor's awareness of his or her own biases, racist attitudes or beliefs, differences in communication styles of diverse populations, and how they may affect the counseling process. It also includes awareness of other aspects of their cultural identity, including age and religious identity, and how they affect the counseling process and competency development.

Influence of Age on MCC and LGBT Competency

According to the literature, there is conflicting evidence on whether age appears to have an impact on multicultural competency or competency working with the LGB population. In Pope-Davis et al.'s (1995) survey of 344 graduate students in counseling and clinical psychology programs, they found that age was not significantly correlated with scores on the MCI. Chao (2012) analyzed the multicultural awareness and knowledge of 460 nationally certified counselors (NCCs) across the United States and found that age was not significantly correlated with scores on the MCKAS. In the study by Dispenza and O'Hara (2016), they found that age was not a significant predictor of transgender counseling competency.

However, after a thorough review of the literature in Ebscohost, I found two articles revealing surprising results; this is, that older mental health professionals had more positive attitudes toward people who identify as LGB. Kissinger, Lee, Twitty, and

Kisner (2009) surveyed 143 graduate students enrolled in counselor education, social work, and rehabilitation counseling programs from two different universities in the southern region of the United States. Participants took the Attitudes toward Lesbians and Gay Men (ATLG) assessment, which is a 20-item self-report inventory with item responses ranked according to a 9-point Likert-type scale. Participants younger than age 23 reported significantly more negative attitudes towards gay men and lesbians than did their peers in the age ranges of 24- to 35-years-old and older than 36-years-old. Matthews, Selvidge, and Fisher (2005) surveyed 179 certified and licensed addictions counselors using the Attitudes Toward Lesbians and Gay Men Scale (ATLG) and found that age by itself was the only variable that significantly predicted variance; the older the counselors the more affirmative their views towards lesbians and gay men. Results from these studies indicate a need to continue assessing how age may impact attitudes or competency towards LGBT populations.

Influence of Religious identity on MCC and LGB Counselor Attitudes and Competence

Although research does exist examining how religious attitudes among the general population affect attitudes towards the LGB population, there is a lack of research studying how religious identity is associated with MCC and attitudes and competency toward the LGBT population among counselors. After an extensive review of the literature in Ebscohost, I found zero studies analyzing how religious identity or affiliation affects counselor competency working specifically with transgender clients. Regarding religion and counselor or therapist attitudes toward LGB populations, I found two studies.

Green, Murphy, and Blumer (2010) studied 199 members from the American Association for Marriage and Family Therapy (AAMFT). Participants took the Behavioral Religiosity Scale (BRS) and the Support for Lesbian and Gay Human Rights Scale (SLGHRS). They also answered six questions on a 6-point Likert-type scale indicating their comfortability working with lesbian and gay clients. Green et al. (2010) found a significant negative correlation of religious practice to comfort working with lesbian and gay clients when the variable was added to their first model in a hierarchical multiple regression, which included, sex, age, race, sexual orientation, and political orientation of therapists as predictor variables. Therefore, Green et al. (2010) concluded that therapists with higher levels of religious practice had lower levels of comfort working with LGB clients. Kissinger et al. (2009) found that future mental health practitioners whose family of origins had higher moral-religious emphasis reported more negative attitudes towards gays and lesbians.

Regarding religious identity, overall MCC, and LGB competence, I found three studies. Balkin, Schlosser, and Levitt (2009) surveyed 114 professional counselors and graduate students. Participants took the Religious Identity Development Scale (RIDS; Veerasamy, 2002), the Attitudes Towards Lesbians and Gay Men-Revised-Short Form (ATLG-R-S; Herek, G. M., 1998), and the Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition-Revised (MAKSS-CE-R; Kim, Cartwright, Asay, & D'Andrea, 2003). Balkin et al. (2009) discovered that individuals who had more rigid beliefs, who were more easily influenced regarding their beliefs, who did not frequently question their beliefs, and who were less accepting of others who differ in religion were significantly less likely to show tolerance towards gay men and lesbians. Additionally,

counselors who were more easily influenced regarding their beliefs, who frequently questioned their religious beliefs, and who were more accepting of others outside of their religion were significantly more knowledgeable about multicultural issues and competencies.

Sandage, Li, Beilby, Jankowski, and Frank (2015) examined 28 counseling psychology students enrolled in a multicultural counseling course at a religiously affiliated university. They analyzed the participants' intercultural competencies, spiritual grandiosity, and amount of meditative or petitionary prayer. Sandage et al. (2015) found that students with higher levels of spiritual grandiosity were significantly less likely to demonstrate change in intercultural competence. Additionally, they found petitionary prayer to significantly predict change in intercultural competence.

Bidell (2014b) surveyed 160 master's level counseling students, 18 doctoral-level counselor educators, and 50 university counseling center supervisors. Participants completed the SOCCS, the Religious Fundamentalism Scale (RFS; Altemeyer, & Hunsberger, 1992), and a demographic questionnaire. Bidell (2014b) discovered that self-reported religious conservatism on the demographic questionnaire had a significant main effect on SOCCS total scores. He also found that scores on the RFS significantly predicted scores on the SOCCS, the more religiously conservative the lower the score of competency in working with LGB clients.

The Intersection of Age and Religious Identity on Competency

I found two studies with results indicating that older mental health professionals may be more competent working with LGBT clients than their younger colleagues (Kissinger et al., 2009; Matthews et al., 2005). In Green et al.'s (2010) study of AAMFT

members, age was the only nonsignificant predictor when sex, age, race, sexual orientation, and religious practices were predictor variables entered into a hierarchical regression equation with comfort level working with LG populations as the criterion variable. Although Kissinger et al. (2009) discovered that both age and family of origin's who had greater moral-religious emphasis were significant correlated with attitudes toward lesbians and gay men, they did not analyze how the interaction of the two variables impacted attitudes toward LG populations. Balkin et al. (2009) studied the correlation between religious identity, sexism, homophobia, and multicultural competence but did not include age as a variable. After extensively reviewing the literature in Ebscohost, I found no studies that specifically examined the interaction of age and religious identity on multicultural or LGBT competency, further indicating a need for this study.

Summary

Ongoing multicultural counseling competency (MCC) development is an imperative for today's counselors. Not only is multiculturalism woven throughout the 2014 *ACA Code of Ethics*, but it is also mandatory in CACREP accredited training programs (CACREP, 2015). ACA has also taken a firm stance that it is unethical for counselors to refer clients based upon values conflicts, urging counselors to reconcile any religious or moral views they may have conflicting with counseling certain populations.

In addition to being multiculturally competent, there is a need for counselors to be competent in working with specific populations, such as transgender clients. Flores et al. (2016) reported that the United States adult transgender population has nearly doubled from 2011 to 2016. The population may have doubled or more individuals who identify

as transgender may be more comfortable coming out as the sociopolitical climate is changing, including visibility of transgender populations in such celebrities as Caitlin Jenner and Laverne Cox. Regardless, there is a need for counselors to be affirming and competent towards transgender and gender non-conforming clients.

Due to this growing need, researchers have found that courses covering LGBT issues may be beneficial in improving competency of counselors working with LGBT clients. Additionally, few studies exist examining current competencies of counselors working with transgender clients. Due to the growing awareness of this population, it is necessary that more research be conducted examining transgender counseling competency and factors influencing competency development.

Research has been conducted demonstrating a relationship between identity and cultural competence; however, much of the research has produced conflicting results and has evaluated multicultural and LGB counseling competency, but not transgender counseling competency. Conflicting research exists on whether age is related to LGBT counseling competency development. Researchers have demonstrated that conservative or rigid religious beliefs have a negative impact on LGB attitudes and counseling competence; however, after an extensive review of the literature in Ebscohost I found no study examining the relationship between religious identity and transgender counseling competency. Due to the conflicting results of the impact of age on LGBT competency and the lack of research concerning the relationship between religious identity and transgender counseling competency, there is a need for this study to address those gaps.

CHAPTER III

METHODOLOGY

The purpose of this study was to explore the relationship between age, religious identity development, multicultural counseling competency, and transgender counseling competency. I also explored to what extent counseling students believe their training has prepared them to work with transgender clients. I sought to answer the following research questions in this study:

1. What is the relationship between the combined variables of age; the Concrete, Relational, Confusion, Cognitive-Rationalization, Exploration, and Acceptance scales of the RIDS; and the combined variables of awareness, knowledge, and skills of multicultural counseling competency as measured by the Multicultural Awareness, Knowledge, and Skill Survey—Counselor Edition—Revised (MAKSS-CE-R)?
2. What is the relationship between the combined variables of age; the Concrete, Relational, Confusion, Cognitive-Rationalization, Exploration, and Acceptance scales of the RIDS; and the combined variables of attitudes, knowledge, and skills of transgender counseling competency as measured by the Gender Identity Counselor Competency Scale (GICCS)?
3. To what extent do participants believe they are prepared to work with transgender clients?

This chapter also explains the methods used to answer the research questions. It is organized into the following sections: (a) research design, (b) participants, (c) instrumentation, (d) data collection, (e) data analysis, and (f) chapter summary.

Research Design

A correlational research design was used in this study. Correlational research is used whenever the researcher is trying to measure the extent to which two or more variables are related (Creswell, 2012). In this study, I examined the correlation between age, religious identity, multicultural counseling competency, and transgender counseling competence. Religious identity was measured using the Religious Identity Development Scale (RIDS; Veerasamy, 2002). Transgender counseling competency was assessed using the Gender Identity Counselor Competency Scale (GICCS; Bidell, 2005). Multicultural counseling competency was measured using the Multicultural Awareness, Knowledge, and Skills Survey—Counselor Edition—Revised (MAKSS-CE-R; Kim, Cartwright, Asay, & D'Andrea, 2003).

Participants

The population being studied was graduate counseling students ages 18 and older enrolled part-time or full-time in CACREP accredited school counseling, community counseling, clinical mental health programs, or counselor education who have already completed a 3-credit multicultural course. According to CACREP (2016), there are 15,561 graduate students enrolled in CACREP accredited clinical mental health counseling programs, 5,333 enrolled in CACREP accredited community counseling programs, and 10,246 students enrolled in CACREP accredited school counseling programs. CACREP (2016) provided demographic information for Master's students enrolled in all CACREP accredited programs, not just clinical mental health, community, and school. White students comprised the majority of counseling students at 60.55%, followed by Black students at 18.34%, and then Hispanic/Latino students at 8.53%.

Multiracial students comprised the next largest population at 2.05%, followed by Asian American at 2.04%. Non-resident alien, American Indian/Alaskan Native, and Native Hawaiian/Pacific Islander made up the smallest categories at 0.73%, 0.59%, and 0.14% respectively. Most Master's counseling students were female, 82.54%, followed by male at 17.40%, and 0.06% identified as an alternative gender identity.

Cohen's (1992) power analysis table was used to calculate the necessary sample size for a medium effect size at an alpha level of .05 with seven independent variables at 80% power: $N = 102$. Additionally, Green (1991) used the formula $N = 50 + 8m$, where m is the number of independent variables to calculate the number of participants needed. This would suggest that 106 participants would be an adequate sample size; therefore, I sought to include at least 150 participants in case of attrition.

Participants in this study were 157 graduate students consisting of 132 (84.1%) Master's students, 23 (14.6%) doctoral students, and 2 (1.2%) specialist students. Of this sample, there were 102 (65%) clinical mental health students, 20 (12.7%) school counseling students, 7 (4.5%) community counseling students, 22 (14%) counselor education students, and 6 (3.8%) reported being in another program track. The majority were female, 124 (78.5%), followed by male 26 (16.6%), followed by 2 (1.3%) participants in each category of transgender, genderfluid, and nonbinary. One (0.6%) participant noted being another gender identity. Regarding sexual orientation, 117 (74.5%) participants reported being heterosexual, 17 (10.8%) indicated being bisexual, 14 (8.9%) reported being gay, lesbian, or queer, 5 (3.2%) noted being pansexual, whereas 2 (1.3%) participants reported another sexual orientation and 2 (1.3%) did not answer. Concerning race, 112 (71.3%) reporting being Caucasian, 17 (10.8%) Black, African, or

African American, 13 (8.3%) Hispanic or Latinx, 7 (4.5%) Multiracial, 4 (2.5%) Asian or Asian American, 1 (0.6%) American Indian, 1 (0.6%) Pacific Islander, and 1 (0.6%) participant indicated that he identified as another race. There were 91 (58%) respondents who reported their religious orientation to be Christian, 14 (8.9%) noted that they were Agnostic, 10 (6.4%) reported "none" or being nonreligious, 10 (6.4%) indicated being Spiritual, 8 (5.1%) expressed being Atheist, 4 (2.5%) Buddhist, 2 (1.3%) Jewish, 2 (1.3%) Pagan, 1 (0.6%) Hindu, 1 (0.6%) Unitarian Universalist, and 12 (7.6%) reported having another religious orientation whereas 2 (1.3%) did not answer the question. Regarding political orientation, the participant breakdown was as follows: 72 (45.9%) Democrat/Liberal, 18 (11.5%) Republican/Conservative, 10 (6.4%) Independent, 10 (6.4%) Libertarian, 5 (3.2%) Moderate, 1 (0.6%) Green Party, 8 (5.1%) Other, and there were 33 (21%) respondents who did not answer. There were 70 (44.6%) respondents whose graduate institutions were located in the Southwest, 50 (31.8%) in the Southeast, 11 (7.0%) in the West, 12 (7.6%) in the Northeast, 10 (6.4%) in the Midwest, 3 (1.9%) in other regions (e.g., Washington D.C.), and 1 (0.6%) did not respond. Participants ranged from ages 20 to 68 with a mean age of 31.95 (SD = 10.51). Two participants did not report their ages.

Sampling Procedures

Students participating in CACREP accredited school, community, clinical mental health counseling, and counselor education programs were researched. Participants were obtained using nonprobability sampling, both convenience and snowball sampling. Convenience sampling includes the researcher selecting participants who are available and agree to be studied (Creswell, 2012). Snowball sampling includes asking participants

to identify others who would be willing to participate in the study (Creswell, 2012). To recruit participants, I conducted the following procedures. I developed a database of CACREP program liaisons by finding the program contacts from the CACREP website and then obtaining their email addresses through the university's websites. I also searched for the chairs or program leaders of CACREP accredited Master's and doctoral programs and obtained their email addresses through their universities' websites. I emailed a recruitment message, along with the informed consent and link to the survey containing the demographic questionnaire and assessments, to CACREP program liaisons and chairs asking them to forward it to their Master's and doctoral students. I also had faculty members at SHSU email the recruitment message, informed consent, and link to faculty members with whom they have professional relationships asking them to forward the study to their program's students. Additionally, the email asked recipients to forward the study to any other participants or professors who would be amenable to taking or distributing the survey.

Instrumentation

I used a demographic questionnaire to obtain relevant demographic information, including age. To assess religious identity, I used the Religious Identity Development Scale (RIDS; Veerasamy, 2002). To assess transgender counseling competency, I used the Gender Identity Counselor Competency Scale (GICCS), the version adapted by O'Hara, Dispenza, Brack, and Blood (2013) of the Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005). I used the Multicultural Awareness, Knowledge, and Skills Survey—Counselor Edition—Revised (MAKSS-CE-R; Kim et al., 2003) to assess multicultural counseling competency.

Demographic Questionnaire

Participants were asked to indicate their age, gender identity, race/ethnicity, political affiliation, religious affiliation, and geographic information on the demographics questionnaire. Because all participants must have taken a multicultural course to complete this study, they were asked a yes or no question as to whether or not they have taken at least one 3-credit multicultural course. Other aspects of their multicultural training related to LGBT issues, was also be assessed, such as perceived level of preparedness for working with transgender clients. They were also asked in what program track they study: school counseling, community counseling, clinical mental health counseling, or counselor education. Participants were also asked to classify their sexual orientation, their identified religion and its importance, and their parents' religions.

Religious Identity Development Scale (RIDS)

The RIDS is a 28-item self-report inventory that participants rank on a Likert-type scale ranging from 1 to 5. The RIDS measures an individual's developmental level of their religious identity. The RIDS measures the following six subscales: Concrete, Relational, Confusion, Cognitive-Rationalization, Exploration, and Acceptance. The six subscales are based upon Veerasamy's Experiential/Rational Model of Religious Identity Development (Veerasamy, 2002). His inspiration for the model came from Helm's (1990) model of racial identity development, which uses the concept of statuses. Statuses are cognitive, emotional, and behavioral processes by which an individual perceives interpersonal information from his or her surroundings. Individuals oscillate between

experiential and rational ways of viewing and experiencing religion throughout the statuses (Veerasamy, 2002).

Higher scores on each question indicate that a respondent possesses stronger identification with the qualities of the subscale being assessed. The overall score on the RIDS is meaningless, but rather an average score on each subscale is most useful in analyzing religious identity development. Higher scores on the lower statuses of the RIDS indicate that an individual is less developed in their religious identity, whereas higher scores on the later statuses indicate that individuals are more advanced in their religious identity development (i.e. lower scores on the Concrete and Relational statuses and higher scores on the Exploration and Acceptance statuses indicates that an individual is more mature in their religious identity development than someone who scores higher in the Concrete and Relational statuses and lower on the Exploration and Acceptance statuses.)

The first scale, or status, is Concrete and is characterized by processing issues experientially. Veerasamy (2002) stated that individuals in this status adhere to aspects in their religion that feel good, and they devoutly and passively adhere to a stereotypical, dualistic way of thinking. Additionally, if their views are challenged, then they tend to react defensively. Opinions of important people in their lives, such as authority figures, friends, and family, significantly impact their religious views. This status is also characterized by a lack of awareness about their passivity and rigidity. Veerasamy (2002) used the term “unconscious conformists” to describe individuals at this status (p. 38).

The second scale, or status, is Relational, which involves a more active and conscious involvement in religion. Individuals at this status still experience religion

experientially but are beginning to move towards more rational ways of viewing religion; however, rationality is limited to others' perceptions of what is logical. At this status, people consciously adhere to the views and beliefs about religion espoused by significant others in their lives, are aware that their beliefs are defined by others' views, and act in a way that they will be rewarded. Veerasamy (2002) called individuals at this status "conscious conformists" (p. 38).

The third status is Confusion. This status occurs whenever individuals encounter emotional experiences that are incongruent with their religious beliefs. They often experience negative feelings, such as anxiety, anger, and/or frustration, because they feel betrayed by significant others or realized that they allowed others to determine their religious views. This often results in individuals in this status rebelling against the same people they were trying to please during the Relational status. Individuals at this status begin to look for more logical, rational views of religion. To escape their negative feelings, individuals at this level must transition into the next status or revert to the Relational status (Veerasamy, 2002).

The fourth scale, or status, is Cognitive-rationalization, marked by the evaluation of events, data, and religious views through logic and rationality. Individuals' thinking about religion at this status is highly intellectualized and anything that does not make sense is rejected. They experience rigidity and strict adherence to their views and often do not practice any form of religion. Veerasamy (2002) suggests that if individuals at this stage experience enough dissonance or anxiety they may engage in the experiential system to reduce that anxiety, allowing them to transition to the fifth status.

The fifth status is the Exploration status. Individuals at this stage begin to reengage in the experiential process of religion, but the rational system still dominates. At this stage, individuals independently and consciously search for religious meaning. They also explore alternative views and beliefs about religion and may read, attend events, or seek guidance from a religious advisor (Veerasamy, 2002).

The sixth and last status is the Acceptance status. Individuals in this status realize the need for both rational (reason) and experiential (faith) systems to fully understand and value religion. They also accept and value other religions, and can easily integrate new and conflicting information into their religious perspective. This status is characterized by practicing religion that is both beneficial to the individual and others (Veerasamy, 2002).

Reliability. To determine psychometric properties of the RIDS, Veerasamy (2002) conducted a study with 211 participants ages 18 to 77 with a mean age of 24.7 and a standard deviation of 10.8. Males comprised 46.4% of the sample studied, and 53.6% were female. White Americans comprised 68.7% of the sample. Black/African Americans made up 14.2%; 5.2% were Hispanic; 5.7% were Asian/Pacific Islander; 0.5% were Native American; and 5.7% identified as other. The religious makeup was as follows: 77.3% Christian; 8.5% identified as having no religious preference, agnostic, or atheist; 2.8% Muslim; 0.9% Buddhist; 0.5% Jewish; 0.5% Hindi; 0.5% Sikh; and 9.0% did not respond. Internal consistency across subscales, measured by alpha coefficients, ranged from .60 to .87. Test-retest reliability coefficients ranged from 0.61 to 0. 81 for the subscales at $p < .01$.

Validity. Veerasamy (2002) utilized factor analysis to establish construct validity. Factor loading for the subscales ranged from .42 to .88. Veerasamy (2002) analyzed

convergent and discriminant validity through multiple regressions exploring the correlation between the RIDS and anxiety and dogmatism. A multiple regression was conducted with the six statuses of the RIDS as the predictor variables and anxiety as the criterion variable, resulting in a significant relationship between the variables, F(6, 204) = 3.48, $p < .01$, $R = .31$, and $R^2 = .10$. A multiple regression was also conducted between the six statuses as predictor variables and dogmatism as the criterion variable, resulting in a significant relationship between the variables, F(6, 204) = 10.26, $p < .00l$, $R = .48$, and $R^2 = .23$. Evidence for concurrent validity was established as a significant relationship existed between religious identity development and extrinsic religious orientation, F(6, 204) = 13.06, $p < .001$, $R = .53$, and $R^2 = .30$.

Gender Identity Counselor Competency Scale (GICCS)

The GICCS is a 29-item self-report inventory that participants rank items on a Likert-type scale ranging from 1 to 7. The GICCS measures counselors' and other mental health professionals' competencies for working with transgender clients based upon the tripartite model of multicultural competence—awareness, knowledge, and skills. Awareness, knowledge, and skills are the three subscales of the inventory. Higher total scores on the GICCS indicate greater overall transgender counseling competency, and higher scores on each subscale indicate greater attitudes, knowledge, and skills working with transgender populations.

Reliability. Bidell (2005) established psychometric properties of the SOCCS with a study of 312 participants, 235 of which identified as female and 77 of which identified as male. Participants included counseling and psychology students, educators, practitioners, and supervisors. Reported participant sexual orientations were as follows:

85.3% heterosexual, 12.2% LGB, and 2.5% did not respond. White/European Americans comprised the highest percent of the sample at 61.2%, followed by 13.1% Latino, 10.6% Asian American, 7.1% Black, 4.5% other, 2.2% biracial, and 1.3% Native American. Internal consistency, as measured by Cronbach's alphas, was as follows: 0.90 for the overall SOCCS; 0.88 for the attitudes subscale; 0.91 for the skills subscale; and 0.76 for the knowledge subscale. The one-week test-retest reliability coefficients were as follows: the overall SOCCS was 0.84; the attitudes subscale was 0.85; the skills subscale was 0.83; and the knowledge subscale was 0.84.

O'Hara et al. (2013) used the adapted version, the GICSS, with 87 counseling students from a large, southeastern, urban university. Seventy-four participants identified as female, 10 as male, and three as transgender, female-to-male. The racial and ethnic make-up included 71.3% White/European Americans, 16.1% Black, 3.4% biracial, 5.7% Latin American, and 3.4% of other races or ethnicities. The ages of participants ranged from 18 to 62. O'Hara (2013) reported the following Cronbach's alphas: 0.78 for overall GICCS, 0.90 for attitudes subscale, 0.64 for skills subscale, and 0.77 for knowledge subscale.

Cor (2016) conducted a validation study of the GICCS with participants, made up of counseling students and counselor education faculty. Cor (2016) eliminated two items from the inventory because they had extraction communalities below .20 and referred to the resulting inventory as the GICCS-R. She reported the following Cronbach's alphas to demonstrate internal consistency for the GICCS-R: overall scale = .78, knowledge subscale = .76, awareness subscale = .84, and skills subscale = .79.

Validity. Bidell (2005) established criterion validity by using participants' education level and sexual orientation. Those who identified as LGB and those with higher education levels scored significantly higher on the SOCCS. Convergent validity was established by comparing the attitudes subscale with the Attitudes Towards Lesbians and Gay Men Scale (ATLG; $r(312) = -.78$, $p < .01$); the knowledge subscale with the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; $r(312) = .63$, $p < .01$); and the skills subscale with the Counselor Self-Efficacy Scale (CSES; $r(312) = .65$, $p < .01$).

Cor (2016) established convergent validity between the GICCS-R and the Multicultural Counseling Inventory (MCI), both of which have attitudes, knowledge, and skills subscales. A bivariate correlation revealed a statistically significant correlation between the GICCS and the MCI ($r = .574$, $p = .001$); a moderate, positive correlation between the knowledge subscales of each instrument ($r = .429$, $p = .001$); a weak, positive correlation between the awareness subscales ($r = .192$, $p = .008$); and a moderate, positive correlation between the skills subscales of each instrument ($r = .446$, $p = .001$).

Multicultural Awareness, Knowledge, and Skills Survey–Counselor Edition–Revised (MAKSS-CE-R)

The Multicultural Awareness, Knowledge, and Skills Survey–Counselor Edition–Revised (MAKSS-CE-R; Kim et al., 2003) is an updated version of the MAKSS-CE (D'Andrea, Daniels, & Heck, 1991). It is based on Sue et al.'s (1982) tripartite model of multicultural competence—awareness/attitudes, knowledge, and skills. The MAKSS-CE was revised in order to improve validity. The MAKSS-CE-R has three subscales:

Awareness-revised, Knowledge-revised, and Skills-revised. The MAKSS-CE-R is a self-report assessment that contains 33 items that participants rank on a Likert-type scale ranging from 1 to 4. There are three different 4-point Likert type scales: 1 = strongly disagree, 2 = disagree, 3 = agree, and 4 = strongly agree; 1 = very limited, 2 = limited, 3 = good, and 4 = very good; and 1 = very limited, 2 = limited, 3 = fairly aware, and 4 = aware. There are 10 items measuring awareness, 13 items assessing knowledge, and 10 items measuring skills. There are six reverse scored items (1, 2, 3, 4, 6, 8, and 9). Scores range from 33 to 132. Higher total scores on the MAKSS-CE-R indicate greater overall multicultural counseling competence and the higher the score on each subscale, the greater the participant's self-reported awareness, skills, and knowledge working with diverse populations.

Reliability. Kim et al. (2003) established psychometric properties of the MAKSS-CE-R with a study of 338 participants, 272 of which identified as women and 66 of which identified as men. Participants included graduate counseling students from across the United States. Participants' ages ranged from 20- to 53-years-old. White/European Americans comprised the highest percent of the sample at 44.1%, followed by 31.4% African American, 10.1% Asian American, 3.0% Hispanic/Latina(o), 2.1% biracial American, 1.2 % multiracial American, and 0.3% Native American. There were 27 (8%) participants who did not report their race. Exploratory and confirmatory factor analyses were used to determine internal reliability. Coefficient alphas were as follows: 0.82 for the overall MAKSS-CE-R, 0.71 for the Awareness-R subscale, 0.85 for the Knowledge-R subscale, and 0.87 for the Skills-R subscale (Kim et al., 2003).

Validity. Construct validity was established by measuring and correlating the scores between the Knowledge-R and Awareness-R subscales of the MAKSS-CE-R and the Awareness and Knowledge subscales of the Multicultural Counseling Knowledge and Awareness Scale (MCKAS). Medium to high positive correlations were found between the knowledge and awareness subscales of each inventory, a correlation coefficient of .67 between the Awareness-R of the MAKSS-CE-R and the Awareness scale of the MCKAS and a correlation coefficient of .48 between Knowledge-R of the MAKSS-CE-R and the Knowledge scales of the MCKAS. Criterion-related validity was also established by comparing scores of participants who had taken at least one multicultural course with those who had not. Using a multivariate analysis of variance, Kim et al. (2003) found that students who had taken a multicultural course scored significantly higher on the MAKSS-CE-R total scale, Awareness-R scale, and Knowledge-R scale.

Data Collection

The research proposal was reviewed and approved by the dissertation committee before conducting research. Additionally, I obtained approval from Sam Houston State University's Institutional Review Board (IRB) before recruiting participants. A website was created through Qualtrics to administer the demographics questionnaire, the RIDS, the MAKSS-CE-R, and the GICCS. It also included informed consent and a box for participants to choose to consent or not consent to participate in the study. Before distributing the survey, I had 10 experts review the survey and provide feedback. The experts ranged from doctoral candidates to professors and practitioners. Some feedback included ensuring that the IRB approval number was visible on the informed consent,

increasing the font size, and confusion related to some specific questions. Modifications were made according to the feedback prior to distributing the survey.

After the changes were made, the informed consent and link to the survey was distributed to counselor education professors of CACREP accredited programs with whom dissertation committee members have strong collegial relationships and chairs of CACREP accredited programs, asking them to forward the consent and link to their Master's and doctoral students. The email also asked professors to forward the link to other colleagues whom they believe would be willing to distribute the survey to their students. Whenever participants accessed the study and indicated that they consent to participate, they were then directed to complete the demographics questionnaire, RIDS, MAKSS-CE-R, and GICCS. Once they completed the instruments, the responses were automatically added to Qualtrics database and were then downloaded and imported into SPSS.

Data Analysis

Statistical analysis was accomplished using SPSS, version 22, statistical software. Canonical correlation was utilized in the data analysis for this study. The predictor variables were age and each subscale of the RIDS: Concrete, Relational, Confusion, Cognitive-rationalization, Exploration, and Acceptance. For the first research question, the criterion variables were the scores on the Awareness-R subscale, the Knowledge-R subscale, and the Skills-R subscale of the MAKSS-CE-R. For the second research question, the criterion variables were the scores on the attitudes, knowledge, and skills subscales of the GICCS. Canonical correlation is used whenever researchers are examining relationships between multiples sets of independent and dependent variables;

canonical correlation predicts multiple dependent variables from multiple independent variables (Hair, Anderson, Tatham, & Black, 1998).

There are two major advantages to using canonical correlation rather than using several multiple regressions to analyze the data. It helps eliminate the chance of Type I error that may occur when conducting multiple statistical analyses with the same variables because canonical correlation allows for simultaneous comparison of multiple variables (Sherry & Hanson, 2005). I chose to use canonical correlation versus using several multiple regression tests to analyze my research questions in order to avoid Type I error. Additionally, canonical correlation helps researchers examine real-life conditions because most variables in human behavior and cognition do not occur in isolation (Sherry & Hanson, 2005).

For my third research question, descriptive statistics were used to analyze the extent to which participants believed they were prepared to work with transgender clients. Participants ranked the extent to which they thought they were prepared based on a 7-point Likert scale. The mean, range, and standard deviations were noted.

Summary

The information presented in this chapter provided an overview of the methods that were used in this study. The purpose of this study was to examine the relationship between age, religious identity, multicultural counseling competency, and transgender counseling competency. Correlational design was used to assess the relationship and to what extent age and religious identity predict multicultural and transgender counseling competence. I used SPSS 22 statistical software to analyze the data.

Convenience and snowball sampling were used to recruit participants who were counseling students enrolled in CACREP accredited school, community, clinical mental health counseling, and counselor education programs. Participants were recruited by emailing the informed consent and link to the demographics questionnaire, RIDS, MAKSS-CE-R, and GICCS to professors asking them to forward the link to their students and to any colleagues who would also be willing to forward it to their students. A demographics questionnaire was used to gather relevant demographic information and assess participants' perceptions of preparedness working with transgender clients. The RIDS was used to assess religious identity, the MAKSS-CE-R to assess multicultural counseling competency, and the GICCS to evaluate transgender counseling competency. Participants took the survey by visiting the website provided in the email. They were asked to consent to the study and after completing the instruments, data was automatically generated into a database. The data was then imported into SPSS, Version 22, for analysis. Data was analyzed using canonical correlation. Descriptive statistics were also provided to assess to what extent participants thought they were competent working with transgender clients. Chapter IV discusses the results of this study and Chapter V includes discussion, implications, and recommendations.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

The purpose of this study was to examine the relationship between age, religious identity, transgender counseling competency, and multicultural counseling competency among graduate students from CACREP accredited programs. Students were enrolled either part-time or fulltime in school, community, clinical mental health counseling, and counselor education programs. I used canonical correlation analysis to examine the relationship between age, religious identity using the Religious Identity Development Scale (RIDS), and multicultural counseling competency using the Multicultural Knowledge, Awareness, and Skills Scale—Counselor Edition—Revised (MAKSS-CE-R). I also used canonical correlation to examine the relationship between age, religious identity, and transgender counseling competency using the Gender Identity Counselor Competency Scale (GICCS). I also applied descriptive statistics to analyze to what extent counseling students reported being prepared to work with transgender clients.

In this chapter, I first report the participants' demographic data gathered in the study; I present this data in Table 1. Then I will discuss how I handled missing data and results from preliminary analyses. Third, I present the validity of assumptions and canonical correlation analysis results for research questions one and two. Lastly, I will report descriptive statistics for question three.

Table 1

Participant Demographic Information (*N* = 157)

Participants	*N*	%
Age		
20-29	90	57.3
30-39	35	22.3
40-49	15	9.6
50-59	11	7.0
60-69	4	2.5
Missing	2	1.3
Gender/Gender Identity		
Female	124	78.5
Male	26	16.6
Transgender	2	1.3
Genderfluid	2	1.3
Non-binary	2	1.3
Other	1	0.6
Race/Ethnicity		
Caucasian	112	71.3
Black/African/African American	17	10.8
Hispanic/Latinx	13	8.3
Multiracial	7	4.5
Asian/Asian American	4	2.5
American Indian/Alaskan Native	1	0.6
Native Hawaiian/Pacific Islander	1	0.6
Other	1	0.6
Sexual Orientation		
Heterosexual	117	74.5
Bisexual	17	10.8
Gay/Lesbian/Queer	14	8.9
Pansexual	5	3.2
Other	2	1.3
Missing	2	1.3
Graduate Student Status		
Master’s	132	84.1
Doctoral	23	14.6
Educational Specialist	2	1.2

(continued)

Participants	*N*	%
Program Track		
Clinical Mental Health	102	65.0
Counselor Education	22	14.0
School	20	12.7
Community	7	4.5
Other	6	3.8
Missing	0	0
Year in Program		
1st	40	25.5
2nd	64	40.8
3rd	38	24.2
4th	10	6.4
Other	5	3.1
Geographic Region of Graduate Institution		
Southwest	70	44.6
Southeast	50	31.8
Northeast	12	7.6
West	11	7.0
Midwest	10	6.4
Other	3	1.9
Missing	1	.6
Political Orientation		
Democrat/Liberal	72	45.9
Republican/Conservative	18	11.5
Independent	10	6.4
Libertarian	10	6.4
Moderate	5	3.2
Green Party	1	.6
Other	8	5.1
Missing	33	21.0

(continued)

Participants	*N*	%
Religious Orientation		
Christian	91	58
Baptist	7	4.5
Catholic	21	13.4
Christian	45	28.7
Orthodox	2	1.3
Episcopalian	3	1.9
Lutheran	2	1.3
Methodist	2	1.3
Nondenominational	3	1.9
Pentecostal	1	.6
Protestant	5	3.2
Agnostic	14	8.9
Atheist	8	5.1
Buddhist	4	2.5
Jewish	2	1.3
Hindu	1	.6
None/non-religious	10	6.4
Pagan	2	1.3
Spiritual	10	6.4
Unitarian Universalist	1	.6
Other	12	7.6
Missing	2	1.3

Missing Data

I did not require participants to answer every question; therefore, there were cases with missing data. The sums for the MAKSS-CE-R and the means for the RIDS and GICCS were calculated, and cases with missing data for those variables were deleted. There were 156 participants for research question 1, but there were 157 participants for research question 2. The MAKSS-CE-R questions were last in the survey, and one respondent completed questions for the other instruments but not the MAKSS-CE-R. The demographic data above were supplied for all 157 participants.

Research Question 1

What is the relationship between the combined variables of age; the Concrete, Relational, Confusion, Cognitive-Rationalization, Exploration, and Acceptance scales of the RIDS; and the combined variables of awareness, knowledge, and skills of multicultural counseling competency as measured by the Multicultural Awareness, Knowledge, and Skill Survey—Counselor Edition—Revised (MAKSS-CE-R)?

Testing Assumptions

A Mahalanobis' Distance was calculated to determine if there were any multivariate outliers at .01 for the MAKSS-CE-R. Buchanan (2015) suggested analyzing each scale for outliers rather than the patterns when they are all combined. There were 2 multivariate outliers and those cases were deleted. Assumptions for normality, linearity, and homoscedasticity were investigated through analyzing histograms, P–P plots, and scatterplots. Data appeared to meet the assumptions for normality, linearity, and homoscedasticity.

Results

A canonical correlation analysis was conducted using the six statuses of the RIDS and age as predictors for the three subscales of the MAKSS-CE-R to evaluate the shared relationship between the two sets of variables (i.e., age and religious identity with multicultural counseling competency). The analysis yielded three functions with squared canonical correlations R_C^2 of .22, .07, and .0 for each successive function. These correlations signify the strength of the correlation between the dependent canonical variate (multicultural counseling competency variate) and the independent canonical variate (religious identity and age variate). Collectively, the full model across all

functions was statistically significant using the Wilks's λ =.72 criterion, F (21, 402.55) = 2.32, p = .001. Wilks's λ represents the variance unexplained by the model, so 1 – λ produces the full model effect size in an r^2 measurement. Therefore, the r^2 type effect size was .28, indicating that the full model explained about 28% of the shared variance between the variables.

In addition to noting that the full model (Functions 1 to 3) was significant, dimension reduction analysis was conducted and revealed that Function 2 to 3 was not statistically significant, Wilks's λ = .93 criterion, F(12, 282) = .89, p = .055. Function 3 was also not statistically significant, Wilks's λ = 1.0 criterion, F(5, 142) = .13, p = .985, and therefore, only Function 1 was interpreted. See Figure 1 for the canonical analysis for Functions 1 to 3.

Table 2 presents the standardized canonical function coefficients, the structure coefficients, and the squared structure coefficients for Function 1 to 3. The standardized canonical function coefficients (*Coef*) indicate the canonical weights. The structure coefficients (r_s), or loadings, represent the correlations between each variable and its own variate, independent of other variables. The squared structure coefficients (r_s^2) indicate the amount of variance shared by a variable and its own variate. Interpreting the canonical weights alone is difficult due to the effects of multicollinearity and the contribution of each variable to the other variables (Thompson, 2000). Structure coefficients were the primary focus for interpretation. The coefficient cutoff of .3 was used for the structural coefficients (Tabachnick & Field, 2013). Looking at the coefficients, one sees that the relevant criterion (dependent) variable was primarily Awareness (r_s = .77). The Knowledge variable also made a secondary contribution to the

synthetic criterion variable (r_s = .56). The variables in the religious identity subscales that were correlated with the first canonical correlate were Concrete (r_s = -.32), Relational (r_s = -.62), Confusion (r_s = -.55), and Exploration (r_s = .53). Because the structure coefficients' signs of Concrete, Relational, and Confusion were all negative, they were positively related. They were all inversely related to Exploration. When referencing Veerasamy's (2002) model, Concrete, Relational, and Confusion are the first three statuses of the model, whereas Exploration is the fifth status so this meets what is theoretically expected for religious identity. Both Awareness and Knowledge were positively related, and that also meets the theoretical expectation that multicultural knowledge and awareness/attitudes are correlated.

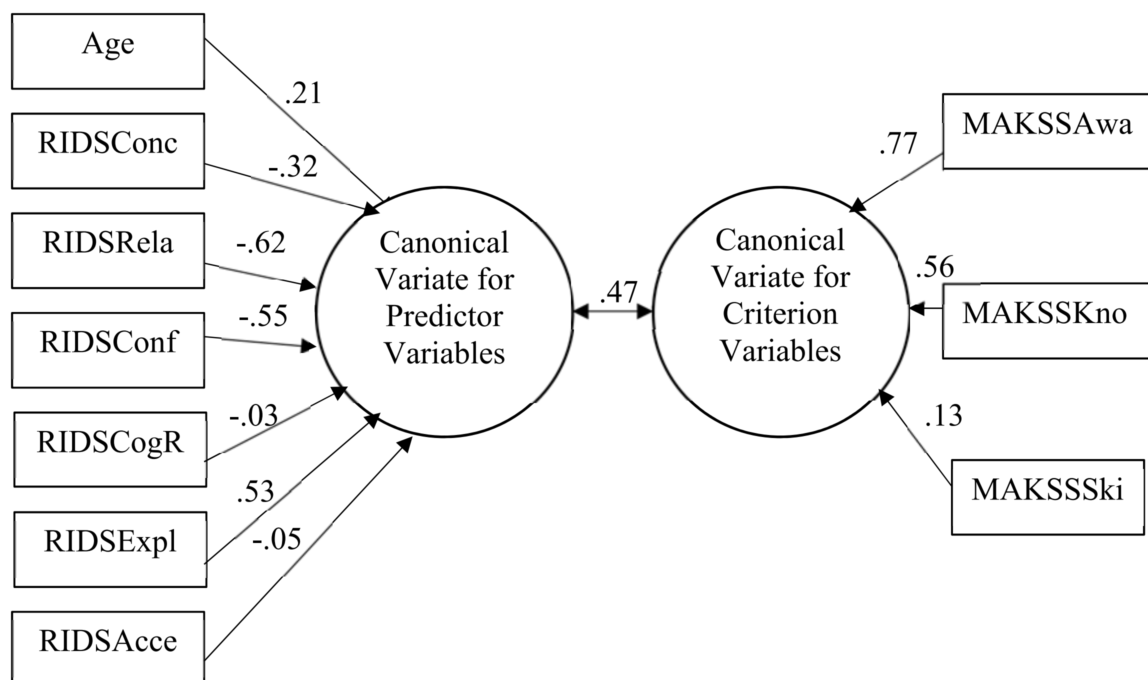

Figure 1. Canonical Correlation Analysis Model for First Function, Research Question 1

Higher scores on each subscale of the RIDS signify stronger beliefs in the identifying qualities of the subscale being assessed. Higher scores on the MAKSS-CE-R

indicate greater levels of multicultural counseling competency. Concrete, Relational, and Confusion were inversely related to Awareness and Knowledge, whereas Exploration was positively related to Awareness and Knowledge. Participants who were less passive and rigid about their beliefs, who were less influenced by significant others in their beliefs, and who sought less logical and rational views of religion reported better multicultural awareness and knowledge. Participants who were more independent and conscious in their search for religious meaning and who explored more alternative religious views were more likely to possess greater multicultural awareness and knowledge. Overall, the function was significant, and the canonical variate indicates a significant relationship between religious identity and multicultural awareness and knowledge.

Table 2

Canonical Solution for Age and Religious Identity Predicting Multicultural Counseling Competency for Function 1

	Function 1		
Variable	*Coef*	r_s	r_s^2 (%)
Awareness	.80	<u>.77</u>	56.29
Knowledge	.74	<u>.56</u>	31.36
Skills	-.19	.13	1.69
R_C^2			22.44
Age	.18	.21	4.41
Concrete	-.21	<u>-.32</u>	10.24
Relational	-.40	<u>-.62</u>	38.44
Confusion	-.66	<u>-.55</u>	30.25
Cognitive Rationalization	.36	-.03	.09
Exploration	.53	<u>.53</u>	28.09
Acceptance	-.14	-.05	.25

Note: Structure coefficients (r_s) greater than or equal to |.3| are underlined and were used for interpretation of the canonical variate (Tabachnick & Fidell, 2013). *Coef* = standardized canonical function coefficient; r_s = structure coefficient; r_s^2 = squared structure coefficient

Research Question 2

What is the relationship between the combined variables of age; the Concrete, Relational, Confusion, Cognitive-Rationalization, Exploration, and Acceptance scales of the RIDS; and the combined variables of attitudes, knowledge, and skills of transgender counseling competency as measured by the Gender Identity Counselor Competency Scale (GICCS)?

Testing Assumptions

A Mahalanobis' Distance was calculated to determine if there were any multivariate outliers at .01 for each scale (RIDS and GICCS). Buchanan (2015) suggested analyzing each scale for outliers rather than the patterns when they are all combined. There were 11 multivariate outliers when considering the variables being assessed; those cases were deleted. Assumptions for normality, linearity, and homoscedasticity were investigated through analyzing histograms, P–P plots, and scatterplots. Data appeared to meet the assumptions for normality, linearity, and homoscedasticity.

Results

A canonical correlation analysis was conducted using the six statuses of the RIDS and age as predictors for the three subscales of the GICCS to evaluate the shared relationship between the two sets of variables (i.e., age and religious identity with transgender counseling competency). The analysis yielded three functions with squared canonical correlations R_C^2 of .23, .18, and .07 for each successive function. These correlations signify the strength of the correlation between the dependent canonical variate (transgender counseling competency variate) and the independent canonical variate (religious identity and age). Collectively, the full model across all functions was

statistically significant using the Wilks's λ =.59 criterion, F (21, 405.43) = 3.84, $p < .001$. Wilks's λ represents the variance unexplained by the model, so 1 – λ produces the full model effect size in an r^2 measurement (Sherry & Henson, 2005). Therefore, the r^2 type effect size was .41, indicating that the full model explained about 41% of the shared variance between the variables.

In addition to noting that the full model (Functions 1 to 3) was significant, dimension reduction analysis also indicated that Function 2 to 3 was statistically significant, Wilks's λ = .77 criterion, $F(12, 284) = 3.32$, $p < .001$. The r^2 type effect size was .23, indicating that the full model explained about 23% of the shared variance between the variables. Function 3 was not statistically significant, Wilks's λ = .93 criterion, $F(5, 143) = 2.03$, $p = .078$, and therefore, only Function 1 and 2 were interpreted. See Figure 2 for the canonical analysis for Function 1.

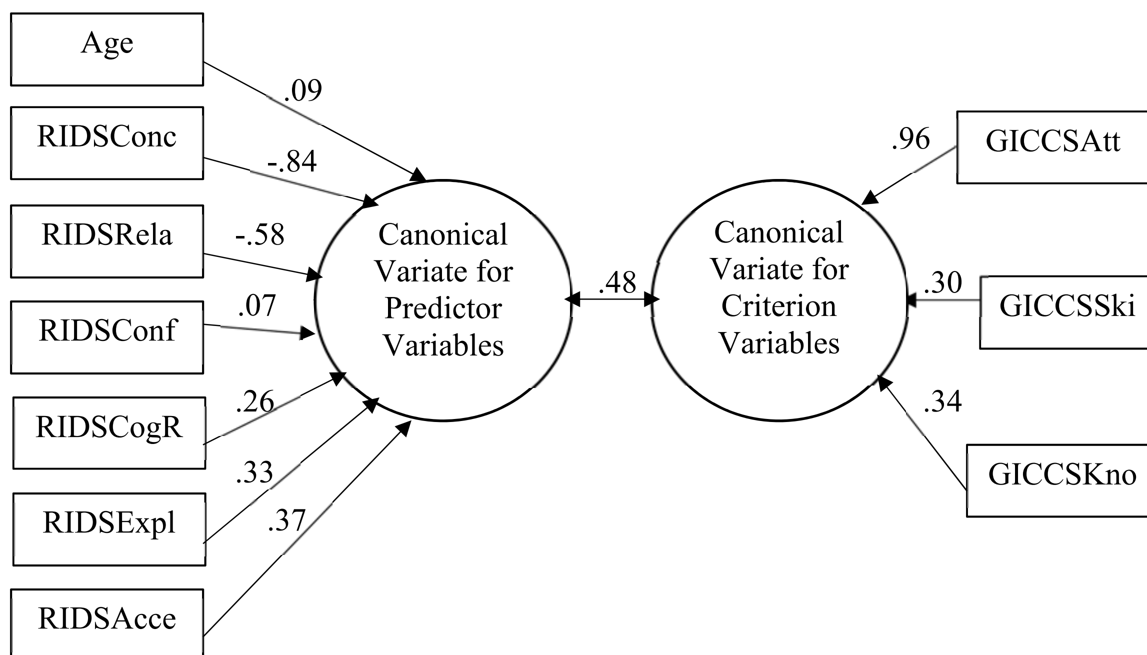

Figure 2. Canonical Correlation Analysis Model for First Function, Research Question 2

Table 3 presents the standardized canonical function coefficients, the structure coefficients, the squared structure coefficients, and the communality coefficients for Functions 1 and Function 2. The standardized canonical function coefficients (*Coef*) indicate the canonical weights. The structure coefficients (r_s), or loadings, represent the correlations between each variable and its own variate, independent of other variables. The squared structure coefficients (r_s^2) indicate the amount of variance shared by a variable and its own variate. The communality coefficients (h^2) denote the amount of variance in a variable that was reproducible across the functions. Interpreting the canonical weights alone is difficult due to the effects of multicollinearity and the contribution of each variable to the other variables (Thompson, 2000). Structure coefficients were the primary focus for interpretation. The coefficient cutoff of .3 was used for the structural coefficients (Tabachnick & Field, 2007). Looking at the coefficients of Function 1, one sees that the relevant criterion (dependent) variable was primarily Attitudes (r_s = .96). The Skills (r_s = .30) and Knowledge (r_s = .34) variables also made a secondary contribution to the synthetic criterion variable. The variables in the religious identity subscales that were correlated with the first canonical correlate were Concrete (r_s = -.84), Relational (r_s = -.58), Exploration (r_s = .33), and Acceptance (r_s = .37). Because the structure coefficients' signs of Concrete and Relational were negative, they were positively related. Conversely, the coefficients of Exploration and Acceptance were both positive, so they were positively related. Because they had opposite signs, Concrete and Relational were inversely related to Exploration and Acceptance. When referencing Veerasamy's (2002) model, Concrete and Relational are the first two statuses of the model, whereas Exploration and Acceptance are the fifth and sixth status,

respectively, so this meets what is theoretically expected for religious identity development. The coefficients for Attitudes, Skills, and Knowledge were positively related, and that also meets the theoretical expectation that transgender counseling knowledge, skills, and attitudes are related.

Table 3

Canonical Solution for Age and Religious Identity Predicting Transgender Counseling Competency for Functions 1 and 2

	Function 1			*Function 2*			
Variable	*Coef*	r_s	r_s^2(%)	*Coef*	r_s	r_s^2(%)	h^2(%)
Attitudes	.92	.96	92.16	.08	.01	.01	92.17
Skills	.13	.30	9.0	-.93	-.80	64.0	73.0
Knowledge	.22	.34	11.56	.60	.42	17.64	29.2
R_C^2			23.25			17.65	
Age	.04	.09	.81	-.74	-.78	60.84	61.65
Concrete	-.75	-.84	70.56	-.07	-.23	5.29	75.85
Relational	-.23	-.58	33.64	-.26	-.37	13.69	47.33
Confusion	-.26	.07	.49	.41	.17	2.89	3.38
Cognitive Rationalization	.29	.26	6.76	-.39	-.19	3.61	10.37
Exploration	.16	.33	10.89	.23	.04	.16	11.05
Acceptance	.34	.37	13.69	-.40	-.38	14.44	28.13

Note: Structure coefficients (r_s) greater than or equal to |.3| are underlined and were used for interpretation of the canonical variate (Tabachnick & Fidell, 2013). Communality coefficients (h^2) greater than 30% are underlined. *Coef* = standardized canonical function coefficient; r_s = structure coefficient; r_s^2 = squared structure coefficient; h^2 = communality coefficient.

Higher scores on each subscale of the RIDS signify stronger beliefs in the identifying qualities of the subscale being assessed. Higher scores on the GICCS indicate greater levels of transgender counseling competency. Participants who were less passive and rigid about their beliefs and who were less influenced by significant others in their beliefs reported greater transgender counseling attitudes, skills, and knowledge. Participants who were more independent and intentional in their search for religious

meaning, explored more alternative religious views, showed greater acceptance and value of other religions, and more easily integrated new and conflicting information into their religious perspectives were more likely to possess greater transgender counseling attitudes, skills, and knowledge. Overall, the function was significant and the canonical variate indicates a significant relationship between religious identity and transgender attitudes, skills, and knowledge.

Function 2 was also significant and will be interpreted. Looking at the coefficients of Function 2, one sees that the relevant criterion (dependent) variable was primarily Skills (r_s = -.80). The Knowledge (r_s = .42) variable also made a secondary contribution to the synthetic criterion variable. The variables in the religious identity subscales that were correlated with the second canonical correlate were Age (r_s = -.78), Relational (r_s = -.37), and Acceptance (r_s = -.38). The coefficients' signs of the Relational and Acceptance statuses are both negative, indicating that they are both positively related. Because they are the second and sixth status of the RIDS, this is not what is theoretically expected. Additionally, the coefficient's sign of the Skills subscale is negative whereas the knowledge coefficient is positive, suggesting that knowledge and skills are inversely related. This is also not theoretically expected because possessing transgender counseling knowledge and skills are usually correlated.

Higher scores on each subscale of the RIDS signify stronger beliefs in the identifying qualities of the subscale being assessed. Higher scores on the GICCS indicate greater levels of transgender counseling competency. Participants who were younger, who were less influenced by significant others in their beliefs, and who were less likely to accept and value other religions and integrate new and conflicting information into their

religious perspectives were more likely to possess greater transgender counseling knowledge, but less skills. Overall, the function was significant and the results indicated a relationship between religious identity and transgender skills and knowledge.

Research Question 3

To what extent do participants believe they are prepared to work with transgender clients?

Descriptive Statistics

Participants were asked to rate their preparedness for working with transgender clients on a scale of 1 (Totally unprepared) to 7 (Totally prepared). There were no missing data for the question asking participants to rate their level of preparedness working with transgender clients. The mean was 4.58 with a standard deviation of 1.40. Scores ranged from 1 to 7. The mean of 4.58 indicated that participants reported that they were between neutral to somewhat prepared to work with transgender clients. Similarly, participants were asked to score the training they received related to transgender issues from 1 (Totally inadequate) to 7 (Totally adequate) in their Master's level multicultural course. The mean score was 4.73 with a standard deviation of 1.74, indicating that the quality of multicultural training may be related to the preparedness for working with transgender clients.

A post hoc Pearson product-moment correlation was performed to determine the relationship between multicultural training and level of preparedness for working with transgender clients. There was a low, positive, and significant correlation between the rating of participants' Master's level multicultural training and their level of preparedness to work with transgender clients ($r = .353$, $n = 153$, $p < .001$). A correlational analysis

was only conducted with Master's level multicultural training because Master's students comprised the majority of the population (*n* = 132); however, doctoral students scored their training in their doctoral multicultural course slightly lower with a mean score of 4.29 and a standard deviation of 2.26. Results from the post-hoc correlation indicated that the higher participants rated their multicultural training related to transgender issues, the better prepared students were to work with transgender clients.

CHAPTER V

DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

Religious identity and transgender issues are important current discussions in counselor education, but yet they remain scarcely studied. Issues related to training are especially important with these topics. In the previous chapters, I discussed gaps in the literature relating to the topic, the rationale for my research study, methodology, and my results for this study. This chapter will summarize and discuss the findings for each research question, explore implications for this study and future research, discuss the limitations of this study, and offer final conclusions.

Summary

The present study sought to investigate the relationship between age, religious identity, transgender counseling competency, and multicultural counseling competency. The population for this study included graduate students enrolled in CACREP accredited community counseling, clinical mental health counseling, school counseling, and counselor education programs. Data were collected using the Religious Identity Development Scale (RIDS), Gender Identity Counselor Competency Scale (GICCS), and Multicultural Awareness, Knowledge, and Skills Survey, Counselor Edition—Revised (MAKSS-CE-R). Participants were also asked to identify their ages in years on a demographic questionnaire.

Discussion

Research Question 1

What is the relationship between the combined variables of age; the Concrete, Relational, Confusion, Cognitive-Rationalization, Exploration, and Acceptance scales of

the RIDS; and the combined variables of awareness, knowledge, and skills of multicultural counseling competency as measured by the Multicultural Awareness, Knowledge, and Skill Survey—Counselor Edition—Revised (MAKSS-CE-R)?

The results from Function 1 of Research Question 1 indicate that the Concrete, Relational, Confusion, and Exploration statuses are significantly related to multicultural counseling awareness and knowledge. More specifically, the Concrete, Relational, and Confusion statuses are all related inversely to multicultural awareness and knowledge, whereas the Exploration status is positively related to multicultural awareness and knowledge. The results related to the Concrete, Relational, Confusion, and Exploration statuses may all have significance in explaining levels of multicultural awareness and knowledge.

The Concrete status is characterized by passive, devout adherence to a dualistic way of thinking and rigidity in beliefs. Individuals who score higher in the Concrete status possess greater rigidity in their religious beliefs. The Relational status is defined by an active, rational view of religious based off of views of significant others, and individuals who possess strong scores in this category are more easily influenced by others regarding religion. There is a questioning of beliefs in the Confusion status and not only do individuals who score higher in the Confusion status question their beliefs more, but they also have more anxiety, anger, and frustration because they encounter information contrary to what significant others have told them regarding religion; they feel betrayed. Because results indicated an inverse relationship between Concrete, Relational, and Confusion statuses with multicultural awareness and knowledge, individuals who were less rigid in their beliefs (i.e., lower scores), less influenced by

significant others (i.e., lower scores), and questioned their beliefs less (i.e. lower scores) possessed greater multicultural awareness (i.e., higher scores) and knowledge (i.e., higher scores).

The Exploration status is characterized by more independent and intentional search for religious meaning. Individuals who score higher in the Exploration status are more autonomous and purposeful in their search for religious meaning, and they are also more open to exploring alternative religious views. Because there was a positive relationship between the Exploration status and multicultural awareness and knowledge, individuals who were more independent and purposeful in their search for religious meaning and more open to exploring other religions (i.e., higher scores) possessed greater multicultural awareness and knowledge.

Relational had a greater effect than the Concrete, Confusion, and Exploration statuses on multicultural awareness and knowledge. Perhaps the Concrete, Confusion, and Exploration statuses are more individualistic, while the Relational status exists more in the context of others. In this sample, it would seem to indicate that the influence of others around them seem to be more important, or have a greater effect, than dogmatic thought, questioning of beliefs, or being open to exploring other beliefs. Being influenced by others seems more important in their development at this time and a stronger predictor of multicultural awareness and knowledge than rigidity, questioning of beliefs, and openness to other religions.

Veerasamy's (2002) model of religious identity development was shaped after Fowler's Stages of Faith. Fowler (1981) reported that individuals in the early stages of faith development imitate the faith of significant individuals in their lives, usually

parents, and do not engage in creating their own religious beliefs or faith. A possible hypothesis regarding the current results is that individuals possessing strong characteristics from the Concrete, Relational, and Confusion statuses (i.e., high scores) are not open to receiving information regarding multicultural populations that is different from what they were taught growing up. Kaiser (2005) found similar results when analyzing religious identity development and personality. She found that the Concrete status was significantly and inversely related to Openness to Experience on the NEO-FFI personality assessment.

During the Confusion status, analogous to Fowler's third stage of faith (Synthetic-Conventional Faith), individuals encounter an experience that causes them to question the beliefs they have been taught. In order transition to the fourth stage of faith, they must begin to think critically for themselves. The results may indicate that individuals possessing strong adherence to qualities in the Concrete, Relational, and Confusion statuses (i.e., high scores) have not yet begun to think for themselves; whereas individuals possessing strong characteristics of the Exploration stage think for themselves and actively explore new and different ideas related to religion and multicultural issues. Individuals who are more open-minded regarding religion seem to develop greater multicultural knowledge and awareness.

Participants' scores on the Concrete, Relational, and Confusion subscales of the RIDS were inversely related to scores on the Awareness and Knowledge subscales of the MAKSS-CE-R. Participants' scores on the Exploration subscale of the RIDS were positively related to the Awareness and Knowledge subscales. The criterion variable with the strongest effect was multicultural awareness, followed by knowledge. Skills had the

weakest effect. A possible hypothesis as to why awareness was the strongest is because there is an undercurrent of emotion related to attitudes regarding diverse populations. Skills and knowledge are a bit more objective, in that participants are just reporting whether or not they know specific concepts or are skillful in working with a certain population. Although research is limited concerning the study of religious identity and multicultural counseling competence, Balkin et al. (2009) only found knowledge to have a significant effect related to the Relational, Confusion, and Acceptance aspects of religious identity development.

Interpreting the results from each individual subscale is also beneficial in understanding how religious identity development affects multicultural counseling competency. The Concrete status is characterized by passively, yet devoutly, adhering to a dualistic way of thinking. Another characteristic in this status includes rigidity in religious beliefs. This result would largely make sense that individuals who were less rigid in their beliefs would report higher competencies in multicultural awareness and knowledge. Increasing multicultural awareness and knowledge requires a vulnerability and flexibility in one's thinking. Often one is faced with information that is contrary to what one has learned from society and/or family, so one who is more flexible in their beliefs would be able to integrate new and sometimes, conflicting, multicultural information. The research examining the relationship between religious identity and multicultural counseling competency is scarce, but I managed to find a dissertation examining how aspects of religiosity, such as dogmatic thought, impede social justice development, an aspect of multicultural counseling competency. May (2017) found that those who engaged in more dogmatic ways of spiritual thinking were less likely to

engage in social justice advocacy. It appears that religious orientation alone is not necessarily a factor in impeding or developing multicultural counseling competency; however, inflexible, dogmatic thought appears to hinder the development of multicultural counseling competency.

Although the Relational status is exemplified by a more active role in developing religious beliefs, individuals in this status begin to view religion more rationally but based off of the views and beliefs held by significant others. Individuals who were less influenced by others regarding their religious beliefs reported higher scores on multicultural knowledge and awareness. The Relational status was the most significant predictor of multicultural counseling knowledge and awareness. It was also the most significant predictor of multicultural knowledge in Balkin et al.'s (2009) study; however, the researchers found an opposite relationship—that those who were more easily influenced by significant others regarding their religious beliefs reported higher levels of multicultural knowledge. Again, being less influenced by significant others seems to make sense, because one may be open to exploring new information for him or herself without influence from others. Additionally, Relational is only the second status of religious identity development and it is more understandable that individuals who are less developed in their religious identity would be less open to exploring alternative views regarding multiculturalism. However, it is possible that individuals who are more easily influenced regarding their religious beliefs may also be more easily influenced regarding other information, including the multicultural information they are receiving from instructors, media, and peers.

The Confusion status is described by greater questioning of religious beliefs and often involves negative emotions, such as anxiety, anger, and frustration because people in this stage feel betrayed by significant others. At this stage, people encounter something that is contrary to what they have believed in the past, what their significant others have promoted. Individuals in this stage begin to look for more rational views of religion. Those who were less likely to question their beliefs were more likely to report higher levels of multicultural knowledge and awareness. A potential rationale is that counseling students are being taught information from someone they view as respected and knowledgeable, so therefore the information given to them is viewed as true and they are less likely to question it. Balkin et al. (2009) also reported conflicting results and found that those who were more likely to question their religious beliefs reported higher scores on the Knowledge subscale of the MAKSS-CE-R. Because this stage is marked by confusion, it is noteworthy that there is no clear rationale for why scoring higher or lower in the Confusion subscale would indicate greater or lower scores on multicultural knowledge. However, it does make sense that because this is only the third status in the Religious Identity Development Model, it would be inversely related to multicultural competency.

In the Exploration status, individuals are independently and intentionally searching for religious meaning. They are also open to exploring alternative views. Those who scored higher in the Exploration status also reported higher scores on the Awareness and Knowledge subscales of the MAKSS-CE-R. This also seems to be reasonable, because those who are open to exploring differing religious views would be open to exploring multicultural information contrary to what they were taught growing up.

Overall, the results of this study indicated a relationship between religious identity and knowledge and awareness related to multicultural competence.

Research Question 2

What is the relationship between the combined variables of age; the Concrete, Relational, Confusion, Cognitive-Rationalization, Exploration, and Acceptance scales of the RIDS; and the combined variables of attitudes, knowledge, and skills of transgender counseling competency as measured by the Gender Identity Counselor Competency Scale (GICCS)?

The results from Function 1 of Research Question 2 indicate that the Concrete, Relational, Exploration, and Acceptance statuses are significantly related to transgender counseling attitudes, skills, and knowledge. Additionally, the Concrete and Relational statuses are also all related inversely to attitudes, knowledge, and skills, whereas the Exploration and Acceptance statuses are positively related to transgender counseling competency. The results related to the Concrete, Relational, Exploration, and Acceptance statuses may all have significance in explaining levels of transgender counseling competence. Similar to the discussion in Research Question 1, individuals possessing stronger affiliation with characteristics of the Concrete (dogmatic thinking) and Relational (imitation of significant others' beliefs) statuses may be more reluctant to explore information different than what they believe, and therefore, they are less likely to develop positive attitudes, knowledge, and skills towards working with transgender populations. Individuals possessing a stronger adherence to qualities of the Exploration (independent and intentional search for religious meaning) and Acceptance (accepting, valuing, and integrating different religious beliefs) statuses are more open to receiving

and investigating different information than what they believe, and therefore, they are more likely to develop transgender counseling competency. Individuals who are more open-minded regarding religion may be more likely to develop greater attitudes, knowledge, and skills to work with transgender populations. Additionally, attitudes was the criterion variable with the strongest effect. A hypothesis regarding this is that there is an affective component to attitudes that is not necessarily present in reporting one's knowledge and skills.

The literature concerning how religious identity impacts transgender counseling competency is very limited. I found no studies examining the relationship between religious identity and transgender counseling competency, so I had to expand my discussion to how religiosity impacts counseling with LGB clients; however, even research related to religious identity and LGB competency was difficult to find. I did find a few studies directly related to religiosity and LGB counseling competency and those are discussed in this section.

The results from Function 1 of my study indicated an inverse relationship between the Concrete and Relational scales of the RIDS and transgender counseling competency and a positive relationship between the Exploration and Acceptance scales and transgender counseling competency. Individuals who scored lower in the Concrete status were more flexible in their religious beliefs so it appears rational that they would possess greater knowledge, skills, and more positive attitudes related to counseling transgender clients. Additionally, the Concrete status was the most significant predictor and had a strong effect on transgender counseling competency, suggesting that rigidity in thinking and religious beliefs may be the strongest predictor and greatest hindrance to developing

transgender counseling competency. Balkin et al. (2009) found very similar results when investigating the relationship between religious identity and attitudes towards lesbians and gay men. They found that the Concrete status was the greatest predictor and had a strong effect on attitudes, and those with more dogmatic and rigid thought possessed more negative attitudes toward gay men and lesbians. Bidell (2014b) also found similar results: Counseling students and educators who possessed more conservative and fundamentalist views scored lower on competency working with LGB clients. Although not specific to a counseling-affiliated population, Kanamori, Pegors, Hulgus, and Cornelius-White (2017) surveyed 483 participants and found that those who self-identified as Evangelical Christians (n = 230) reported significantly more negative attitudes towards transgender persons than those who identified as non-religious (n = 253).

Additionally, individuals who were less influenced by significant others (i.e., lower scores on the Relational status) also reported greater transgender counseling competency. This also appears consistent, as they are more open to receiving new information rather than following what they have always been taught. Balkin et al. (2009) found similar results: those who scored higher in the Concrete (more rigid thinking) and Relational (more easily influenced by significant others' views) statuses possessed less tolerance of gay and lesbian individuals. Additionally, Kissinger et al. (2009) found similar results related to the inverse relationship between significant others' influences on religious beliefs and attitudes. In this study, marriage and family therapists who had a greater family emphasis on religious issues and values possessed more negative attitudes towards gay men and lesbians.

The Exploration status involves an independent and purposeful search for religious meaning and is also characterized by exploring new and different religious beliefs. The Acceptance status is characterized by accepting and valuing other religions and seamlessly incorporating new and conflicting information into one's religious worldview and practices. Important to note, it is also characterized by practicing religion that is beneficial to others. Understandably, it makes sense that a positive relationship would exist between the Exploration and Acceptance statuses (i.e., higher scores) and transgender counseling competency (i.e., higher scores). Those who are more likely to explore new religions, integrate new information into their belief systems, and practice religion that helps others possessed greater attitudes, knowledge, and skills related to counseling transgender clients. Similarly, Balkin et al. (2009) found that counselors who scored lower on the Acceptance scale possessed more negative attitudes towards gay men and lesbian women.

The results from Function 2 were a little less consistent, but the second function largely captures what the first function did not, and therefore, results are typically different. First, the Skills and Knowledge subscales were not correlated. Secondly, individuals who were less influenced by significant others regarding their beliefs and less accepting of other religious views possessed greater knowledge but less skills. However, both structure coefficients were lower and only slightly larger than the .3 threshold for significance (Relational, $r_s = -.37$, and Acceptance, $r_s = -.38$). Also, the Knowledge subscale structure coefficient was also smaller ($r_s = .42$).

The most significant result involved age ($r_s = -.78$) and skills ($r_s = -.80$). Participants who were younger reported less skills in working with transgender clients.

This also seems logical, but still important to note. Because most of the participants were Master's-level counseling students, older participants do not necessarily have more experience counseling transgender clients but reported more competency in their skills. One possible explanation is that older counseling students have more real-world experience and are more confident in their counseling skills, so they reported higher scores. Dispenza and O'Hara (2016) found that age was not a significant predictor of the overall GICCS score. Although no study was found analyzing age and skills, Kissinger et al. (2009) found that younger graduate students in counseling and social work reported more negative attitudes towards gay men and lesbians, and Matthews et al. (2005) indicated that older addiction counselors had more positive attitudes towards gay men and lesbians.

The results from Kissinger et al. (2009) and Matthews et al. (2005), although consistent with my study, are surprising. Researchers have demonstrated that younger generations are more accepting of homosexuality than older generations. A recent study conducted by GLAAD (2017) found that Millennials are the most accepting generation of LGBT individuals. About 63% of millennials who did not identify as LGBTQ were identified as allies. That percentage was followed by Gen Xers (53%), Baby Boomers (51%), and then Elders (39%).

Regarding religiosity and homosexuality, Evangelical Protestant Millennials are still more accepting of LGBT individuals than older generations. The Pew Research Center conducted a study in 2014 examining differences in views of social and political issues among Evangelical Protestants. Regarding the study's results, Diamant and Alper (2015) reported that 45% of Evangelical Protestants Millennials, those born from 1981 to

1996, were in favor of same-sex marriage compared to 23% of Evangelical Protestants born before 1981. About 51% of Evangelical Protestant Millennials reported that homosexuality should be accepted by society compared to 32% of older Evangelical Protestants.

Research Question 3

To what extent do participants believe they are prepared to work with transgender clients?

Participants reported a mean score of 4.58 on a scale of 1 (totally unprepared) to 7 (totally prepared) for their preparedness in working with transgender clients. The mean score of the question asking to what extent their multicultural course prepared them to work with transgender clients was 4.73. Those scores indicate that participants believe they are between 4 (neutral) and 5 (somewhat prepared) to counsel transgender populations. Overall, counseling students in this study did not feel even somewhat prepared to work with transgender clients and nor did they believe their multicultural training prepared them. Similarly, Kanamori and Cornelius-White (2017) reported that training, such as graduate coursework and professional workshops, of counseling students and professional counselors did not correlate significantly with positive attitudes towards transgender individuals. Couture (2016) also found no significant differences among mental health clinicians who completed training from a CACREP program and those who did not. O'Hara et al. (2013) indicated that the only variable that had a significant effect on transgender counseling competency was knowing someone personally who identified as being transgender.

Not being prepared to work with transgender clients is perhaps concerning because there is great need with this population and greater attention is being given to transgender issues in counseling, demonstrated by the creation of the American Counseling Association's Competencies for Counseling with Transgender Clients (2010). Moradi et al. (2016) conducted a content analysis and found that literature related to transgender issues in counseling is also growing. Additionally, the 2005 and 2014 editions of the ACA Codes of Ethics explicitly stated that counselors do not discriminate based upon *gender identity*, a term added between the 1995 code and the 2005 code. The Code of Ethics and Standards of Practice (1995) only used the term gender. With growing attention to transgender issues in counseling literature and an increased focus from the American Counseling Association, it is imperative that counseling students are being prepared to work with transgender clients. Training in counselor preparation programs needs to be improved and specifically address counseling with transgender populations.

Implications

One important implication suggested by this study is in regard to improved multicultural training. By no means are counseling students going to be completely competent when leaving graduate school; however, not even feeling somewhat prepared to work with transgender clients is somewhat concerning. Although it is important that counseling students leave competent to work with many differing populations, transgender individuals have high rates of suicidal ideation and attempts (Haas et al., 2014). Additionally, many healthcare providers have refused service to transgender

clients, so there is a great need for counselors to be prepared to ethically, compassionately, and competently work with this population (Haas et al., 2014).

O'Hara et al. (2013) proposed an excellent point, that counselor educators must first improve their level of preparedness to work with transgender clients in order to prepare counseling students. Because knowing someone personally who is transgender appears to be one of the greatest indicators of competency, counselor educators and counseling students need to expose themselves to transgender issues and persons. This can start by viewing documentaries or reading first-hand accounts of experiences of transgender persons, but can also include visiting open meetings and support groups to learn more. Additionally, counselor educators can expose students to persons identifying as transgender by inviting those individuals into class to share their knowledge and experiences. Counselor educators can also assign students to partake in a Cultural Immersion Experience, in which students engage themselves in the culture of a specific population with which they are unfamiliar (Canfield, Low, & Hovestadt, 2009). The target population for the Cultural Immersion Experience would be transgender persons.

It is also suggested that counseling programs begin offering additional courses related to gender identity issues. Bidell (2014a) found that multicultural courses alone did not predict competency when working with LGB clients; however, Bidell (2013) found that students who took a class related to LBGT issues did improve their overall competency working with LGB clients. An important component to include in these courses is the exploration of how identity, mainly religious identity, has impacted one's competency. Because information presented in affirmative counseling for transgender populations may present much cognitive dissonance, it is important that counselor

educators provide a safe and open environment for students from conservative religious backgrounds to explore their beliefs and the effect they have on working with diverse populations.

An additional aspect that is scarce in multicultural training is media involving transgender clients. Counselors educators need to be engaged in the recording and production of videos demonstrating how counseling with this population is implemented. These videos can be used in multicultural training courses, but they can also be used to expand and improve professional workshops related to transgender issues.

It is imperative that counseling students begin exploring how their religious beliefs and upbringing affect their attitudes when working with diverse clients. Various aspects of religiosity appear to have a negative effect on attitudes related to counseling sexual and gender minority clients. It is necessary to discuss those specific aspects and worthy of noting that not all individuals who experience their faith devoutly possess negative attitudes or beliefs towards transgender individuals. One such factor appears to be a rigidity or inflexibility in thinking about religion. Balkin et al. (2009) found that rigidity in religious beliefs was correlated with less tolerant attitudes towards gay men and lesbian, and Bidell (2014b) found that fundamental beliefs were associated with less competence working with LGB clients. Additionally, Sandage et al. (2015) found that spiritual grandiosity, congruent with narcissistic personality traits, was negatively correlated with multicultural competence.

Age is also an important consideration when it comes to counseling competency. Although some researchers (Dispenza & O’Hara, 2016) found that age was not a significant factor impacting competency counseling LGBT clients, others found that it

was (Kissinger et al., 2009; Matthews et al., 2005). When age was a significant factor, older counselors or counseling students reported higher levels of competency. This is significant considering many graduate counseling programs are comprised of students in their twenties. In this study, 57% of participants were in the age range of 20 to 29. Counselor educators must possess an understanding of human development, especially moral, religious, and cognitive development, in order to foster growth in their students.

Regardless of one's age or religious identity, all counseling professionals and counselors-in-training need to engage in advocacy. Transgender clients are an oppressed population that needs the support of professionals at all levels of advocacy. ACA (2003) outlined these levels as Advocacy Competency Domains and include client, school/community, and public arena. At the client level, counselors, counseling interns, educators, and supervisors need to know how to train their clients, including transgender clients, to become self-advocates and help them negotiate services and resources. At a macro level, counseling professionals can advocate for transgender clients through contacting legislators and policy makers regarding laws that directly affect transgender clients. One such issue that has surfaced in recent years is regarding the use of bathrooms by transgender individuals. Whenever legislation such as this arises, counseling professionals can directly contact their legislator and speak against any discriminatory legislation or speak in favor of any affirmative or protective legislation for the transgender population.

The core responsibility of a counselor is to protect and promote the wellbeing of clients, all clients, regardless of a counselor's age, personal values, and beliefs. It is necessary for counseling training programs to meet the needs of diverse students and

prepare them all to work with diverse clients. It is unethical for counselors to refuse services to clients based on their religious beliefs (ACA, 2014). Counseling students need to be taught early in their training that exploring their attitudes related to diverse populations is a must in the counseling profession, and they must also be open to increasing their knowledge and skills to work with transgender clients, regardless of the counselor's religious worldview.

Limitations

There are many limitations within this study that may affect generalizability. Most of the limitations concern the sample. Participants were recruited through emailing CACREP program liaisons, department chairs, and through recruiting via colleagues. Although this study was open to all graduate students of CACREP accredited programs, only participants who received knowledge of the study were able to participate. It is also possible that participants who chose to complete the survey had either a vested interest in the topic, or at the very least did not possess negative attitudes towards transgender individuals. Evidence for this exists within the survey results not discussed. Participants were asked to pick a word to describe their attitude towards transgender individuals. Three participants chose tolerant, and the remaining participants chose more affirming words, such as advocate and supportive. There were other words signifying negative attitudes, such as repulsed and intolerant that were not selected by any participant. The impact of social desirability may have led individuals who have more negative attitudes or less transgender counseling competency to not complete the survey or to not answer honestly.

Another limitation regarding the sample is the disproportionate number of participants when it comes to gender, age, race, sexual orientation, religious orientation, graduate student classification and program track, and geographic region. Although all of these variables may have impacted the results, age and religious orientation are the most noteworthy. The majority of students fell in the age range of 20 to 39 (79%), whereas only approximately 21% fell above the age of 40. In order to better study how age impacts multicultural and transgender counseling competency, a wider and more diverse sample of ages is necessary. Additionally, 91 participants (58%) reported having a Christian religious orientation. It is also worth discussing that 72% of the sample in Balkin et al.'s (2009) study analyzing counseling professionals and students reported being Christian. It is possible that the sample in my study represents more diversity, but it is also possible that there continues to be a decline in individuals pursuing the Christian faith (Pew Research Center, 2015). Nevertheless, a lack of diversity regarding religious beliefs is a limitation in this study and more participants from underrepresented religious orientations, such as Islam, Judaism, Hinduism, and Buddhism need to be included to better generalize results.

Another limitation concerns instrumentation. After conducting Missing Value Analysis (MVA) of the data, it appears that some items of the RIDS were unclear as there were many instances in which specific questions were left unanswered by participants. Those questions included numbers 4, 7, 11, 14, and 28 of the RIDS. See Appendix F for the RIDS questionnaire and to reference questions 4, 7, 11, 14, and 28. Additionally, the RIDS is a somewhat dated instrument, published in 2002. However, finding a more updated and valid instrument to measure religious identity was difficult. Additionally,

one item of the GICCS was left unanswered often, and that was question 24. The GICCS can be found in Appendix H.

Additionally, all instruments were self-report; therefore, the results are only as valid as what participants reported. As previously mentioned, social desirability is an important factor in a study like this that contains often sensitive information. Further studies are needed examining multicultural and transgender counseling competency other than from self-report. Some ideas for studies are discussed in the next section.

One last limitation is that this study did not investigate the relationship between multicultural counseling competency and transgender counseling competency. Although this is not what I intended to study, it would have been valuable to see if multicultural competency is correlated with transgender counseling competency. It would be important because gender identity is an important aspect of multiculturalism and therefore, needs to be included in the umbrella of multicultural counseling.

Suggestions for Further Research

Although some research exists examining the relationship between religiosity and attitudes towards LGB populations, research is very limited regarding the relationship between religious identity and transgender counseling competency. Several recommendations for future research exists. Additionally, the present study could also be replicated in order to further validate findings and examine the relationship between age, religious identity, transgender counseling competency, and multicultural counseling competency.

There are several extensions of the present study that need to be examined, such as using graduate counseling students from non-CACREP accredited programs,

professional counselors, counselor educators, and counselor supervisors as the population being researched. The present study examined how religion impacts the attitudes, knowledge, and skills of counseling students, but examining how it impacts professional counselors is important. One such variable that could be studied is the years in practice of clinicians and how that may impact findings. Additionally, qualitative research may be used to examine what the experience was like for clinicians whose religious identity has a profound impact, both negatively and positively, on working with transgender clients and why their religious identity has such an impact.

Studying the relationship between age, religious identity, and transgender competence in counselor educators is also important. When considering this topic, questions arise, such as "Does an educator's religious identity impact how and what populations are used in their teaching?" Often multicultural courses are limited to the study of specific groups within the United States. Studying if and how the religious identity of counselor educators impacts whether or not transgender clients are being included as a population of study would be important. Additionally, multiculturalism is to be infused throughout the coursework according to the ACA Code of Ethics (2014), so are case studies and examples that include transgender populations being used in courses, such as ethics, career counseling, theories, human growth and development, etc.? Are the concepts of gender and gender identity development being addressed in human growth and development courses? How are Practicum and Internship coordinators being inclusive of sites that treat transgender populations? All of these questions would be great starting points as research questions and studies regarding how religious identity impacts counselor educators.

Additionally, further research needs to be performed regarding the study of counselor supervisors, religious identity, and transgender counseling competency. Often, supervisors oversee interns from a variety of settings. These can range from K-12 schools, college campuses, community health organizations, and agencies. The likelihood that a counselor intern will encounter issues related to gender identity in these settings is high. Counselor supervisors are legally responsible for the ethical care of their interns' clients. If counselor supervisors do not have the knowledge concerning transgender issues or if their religious beliefs impact their competency, issues related to gender identity will not be addressed in supervision, ultimately affecting the quality of care clients receive.

It would also be integral to study the experiences of transgender clients who have sought counseling. Studying their experiences qualitatively could help determine qualities of counselors that they found useful in treatment. The numbers of transgender individuals who have been refused treatment by healthcare providers (60%; Haas et al., 2014) or have to educate their therapists on issues (67%) are profound (Lutz, 2013). It would also be worthwhile to investigate the religious beliefs of those clinicians who transgender clients found competent and helpful and those that either refused them treatment or were not viewed as competent nor helpful.

Another area that needs to be addressed in the research is methodology. The selection of instruments to measure religious identity and transgender counseling competency was scarce. Additionally, the instruments to assess multicultural competence were dated, and I found none that have been created or revised since the update of the multicultural competencies to include social justice (Ratts et al., 2017). Additional measurements need to be created to assess religious identity, transgender counseling

competency, and multicultural and social justice competency, and validation studies need to be executed to make those instruments reliable and valid means to assess the aforementioned constructs.

Even with the revision and creation of instruments, those instruments are still self-report. Self-report was one of the greatest limitations in my study. Experiments need to be created to investigate counseling competencies of students and clinicians. One such potential study that comes to mind would involve a mixed-methods design. Real clients who identify as transgender could be counseled by counselors-in-training or professional counselors, record the sessions, and conduct qualitative investigation of themes that occur throughout the session related to counselor competency. Additionally, the counselors could complete instruments rating their competence and then the clients could use those same instruments to rate their counselors' competence. A qualitative follow up could be used to examine the clients' experiences. Although the study previously mentioned sounds ambitious, I understand that it is difficult to conduct research using real participants; however, it is necessary. Another possibility is using video role-plays or case studies and have counseling students and clinicians analyze those case studies for issues that arise in treating transgender clients, including presenting problems, treatment goals, and interventions.

Another topic of study for future research includes multicultural pedagogy. Bidell (2014a) found that multicultural courses alone were not significant predictors of competency working with LGB clients, but that taking a course specifically related to LBGT issues was a significant predictor. He also found significant differences in scores on competency and self-efficacy of counseling students before and after taking an LGBT

course (Bidell, 2013). There seems to be a need to adjust multicultural training, increase focus on working with transgender clients, and address how personal beliefs, such as religion, impact ability to work competently and ethically with diverse populations. Studying counselor educators and courses that have had success on improving attitudes, knowledge, and skills of students would be important research. One possible study could include administering a pre-and post-survey analyzing transgender competency in a specific course that integrates training related to transgender issues. Then the professor and students could be interviewed qualitatively to determine what methods, activities, and techniques were used that impacted students' attitudes, knowledge, and skills.

Conclusions

Results from this study indicated that religious identity impacts counseling students' multicultural and transgender counseling competency. Additionally, age impacted the level of skills counseling students possessed to counsel transgender clients. Consistent with other studies, individuals possessing less rigid religious beliefs reported greater multicultural competency. Those who were more open to exploring religious beliefs outside of their own also reported greater multicultural and transgender counseling attitudes and knowledge.

Participants also reported feeling less than somewhat prepared to counsel transgender clients and that their multicultural training did not prepare them. The need to improve multicultural training is necessary in order to meet students from diverse religious background and beliefs and prepare them to work with diverse clients, including transgender clients. Future studies also need to be conducted to assess training and multicultural counseling competency outside of self-report measures. Additionally,

studies need to occur that investigate effective teaching methods that prepare students possessing inflexible religious beliefs to work with diverse populations. Although limitations did exist within this study, the results were significant in demonstrating a relationship between religious identity and multicultural and transgender counseling competency and between age and skills.

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APPENDIX A

Below are some of the terms from Lamba Legal's (2008) publication *Bending the Mold: An Action Kit for Transgender Youth* in addition to the added terms by the author and Henry and Grubbs (2017).

ally: a heterosexual person who supports equal civil rights, gender equality, LGBT social movements, and challenges homophobia and transphobia

androgynous: having the characteristics or nature of both maleness and femaleness; neither specifically feminine nor masculine.

biological sex, sex: a term used historically and within the medical field to refer to the chromosomal, hormonal and anatomical characteristics that are used to classify an individual as female or male.

cisgender: refers to people whose gender identity is the same as their assigned or presumed sex at birth.

crossdresser: a person who, on occasion, wears clothing associated with another sex, but who does not necessarily desire to change his or her sex. Many crossdressers identify as heterosexual but can have any sexual orientation.

drag king / drag queen: a performer who wears the clothing associated with another sex, often involving the presentation of exaggerated, stereotypical gender characteristics. The performance of gender by drag queens (males in drag) or drag kings (females in drag) may be art, entertainment and/or parody.

FTM (female to male), transgender man: terms used to identify a person who was assigned the female sex at birth but who identifies as male.

gender: a set of social, psychological and emotional traits, often influenced by societal expectations, that classify an individual as feminine, masculine, androgynous or other.

gender binary: the concept that everyone must be one of two genders**:** man or woman.

gender dysphoria: an intense, persistent discomfort resulting from the awareness that the sex assigned at birth and the resulting gender role expectations are inappropriate. Some consider gender dysphoria to be a symptom of gender Identity Disorder, a health condition recognized by the American Psychiatric Association. Many transgender people do not experience gender dysphoria.

gender expression: the outward manifestation of internal gender identity, through clothing, hairstyle, mannerisms and other characteristics.

gender fluid: conveys a wider, more flexible range of gender expression, with interests and behaviors that may even change from day to day. A person may feel they are more female on some days and more male on others, or possibly feel that neither term describes them accurately.

gender identity: the inner sense of being a man, a woman, both or neither. gender identity usually aligns with a person's sex, but sometimes does not.

genderqueer: a term used by some people who may or may not identify as transgender, but who
identify their gender as somewhere on the continuum beyond the binary male/female gender system.

gender-nonconforming: behaving in a way that does not match social stereotypes about female or male gender, usually through dress or physical appearance.

gender role: the social expectation of how an individual should act, think and feel, based upon the sex assigned at birth.

gender transition: the social, psychological and/or medical process of transitioning from one gender to another. Gender transition is an individualized process and does not involve the same steps for everyone. After gender transition, some people identify simply as men or women.

hormone therapy: administration of hormones and hormonal agents to develop characteristics of a different gender or to block the development of unwanted gender characteristics. Hormone therapy is part of many people's gender transitions and is safest when prescribed and monitored by a health care professional.

intersex: a health condition, often present at birth, involving anatomy or physiology that differs from societal expectations of male and female. Intersex conditions can affect the genitals, the chromosomes and/ or other body structures. People with intersex conditions should not be assumed to be transgender.

LBTQIAA: L – Lesbian, G – Gay, B – Bisexual, T – Transgender, Q – Queer/Questioning, I – Intersex, A – Asexual, A – Ally

MTF (male to female), transgender woman: terms used to identify a person who was assigned the male sex at birth but who identifies as female.

oppression: the acts and effects of domination of certain groups in society over others, caused by the combination of prejudice and power. Systems of oppression include racism, sexism, homophobia and transphobia.

post-op, pre-op, non-op: terms used to identify a transgender person's surgical status. Use of these terms is often considered insulting and offensive. Surgical status is almost never relevant information for anyone except a transgender person's medical providers.

privilege: social and institutional advantages that dominant groups receive and others do not. Privilege is often invisible to those who have it.

sex reassignment surgery (SRS): any one of a variety of surgeries involved in the process of transition from one gender to another. Many transgender people will not undergo SRS for health or financial reasons, or because it is not medically necessary for them.

sexism: a system of institutionalized practices and individual actions that benefits men over women.

transgender or trans: an umbrella term used to describe those who challenge social gender norms, including genderqueer people, gender-nonconforming people, transsexuals, crossdressers and so on. People must self-identify as transgender in order for the term to be appropriately used to describe them.

transphobia: the irrational fear of those who challenge gender stereotypes, often expressed as discrimination, harassment and violence.

transsexual: a person who experiences intense, persistent, long-term discomfort with their body and self-image due to the awareness that their assigned sex is inappropriate. Transsexuals may take steps to change their body, gender role and gender expression to align them with their gender identity.

APPENDIX B

Letter of Permission to Use GICCS

February 26, 2017 at 4:38 PM

Hi Heidi,
I am happy to support your work. I have attached the GICCS and give you permission to use/adapt as you see fit, etc.
Good luck!
Caroline

Caroline O'Hara, Ph.D., LPC (GA), NCC
Assistant Professor and Coordinator of the Clinical Mental Health Counseling Program
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Counseling: a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

"No one ever steps in the same river twice, for it's not the same river and you are not the same person." - adapted from Heraclitus

From: "Henry, Heidi" <hlh031@SHSU.EDU>
Date: Wednesday, February 15, 2017 at 3:50 PM
To: "cohara3@student.gsu.edu" <cohara3@student.gsu.edu>, "O'Hara, Caroline L" <Caroline.OHara@UToledo.Edu>
Subject: Permission to use the GICCS

Hello Dr. O'Hara,

My name is Heidi Henry and I am a current doctoral student at Sam Houston State University. I am preparing for dissertation and I am searching for an assessment measuring competency working with transgender clients. I came across your article regarding the modifying of the Sexual Orientation Counselor Competency Scale to form the Gender Identity Counselor Competency Scale (GICCS). I was wondering if you would be willing to share the GICCS and grant permission to use it for my dissertation. While some modification may exist to the independent variables, I am currently planning to study the impact of sexual orientation and religious identity on master's level

counseling students' competencies to work with transgender clients. Please let me know if you need any additional information.

Best,
Heidi Henry

Heidi Henry, M.A., LPC | Doctoral Graduate Assistant
Department of Counselor Education
Sam Houston State University | Huntsville, Texas 77341
Email: hlh031@shsu.edu | Phone: [redacted]

APPENDIX C

Letter of Permission to Use RIDS

Hi Heidi,

I apologize for not replying to your earlier e-mail You have my permission to use the scale. I have attached a newer version of the scale and its psychometric properties. Good luck with your dissertation.

Sutha Veerasamy, PhD
Psychology Department
University of Wisconsin La Crosse

From: Henry, Heidi [mailto:hlh031@SHSU.EDU]
Sent: Monday, March 20, 2017 11:57 PM
To: Suthakaran Veerasamy <sveerasamy@uwlax.edu>
Subject: Attempt 2: Permission to use Religious Identity Development Scale

Hello Dr. Suthakaran Veerasamy,

My name is Heidi Henry and I am a current doctoral student in counselor education at Sam Houston State University. I am preparing for my dissertation and would like to measure religious identity as one of my independent variables. I came across your scale and dissertation, and I would like to seek your permission to use the scale in my dissertation. Please reply to this email to grant or deny me permission to use your scale. If you would like to speak further before making a decision, you can reach me by email at hlh031@shsu.edu or by phone at 281-946-9297.

Best,
Heidi

Heidi Henry, M.A., LPC | Doctoral Graduate Assistant
Department of Counselor Education
Sam Houston State University | Huntsville, Texas 77341
Email: hlh031@shsu.edu | Phone:

From: Henry, Heidi
Sent: Friday, February 17, 2017 1:04 PM
To: sveerasamy@uwlax.edu
Subject: Access to Religious Identity Development Scale

Hello Dr. Veerasamy,

My name is Heidi Henry and I am a current doctoral student in counselor education at Sam Houston State University. I am preparing for my dissertation and would like to measure religious identity as one of my independent variables. I came across your scale and dissertation. I would like to seek your permission to use the scale in my dissertation and was wondering how to go about accessing both the full and short form of the scale and scoring and interpretation information. Do not hesitate to reach out if you have any questions.

Best,
Heidi

Heidi Henry, M.A., LPC | Doctoral Graduate Assistant
Department of Counselor Education
Sam Houston State University | Huntsville, Texas 77341
Email: hlh031@shsu.edu | Phone:

APPENDIX D

Letter of Permission to Use MAKSS-CE-R

Hello Heidi:

Thank you for your interest in the MAKSS-CE-R. Attached is the scale and its scoring instructions. Good luck with your dissertation!

Bryan Kim
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Bryan S. K. Kim, Ph.D.
Professor of Psychology
Director of MA Program in Counseling Psychology
(Specialization: Clinical Mental Health Counseling)
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Editor, "Asian American Journal of Psychology"
Associate Editor, "Measurement & Evaluation in Counseling & Development"
Fellow, American Psychological Association (Divisions 17, 29, & 45)
Fellow, Asian American Psychological Association
Fellow, International Academy of Intercultural Research
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~~~~~~~~

On 7/7/2017 10:53 AM, Henry, Heidi wrote:

Hello Dr. Kim,

I hope you are well. My name is Heidi Henry and I am a doctoral student at Sam Houston State University. For my dissertation, I plan to study the relationship between age, religious identity, multicultural counseling competency, and transgender counseling competency in Master's level students of CACREP accredited programs. After reviewing a few of the multicultural competency assessments, I really liked the MAKSS-CE-R and was hoping I could use it for my dissertation. Will you please grant me permission to use the MAKSS-CE-R and send me a copy of the instrument and scoring? I have the reliability and validity information from the Handbook of Multicultural Measures and

your 2003 article in *Measurement and Evaluation in Counseling and Development.* I hope you have a great weekend!

Best
Heidi Henry

Heidi Henry, M.A., LPC | Doctoral Graduate Assistant
Department of Counselor Education
Sam Houston State University | Huntsville, Texas 77341
Email: hlh031@shsu.edu | Phone: [redacted]

APPENDIX E

Demographic Questionnaire

Gender: _________________________

Race/Ethnicity: _________________________

Age (*in years*): __________

1. In what state is your graduate institution located?

2. In what state or country did you spend the majority of your upbringing?

3. Are you a full-time or part-time graduate student currently enrolled in a CACREP accredited counseling program? Yes No

4. In which track of your graduate counseling program are you enrolled?
    Clinical Mental Health Counseling
    Community Counseling
    School Counseling
    Counselor Education
    Other:_________________________

5. Have you taken at least 3 credits of a multicultural counseling course at the graduate level? Yes No

6. In your multicultural course, how would you rate the training you received related to transgender issues in counseling?

1	2	3	4	5	6	7
Totally inadequate	Inadequate	Somewhat inadequate	Neutral	Somewhat adequate	Adequate	Totally adequate

6. Have you taken a separate course related to LGBT issues in counseling? Yes
    No

7. What is your year in your counseling program?
    1st 2nd 3rd 4th Other:

8. Classify your sexual orientation according to the following categorizations:
    0 – Exclusively heterosexual
    1 – Predominantly heterosexual, only incidentally homosexual
    2 – Predominantly heterosexual, but more than incidentally homosexual
    3 – Equally heterosexual and homosexual

4 – Predominantly homosexual, but more than incidentally heterosexual
5 – Predominantly homosexual, but incidentally heterosexual
6 – Exclusively homosexual

9. What is your religious orientation? ________________________________

10. What is your mother's religious orientation? ________________________________

11. What is your father's religious orientation? ________________________________

12. What is your political orientation? ________________________________

13. How important is religion to you?

1	2	3	4	5	6	7
Totally unimportan t	Unimportan t	Somewhat unimportan t	Neutra l	Somewha t important	Importan t	Totally importan t

14. Which word would you use to describe your attitude towards transgender clients?
Repulsed
Supportive
Tolerant
Advocate
Accepting
Intolerant
Appreciative

15. How would you rate your level of preparedness for working with transgender clients?

1	2	3	4	5	6	7
Totally unprepared	Unprepared	Somewhat unprepared	Neutral	Somewhat prepared	Prepared	Totally prepared

APPENDIX F

RIDS

INSTRUCTIONS: The following questions are designed to examine religious attitudes and behavior. Please indicate to what degree you agree or disagree with the following statements (circle the appropriate number).

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

1. When it comes to dealing with religious issues, I am guided by my parents' advice. 1 2 3 4 5

2. I learn about other religions to include certain aspects of their teachings in my prayer. 1 2 3 4 5

3. I have considered enrolling in a class to learn more about religion. 1 2 3 4 5

4. If I had the opportunity, I would try to convert others to my religion. 1 2 3 4 5

5. I am too intelligent to follow the teachings of any religion. 1 2 3 4 5

6 If people from other religions were exposed to my religion, they would definitely start practicing it. 1 2 3 4 5

7. Religion is not for people like me who can think for themselves. 1 2 3 4 5

8. I find myself reading about various religions. 1 2 3 4 5

9. I am not sure I am a religious person. 1 2 3 4 5

10. I try to understand my religion by talking to others about their religion. 1 2 3 4 5

11. My motto is, "if my religion was good enough for my parents, it is definitely good enough for me." 1 2 3 4 5

12. Being religious is part of being a good citizen. 1 2 3 4 5

13. When it comes to religion I feel lost. 1 2 3 4 5

14. I believe that God's true words are only found within the scriptures of my religion. 1 2 3 4 5

15. I may not value religion as much as I am supposed to. 1 2 3 4 5

16. Religion does not have anything to offer to me. 1 2 3 4 5

17. I would feel uncomfortable not knowing the teachings and contributions of other religions. 1 2 3 4 5

18. I believe that it is not healthy to practice the beliefs, values and rituals of more than one religion. 1 2 3 4 5

19. I think I need to learn about the relationship of my religion to other religions. 1 2 3 4 5

20. Being religious would ultimately hurt me than help me. 1 2 3 4 5

21. I wonder if religions are really good for people. 1 2 3 4 5

22. I practice or follow the teachings of another religion. 1 2 3 4 5

23. I would feel comfortable attending daily prayer services at a place of worship that is of a different religion than mine. 1 2 3 4 5

24. It is important for me to strictly adhere to the teachings of my own religion. 1 2 3 4 5

25. It is best that I practice the religion that I was born into. 1 2 3 4 5

26. I often include prayers from another religion during my time of worship. 1 2 3 4 5

27. I try to use the teachings of as many religions as possible to provide structure in my life. 1 2 3 4 5

28. I am always careful that my religious beliefs are not too different from the people I care about. 1 2 3 4 5

APPENDIX G

MAKSS-CE-R

INSTRUCTIONS: Please indicate to what degree you agree or disagree with the following statements (circle the appropriate number).

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

1. Promoting a client's sense of psychological independence is usually a safe goal to strive for in most counseling situations.
   1 2 3 4

2. Even in multicultural counseling situations, basic implicit concepts such as "fairness" and "health", are not difficult to understand.
   1 2 3 4

3. How would you react to the following statement? In general, counseling services should be directed toward assisting clients to adjust to stressful environmental situations.
   1 2 3 4

4. While a person's natural support system (i.e., family, friends, etc.) plays an important role during a period of personal crisis, formal counseling services tend to result in more constructive outcomes.
   1 2 3 4

5. The human service professions, especially counseling and clinical psychology, have failed to meet the mental health needs of ethnic minorities.
   1 2 3 4

6. The effectiveness and legitimacy of the counseling profession would be enhanced if counselors consciously supported universal definitions of normality.
   1 2 3 4

7. Racial and ethnic persons are under-represented in clinical and counseling psychology.
   1 2 3 4

8. In counseling, clients from different ethnic/cultural backgrounds should be given the same treatment that White mainstream clients receive.
   1 2 3 4

9. The criteria of self-awareness, self-fulfillment, and self-discovery are important measures in most counseling sessions.
   1 2 3 4

10. The difficulty with the concept of "integration" is its implicit bias in favor of the dominant culture.

1 2 3 4

At the present time, how would you rate your understanding of the following terms (circle the appropriate number):

Very Limited	Limited	Good	Very Good
1	2	3	4

11. "Ethnicity"

1 2 3 4

12. "Culture"

1 2 3 4

13. "Multicultural"

1 2 3 4

14. "Prejudice"

1 2 3 4

15. "Racism"

1 2 3 4

16. "Transcultural"

1 2 3 4

17. "Pluralism"

1 2 3 4

18. "Mainstreaming"

1 2 3 4

19. "Cultural Encapsulation"

1 2 3 4

20. "Contact Hypothesis"

1 2 3 4

21. At this point in your life, how would you rate your understanding of the impact of the way you think and act when interacting with persons of different cultural backgrounds?

1 =Very Limited 2 = Limited 3 = Fairly Aware 4 = Very Aware

22. At this time in your life, how would you rate yourself in terms of understanding how your cultural background has influenced the way you think and act?
1 =Very Limited 2 = Limited 3 = Fairly Aware 4 = Very Aware

23. How well do you think you could distinguish "intentional" from "accidental" communication signals in a multicultural counseling situation?
1 =Very Limited 2 = Limited 3 = Good 4 = Very Good

24. How would you rate your ability to effectively consult with another mental health professional concerning the mental health needs of a client whose cultural background is significantly different from your own?
1 =Very Limited 2 = Limited 3 = Good 4 = Very Good

25. How well would you rate your ability to accurately assess the mental health needs of lesbian women?
1 =Very Limited 2 = Limited 3 = Good 4 = Very Good

26. How well would you rate your ability to accurately assess the mental health needs of older adults?
1 =Very Limited 2 = Limited 3 = Good 4 = Very Good

27. How well would you rate your ability to accurately assess the mental health needs of gay men?
1 =Very Limited 2 = Limited 3 = Good 4 = Very Good

28. How well would you rate your ability to accurately assess the mental health needs of persons who come from very poor socioeconomic backgrounds?
1 =Very Limited 2 = Limited 3 = Good 4 = Very Good

29. How would you rate your ability to identify the strengths and weaknesses of psychological tests in terms of their use with persons from different cultural/racial/ethnic backgrounds?
1 =Very Limited 2 = Limited 3 = Good 4 = Very Good

30. How would you rate your ability to accurately assess the mental health needs of men?
1 =Very Limited 2 = Limited 3 = Good 4 = Very Good

31. How well would you rate your ability to accurately assess the mental health needs of individuals with disabilities?
1 =Very Limited 2 = Limited 3 = Good 4 = Very Good

32. How would you rate your ability to effectively secure information and resources to better serve culturally different clients?
1 =Very Limited 2 = Limited 3 = Good 4 = Very Good

33. How would you rate your ability to accurately assess the mental health needs of women?

APPENDIX H

GICCS

INSTRUCTIONS: Using the following scale, rate the truth of each item as it applies to you by circling the appropriate number.

1 2 3 4 5 6 7

Not At All True Somewhat True Totally True

1. I have received adequate clinical training and supervision to counsel transgender clients.
   1 2 3 4 5 6 7

2. The lifestyle of a transgender client is unnatural or immoral.
   1 2 3 4 5 6 7

3. I check up on my transgender counseling skills by monitoring my functioning/competency-via consultation, supervision, and continuing education.
   1 2 3 4 5 6 7

4. I have experience counseling female-to-male transgender clients.
   1 2 3 4 5 6 7

5. Transgender clients receive "less preferred" forms of counseling treatment than non-transgender clients.
   1 2 3 4 5 6 7

6. At this point in my professional development, I feel competent, skilled, and qualified to counsel transgender clients.
   1 2 3 4 5 6 7

7. I have experience counseling transgender couples.
   1 2 3 4 5 6 7

8. I have experience counseling male-to-female transgender clients.
   1 2 3 4 5 6 7

9. I am aware some research indicates that transgender clients are more likely to be diagnosed with mental illnesses than are non-transgender clients.
   1 2 3 4 5 6 7

10. It's obvious that a relationship involving a transgender person is not as strong or as committed as one involving a non-transgender person.
    1 2 3 4 5 6 7

11. I believe that being highly discreet about their gender identity is a trait that transgender clients should work towards.
1 2 3 4 5 6 7

12. I have been to in-services, conference sessions, or workshops, which focused on transgender issues in counseling.
1 2 3 4 5 6 7

13. Prejudicial concepts and transphobia have permeated the mental health professions.
1 2 3 4 5 6 7

14. I feel competent to assess the mental health needs of a person who is transgender in a therapeutic setting.
1 2 3 4 5 6 7

15. I believe that transgender couples don't need special rights (domestic partner benefits, or the right to marry) because that would undermine normal and traditional family values.
1 2 3 4 5 6 7

16. There are different psychological/social issues impacting transgender men versus transgender women.
1 2 3 4 5 6 7

17. It would be best if my clients viewed a non-transgender lifestyle as ideal.
1 2 3 4 5 6 7

18. I have experience counseling bisexual transgender (male or female) clients.
1 2 3 4 5 6 7

19. I am aware of institutional barriers that may inhibit transgender people from using mental health services.
1 2 3 4 5 6 7

20. I am aware that counselors frequently impose their values concerning gender identity or expression upon transgender clients.
1 2 3 4 5 6 7

21. I think that my clients should accept some degree of conformity to traditional gender identities.
1 2 3 4 5 6 7

22. Currently, I do not have the skills or training to do a case presentation or consultation if my client were transgender.
1 2 3 4 5 6 7

23. I believe that transgender clients will benefit most from counseling with a non-transgender counselor who endorses conventional values and norms.
1 2 3 4 5 6 7

24. Being born a non-transgender person in this society carries with it certain advantages.
1 2 3 4 5 6 7

25. I feel that gender identity differences between counselor and client may serve as an initial barrier to effective counseling of transgender individuals.
1 2 3 4 5 6 7

26. I have done a counseling role-play as either the client or counselor involving a transgender issue.
1 2 3 4 5 6 7

27. Personally, I think being transgender is a mental disorder or a sin and can be treated through counseling or spiritual help.
1 2 3 4 5 6 7

28. I believe that all transgender clients must be discreet about their gender identity or expression around children.
1 2 3 4 5 6 7

29. When it comes to being transgender, I agree with the statement: "You should love the sinner but hate or condemn the sin."
1 2 3 4 5 6 7

APPENDIX I

Consent Letter

Subject Information Sheet

My name is Heidi Lanae Henry, and I am a doctoral candidate of the Department of Counselor Education at Sam Houston State University. I would like to take this opportunity to invite you to participate in a research study investigating *the relationship between age, religious identity, and transgender counseling competency in students in CACREP accredited programs*. I am conducting this research under the direction of Dr. Chi-sing Li. We hope that data from this research will provide useful information concerning the training and competency of counselors' in training. You have been asked to participate in the research because you are a counseling student enrolled in a CACREP accredited clinical mental health, community, school counseling, or counselor education program.

The research is relatively straightforward, and we expect the research to pose little to no risk to any of the volunteer participants. Additionally, there are no apparent benefits to the participants who choose to participate in the study. If you would like to participate in this research, you will be asked questions related to your religious beliefs. You will also be asked questions concerning your knowledge, skills, and attitudes about counseling transgender clients. Any data obtained from you will only be used for the purpose of improving training for counseling students. Under no circumstances will you or any other participants who participated in this research be identified. In addition, your survey responses will be kept confidential to the extent of the technology being used. Qualtrics collects IP addresses for respondents to surveys they host; however, the ability to connect your survey responses to your IP address has been disabled for this survey. That means that I will not be able to identify your responses. You should, however, keep in mind that answers to specific questions may make you more easily identifiable. The security and privacy policy for Qualtrics can be viewed at https://www.qualtrics.com/security-statement/. This research will require about 15 to 20 minutes of your time. Participants will not be paid or otherwise compensated for their participation in this project.

Participation is voluntary. If you decide to not participate in this research, your decision will involve no penalty or loss of benefits to which you are otherwise entitled, and you may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. If you have any questions, please feel free to ask me using the contact information below. If you are interested, the results of this study will be available at the conclusion of the project.

If you have any questions about this research, please feel free to contact me, Heidi Lanae Henry, or Dr. Chi-Sing Li, using our contact information below.

Heidi Henry SHSU Department of Counselor Education Sam Houston State University Huntsville, TX 77341 Phone: [redacted] E-mail: hlh031@shsu.edu	Dr. Chi-sing Li SHSU Department of Counselor Education Sam Houston State University Huntsville, TX 77341 Phone: (936) 294-1209 E-mail: DCL001@shsu.edu

☐ I understand the above and would like to participate.

☐ I do not wish to participate in the current study.

APPENDIX J

IRB Approval Letter

Institutional Review Board
Office of Research and Sponsored Programs
903 Bowers Blvd, Huntsville, TX 77341-2448
Phone: 936.294.4875
Fax: 936.294.3622
irb@shsu.edu
www.shsu.edu/~rgs_www/irb/

DATE:	September 19, 2017
TO:	Heidi Henry [Faculty Sponsor: Dr. Chi-Sing Li]
FROM:	Sam Houston State University (SHSU) IRB
PROJECT TITLE:	*The relationship between age, religious identity, and transgender counseling competency of Master's students enrolled in CACREP accredited programs [T/D]*
PROTOCOL #:	2017-08-36129
SUBMISSION TYPE:	INITIAL REVIEW
ACTION:	DETERMINATION OF EXEMPT STATUS
DECISION DATE:	September 19, 2017
EXEMPT REVIEW CATEGORY	2—research involving the use of survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; **and** (ii) any disclosure of the human subjects responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects financial standing, employability, or reputation.

Thank you for your submission of Initial Review materials for this project. The Sam Houston State University (SHSU) IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations.

We will retain a copy of this correspondence within our records.

*** What should investigators do when considering changes to an exempt study that could make it nonexempt?**

It is the PI's responsibility to consult with the IRB whenever questions arise about whether planned changes to an exempt study might make that study nonexempt human subjects research. In this case, please make available sufficient information to the IRB so it can make a correct determination.

If you have any questions, please contact the IRB Office at 936-294-4875 or irb@shsu.edu. Please include your project title and protocol number in all correspondence with this committee.

Sincerely,
Donna Desforges
IRB Chair, PHSC

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Sam Houston State University IRB's records

APPENDIX K

IRB Amendment Approval Letter

Institutional Review Board
Office of Research and Sponsored Programs
903 Bowers Blvd, Huntsville, TX 77341-2448
Phone: 936.294.4875
Fax: 936.294.3622
irb@shsu.edu
www.shsu.edu/~rgs_www/irb/

DATE: October 28, 2017

TO: Heidi Henry [Faculty Sponsor: Dr. Chi-Sing Li]

FROM: Sam Houston State University (SHSU) IRB

PROJECT TITLE: *The relationship between age, religious identity, and transgender counseling competency of Master's students enrolled in CACREP accredited programs [T/D]*

PROTOCOL #: 2017-08-36129

SUBMISSION TYPE: AMENDMENT [submitted 10.13.2017]

ACTION: DETERMINATION OF EXEMPT STATUS

DECISION DATE: October 28, 2017

EXEMPT REVIEW CATEGORY 2—research involving the use of survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; **and** (ii) any disclosure of the human subjects responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects financial standing, employability, or reputation.

Thank you for your submission of Initial Review materials for this project. The Sam Houston State University (SHSU) IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations.

We will retain a copy of this correspondence within our records.

*** What should investigators do when considering changes to an exempt study that could make it nonexempt?**

It is the PI's responsibility to consult with the IRB whenever questions arise about whether planned changes to an exempt study might make that study nonexempt human subjects research. In this case, please make available sufficient information to the IRB so it can make a correct determination.

If you have any questions, please contact the IRB Office at 936-294-4875 or irb@shsu.edu. Please include your project title and protocol number in all correspondence with this committee.

Sincerely,
Donna Desforges
IRB Chair, PHSC

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Sam Houston State University IRB's records

VITA

HEIDI LANAE HENRY, LPC (TX & PA)
hlh031@shsu.edu

EDUCATION

	Sam Houston State University, Houston, TX
May 2018 *(expected)*	*Doctor of Philosophy in Counselor Education and Supervision*
	CACREP Accredited
	Louisiana State University, Baton Rouge, LA
August 2012	*Master of Arts in Education with a concentration in Community Counseling*
	CACREP Accredited
	Messiah College, Grantham, PA
May 2008	*Bachelor of Arts in Christian Ministries, Minor in Psychology*

PROFESSIONAL LICENSES

Licensed Professional Counselor # 73860	Texas
Licensed Professional Counselor #PC010262	Pennsylvania

PEER-REVIEWED PUBLICATIONS

Henry, H. L., & Grubbs, L. (2017). Best practices for school counselors working with transgender students. *VISTAS.*

Henry, H. L., Li, C., & Smith, J. D. (in press). Sociodrama: Exploring oppression in relation to sociopolitical issues. In M. Pope, M. Gonzalez, E. R. N. Cameron, & J. S. Pangelinan (Eds.), *Experiential activities for teaching social justice and advocacy competence in counseling.* London, England: Informa UK Limited.

Henry, H. L. FML, OMG and WTH: The new language of therapy. (in press). In J. Jordan, & B. Perkins (Eds.), *Handbook of experiential teaching in counselor education: A resource guide for counselor educators.*

Dissertation and Manuscripts in Progress

Henry, H. L. *The relationship between age, religious identity, multicultural counseling competency, and transgender counseling competency of graduate students enrolled in CACREP accredited programs.* Sam Houston State University, Huntsville, TX.

GRANTS

Henry, H. L. (2017, October). *Using career values inventories to determine internship placements.* Awarded SHSU Graduate Studies Travel Grant. [$1000.00]

Henry, H. L. (2017, September). *The relationship between age, religious identity, and transgender counseling competency in Master's students enrolled in CACREP accredited programs.* Awarded TCA Educational Endowment Fund Grant. [$500.00]

Henry, H. L. (2017, March). *Counselor competency working with LGBTQ families and adoption.* Awarded SHSU Graduate Studies Travel Grant. [$1000.00]

PRESENTATIONS

National Refereed Presentations

Henry, H. L., Timm, N., & Smith, J. D. (October, 2017). *Using career values inventories to determine internship placements.* Association for Counselor Education and Supervision, Chicago, IL.

Henry, H. L., Smith, J., & Marks, D. (March, 2017). *Counselor competency working with LGBTQ families and adoption.* American Counseling Association, San Francisco, CA.

Regional Refereed Presentations

Henry, H. L., & Poole, L. (October, 2016). *The impact of identity on multicultural counseling competence: A need for differentiation.* Southern Association for Counselor Education and Supervision, New Orleans, LA.

State Refereed Presentations

Henry, H. L., & Timm, N. (March, 2017). *Helping counselors-in-training find their best fit based on career values.* Texas Association for Counselor Education and Supervision Midwinter Conference, Austin, TX.

Henry, H. L., & Grubbs, L. (February, 2016). *Best practices for working with transgender students.* Texas School Counseling Conference, Dallas, TX.

Wilkerson, A., Grubbs, L., & **Henry, H. L**. (January, 2015). *Advocating for each other: Counselor educators in training.* Texas Association for Counselor Education and Supervision Midwinter Conference, Austin, TX.

Ellis, D., Timm, N., & **Henry, H. L.** (January, 2015). *Promoting self-care in the counseling profession.* Texas Association for Counselor Education and Supervision Midwinter Conference, Austin, TX.

Gintner, G. G., **Henry, H. L**., & Brewer, M. (September, 2011). *DSM-5*. Louisiana Counseling Association Conference, Baton Rouge, LA.

Local Refereed Presentations

Henry, H. L., & Poole, L. (September, 2013). *Diversity and you!* Louisiana State University's Live Gold Leadership Conference, Baton Rouge, LA.

Brewer, M., & **Henry, H. L.** (October, 2011). *Substance abuse among college students.* Louisiana State University's Multicultural Student Leadership Conference, Baton Rouge, LA.

Workshops & Professional Development Presentations

Henry, H. L. (November, 2016). *How to navigate difficult people.* Presented as part of *Job Love* talk series at Human HQ, Houston, TX.

Henry, H. L. (November, 2016). *How to live productively and not burnout.* Presented as part of *Job Love* talk series at HumanHQ, Houston, TX.

Henry, H. L. (October, 2016). *Find your values, find your life (work edition)*. Presented as part of *Job Love* talk series at HumanHQ, Houston, TX.

Henry, H. L. (October, 2016). *Get motivated: Know your why.* Presented as part of *Job Love* talk series at HumanHQ, Houston, TX.

Henry, H. L. (February, 2016). *Bullying: Prevention, identification, and reporting*. Presented to YES Prep Hoffman staff on the identification of bullying according

to Texas state law, prevention techniques, and reporting procedures.

Henry, H. L. (January, 2016). *Social and emotional behaviors, signs, and next steps.* Presented to YES Prep Hoffman staff on social emotional and behavioral trends on campus and what to do when they encounter these behaviors.

Henry, H. L. (January, 2015). *Crisis.* Presented to YES Prep Hoffman staff on what to do when mental health crises occur in the classroom.

Henry, H. L. (July, 2015). *Human relation skills.* Presented to YES Prep Hoffman administration and grade level chairs on how to improve their interpersonal skills with other staff.

Henry, H. L. (October, 2014). *Child abuse and mandated reporting*. Presented to YES Prep Hoffman staff on how to recognize and report child abuse.

Henry, H. L. (February, 2014). *Interviewing skills*. Presented at City Year of Baton Rouge's professional development presentation to promote interviewing skills for corps members.

Henry, H. L. (September, 2013). *Boundaries*. Presented to City Year corps members on how to set appropriate boundaries with their students.

Henry, H. L. (August, 2013). *Cognitive development among adolescents*. Presented for the City Year Baton Rouge 2013 corps members who were beginning their work with mentoring and tutoring adolescents.

Henry, H. L., & Jackson, L. (August, 2012 & 2013). *Mandated reporting.* Facilitated a session on how to complete a mandated report for child abuse for City Year of Baton Rouge corps members.

Henry, H. L., & Jackson, L. (May, 2012). *How to say good-bye.* Facilitated a session on termination in order for City Year of Baton Rouge corps members to appropriately terminate with their students.

Curry, J., **Henry, H. L.**, & Nmah, J. (May, 2011). *LGBTQ bullying*. Presented for East Baton Rouge school counselors to increase awareness of LGBTQ bullying in their schools.

TEACHING EXPERIENCE

Adjunct Instructor, Department of Counselor Education — January 2018 – present (Spring 2018)
California University of Pennsylvania, California, PA

- Taught CED 711 Practicum and provided triadic and group supervision

Invited Speaker, Department of Counselor Education — September 19, 2017
Sam Houston State University, Huntsville, TX

- Guest lectured in COUN 7362 *Methods of Counseling Research* around choosing a dissertation topic, crafting research questions, and selecting a methodology

Co-Instructor (Teaching Internship II), — Summer 2017
Department of Counselor Education
Sam Houston State University, Huntsville, TX

- Co-taught COUN 5011 *Introduction to the Counseling Profession and Ethical Practice* – hybrid course both online and face-to-face
- Responsible for half of all lesson preparation, instruction, and grading
- Gained experience with Blackboard, creating content and grading assignments

Teaching Assistant, Department of Counselor Education Summer 2017
Sam Houston State University, Huntsville, TX

- Planned in-class instruction and activities for COUN 6334 *Ethical Issues in Marriage and Family Therapy*

Teaching Assistant, Department of Counselor Education Spring 2017
Sam Houston State University, Huntsville, TX

- Assisted with COUN 5392 *Cross Cultural Issues in Counseling* – hybrid course both online and face-to-face
- Facilitated experiential learning activities, lectured, and graded assignments

Invited Speaker, Department of Counselor Education October 19, 2016
Sam Houston State University, Huntsville, TX

- COUN 5392 *Cross Cultural Issues in Counseling*
- Taught lesson and facilitated activity on Multicultural Counseling Competence

Guest Lecturer, Department of Counselor Education September 14, 2016
Sam Houston State University, Huntsville, TX

- COUN 6376 *Supervised Practicum in Counseling*
- Taught practicum class and provided individual and group supervision

Teaching Assistant (Teaching Internship I), Summer 2016
Department of Counselor Education
Sam Houston State University, Huntsville, TX

- COUN 5011 *Introduction to the Counseling Profession and Ethical Practice*
- Facilitated activity on the 2014 ACA Code of Ethics
- Taught lesson and facilitated activity on counseling children and vulnerable adults
- Assisted with grading assignments

Invited Panelist, Department of Counselor Education June 29, 2016
Sam Houston State University, Huntsville, TX

- COUN 3321 *Introduction to the Helping Relationship*

High School Math Teacher August 2008 – July 2010
Pointe Coupee Central High School, Morganza, LA

- Courses Taught: *Advanced Mathematics, Algebra II, Geometry, & Financial Math*

Corps Member June 2008 – May 2010
Teach For America, South Louisiana

- Selected from a competitive pool with a 30% acceptance rate of recent college graduates and professionals who commit two years to teach in urban and rural public schools
- Engaged in ongoing professional development opportunities related to teaching at-risk and underserved students, instructional planning, classroom management, and learning theory

SUPERVISION EXPERIENCE

Sam Houston State University, Huntsville, TX
Fall 2017 Provided individual supervision for students enrolled in COUN 6376-02 *Supervised Practicum in Counseling*

Summer 2017	Provided individual supervision for students enrolled in COUN 6376-02 and COUN 6376-03 *Supervised Practicum in Counseling*
Spring 2017	Provided individual supervision for students enrolled in COUN 6376-01 and COUN 6376-02 *Supervised Practicum in Counseling*
Fall 2016	Provided individual supervision for students enrolled in COUN 6376 *Supervised Practicum in Counseling*
Spring 2016	Provided individual supervision for students enrolled in COUN 6376 *Supervised Practicum in Counseling*
Summer 2014	Facilitated process group for group practicum counseling Master's students

PROFESSIONAL SERVICE

Editorship

July 2017 – present	**Editor,** Association for Spiritual, Ethical, & Religious Values in Counseling (ASERVIC) Newsletter *Interaction*
July 2016 – June 2017	**Assistant Editor**, ASERVIC Newsletter *Interaction*

Leadership

2017	**Emerging Leader,** Association for Counselor Education and Supervision (ACES) Selected to participate in the 2017 ACES Emerging Leaders workshop; designed to help participants discover how leadership can enhance their own professional development; to enhance the diversity of ACES; and to help engage talented and dedicated leaders with ACES members
July 2017 – present	**Emerging Leader**, Texas Association for Multicultural Counseling and Development (TexAMCD)
July 2017 – present	**Secretary**, Texas Career Development Association (TCDA)
November 2016 – present	**Student Representative**, SHSU Doctoral Faculty Committee
June 2015 – May 2016	**Chair**, Workshop Committee, Chi Sigma Iota, Beta Kappa Tau Chapter
June 2011 – May 2012	**President**, Chi Sigma Iota, Alpha Chi Chapter

PROFESSIONAL MEMBERSHIPS

National

2017 – present	Association for Counselor Education & Supervision
2017 – present	Southern Association for Counselor Education & Supervision
2016 – present	Association for Spiritual, Ethical, & Religious Values in Counseling (ASERVIC)

2011 – 2013; 2016 – present	American Counseling Association
2012 – 2013; 2015 – 2016	Chi Sigma Iota

State

2016 – present	Texas Career Development Association (TCDA)
2015 – present	Texas Counseling Association (TCA)
2015 – present	Texas School Counseling Association (TSCA)
2015 – present	Texas Association for Multicultural Counseling and Development (TexAMCD)
2011 – 2012	Louisiana Counseling Association
2008 corps member	Teach For America, South Louisiana

AWARDS, HONORS, & SCHOLARSHIPS

2016 – 2017	Outstanding Doctoral Counselor Supervisor Award
2016 – 2017	Graduate Studies Scholarship, Sam Houston State University
2015 – 2016	Sallie Griffis Helms Memorial Scholarship
2015 – 2016	Departmental Scholarship, Sam Houston State University
2014 – 2015	Departmental Scholarship, Sam Houston State University
2011 – 2012	Lillian Oleson Scholarship
March 2012	Louisiana Career Development Association Conference Graduate Student Scholarship
2007 – 2008	Provost Scholarship, Messiah College
2006 – 2007	Provost Scholarship, Messiah College
2005 – 2006	Dean’s Scholarship, Messiah College
2004 – 2005	Dean’s Scholarship, Messiah College
2004 – 2008	Dean’s List, Messiah College

PROFESSIONAL ADMINISTRATIVE EXPERIENCE

Graduate Assistant, Department of Counselor Education — September 2016 – present
Sam Houston State University, Huntsville, TX

- Coordinated the daily operations of The Woodlands Center Community Counseling Clinic
- Aided professors with research and publishing (edited reference pages, conducted literature searches, wrote content for articles)
- Interviewed students for admission into the Master’s program

Graduate Assistant, Counselor Education — January 2011 – December 2011
Louisiana State University, Baton Rouge, LA

- Aided professors with research and publishing (edited reference pages and researched articles)
- Assisted faculty with CACREP Self Study for accreditation of the Community Counseling program (inputting student evaluation data)
- Designed and produced brochures, posters, bulletin boards and other publications marketing the LSU Counselor Education program

- Answered questions for potential applicants and assisted with admission paperwork for incoming students

CLINICAL EXPERIENCE AND INTERNSHIPS

Group Facilitator, re:MIND formerly known as Depression and Bipolar Support Alliance — August 2016 – present
Houston, TX

- Facilitated weekly support groups for individuals living with depression and bipolar disorders and their caretakers, family, and friends
- Maintained documentation concerning group dynamics, characteristics, and content

Owner & Licensed Professional Counselor, Heidi Henry Counseling — October 2017 – present
Houston, TX

- Developed an LGBT-friendly private practice, counseling clients with depression, anxiety, religious/spirituality issues, career-related issues, and women's issues
- Assessed and diagnosed clients
- Collaboratively formed treatment plans with clients and maintained documentation
- Used primarily person-centered and cognitive-behavioral interventions to help clients reach their goals

Counselor, Modern Therapy, PLLC — August 2016 – October 2017
Houston, TX

- Counseled adult clients for depression, anxiety, relationship issues, spirituality issues, and career-related issues
- Administered and interpreted Strong Interest Inventory and Myers-Briggs Type Indicator
- Diagnosed clients for purposes of insurance reimbursement
- Documented intakes and weekly clinical case notes

Student Support Counselor, YES Prep Hoffman — July 2014 – June 2016
Houston, TX

- Collected and analyzed at-risk student data and implemented interventions for at-risk students
- Provided crisis counseling
- Counseled students from diverse cultural backgrounds using solution-focused and cognitive-behavioral approaches to address issues such as academic performance, behavior problems, anxiety, and depression
- Utilized data to plan and implement programming

Intern, The Woodlands Center Community Counseling Clinic — May 2014 – July 2014
The Woodlands, TX

- Counseled clients ranging from ages 7 to 50 for depression, relationship and family problems, divorce, career development, and ADHD
- Developed and implemented effective treatment plans

Site Coordinator, Communities In Schools/Education's Next Horizon — August 2012 – May 2014
Baton Rouge, LA

- Utilized data to identify, advise, and track progress for 10th and 11th grade students at risk for failure
- Provided crisis counseling; assessed and implemented appropriate treatment and referrals for students who were suicidal or engaged in self-injury
- Implemented career development and psychoeducational groups
- Coordinated interventions and provided counseling for students addressing academic issues, college readiness and admission, and social-emotional concerns

Mental Health Professional, Louisiana Outreach Services, LLC — October 2012 – May 2013
Baton Rouge, LA

- Provided in-home counseling for clients ranging from ages 8 to 32 for depression, sexual trauma, and behavior modification
- Documented client case notes and progress in Magellan's Clinical Advisor

Intern, Family Service of Greater Baton Rouge — January 2012 – August 2012
Baton Rouge, LA

- Counseled clients ranging from ages 5 to 40 for drug use, depression, anxiety, relationship problems, history of trauma and abuse, behavior management and career development
- Developed and implemented effective treatment plans, including behavior modification plans
- Developed and implemented new practices and psychotherapy forms for non-profit agency use

Intern, Medical Management Options — March 2012 – August 2012
Baton Rouge, LA

- Facilitated psychotherapy groups in a partial hospitalization program for chronically mentally ill clients with bipolar disorder, schizophrenia, schizoaffective disorder, major depression, and dual diagnosis from ages 18 to 65
- Maintained daily progress notes compliant with Medicare and Medicaid requirements

Intern, Southeastern University Counseling Center — August 2011 – December 2011
Hammond, LA

- Provided counseling to college-aged students for drug use, depression, anxiety, relationship problems, and history of trauma and abuse
- Developed and implemented effective treatment plans
- Presented counseling overview and stress management strategies to first-year SE101 classes

OTHER PROFESSIONAL EXPERIENCE

09/13 – 04/14	*Phone Interviewer*, Teacher for America, National
01/12 – 07/12	*Tutor*, LSU Academic Center for Student Athletes, Baton Rouge, LA
07/10 – 12/10	*Support Coordinator*, Mental Health of America, Baton Rouge, LA
08/10 – 12/10	*Tutor*, LSU Academic Center for Student Athletes, Baton Rouge, LA

VOLUNTEER EXPERIENCE

August 2017	*Disaster Mental Health Volunteer*, Hurricane Harvey, M.O. Campbell Educational Center, Houston, TX
August 2017	*Volunteer*, Hurricane Harvey, Spring Baptist Church, Spring, TX
January 2014	*Volunteer*, Southern University Dr. Martin Luther King Jr. Day of Service, Baton Rouge, LA
January 2014	*Volunteer*, Southern University Dr. Martin Luther King Jr. Day of Service, Baton Rouge, LA
October 2013	*Group Facilitator*, LSU Office of Multicultural Affairs – Campus conversations: A dialogue on race, Baton Rouge, LA
April – May 2012	*Fundraising Volunteer*, Teach For America Alumni Gift Campaign, National
January 2012	*Charter Grant Reviewer*, Louisiana Department of Education, Baton Rouge, LA
September 2010	*Scribe*, Fellows of Harvard's Advanced Leadership Initiative Retreat, Baton Rouge, LA
January 2008	*Tour Guide,* Messiah College MLK Day of Service, Harrisburg, PA

GRANTS NOT FUNDED

Henry, H. L. (2017). *The relationship between age, religious identity, and transgender counseling competency in Master's students enrolled in CACREP accredited programs* SACES Research Grant. [$500.00]