Counselor Educators' LGBT(Q) Social Attitudes: An Association with Critical Consciousness

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Counselor Educators’ LGBT(Q) Social Attitudes: An Association with Critical Consciousness

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A Dissertation

Submitted in partial fulfillment of the requirements
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Abstract

LGBTQ individuals are at a higher risk for mental health problems and have a greater need for mental health related services than their heterosexual and cisgender counterparts, due to discrimination, harassment, and violence, and yet they continue to face discrimination in mental health care settings. Furthermore, the lack of LGBTQ counseling competency continues to be documented. Counselor educators play a critical role in shaping students’ attitudes toward LGBTQ persons; however, their social attitudes towards LGBTQ identities and LGBTQ equality remain unknown. The purpose of this study was to examine the nature of LGBT social attitudes of counselor educators who teach in CACREP-accredited programs in relation to their attitudes toward non-LGBT social issues, the extent of their relationships with LGBTQ individuals, and their critical consciousness. Multivariate analyses found that critical consciousness accounted for 40.6% of the variance in LGBT social attitudes. Among the three factors (i.e., racism, classism, and heterosexism), heterosexism explained 22.8% of the variance in the outcome variable. Group mean scores of respondents who had and had not had direct close contact with LGBTQ persons were compared. How the conceptual frameworks of critical consciousness, intersectionality, and queer theory could be integrated into counselor training was discussed.

Keywords: LGBT social attitudes, non-LGBT social attitudes, LGBTQ contact, critical consciousness
Counselor Educators’ LGBT(Q) Social Attitudes: An association with Critical Consciousness

CHAPTER 1

INTRODUCTION

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals continue to be at risk for mental health-related issues throughout their lives. According to the Williams Institute, 10-20% of lesbian, gay, and bisexual adults and 41% of transgender adults attempt suicide, in comparison to 4.5% of the overall U.S. population that attempts suicide (Haas, Rodgers, & Herman, 2014). The 2013 National School Climate Survey (NSCS) of middle and high school students in the United States reported that the number of victimizations (i.e., verbal and physical harassment and assault) among LGBTQ students has decreased over the past decades; however, LGBTQ youth continue to report discrimination, harassment, and violence based on their sexual and affectional orientation as well as gender identity and expression (Kosciw, Gretyak, Palmer, & Boesen, 2014). The victimizations at school that LGBT adolescents endure have been associated with increased risk for mental health-related issues (Russell, Ryan, Toomey, Diaz, & Sanchez, 2011) and psychosocial adjustment problems (Toomey, Ryan, Diaz, Card, & Russell, 2010) in young adulthood. Furthermore, LGBTQ elders are more than twice as likely to be single and live alone, and three to four times less likely to have children to support them, compared to their heterosexual counterparts (Discrimination, 2016). They are also more likely to develop mental health and substance abuse problems, and yet a lifetime of encountering prejudice and discrimination based on sexual orientation, gender identity, and gender expression at individual and intuitional levels often makes them fearful of
seeking health- and mental health-related services (Fredriksen-Goldsen et al., 2014; Fredriksen-Goldsen et al., 2012; Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013). Despite progress made by LGBTQ activists and the achievement of rights and protection of sexual and gender minorities, throughout their history, LGBT elders have experienced a difficulty in accessing culturally-responsive care, and they have faced policy discriminations such as being denied hospital visitation for their partner, denied residency in senior housing and/or retirement community with their partner, and even denied their LGBT identities at death (Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Emlet, & Hooyman, 2014; Hughes, Harold, & Boyer, 2011).

Because of the challenges that LGBTQ youth (Kosciw et al., 2013), LGBT adults (Haas et al., 2014; Russell et al., 2011; Toomey et al., 2010), and LGBTQ elders face (Discrimination, 2016; Fredriksen-Goldsen et al., 2014; Fredriksen-Goldsen et al., 2012; Fredriksen-Goldsen et al., 2013), these groups are more vulnerable to developing mental health issues; therefore, LGBTQ individuals have significant needs for mental health services. However, they are more likely to be dissatisfied with mental health services due to pervasive prejudice and discrimination during psychotherapeutic treatment (Liddle, 2000; Shelton & Delgado-Romero, 2011). The possible roots of prejudice, discrimination, harassment, and violence based on their sexual and affectional orientation, gender identity, and gender expression that LGBTQ persons continue to encounter in their lives are homophobia, biphobia, and transphobia at individual levels, which collectively function as heterosexism at an institutional level (Fredriksen-Goldsen et al., 2014; Hughes et al., 2011; Meyer, 2003).
The field of LGBTQ studies is growing rapidly, as are the terms and labels that sexual and gender minority and variant individuals adapt (i.e., asexual and genderqueer). Such drastic changes in political identities have contributed to the confusion among researchers. In this study, the author employs LGBTQ unless citing studies that are more specific. When making references to particular studies, the author will use terms, labels, and categorization that those researchers utilized in their studies.

**Mental Health Issues of LGBTQ Youth**

Although some improvements in school climates have been made since its first national school climate survey (NSCS) in 1999, nationwide the school environment remains generally hostile to LGBT youth (Kosciw et al., 2013). Furthermore, Byrd and Hayes (2012) reported that half of all LGBTQ youths were dissatisfied and displeased with counseling services because of heterosexist attitudes and assumptions held by their school counselors. In addition to victimization at school, LGBT youth experience family rejection or being forced out by parents due to their sexual orientation and gender identity (Durso & Gates, 2012). A study on the prevalence of LGBT youth within the youth experiencing homelessness, LGBT youth comprise 43% of drop-in centers, 30% of street outreach programs, and 30% of housing programs (Durso & Gates, 2012).

**Mental Health Issues of LGBTQ Adults**

A qualitative study of psychotherapy experiences of sexual minorities (e.g., lesbian, gay, bisexual, and queer [LGBQ]), revealed heterosexist attitudes and microaggressions that were displayed by psychotherapists (Shelton & Delgado-Romero, 2011). For example, participants reported therapists’ avoidance and minimization of sexual orientation, display of heteronormative biases, assumptions that all LGBQ
individuals need psychotherapy, and warnings about the danger of identifying as LGBQ (Shelton & Delgado-Romero, 2011). In addition, studies on mental health providers (e.g., counselors, social workers, and psychologists) over the last four decades have documented heterosexist bias (Glenn & Russell, 1986), ambivalence, and contradicting attitudes toward sexual and gender minorities (Rudolph, 1988; Walch, Ngamake, Francisco, Stitt, & Shingler, 2012); however, the state of LGBT mental health care seems to be that “much has changed, but more has stayed the same” (Travers et al., 2010, p. 192). Negative attitudes, discrimination, and heterosexism displayed by health care and mental health service providers contradict the ethical and culturally sensitive and responsive practice mandated by their professional organizations, including the American Counseling Association (2014).

Mental Health Issues of LGBTQ Elders

A growing body of literature shows health disparities among LGBTQ elders. For instance, the prevalence of depression, anxiety, substance misuse and abuse among LGB elders is 1.5 times higher than their heterosexual counterparts (King et al., 2008). Although little is known about transgender elders, a cross-sectional study found that transgender elders had an increased risk of smoking (Fredriksen-Goldsen et al., 2014), as well as an increased level of depression, anxiety, and somatization (Bockting, Miner, Romine, Hamilton, & Coleman, 2013). Despite significant health and mental health disparities among LGBTQ elders, a history of marginalization and discrimination continue to place this group at an increased vulnerability for discrimination and victimization in the service care setting (Fredriksen-Goldsen et al., 2014).
Mental Health Issues of LGBTQ Persons of Color

Meyer (1995) conceptualized minority stress as psychological distress that sexual minority individuals experience due to their minority status, the stigma attached to their cultural and social identity in the heterosexist society, and anticipated and actual experiences of prejudice and discrimination. Sexual and gender minority individuals who also belong to racial and ethnic minority status experience multiple oppression and marginalization such as racism within the LGBTQ community (Han, 2007, Mays, Cochran, & Rhue, 1993) as well as heterosexism within their racial and ethnic minority groups (Balsam, Molina, Beadnell, Simoni, & Walters, 2011). Similarly, DeBlaere et al. (2014) found that experiences of racism, sexism, and heterosexism contributed to an increased psychological distress among sexual minority women of color.

Ethical and Multicultural Practices of Helping Professions

The American Counseling Association (ACA) Code of Ethics defines counseling as a professional relationship that empowers diverse populations (ACA, 2014, Preamble). The Council for Accreditation of Counseling and Related Educational Programs (CACREP) mandates accredited programs to incorporate multiculturalism and social justice into the counselor education and training coursework (CACREP, 2016). Culturally competent counseling is regarded as ethical practice (ACA, 2014; Pack-Brown, Thomas, & Seymour, 2008; Rogers-Sirin, & Sirin, 2009; Watson, Herlihy, & Pierce, 2006). According to ACA’s Code of Ethics (2014), the primary responsibility of the counselor is to respect the dignity and promote the welfare of clients. In an interview with Laurie Meyers (2014), David Kaplan, ACA’s chief professional officer and staff liaison to the ACA Ethics and Revision Task Force, emphasized, “Our clients are more important than
we are” (para. 2). Similarly, Arredondo and Perez (2003) echoed that the awareness of issues of power and privilege, as well as social justice advocacy, are critical components of multicultural counseling competence. Glosof and Durham (2010) also argue that social justice is ethically imperative and the ethical responsibility of counselors.

**American Counseling Association (ACA) Code of Ethics**

Cultural diversity is inherent in every culture, exists in every sphere of society and among various cultural groups, and at different social locations; therefore, counselors must develop multicultural competency during their training and throughout their professional life (Glosof & Durham, 2010; Toporek & McNally, 2006). The five core values of the counseling profession: 1) enhancing human development throughout the lifespan; 2) honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts; 3) promoting social justice; 4) safeguarding the integrity of the counselor-client relationship; and 5) practicing in a competent and ethical manner, guide counselors to live out an ethical commitment to the profession’s primary responsibility to clients’ welfare (ACA, 2014). The ACA Task Force members emphasized that these core values have always been in the Code; however, the 2014 ACA Code of Ethics made it clear that the focus is on the welfare and the needs of the clients above the needs of the counselors to ensure that all clients are treated in inclusive and affirming ways. Such clear statement in the Code prohibit discrimination against LGBT clients based on counselors’ personal beliefs, which is unethical (Meyers, 2014). Particularly, the Code adopted a new clause about counselors’ personal values and belief that advises counselors to strive to avoid imposing their values on their clients (ACA, 2014).
The Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC)

The Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) is a division of the ACA. The Task Forces were formed within the organization to develop guidelines for counseling competencies for counseling with sexual and gender minority individuals: the guideline for counseling competencies and the guideline for working transgender clients (Burnes et al., 2009) and the other guideline for working with lesbian, gay, bisexual, queer, questioning, intersex, and ally (LGBQQIA) clients (Harper et al., 2013). Two years after the American Psychiatric Association (APA) declassified homosexuality as a mental illness, the current ALGBTIC was organized; however, it was not until 1997 the ACA recognized the organization as a division. Almost four decades later, gender dysphoria was removed from the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; APA, 2013), and the American Psychological Association (APA released its support for respectful and affirming care for transgender and gender non-conforming (TGNC) individuals. However, currently only five states and the District of Columbia have banned conversion and reparative therapy on LGBTQ youth (Movement Advancement Project, 2016), and there are still counselors and psychotherapists who may practice such interventions despite the harmful effects on LGBTQ clients (McGeorge, Carlson, & Toomey, 2015a). Counselors have an ethical obligation to do no harm to clients and the public and to provide culturally sensitive and appropriate interventions, which suggests that they must provide affirming and inclusive counseling services to LGBTQ clients (ACA, 2014).
Critical Consciousness and Intersectionality

Critical consciousness has its roots in the critical pedagogy of Brazilian educator Paulo Freire (Freire, 2000). Educators who practice critical pedagogy encourage the learner to challenge beliefs and practices that have been created, imposed, and maintained by the dominant groups by raising criticality; the educators and learners must challenge the power dynamic, interrogate and disrupt the status quo, and attempt to change the social structure that perpetuates the disproportionate distribution of resources, opportunities, and ideologies practiced as the norm (Ladson-Billings, 1995; Ladson-Billings & Tate, 1995). Therefore, the act of raising criticality and critical consciousness aligns with the act of social justice advocacy for the marginalized and oppressed populations (Choi, VanVoorhis, & Ellenwood, 2015; Goodman & West-olatunji, 2009) such as sexual and gender minorities, and especially LGBT persons who live in intersection of multiple social identities and locations (Moradi, DeBlaere, & Huang, 2010). While critical consciousness is the ability to analyze systemic oppression and marginalization in society, the concept of intersectionality provides a more in-depth understanding about individuals who are more vulnerable and further marginalized and oppressed within the system (Shin, Ezeofor, Welch, Smith, & Goodrich, 2016).

Statement of the Problem

Meyer (1995) developed the minority stress model to conceptualize distress that individuals in minority status experience due to discrimination at individual and institutional levels. LGBTQ youth, adults, and elders, primarily racial and ethnic minority LGBTQ persons experience a higher degree of stress due to their multiple minority identities and social locations (Balsam et al., 2011; Meyer, 2010). Although
LGBTQ population is far more likely to seek mental health services than their non-LGBTQ counterparts, they are more likely to be dissatisfied with mental health services (Byrd & Hayes, 2012; Israel, Gorcheva, Burnes, & Walther, 2008). Mental health professional trainers need to train future helping professionals to effectively counsel lesbian, gay, and bisexual clients (Graham, Carney, & Kluck, 2012) and transgender clients (O’Hara, Dispenza, Brack, & Blood, 2013). A survey of faculty’s attitudes toward LGBT persons, cultures, relationship, and social issues (i.e., LGBT social attitudes) provided insights for how to help the educators incorporate LGBT contents into their teaching pedagogy to meet the ethical standards and prepare trainees to work effectively with LGBT clients (Woodford, Brennan, Gutierrez, & Luke, 2013). Faculty’s attitudes toward and how they feel toward LGBT populations will impact their teaching practices as they attempt to prepare their students to work effectively with LGBT clients (Fredriksen-Goldsen, Woodford, Luke, & Gutierrez, 2011; Woodford, Brenna et al., 2013). Because of socio-historical and -political oppression that the LGBTQ community continues to endure, raising critical consciousness among counselor educators and students may help fulfill the two essential principles of the profession and training standard: social justice advocacy counseling and multicultural counseling competence (Ratts, Singh, Massa-McMillan, Butler, & McCullough, 2015; Troutman & Packer-Williams, 2014). In fact, the professional values and responsibilities are based on the ethical principle of challenging social injustice both with and on behalf of the marginalized and oppressed populations (ACA, 2014).

In the past two decades, the counseling profession has adopted multicultural counseling competencies (Sue, Arredondo, & McDavis, 1992) and social justice
advocacy (Chung & Bemak, 2011; Talleyrand, Chung, & Bemak, 2006; Toporek, et al., 2009) as ethical practice and professional responsibility and identity (ACA, 2014). These two competencies are training standards (CACREP, 2016). However, the actual implementation of the standards depends on every program and the degree of emphasis each faculty member places on multiculturalism in a counselor training program (Brooks, Kim, Moye, Oglesby, & Hargett, 2015; Troutman & Packer-Williams, 2014). Furthermore, including LGBTQ identity as a multicultural counseling competence has been debated (Frank & Cannon, 2010) and not all training programs place emphasis on working with sexual minority clients (Graham et al., 2012). Therefore, some counselor educators may never mention LGBTQ related topics in their teaching and training, leaving students ill-prepared to work with LGBTQ clients (Fredriksen-Goldsen et al., 2011; Woodford, Luke, Grogan-Kaylor, Fredriksen-Goldsen, & Gutierrez, 2012).

Woodford et al. (2013) argued that faculty’s attitudes toward LGBT persons influence students’ attitudes toward the group of individuals. Similarly, in the counselor training field, counselor educators’ attitudes toward LGBTQ persons and issues may manifest in their teaching and training, which eventually transmit to students in their practice with LGBTQ persons in a future professional career.

Researchers investigated the attitudes toward LGBTQ persons. For example, Dowling, Rodger, and Cummings (2007) examined teacher candidates’ attitudes toward sexual minority youth concerning the degree of their professional commitment and knowledge about GLBT youth. Social work researchers (e.g., Fredriksen-Goldsen et al., 2011; Woodford et al., 2013) examined social work graduate program faculty’s attitudes toward LGBT individuals and social issues (e.g., support for same-sex marriage).
Another closely related field, couple and family therapy (CFT) programs, McGeorge and Carlson (2015) studied CFT program faculty’s affirmative stance toward LGB clients and relationships. In the nursing field, researchers examined homophobia among students and faculty (Dinkel, Patzel, McGuire, Rolfs, & Purcell, 2007) and nursing program faculty’s knowledge, experience, and readiness for teaching LGBT health (Lim, Johnson, & Eliason, 2015). Positive LGBT social attitudes were associated with support for inclusion of LGBTQ content (Fredriksen-Goldsen et al., 2011; Lim et al., 2015; McGeorge & Carlson, 2014; McGeorge, Carlson, & Toomey, 2015b) among faculty of these programs, and higher professional commitment among teacher candidates were related to positive attitudes toward GLBT students (Dowling et al., 2007). However, studies on counselor educators’ attitudes toward LGBTQ persons and social issues, and factors that contribute to positive LGBTQ social attitudes remain absent.

Selective literature review on predictors of positive attitudes toward LGBTQ persons revealed an interaction with LGBTQ persons was most consistently predicted positive attitudes toward LGBTQ persons (Bidell, 2012; Crisp, 2006) and followed by being less religious (Balkin, Schlosser, & Levitt, 2009; Ben-Ari, 2001). Drawing on the data from Fredriksen-Goldsen et al. (2011), Woodford et al. (2013) used random sample of U.S. graduate social work program faculty to examine predictors of positive LGBT social attitudes, and found that the attitudes toward other marginalized and oppressed groups (e.g., working mothers, people of color, and immigrants) and critical consciousness predicted positive attitudes toward LGBTQ persons.

Critical consciousness, originally coined by Paulo Freire (1973) as “conscientizacao”, is the ability to critically analyze the status quo. According to Freire,
knowledge is maintained and reinforced by the dominant group, which perpetuates the power imbalance, disparities in resources and opportunities, and keep the marginalized and oppressed at the status quo. Critical awareness of one’s cultural, social, and political locations and status is an essential skill for sociopolitical development and action (Watts & Abdul, 1998). Therefore, critical consciousness effects to centralize the marginalized voices, which empower them to take actions to bring about positive social change and liberations from oppression (Rosenberger, 2000). Raising consciousness and awareness about sociopolitical issues (e.g., racism, sexism, and heterosexism) may be the first critical step toward counselors’ social justice advocacy for clients, including women, people of color, sexual and gender minorities.

Studies of critical consciousness have focused on its development among racial and ethnic minority adults and youth (Diemer, Kauffman, Koeing, Trahan, & Hsieh, 2006; Watts & Abdul, 1998). Landreman, Rasmussen, King, and Jiang (2007) studied university educators’ development of critical consciousness. In the counseling field, counselor educators described the process of fostering the development of critical consciousness among counselor trainees (Brown & Perry, 2011; Choi, VanVoorhis, & Ellenwood, 2015; Goodman & West-Olatunji, 2009; Irving & Williams, 1995). Raising critical consciousness is to challenge the existing the status quo that produce knowledge and determine the norms (Freire 1973, 2000), which parallels to the practice to provoke discussion about how language is used to produce the power dynamic and reinforce certain values and beliefs as the norms in the counseling coursework (Carroll & Gilroy, 2001). This transformation from a traditional counseling approach (i.e., taking value-neutral position) to increased awareness about social, economic, and political natures of
issues the marginalized and oppressed groups face provided counselor trainees a sense of accountability for action for social justice advocacy (Brown & Perry, 2011).

Although there are recommendations for how counselor educators could integrate LGBTQ content and train and prepare students and counselors for providing LGBTQ affirmative and inclusive practices (Smith, Foley, & Chaney, 2008; Whitman & Bidell, 2014), there is a dearth of empirical research that has addressed CACREP-accredited program counselor educators’ LGBT social attitudes to date. Woodford et al. (2013) underscored that faculty play an important role in shaping students’ attitudes toward LGBTQ persons and readiness for working with the population in a culturally competent and ethical manner such as providing services that affirm and include their sexuality and gender development and identities, LGBTQ persons’ experiences, relationships, and culture. Before asking about the inclusion of LGBTQ content in the counselor education and training curriculum, this researcher must first identify the level of awareness of the educators about the field of LGBTQ studies and the level of support for inclusion of LGBTQ content; therefore, it is crucial to study counselor educators’ LGBT social attitudes and factors that contribute to positive LGBT social attitudes in the present study.

The Purpose of the Study

There is a dearth of empirical research on CACREP counselor educators’ LGBT social attitudes. Previous studies primarily focused on attitudes and counseling competency of counselors-in-training and practitioners working with LGBTQ clients and found the gap in awareness, knowledge, and skills. These studies consistently revealed that students and counselors felt unprepared to work with LGBTQ clients as evidenced
by lower scores on knowledge and skills on the Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005, 2012, 2013).

To help address the lack of training on affirming and inclusive practice with LGBTQ clients, this study seeks to examine the nature of LGBT social attitudes of counselor educators who teach in CACREP-accredited programs in relation to factors such as their attitudes toward non-LGBT social issues (i.e., attitudes toward working mother of preschool children, people of color, and immigrants), the extent of their relationship with individuals who identify as LGBTQ, and critical consciousness. Although sociodemographic variables (e.g., race, gender, and religiosity) have shown inconsistent results in predicting positive attitudes toward LGBTQ persons, contact with LGBTQ persons continues to be mostly associated with positive attitudes toward LGBTQ persons in the fields of psychology, social work, and education (Ben-Ari, 2001), among counseling professionals and graduate students (Balkin et al., 2009), and in the general population (Herek, 1998; Woodford, Silverschanz, Swank, Scherrer, & Raiz, 2012). Therefore, the present study will also investigate whether interaction with LGBTQ persons would predict positive LGBT social attitude, in addition to the role of other sociodemographic variables (e.g., race, gender, and religious affiliation) in counselor educators teaching at CACREP accredited programs.

**Research Questions**

Based on the previous information, the research questions for this study are:

Research Question 1: Do positive attitudes toward other marginalized and oppressed groups of individuals (e.g., working mothers, people of color, and immigrants) predict positive attitudes toward LGBTQ persons?
Research Question 2: Is there a positive linear relationship between the critical consciousness and LGBT social attitudes?

Research Question 3: Is LGBTQ contact (i.e., “Have any of your friends, relatives, or close acquaintances let you know that they were lesbian, gay, bisexual, transgender, or queer/questioning?”) associated with positive attitudes toward LGBTQ persons?

Research Question 4: Does gender affect attitudes toward LGBTQ persons?

Research Question 5: Does race affect attitudes toward LGBTQ persons?

Research Question 6: Do religious affiliation(s) have an impact on attitudes toward LGBTQ persons?

Summary of Research Questions

Woodford et al.’s (2013) examined U.S graduate social work program faculty’s attitudes toward LGBT persons, relationship, cultures, and issues they face in relation to their attitudes toward other marginalized and oppressed groups of individuals and critical consciousness. They found that one of non-LGBT social attitudes (i.e., attitudes toward working mothers) and critical consciousness were statistically significant at the multivariate level. Likewise, a review of the literature has led to the expectation that contact with LGBTQ individuals, more specifically being the recipient of intimate disclosure of LGBTQ identity (i.e., having LGBTQ family members, friends, colleagues, and/or clients) predicted positive attitudes toward LGBTQ persons (Herek & Glunt, 1993). Although gender and religion(s) have been frequently investigated in relation to attitudes toward LGBTQ identities and persons, the results remain inconsistent in prediction of positive attitudes these individuals and identities. Based on the literature review, six hypotheses were generated.
Research Hypotheses

Hypothesis one consists of two parts. Hypothesis 1A states that among counselor educators in CACREP accredited programs, the scores on the non-LGBT Social Attitudes Scale will positively correlate with the scores on the LGBT Social Attitudes Scale. Hypothesis 1B states that among the three variables on the non-LGBT Social Attitudes Scale, working mothers of preschool children will be the best predictor of LGBT social attitudes.

Hypothesis two also consists of two parts. Hypothesis 2A states that among counselor educators in CACREP-accredited programs, there will be a positive linear relationship between the scores of the Contemporary Critical Consciousness Measure (CCCM; Shin et al., 2016) and the scores on the LGBT Social Attitudes Scale. Hypothesis 2B states that among the three subscales of the CCCM, heterosexism will be the best predictor of LGBT social attitudes.

Hypothesis three states that among counselor educators in CACREP-accredited programs, there will be a statistically significant difference in the mean scores of the LGBT Social Attitude Scale between counselor educators who have had LGBTQ contact (i.e., “Have any of your friends, relatives, or close acquaintances let you know that they were lesbians or gay men?”) and those who have not had LGBTQ contact.

Hypothesis four states that consistent with previous findings, female counselor educators will score higher on the LGBT Social Attitudes Scale than male counselor educators.

Hypothesis five states that white counselor educators will score higher than racial and ethnic minority counselor educators on the LGBT Social Attitudes Scale.
Hypothesis six states that counselor educators who identify as Christian will score lower than non-Christian identified counselor educators on the LGBT Social Attitudes Scale.

**Significance of the Study**

To date, no other study in the counseling profession has examined attitudes toward other marginalized and oppressed groups of individuals and the role of critical consciousness in relation to attitudes toward LGBTQ persons, identities, relationships, cultures, and issues among counselor educators. Previous studies primarily focused on attitudes and counseling competency of counselors-in-training and practitioners working with LGBTQ clients and found a gap in awareness, knowledge, and skills. These studies consistently revealed that students and counselors felt unprepared to work with sexual minority clients as evidenced by lower scores on knowledge and skills on the SOCCS (Bidell, 2005, 2012, 2013).

Counselor educators may not teach LGBTQ content in their courses perhaps because of a lack of knowledge about LGBT social issues (Phillips & Fischer, 1998), the faculty’s own ambivalent attitude toward sexual minorities (Rudolph, 1988), LGB identities (McGeorge, Carlson, & Toomey, 2015a), or uncertainty about the manner in which GLBT content to be included (Carroll & Gilroy, 2008). Pilkington and Cantor (1996) found that nearly half of lesbian and gay student members of the American Psychological Association (APA) reported having experienced bias and heterosexism in their graduate training programs in which instructors presented empirically unsupported information about homosexuality, made derogatory comments toward lesbians and gay students or clients, pathologized homosexuality, stereotyped lesbians and gays and their
same-sex relationship, or supported a reparative approach to change homosexuality. In another study, McGeorge et al. (2015a) revealed a positive correlation between negative attitudes about LGB persons and support for the practice of conversion therapy, which contradicts the professional code of ethics which mandates the use of treatment techniques and approaches that have a scientific and empirical foundation (ACA, 2014, C.7.a). Burkard, Knox, Hess, and Schultz (2009) and O’Brien (2013) similarly found that LGB-identified supervisees reported that LGB-nonaffirming supervisors were biased and oppressive toward supervisees and their sexual and gender minority clients.

The findings of this study may contribute to the development of knowledge in LGBTQ studies, as well as the status of current counselor education and training practice in relation to sexual and gender minorities. This may lead to an additional curriculum development or change in counselor education and training about the LGBTQ persons and social issues. Exploring predictors of counselor educators’ LGBT social attitudes is beneficial because findings potentially provide insights into more effective ways to assist counselor educators in the implementation of LGBTQ content in counselor training courses. For instance, the intersectionality framework (Crenshaw, 1994) can help conceptualize multiple oppressions and marginalization that LGBTQ persons who are also women of color with lower socioeconomic background may face. By introducing the intersectionality framework to understand multiple oppressions and marginalization in relation to various group memberships (e.g., woman, persons of color, and immigration/citizenship), counselor educators may be able to see the parallel in various forms of human sexuality, gender identities, and racial and ethnic identities and social issues that target these groups. This may help resolve the debate over whether LGBTQ
identities should be part of multiculturalism education or not and underscores that diverse sexualities and gender identities are part of individual human diversity (Frank & Cannon, 2010).

Furthermore, findings may provide insights about faculty’s professional development that may be necessary for them to train future mental health practitioners and to apply inclusive and affirming practices with LGBTQ clients (Woodford et al., 2013). For instance, Locke and Kiselica (1999), with respect to teaching about racism in multicultural counseling course, emphasized assisting counseling students to engage in critical self-reflection and analyses to overcome internalized racism. Critical self-reflection can also be exercised through ongoing professional development to overcome various forms of institutionalized oppression (Kumagai & Lypson, 2009), which may be applied to overcome internalized heterosexism and stereotypes toward diverse gender identities and expressions. Although the process of confronting one’s own biases and prejudices may be painful, it is a necessary step to start the meaningful conversation, increase knowledge about culturally diverse individuals, and develop appropriate cultural perspective-taking and empathy (Lock & Kiselica, 1999). Such cross-cultural dialogue may translate into the development of critical consciousness (Choi et al., 2015). In fact, Phillips and Fischer (1998) found that the exploration of one’s own heterosexual bias was associated with increased clinical competence working with LGB clients. Therefore, unlike previous studies, this study also examined the roles of sociodemographic factors, especially contact with LGBTQ persons and non-LGBT attitudes (i.e., attitudes toward other marginalized groups) as predictors of positive LGBT social attitudes.
Assumptions and Limitations of the Study

This is a partial replication of Woodford et al.’s (2013) study that examined LGBT social attitudes of graduate social work program faculty in the U.S. with CACREP-accredited program counselor educators in the U.S. In the counseling profession, there is no study that examined attitudes toward LGBTQ persons, relationships, cultures, and issues in relation to attitudes toward other marginalized groups of individuals and critical consciousness. An online quantitative survey is an appropriate data collection method for this study because a survey design provides the researcher attitude data in numeric and quantitative form for statistical analysis, which allows the researcher to identify statistical significance concerning the attitudes and feelings toward current trends and issues by querying a sample of the target population (Creswell, 2014; Fowler, 2009). An online survey also allows the researcher to reach a large sample group within a relatively short period of time (Jackson, 2016; Miner, Bockting, Romine, & Raman, 2011). This process applies the results of a sample to a larger population (Creswell, 2015), which may make a better assumption about LGBT social attitudes of CACREP program counselor educators.

This study has several potential limitations that may influence the results. First, although CACREP programs exist internationally, this study targets U.S. counselor educators, which may limit the generalizability of the findings to non-U.S. counselor educators who may hold positive LGBT social attitudes. Therefore, the sample population may not necessarily represent the overall target population of all CACREP counselor educators. Second, the survey relies on the self-report of counselor educators who voluntarily choose to respond to the questionnaire; therefore, LGBT social attitudes
of counselor educators who choose not to respond may be unknown. Social desirability may not reveal honest responses to some survey questionnaires that may be perceived undesirable and limit the identification of true differences in responses of the participants (Phillips & Clancy, 1972). Finally, a self-report may not reveal negative attitudes and implicit bias toward LGBTQ populations or neutral attitudes held by counselor educators.

Statistical methodologies utilized to analyze the data collected via the online survey include bivariate and multivariate analyses and ordinary least square regression analysis. Unlike experimental designs that allow researchers to physically control and manipulate variables, a correlational design of this study cannot exercise such control of the variables (Creswell, 2015). Therefore, this study cannot determine causality, but only the degree of associations of each predictor variable on the outcome variable (Creswell, 2015). A cross-sectional survey design aims to investigate the current attitudes, beliefs, and opinions of certain issues and practices that individuals exercise regarding these issues (Creswell, 2015). Although the focus of this study is to examine the current LGBT social attitudes among counselor educators, this cross-sectional survey design cannot identify any changes in attitudes over time (Creswell, 2015).

Threats to internal validity and external validity must be taken into consideration. Potential threats to internal validity may include history and maturation while the survey is taking place. Participants’ responses may reflect the current trend with respect to LGBTQ related social issues (e.g., legalization of same-gender marriage and the Obama Administration’s directive regarding transgender youth’s access to the bathroom that aligns with their gender identity). Also, political correctness and social desirability may interfere with respondents’ true LGBT social attitudes. Events (i.e., critical incidents) that
may take place during the survey collection may affect respondents’ LGBT social attitudes and may not capture potential shifts in such change. The sample selection process of the study may also pose a threat to internal validity. Participation in the study is voluntary; therefore, the people factor (Creswell, 2015) of counselor educators who choose to complete the survey may affect the outcome of the study. Also, incompletion of the survey due to its length or potentially emotionally provoking questionnaire items may also pose a threat to the validity of conclusions drawn from the data. Some potential threats to external validity may include that the results of the study may not be able to be generalized to CACREP-accredited programs that exist outside the United States because the study only targets counselor educators and supervisors from CACREP accredited programs in the United States (Creswell, 2015).

**Definitions of Terms**

In this section, several relevant terms will be defined. These terms include LGBT social attitudes, non-LGBT social attitudes, LGBTQ contact and critical consciousness.

**LGBT social attitudes.** LGBT social attitudes were first defined by Fredriksen-Goldsen et al. (2011) whose study examined U.S. and Canadian social work program faculty’s attitudes related to LGBT people and issues. In this study, LGBT social attitudes are defined as counselor educators’ attitudes toward LGBT persons, relationships, and social issues that the populations face (e.g., heterosexism, marriage equality, discrimination against transgender persons). Attitude study researchers (Allport, 1935; Ajzen & Fischbein, 1980; Thurstone, 1931) defined that an attitude encompasses feelings, thoughts, beliefs, and behaviors toward a given psychological object (e.g., racism, LGBTQ persons, racial/ethnic minorities, women, marriage, ideologies, and
political issues). In the field of social science, researchers distinguished social attitudes from general attitudes. For example, Herek and Glunt (1993) studied heterosexual individuals’ general attitudes toward lesbians and gay men. Fredriksen-Goldsen et al. (2011) underscored the social work training programs continue to fail to educate its students about systemic discrimination and oppression that LGBT persons continue to face despite the evidence that they are increasingly showing supportive attitudes toward the population; therefore, these students may be ill-prepared to advocate for equal rights and protection of LGBTQ persons. The critical difference may exist between merely expressing positive attitudes toward LGBTQ individuals and advocating for LGBTQ individuals and communities on sociopolitical issues to achieve full equality and protection as heterosexual and cisgender individuals have been granted. Therefore, Fredriksen-Goldsen et al. (2011) included question items that asked respondents to indicate their level of agreement to social issues LGBT persons face (e.g., marriage among same-sex couples and pervasive discrimination that transgender persons face), in addition to two items from the scale developed by Liang and Alimo (2005), which aimed to assess cognitive and affective attitudes toward LGB persons and relationship (i.e., the attitudes regarding to LGB relationship scale).

Non-LGBT social attitudes. Woodford et al. (2013) defined non-LGBT as social attitudes toward other marginalized groups of individuals and sociopolitical issues that the members of these groups face. In this study, non-LGBT social attitudes were defined as social attitudes toward people of color, working mothers of preschool children, and immigrants.
**LGBTQ contact.** LGBTQ contact is defined as interpersonal contact among counselor educators with LGBTQ persons. Based on the literature (Bidell, 2012; Graham et al., 2012; Herek, 1988; Herek & Glunt, 1993; Lance, 1987), LGBTQ contact was assessed by asking participants, “Have any of your friends, relatives, or close acquaintances let you know that they were lesbian or gay?”, “Have any of your friends, relatives, or close acquaintances let you know that they were bisexual men or woman?”, and “Have any of your friends, relatives, or close acquaintances let you know that they were a transgender person?” Responses were coded as yes, no, or not applicable. The item was adopted from the assessment of personal contact defined by Herek and Glunt (1993) who utilized a single-item, “Have any of your female or male friends, relatives, or close acquaintances let you know that they were homosexual [sic]?” to assess the respondents’ personal contact with lesbians and gay men. Herek and Glunt (1993) underscored the importance of the wording of the item to exclude situations in which respondents merely presumed that individuals whom they have contact with were lesbians and gay men.

**Critical consciousness.** Critical consciousness is the ability to analyze the status quo and evaluate the old information to adjust to new definitions of concepts in the evolving society (Freire, 1973, 2000). Raising critical consciousness is a necessary step in identifying the source of oppression and in taking action to create social, cultural, and political liberation (Watts & Abdul, 1998).
CHAPTER 2
LITERATURE REVIEW

This chapter is a literature review of studies that are most closely related to critical consciousness of counselor educators and predictors of lesbian, gay, bisexual, and transgender (LGBT) social attitudes of counselor educators who are teaching in CACREP-accredited programs. First, I will review the components of non-LGBT social attitudes as defined by Woodford et al. (2013). Second, I will describe the three dimensions of critical consciousness as defined by Shin et al. (2016). Third, I will explain LGBT contact. Fourth, I will review studies that analyzed sociodemographic factors on predicting attitudes toward individuals with sexual and gender minority backgrounds and social issues that the population face. Fifth, I will describe theoretical frameworks that I am using to analyze and interpret the findings. Then, I will revisit the mental health of LGBTQ persons and conclude this chapter with the summary.

Attitudes of Mental Health Service Providers

Despite the increased risk for developing mental health issues among the LGBTQ population due to discrimination, systemic oppression, and marginalization (May & Cochran, 2001; Russell et al., 2011), studies show that counselors are not adequately prepared to work effectively, affirmatively, and inclusively with lesbians, gay men, and bisexual men and women (Balkin et al., 2009; Bidell, 2012, 2013; Graham, et al., 2012; Israel & Hackett, 2004; O'Shaughnessy & Spokane, 2013; Phillips & Fischer, 1998; Sherry, Whilde, & Patton, 2005). Furthermore, lesbians, gay, bisexual, transgender, and questioning (LGBTQ) youth (Byrd & Hays, 2010; Travers et al., 2010); lesbian, gay, bisexual, transgender, and queer (LGBTQ) adults (Israel et al., 2008; Shelton & Delgado-
Romero, 2011); and LGBT older adults (Fredriksen-Goldsen et al., 2013; Fredriksen-Goldsen et al., 2014; Hughes et al., 2011) continue to report negative experiences (e.g., heterosexism, microaggression, and transphobia) with mental health care providers. In a literature review of counselor educators’ attitudes toward training counselors to work with LGBTQ persons, there was a paucity of research on this topic. This led to a review of the literature on university professors who train students in other helping professions regarding attitudes about LGBTQ persons, relationships, cultures, and social issues. In particular, research studies were found in nursing program faculty (Dinkel et al., 2007; Lim et al., 2015) and social work program faculty (Fredriksen-Goldsen et al., 2011; Woodford, Luke, et al., 2012; Woodford et al., 2013). While Dinkel et al. (2007) examined nursing faculty’s homophobia and Lim et al. (2015) studied knowledge, experience, and readiness for teaching LGBT content among nursing faculty, Woodford et al. (2013) examined social work program faculty’s LGBT social attitudes, which included the faculty’s social attitudes toward LGBT identities and social issues. Investigating these two phenomena, social attitudes toward LGBT identities and social issues, was important because affirming and being supportive of friends who are gay or lesbian may not always translate to advocating for social justice issues (e.g., marriage equality for same-sex couples) for lesbians and gay men (Woodford, Luke et al., 2012). This study examined counselor educators’ LGBT social attitudes. It is imperative to examine counselor educators’ attitudes toward sexual and gender minorities and social and policy issues that affect their lives because providing multicultural competent counseling (Arredondo & Toporek, 2004) and advocating for social justice for clients are both examples of ethical practice (ACA, 2014).
Attitudinal Studies with Counselor Educators

Studies in which the target population was comprised exclusively of counselor educators examined their attitudes about evidence-based practice (Patel, Hagedorn, & Bai, 2013); their attitudes toward socioeconomic status, racial, gender, and sexual minorities (Miller, Miller, & Stull, 2007); and their attitudes toward multicultural training (Brooks et al., 2015). Specific to the LGBTQ topic with inclusion of counselor educators, only two research studies investigated the sexual minority counseling competence of counselor educators (Bidell, 2005) and lesbian, gay, and bisexual (LGB) affirmative training among faculty of marriage, family, and couple counseling programs (McGeorge & Carlson, 2014). In Bidell’s study (2005), counselor educators were not the target population, but rather one of several categories among counseling students, counseling interns, and counselors; therefore, comprehensive information about, the interpretation of their knowledge, and awareness of the sexual minority population were limited. Balkin et al. (2009) examined a relationship among religious identity, homophobia, sexism, and multicultural competence; however, there were only 14 doctoral-level practitioners as subjects, again making it impossible to generalize counselor educators’ attitudes toward lesbians and gay men. A closely related study by Graham et al. (2012), which assessed perceived clinical competence working with LGB individuals by using Sexual Orientation Counseling Competency Scale (SOCCS) among doctoral counselor education students, indicated their high awareness about their attitudes, assumptions, and prejudices concerning LGB persons; however, their scores reflected only moderate levels of skills and knowledge about working with LGB clients. O’Shaughnessy and Spokane (2012)
stated that simply having awareness and knowledge did not always translate to skills in working with lesbian and gay clients.

Despite the CACREP (2016) program accreditation standards requiring accredited programs to include knowledge and skills regarding multicultural counseling competencies, which, by definition, includes sexual orientation and gender; counselors and students are lacking LGBTQ counseling competence (Bidell, 2005, 2012, 2013; Dillon et al., 2004). This phenomenon raises a question about counselor educators’ actual inclusion and dissemination of the LGBTQ content in the training curriculum. However, before investigating the actual practice of teaching LGBTQ content and how the information is disseminated, it may be more imperative to investigate counselor educators’ attitudes toward LGBTQ persons, identities, relationships, culture, and social issues that confront the population.

**Manifestation of Negative Attitudes toward LGBTQ persons**

In 1973, the American Psychiatric Association (APA) declassified homosexuality as a mental disorder; however, a decade later, Rudolph (1988) found that counselors and psychologists still held ambivalent attitudes toward lesbian and gay identities. Although these counselors and psychologists acknowledged that lesbians and gay men could function appropriately in society, they believed that lesbians and gay men were inappropriate for federal and teaching jobs. Also, Garnet et al. (1991) documented psychologists pathologizing lesbians and gay men, performing biased assessment of lesbian and gay clients, and failing to acknowledge sexual prejudice, while using inadequate psychotherapeutic interventions. Most recently, McGeorge et al. (2015a) found that 31.2% of American Association for Marriage and Family Therapy (AAMFT)
members supported conversion therapy. Furthermore, sexual microaggression (Shelton & Delgado-Romero, 2011), heterosexual bias (Glenn & Russell, 1986), and transphobia and/or genderism (Nagoshi et al., 2008; Hill & Willoughby, 2005) among counselors continue to be documented. Still, in these studies regarding attitudes toward LGBT persons in relation to social and policy issues that they experience, counselor educators were not the target population.

Negative attitudes can be conceptualized in two forms: old-fashioned homonegativity and modern homonegativity (Morrison & Morrison, 2011; Satcher & Schumacker, 2009). The first form describes negative attitudes about the nature of lesbian and gay identities, and the latter suggests discriminatory attitudes and behaviors to reject the population’s access to equality, legal rights, and protection (Morrison & Morrison, 2011; Satcher & Schumacker, 2009). The latter form is more powerful, as it aims to create a system that exercises power over the population and perpetuates devaluation and dehumanization of the population.

Satcher and Schumacker’s (2009) study on modern homonegativity did not include bisexual, transgender, and gender variant individuals; however, Woodford et al. (2013) was more inclusive in the investigation of social work program faculty’s LGBT social attitudes, and included social attitudes toward bisexual, transgender, and gender variant individuals as variables in their study. Thus, this study replicated Woodford et al.’s (2013) study to examine LGBT social attitudes toward LGBT identities, persons, relationships, cultures, and, social issues among CACREP-accredited program counselor educators.
Social Attitudes

For decades, social science researchers have attempted to define the components of social attitudes, which include discriminatory behavior of non-marginalized groups toward historically marginalized groups (e.g., ethnic, racial, and sexual minorities) (Faris, 1925; Hewitt, Eysenck, & Eaves, 1977; Kerlinger, 1972; Rowatt, LaBouff, Johnson, Froese, & Tsang, 2009). Ajzen and Fishbein (1980) explained that attitudes are a manifestation of one’s beliefs and values. Beliefs and values are influenced by one’s socialization process. Thurstone (1931) believed that individuals’ evaluation of an object is related to the pattern of their beliefs about the object. Although attitudes do not cause certain action, attitudes influence intentions and, therefore, subsequent behavior (Chaiklin, 2011). For example, Gay and Kirkland (2003) used an example of benevolent liberalism in which individuals think that feeling guilty about racism is adequate (belief); therefore, no action needs to be taken to fight racism. Fredriksen-Goldsen et al. (2011) and Woodford, Luke, et al. (2012) asserted that faculty must develop positive social attitudes toward LGBT persons, which, to them, demonstrate the affirming practice toward LGBT identities, relationships, cultures, and support of social policies that are inclusive of LGBT persons through teaching LGBT content.

LGBT Social Attitudes

There were a few studies that examined social attitudes of helping professionals toward LGBTQ persons and social issues and policies that affect their lives. In social work, researchers examined graduate social work program faculty’s attitudes toward the inclusion of LGBT contents in the training curriculum (Fredriksen-Goldsen et al., 2011) and same-sex marriage (Woodford, Luke, et al., 2012) in relation to their social attitudes
toward LGBT persons and social issues. The concept of LGBT social attitudes may be inclusive, as it addresses the effect of social attitudes at individual and societal domains. For example, Morrison and Morrison (2011) identified two forms of prejudices that affect lesbians and gay men at an individual and institutional level. LGBT social attitudes are defined as social attitudes toward LGBT persons, relationships, cultures, and social issues that the population faces (Fredriksen-Goldsen et al., 2011; Woodford et al., 2013), which is the interest of this study.

**Attitudes about LGBTQ identities.** The participants of Shelton and Delgado-Romero’s (2011) study reported that their psychotherapists actively avoided acknowledging and affirming their clients’ LGBQ identity and displayed stereotypical and heteronormative biases. Heteronormativity assumes that heterosexuality is natural, rendering diverse sexualities invisible, unnatural, inferior, pathological, and immoral (Mink & O’Connor, 2004). Heteronormative bias can take different forms, for example: (a) a complete absence of LGBQ-related literature in one’s therapist’s office (Shelton & Delgado-Romero, 2011); (b) hearing a comment such as, “You don’t look like a lesbian” (Shelton & Delgado-Romero, 2011, p. 215); (c) accusing a bisexual client passing as heterosexual (Israel et al., 2008), and (d) the use of heteronormative terms (e.g., husband and wife) in intake forms and questions (Israel et al., 2008), all of which dismiss LGB identities, relationships, and experiences (McGeorge & Stone Carlson, 2014). Over two decades ago, Garnets, Hancock, Cochran, Goodchilds, and Peplau (1991) found that 58% of psychologists have known negative incidents related to psychotherapy experiences of gay and lesbian clients ranging from hearing other psychologists defining lesbian and gay clients as sick to forcing the clients to come out to their family and friends despite
potential negative consequences. The numbers of psychologists who reported knowing of
negative incidents may not represent the actual occurrence of such incidents because gay
and lesbian identities are not always as visible as other cultural and social identities (e.g.,
race, ethnicity, and gender); thus, some clients might not have disclosed their lesbian and
gay identities to their service providers. Such negative attitudes toward identities of
sexual and gender minorities prevent clinical practitioners from utilizing affirmative
therapeutic approaches with LGB clients (Crisp, 2005, 2006; Kilgore, Amin, Baca,
Sideman, & Bohanske, 2005), and subsequently result in a negative impact on the
therapeutic process and outcomes (Israel et al., 2008; Liddle, 1996).

**Attitudes about LGBTQ Equality.** Although society in general may no longer
show overt prejudice and negative attitudes toward lesbians and gay men, prejudice and
negative attitudes have become more subtle and complex (Morrison & Morrison, 2011;
Pearl & Galupo, 2007). In this way, opposing human rights for sexual minorities
characterizes modern prejudice and negative attitudes (Green, Murphy, & Blumer, 2010;
Morrison & Morrison, 2011). As early as 1988, Rudolph already documented that
psychologists and counselors regarded homosexuality as psychologically well-adjusted,
but believed that some occupations, such as teachers and federal employees, may not be
appropriate for lesbians and gay men. In Satcher and Schumacker’s (2011) study,
approximately 25% of counselors expressed strong objection for equality of LGBTQ
persons. In their study, only the highest homonegativity was reported, and the number of
participants who expressed moderate homonegativity was unknown. In contrast, Tan,
Jordan-Arthur, Garofano, and Curran (2017) found that school counseling trainees
preferred lesbian couples’ transracial adoption over heterosexual couples. However, these
extant studies targeted trainees and counselors. Only Woodford, Luke, et al. (2012) analyzed the U.S. social work program faculty’s social attitudes toward same-sex marriage, asserting that merely accepting and affirming LGBTQ friends would not necessary translate to supporting and affirming LGBTQ public policies and equalities. Tan et al. (2017) found that school counseling trainees showed positive attitudes toward transracial adoption in which the participants chose lesbian couples over heterosexual couples.

**Counselor Educators’ LGBT Social Attitudes**

Ben-Ari (2001) examined the degree of homophobia among faculty members in social work, psychology, and education programs of five main universities in Israel by using a translated version of the Index of Homophobia (IHP; Hudson & Rickett, 1980). The IHP is composed of 25 items that assess the degree of homophobia such as negative thoughts and feelings towards homosexuality, with higher scores indicating a higher grade of homophobia and lower scores indicating a higher grade of non-homophobia. In the study, gender was one of the predictors; however, religion and level of religiosity were not. The entire sample fell in low grade homophobia with psychologists appearing to be least homophobic; however, the lowest score among psychology faculty still fell in low grade non-homophobia rather than high grade of non-homophobia. However, several limitations to the generalizability of the results exist, including a low response rate (27.7%) and non-random sampling, which contributed to selection bias and did not necessarily reflect the responses of faculty who did not participate in the study, as well as their reasons of non-participation. The study provided insights about attitudes toward sexual minorities among faculty outside of the United States, but little insight for
American faculty. Despite some weaknesses, the results from the study can be utilized to demonstrate how different training approaches between the United States and Israel contribute to the development of more positive attitudes toward LGBTQ persons.

McGeorge and Carlson (2015) studied the state of lesbian, gay, and bisexual (LGB) affirmative training among faculty in the Commission of Accreditation for Marriage and Family Therapy Education (COAMFTE) accredited programs. The 23-item self-report scale consists of the five domains that include affirmative stance by faculty and program (5 items), affirmative program environment (3 items), LGB affirmative course content (8 items), self-of-the-therapist work (4 items), and professional training opportunities (3 items) on a 6-point Likert scale, ranging from one (strongly disagree) to six (strongly agree). Although 94.8% of the program faculty reported that they took an affirmative stance toward LGB individuals and relationships, 9.5% of the study participants disagreed that the training programs have a responsibility to train students to develop affirmative beliefs about LGB individuals and relationships, and 4.4% of faculty disagreed that the programs have a responsibility to train students on affirmative therapy with LGB clients (McGeorge & Carlson, 2015). Fredriksen-Goldsen et al. (2011) and Woodford et al. (2012) asserted that because faculty play an important role in shaping future practitioners’ social attitudes, faculty must develop positive social attitudes toward LGBT persons.

Educators and trainers’ attitudes toward LGBTQ persons can play a role in their support and readiness for integrating LGBTQ content to train students to develop competence providing culturally responsive and ethical practice to LGBTQ clients as well as shape their attitudes toward LGBTQ persons, identities, cultures, and social issues.
Attitudinal change at the faculty level is imperative in order to train and educate future professionals who will eventually provide services to LGBTQ persons, their families, and their friends as well as educate the public on LGBTQ related issues (Ben-Ari, 2001). Researchers in the mental health fields have studied and proposed best training practices of LGBTQ counseling (Whitman, 1995; Godfrey, Haddock, Fisher, & Lund, 2006; Matthews, 2005; McGeorge & Rock, 2015; Rutherford, McIntyer, Daley, & Ross, 2012; Travers et al., 2010). For example, the components of best practice include: (1) making systematic efforts at the program and institutional level to create affirmative and inclusive program environments (Frank, 2004; McGeorge & Rock, 2015); (2) naming systemic oppression, such as heterosexism, heteronormativity, and heterosexual/cisgender privilege (Godfrey et al., 2006; McGeorge & Rock, 2015); (3) understanding the intersectionality of cultural and social identities of diverse LGBTQ persons and affirming healthy identity development, including the coming out process (Alegria, 2011; McGeorge & Rock, 2015; Rutherford et al., 2012; Travers et al., 2010); (4) assisting students with critical self-reflection processes (Frank, 2004; Whitman & Bidell, 2014); and (5) providing training and clinical practice opportunities with LGBTQ persons (Frank, 2004; Frank & Cannon, 2010). However, there is a limited number of studies (Frank, 2004) that specifically examined attitudes of counselor educators in CACREP accredited programs and their support for LGBTQ affirming and inclusive training and practice.

**Predictors for Positive LGBT Social Attitudes**

Factors that predict positive attitudes toward LGBTQ persons and issues among mental health professionals (Balkin et al., 2009; Bidell, 2012; Israel & Hackett, 2004;
O’Shaughnessy & Spokane, 2013), educators (Dowling, Rodger, & Cummings, 2007), and the college population (Woodford, Chonody, et al., 2012; Woodford, Silverschanz, et al., 2012) are not clear. A review of the literature about empirical research on predictors of attitudes toward LGBTQ persons and social issues led to the selection of this study’s outcome and predictor variables in this investigation of counselor educators’ LGBT social attitudes. Predictors of positive LGBT social attitudes under study include non-LGBT social attitudes, critical consciousness, LGBT contact, and sociodemographic variables (i.e., gender, race, and religious affiliation).

**Non-LGBT Social Attitudes**

Chang et al. (2009) argued that various problems that individuals with minority status face are imposed by disparities and unequal distribution of resources and opportunities. The minority stress model also explains the daily stressors that LGBT individuals face due to their minority status (i.e., identifying LGBT) as a result of heteronormative and anti-LGBT policies and practice by certain groups of people at individual, institutional, and societal levels (Harper et al., 2013).

Woodford et al. (2013) examined the association between attitudes toward other marginalized groups of individuals and positive attitudes toward LGBT persons and found that attitudes toward immigrants and working mothers of preschool children correlated with positive attitudes toward LGBT persons. Aosved et al. (2009) examined inter-correlation of six different forms of prejudice (i.e., sexism, racism, sexual prejudice, ageism, classism, and religious intolerance) and found that, except for classism and ageism, all four forms of prejudice were significantly correlated. Thus, individuals who endorsed one form of oppression may be more likely to support other forms of
oppressions. A similar result was found among another college population; those who do not support rights and equality for other minority groups are less likely to support legal rights attained by lesbian and gay persons, such as marriage equality (Woodford, Chonody, Scherrer, Silverschanz, & Kulick, 2012).

The positive impact of integrating LGBTQ content into counselor training and education has been well-documented and such inclusion of LGBT content into training and education was correlated with increased attitudes, knowledge, and skills (McGeorge & Rock, 2015; Sherry et al., 2005; Phillips & Fischer, 1998; Rutter, Estrada, Ferguson, & Diggs, 2008; Pearson 2003). However, little is known about attitudes toward LGBTQ persons among counselor educators in CACREP-accredited programs, their perspectives about LGBTQ related issues, and their support, and even readiness to integrate LGBTQ content in the training courses throughout the training program. Even in a multicultural counseling course, counselor educators lack consensus whether LGBTQ related topics should be considered as multicultural counseling course topics (Brooks et al., 2015).

**People of color**. No studies have examined the link between LGBT social attitudes and attitudes toward people of color (Woodford et al., 2013). In their study, attitudes toward people of color was correlated with LGBT social attitudes at the bivariate level; however, it was not significant in multivariate analyses. In the development of multicultural counseling competence scales, researchers found that attitudes toward racial and ethnic minorities were correlated with multicultural counseling competence (Bidell, 2005; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998). For example, Sodowski et al. (1998) correlated the Multicultural Counseling Inventory (MCI) with a scale that
assesses ideological and symbolic racism. In developing the SOCCS, Bidell (2005) correlated the items on the SOCCS with items on the Multicultural Counseling Knowledge Awareness Scale (MCKAS; Ponterotto et al., 2002). The two scales were strongly correlated, indicating the link between sexual minority counseling competency and counseling competence with individuals of diverse racial backgrounds. Boysen and Vogel (2008) found that counseling trainees held implicit bias toward African Americans, lesbians, and gay men, even though they demonstrated high self-reported multicultural counseling competency scores. Bidell (2005) pointed out the similarity between the theoretical process of defining and assessing sexual minority competence and counseling competence with other minorities. Therefore, the opposite may be said. Positive attitudes toward people of color may be positively correlated with LGBT social attitudes.

**Working mothers.** Multivariate analyses showed that attitudes toward working mother of preschooler retained significance in predicting LGBT social attitudes (Woodford et al., 2013). Adherence to conservative gender role expectation had a modest association with the degree of comfort with lesbian and gay persons (Swank & Raiz, 2007). In Balkin et al.’s (2009) study, counselors with a sexist view and support for stereotypical gender roles were associated with homophobia. Gender was not a predictor of negative attitudes toward sexual minorities, transgender persons, and gender variant individuals (Green, 2005; Nagoshi et al., 2008); however, endorsement of certain ideologies, such as traditional gender role expectations and adherence to conservative religious beliefs (Balkin et al., 2009), contributed to negative attitudes toward sexual and gender minorities and social issues that affect the population. Similar findings exist in McCutcheon and Morrison (2015) which found that lesbian couples who adhered to
traditional masculine and feminine gender roles were more favored for adoption over lesbian couples with feminine gender roles.

**Immigrants.** Each year, tens of thousands of refugees enter and settle in the United States, among which approximately 40% are children and youth (American Psychological Association, 2010). According to Pew Research (2015), there are 11.3 million undocumented immigrants whose racial and ethnic minorities diversify the United States. In fact, the total population of racial and ethnic minorities will surpass the white population in the United States in the next few decades (Hernandez, 2004). In recent years, the increase in immigrants have fueled anti-immigrant attitudes on the part of the native born (Rustenbach, 2010). Such attitudes may be due to the myth that these foreigners would hurt jobs, wages, and quality of life of the native born (Wadsworth, Dhingra, Ottaviano, & Van Reene, 2016). In fact, anti-immigration attitudes tend to increase during the economic recession (Hainmueller & Hopkins, 2014; Wadsworth et al., 2016).

Beside negative attitudes toward immigrants that stemmed from economic conditions, empirical studies identified a few other factors that contribute to immigration attitudes. One factor is ethnic stereotyping. People who hold negative stereotypes of ethnic groups are more likely to show restriction about immigration (Chandler & Tsai, 2001; Hainmueller & Hopkins, 2014). Another factor, valuing ethnocentrism, was also linked with more supportive attitude toward restrictive immigration policies (Hainmueller & Hopkins, 2014). Researchers also reported a relationship between ethnocentrism and political conservatism as well as a relationship between strong religious identification and ethnocentric attitudes in general (Hall, Matz, & Wood, 2010). Thus, negative attitudes
toward immigrants may indicate negative LGBT social attitudes. Finally, education level was associated with lower levels of ethnocentrism, more highly valuing cultural diversity, and more optimistic views of the economic impacts of immigration (Hainmueller & Hopkins, 2014); consequently, translating to positive LGBT social attitudes.

**Critical Consciousness**

According to Woodford et al. (2013), no study had examined the link between attitudes toward LGBT persons and critical consciousness. The term critical consciousness was originally coined by the Brazilian educator, Paulo Freire. It is defined as the ability to critically analyze the status quo and the source of knowledge (Freire, 2000). Such consciousness empowers the oppressed as well as the oppressors, subsequently leading to activism to change and free the individuals from the oppressive state. Multiculturalism and social justice advocacy is the ethical practice and the professional responsibility of counselors (Brubaker, Puig, Reese, & Young, 2010; Watson et al., 2006), particularly advocating for rights and protection of diverse lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) individuals (Brubaker, Harper, & Singh, 2011), especially LGBTQ persons of color who live at the intersections of multiple minority identities and social locations (Balsam et al., 2011). Therefore, developing critical consciousness may allow counselors to understand minority individuals within their sociopolitical, sociocultural, and sociohistorical contexts (Watson et al., 2006), and, in turn, foster positive attitudes toward these individuals.

Two decades ago, Pilkington and Cantor (1996) explored the experiences of lesbian and gay student members of the American Psychological Association (APA), and 58% of their sample reported that the instructors presented empirically unsupported
beliefs about homosexuality. The authors emphasized that the instructors must have empirically based information about sexuality. Most recently, the interview of 16 new and senior counseling practitioners revealed their inability to draw a line between scientific knowledge and religious based beliefs about homosexuality (Bowers, Minichiello, & Plummer, 2010). This finding is contradictory to the professional responsibilities stated in the profession’s code of ethics, because professional counselors are responsible for pursuing and consuming up-to-date scientific research, updating their knowledge, and presenting new concepts to those whom they train (ACA, 2014; Balkin, Watts, & Ali, 2014). Developing critical consciousness prepares students and counselors to evaluate old information in order to adapt to an evolving society with accurate information of the present (Freire, 1973).

The concept of critical consciousness measure. Drawing on the seminal definition of critical consciousness (Freire, 2000) and a contemporary definition of critical consciousness (Watts, Diemer, & Voight, 2011), Shin et al. (2016) created the Contemporary Critical Consciousness Measure (CCCM) that targeted both privileged and marginalized groups. The CCCM measure includes three subscales: racism, classicism, and heterosexism. While existing critical consciousness measures assess action-orientated components, the CCCM focuses on awareness of, and attitudes toward, systemic and institutionalized oppression, as they are the prerequisites to taking action for social change. The CCCM utilizes the intersectionality framework, especially Collins’s (2007) expanded definition of intersectionality, to include the matrix of oppression and marginalization, thereby interlocking oppression and the marginalization of racism,
classism, and heterosexism. Therefore, the CCCM assesses one’s awareness of, and knowledge about, systemic oppression (Shin et al., 2016).

**Intersectionality.** Intersectionality (Crenshaw, 1994) describes the various ways in which multiple social identities (i.e., race, gender, sexual orientation, socioeconomic status, and immigration status) create the unique experiences of the individual. For example, transgender youth of color experience transprejudice and racism because their gender identity and expression do not fit the traditional gender binary system (Singh, 2013). Compared to white LGB persons, LGB people of color are exposed to an increased level of heterosexist stigma in addition to racism (Moradi et al., 2010). Analyzing the lives of LGBT persons of color from a single dimension cannot accurately capture the experiences of these individuals who live at the intersection of multiple identities and social locations (Collins, 2007).

**Racism.** Racism places an additional distress on sexual and gender minority persons of color. Compared to white gay men, gay men of color experience discrimination based on sexual orientation, race, and gender four times more often than white gay men (Bostwick, Boyd, Hughes, West, & McCabe, 2014). The sexual minority of Latina/o experiences low self-esteem due to multiple forms of oppression (Velez, Moradi, & DeBlaere, 2015). Kosciw et al. (2013) reported that Black/African American and Hispanic/Latino youth were disciplined at a disproportionately higher rate than European American and Asian/Pacific Islander LGBT students. Furthermore, LGBTQ persons of color are more likely to experience discrimination within their own racial and ethnic communities which holds prejudice against people with sexual minority status,
therefore multiplying their experiences of discrimination from society in general, as well as from their own communities (Loiacano, 1989).

While negative outcome of being the recipient of racism have been studied, there is the lack of study on how different forms of isms operate simultaneously despite similarities in the conceptual frameworks (Aosved et al., 2009). Allport (1954) suggested prejudice against members of an out-group translates to prejudice toward individuals of multiple groups. Most recently, Aosved et al. (2009) investigated multiple forms of isms and found intercorrelations among racism, sexism, sexual prejudice, and religious intolerance. Hall et al. (2011) conducted a meta-analytic review of religious racism, and reported that political conservatism tended to endorse racism. Racism and sexism were found to be highly intercorrelated as well as sexism and sexual prejudice (Aosved et al., 2009). Thus, individuals who hold racist attitudes may also hold negative LGBT social attitudes.

**Classism.** Classism refers to oppression, harrassment, discrimination, prejudice, and microagression based on social class, which operates by subordinating poorer social class groups to advantage wealthier social class groups (Harper et al., 2013). When examining lives of LGBTQ persons, it is important to understand how experiences of discrimination and oppression related to their sexual and gender minority status may be compounded when experiences of other forms of isms, including classism (Harper et al., 2013). Poverty continues to impact racial and ethnic minority groups because one’s race and gender are closely linked to class structure, and class structure subsequently determine the access of social resources (Collins, 2000). According to the U.S. Bureau of the Census (2007), 24% of African Americans, 20% of Latino/as, and 10% of Asian
Americans live in poverty, whereas only 8% of whites live in poverty. The 2015 U.S. Transgender Survey (USTS) examined 27,715 transgender persons experience in all over the country. Among the respondents, the vast majority identified as white/European American (81.8%), nearly one-third (29%) of the respondents lived in poverty, compared to 14% of the U.S. general population (James et al., 2016). Another study that specifically examined Black transgender persons (2.9%) revealed that nearly four out of ten (38%) of Black transgender respondents reported living in poverty compared to 24% of Black people in the U.S. population (James, Brown, & Wilson, 2017). While 22% of the USTS respondents have experienced homelessness, Black transgender persons reported having experienced homelessness was 42% (James et al., 2017).

Dew (2007) surveyed transgender persons (n=123), which comprised of African Americans (57.4%), multiracial (7.4%), and Hispanic (3.7%). The study found that 64% of the participants reported being victims of violence or crimes, 48% earned less than $10,000, and 42.7% had no health insurance. According to Trotzer (2007), the frequency of hate crimes against the transgender population is similar to the levels of violence which increased against Muslims after the September 11th attack. Racialized violence disproportionately affects transgender persons of color. For example, compared to 47% of the overall USTS sample who have been sexually assaulted, 53% of Black transgender respondents reported having been sexually assaulted at some point in their lifetime (James et al., 2017). Forty-one percent of Black transgender persons reported serious psychological distress, compared to 5% of the U.S. general population (James et al., 2017), which reflects the magnitude of compounded oppression and discrimination that the LGBTQ persons of color continue to endure.
**Heterosexism.** Heterosexism is an ideological system that operates with the assumption that all people are or should be heterosexual (Harper et al., 2013). Heterosexism operates to marginalize and oppress anyone who is LGBQQ by silencing them and making LGBQQ persons, their lives, and their experiences invisible. As an institutionalized system, it justifies oppression by discrimination against LGBTQ equality and denying civil rights and legal protections that heterosexual individuals are given with no question. Heterosexism also considers heterosexuality superior to LGBQQ identity. In a study with sexual minority women of color, heterosexism was most highly correlated with psychological distress among racism, sexism, and heterosexism (DeBlauere et al., 2014).

Discrimination based on race, class, and sexual orientation at the individual level manifests quite differently from discrimination at the institutional level. Racism, classism, and heterosexism reinforce unequal distribution of power and privilege among certain social groups (Shin et al., 2016). Drawing on the intersectionality framework to understand and analyze the interlocking systems of racism, classism, and heterosexism, the three dimensions of CCCM assess awareness of, and attitudes about, sociopolitical conditions that continue to oppress and marginalize people of color, the poor, and sexual minorities (Shin et al., 2016). Although the CCCM does not assess attitudes toward diverse gender identities and expressions, it must be noted that conventional gender role expectations and expressions dehumanize transgender and gender variant individuals.

**LGBTQ Contact**

Allport (1954) hypothesized that contact (i.e., social interaction) is the most effective way to reduce prejudice against individuals from the outer group (i.e., another
group). The meta-analysis of 515 studies found that intergroup contact has been typically effective in reducing intergroup prejudice (Pettigrew & Tropp, 2006). Although the theory was originally developed to understand and intervene in racial and ethnic prejudice, the utilization has been expanded to reduce sexual prejudice (Pettigrew & Tropp, 2006; West & Hewstone, 2012). Studies that tested intergroup contact included sexual minority groups (Ben-Ari, 2001; Crisp, 2005; Lance, 1987; Liang & Alimo, 2005), racial minorities (Chavous, 2005), and transgender persons (Walch, Sinkkane et al., 2012). In order for intergroup contact to be an effective intervention, four optimal conditions must be present: equal status between the groups in the situation, common goals, intergroup cooperation, and support from authorities (Allport, 1954; Pettigrew & Tropp, 2006).

Contact with LGBTQ persons may take a form of coming out. Coming out is the disclosure of one’s LGBTQ identity, which often involves dynamic interplay between intrapersonal development and interpersonal interaction (Russell & Fish, 2016). It is characterized as gradual self-acceptance, first admitting their LGBTQ identity to themselves, sharing later with others at different degrees, and eventually celebrating sexual and gender identities (Roseborough, 2006). Such self-acceptance and public disclosure are not singular events (Coleman, 1982). LGBT individuals are still likely to face coming-out issues at any point in one’s life and continue throughout one’s lifespan (DeAngelis, 2002). Although coming out is associated with positive psychosocial adjustment for adults, coming out for youth often elevates risks for discrimination and victimization (Russell & Fish, 2016); thus, the recipients of such intimate private
Disclosure must build trust with LGBTQ persons to create a safe space for them to come out.

**Direct personal contact.** Although meeting the four optimal conditions is important to bring about stigma reduction, researchers (Holland, Matthews, & Schott, 2013; McGeorge & Carlson, 2014; McGeorge et al., 2015a; O'Shaughnessy & Spokane, 2013) found that the closeness of relationships with individuals of the outer group persons is essential. For example, generating emotional ties (Hewstone, 2003; Pittgrew, 1998), sharing emotional closeness, and conversation were likely to bring about positive attitudes and actions (Swank & Raiz, 2007). According to Finlay and Walter (2003), the degree of closeness determines the likelihood of LGB persons to come out. This was emphasized in Herek and Glunt’s (1993) study, in which they examined such close contact by asking: “Have any of your female or male friends, relatives, or close acquaintances let you know that they were homosexual?” (p. 240). The question was constructed to distinguish between direct personal contact in which another individual’s sexual orientation was revealed to the respondent and indirect personal contact in which the respondent merely speculates about friends, relatives, or close acquaintances.

**Indirect personal contact.** Although interpersonal contact is an important first step toward increasing awareness about individuals from outside one’s social and cultural groups, types of contact may play a role in the reduction of prejudice and stereotypes, which may explain the inconsistent findings of this particular research variable (Pittgrew & Tropp, 2006). According to Bowen and Burgeois (2001), the number of LGB individuals that the participants knew did not predict personal comfort with LGB persons. Other studies found that perceived support from authority, the presence of transgender
resources in the program (Fredriksen-Goldsen et al. 2011), and perceived LGB affirmative program environment (McGeorge et al., 2015a) predicted positive attitudes toward sexual and gender minorities. Furthermore, perceived support from the program predicted the likelihood of including LGBT content in the counseling training curriculum (Frank, 2004), generating an action. Herek (1988), Woodford, Silverscjanz, et al. (2012), and Woodford, Chonody, et al. (2012) found that positive attitudes toward lesbians and gay men were associated with the participants’ belief about the group members’ attitudes toward the LG population as well as beliefs about the group’s expectation for conforming to the group attitudes toward lesbians and gay men. Swank and Raiz (2007) also observed the effect of homophobia among friends on the respondents’ own homophobia. Ajzen and Fishbein (1980) emphasized the influence of normative beliefs, which refer to one’s belief in the expectation of the individuals of the group, which in turn influences one’s action. Chaiklin (2011) also noted that the social support for or against a given action contributed to one’s taking the action; whereas, lack of support at an institution level may continue to contribute negative attitudes toward marginalized groups and perpetuate discrimination against these individuals.

**Effects of Sociodemographic Variables on LGBT Social Attitudes**

The results of existing empirical researchers examined a wide variety of sociodemographic factors on attitudes toward sexual and gender minorities. Demographic variables (e.g., race, gender, and religious affiliation) have shown inconsistent results in studies to identify and predict attitudes toward LGBTQ persons (Bowers, Lewandowski, Savage, & Woitaszewski., 2015; Swank & Raiz, 2007; Tan et al., 2017). In addition to the influence of non-LGBT social attitudes and critical consciousness in predicting
LGBT social attitudes, Woodford et al. (2013) examined the link between sociodemographic variables and LGBT social attitudes, and found gender, race, and religious affiliation to be significant predictors of positive LGBT social attitudes.

**Gender.** The link between gender and attitudes toward LGBTQ persons shows contradictory results (Ben-Ari et al., 2001; Bowers et al., 2015; Dowling et al., 2007; Fredriksen-Goldsen et al., 2011; Nagoshi et al., 2015; Swank & Raiz, 2007). For example, gender (i.e., female) predicted positive attitudes toward LGBQ persons (Ben-Ari, 2001; Bowers et al., 2015; Dowling et al., 2007; Fredriksen-Goldsen et al., 2011). On the other hand, after controlling adherence to stereotypical gender role expectations, Swank and Raiz (2017) found that the participants’ gender was no longer associated with the level of comfort with homosexual persons. Gender was not the factor that determines attitudes toward sexual minorities (Green, 2005; Swank & Raiz, 2007). Adherence to the traditional gender role (Balkin et al., 2009), emphasis on traditional, conservative social values (Nagoshi et al., 2008), and viewing homosexuality as a violation of the traditional gender role all seem to influence attitudes toward LGBTQ persons. Thus, individuals who are more progressive about women’s rights may have positive LGBT social attitudes (Woodford et al., 2013).

**Race.** The link between one’s racial identification and attitudes toward LGBT persons is also not clear. While racial/ethnic minority individuals scored lower than white counterparts on the LGBT Social Attitudes Scale (Woodford et al., 2013), racial/ethnic minority individuals showed greater support for the inclusion of LGBT content in a training curriculum (Fredriksen-Goldsen et al., 2011). African American and multiracial respondents were less tolerant toward homosexuality (Holland et al., 2013), and faculty
who identified as black and other races were less supportive of same-sex marriage, although blacks were more supportive of civil rights for sexual minorities than their white counterparts (Woodford, Luke, et al., 2012). On the other hand, after controlling contextual and ideological factors, race was no longer associated with the comfort with homosexual persons (Swank & Raiz, 2007). In Bowers et al. (2015), race/ethnicity was not a significant factor for affecting attitudes and beliefs toward transgender youth. Like gender, race and ethnicity may not be the factor that predicts attitudes toward LGBT persons and their attainment of social equality. Attitudes toward other social issues and insight about the power dynamics (i.e., critical consciousness) were positively correlated with LGBT social attitudes (Woodford et al., 2013). Research has not investigated the relationship between racial identification and LGBT social attitudes of counselor educators.

**Religion.** According to Green et al. (2010), religious practice—not religion itself, but type of religious beliefs—is the factor of comfort with lesbians and gay men and support for lesbians’ and gay men’s human rights. Kellsted and Schmidt (1991) described the two dimensions of religion (fundamentalism and authoritarianism) which are characterized with narrow-mindedness (Green et al., 2010). Bowers et al. (2010) found that the participants, both clients and therapists, expressed a high degree of ambiguity and a lack of clear lines between their religious beliefs and educational information about homosexuality. Inability to distinguish scientific information from their religious beliefs contributes to judging clients based on religious-based morality and imposing the clinician’s own religious-based prejudice (Bowers et al., 2010). Transphobia and homophobia correlated with religious fundamentalism (Nagoshi et al., 2008). Adherence
to conservative religious beliefs and blind obedience to religious authority figures (Balkin et al., 2009) had the strongest association with discomfort with homosexual individuals (Swank & Raiz, 2007). Although the results from Woodford et al.’s (2013) study showed that religious affiliation (i.e., Christian and non-Christian) was a significant predictor of attitude toward attitudes toward LGBT persons, they did not investigate the various dimensions of religion that may have contributed to the results. The role of religious affiliation and LGBT social attitudes has not been studied among counselor educators.

**Theoretical Frameworks**

Educators who aim to foster the development of critical consciousness practice critical pedagogy, which engages both the learner and teacher as co-creators of knowledge and provides learners with the tools to critically examine and analyze dominant ideologies practiced by the majority in society, thereby increasing critical consciousness (Freire, 1973, 2000). Critical consciousness is also used by feminists as a method of empowerment to analyze patriarchal systems of power (Aspy & Sandhu, 1999; hooks, 2000). However, to gauge the extent of oppression some groups face intersectional analyses are important because intersectionality examines how multiple social categories (e.g., gender, race, sexual orientation, class status, educational level, and ability status) intersect and create layers of oppression and marginalization (Collins, 2000; hooks, 2000). For example, black women experience racism differently from black men, because their gender compounds and exacerbates the discrimination they face based on their race, just as black women experience sexism differently from white women, because their race compounds and exacerbates their gender marginalization (Crenshaw,
After four decades, the intersectionality framework has evolved to depict multiple sociopolitical and sociocultural identities (Collins, 2007).

Education often operates within Western, patriarchal, abled-bodied, middle-class, and heterosexist assumptions (Eyre, 1993). Queer theory, with its root in postmodernism, aims to challenge knowledge that is grounded in the aforementioned hegemonic assumptions through the deconstruction of social constructions of truth (Wilchins, 2014). For example, queer theorists challenge societal constructions of gender. Specifically, queer theorists challenge the socially constructed gender binary and the social meanings attached to both femininity and masculinity by analyzing systems of power that oppress and marginalize individuals whose gender identities, expressions, and sexual identities transgress traditional notions of gender (Wilchins, 2014).

Critical Consciousness Framework

Critical consciousness, coined by Paulo Freire (1973, 2000), is defined as the ability to critically analyze the status quo—the system which perpetuates the power imbalance between the oppressor and the oppressed. The critical analysis of systemic oppression and privilege may align with the ethical practices from multiculturalism and social justice advocacy perspectives (Brubaker et al., 2010; Watson et al., 2006). These practices advocate for the rights and protection of diverse individuals (e.g., lesbian, gay, bisexual, transgender, queer, and questioning individuals) (Brubaker et al., 2011). The lives of LGBT persons of color exist at the intersection of multiple identities and social locations; thus, creating the intersecting oppression (Balsam et al., 2011).

Critical Consciousness and the Professional Values
Raising critical consciousness is an essential process in developing cultural competence and can be integrated into the counseling training model (Choi et al., 2015; Goodman & West-Olatunji, 2009). As a tool, raising critical consciousness may align with specific professional values (i.e., multicultural counseling competencies and social justice advocacy) set by the professional organization, therefore meeting the training standards set by the accreditation body. Specifically, developing a critical consciousness is a way to embody ethical practices which encompass multiculturalism and social justice advocacy (Brubaker et al., 2010; Watson et al., 2006). Such practices are important to advocate for the rights and protection of diverse LGBTQ individuals (Brubaker et al., 2011). In fact, examining one’s own personal biases is part of critical consciousness raising. Increasing self-reflection concerning our values, beliefs, and views of the world is essential to providing ethical counseling—an outcome that is critically important for counselor educators (Ballou, 2006; Watson & Herlihy, 2006). It is imperative for those entering the counseling professional to enter with a full understanding and accepting attitude of their clients’ subjective experiences (Ballou, 2006). In order to do this, counselors must understand clients within their sociopolitical, sociocultural, and sociohistorical contexts, and from which social locations clients belong (Watson & Herlihy, 2006).

The ACA Code of Ethics Preamble (2014) acknowledges that diversity and multicultural approaches are achieved through understanding people within their sociopolitical and cultural contexts. In fact, the code highlights counselors’ awareness and sensitivity toward cultural meanings of confidentiality and privacy. It also emphasizes the counselors’ responsibility to maintain conversations with clients
regarding how, when, and with whom information can be shared (ACA, 2014). The comprehension of cultural meanings of a given concept is imperative, especially when addressing issues relevant to the coming out process among diverse LGBTQ persons, including LGBTQ international students. For instance, counselors who lack LGBTQ cultural competence may perceive coming out as the ultimate goal for one’s growth (Green, 2000). Thus, they may falsely force LGBTQ youth to reveal their sexual orientations and gender identities at the cost of discrimination, job loss, familial rejection, homelessness, and even violence.

In his definition of literacy education, Freire (1973) defined critical consciousness as the learners’ ability to examine sources of knowledge as constructed by the dominant group which holds the power to control the production and maintenance of knowledge. For example, critical analysis of dominant gender discourse will deconstruct the gender binary (i.e., women and men) and introduce the notion that gender sits on a spectrum. The concept of gender spectrum normalizes and affirms various expressions and identities of gender. Gender is a social construction and the definition changes over time (Kumagai & Lypson, 2009; Enns, Sinacore, Ancis, & Phillips, 2005). In counselor training, counselor educators’ awareness about the relativist nature of cultures (Enns et al., 2005) that define societal norms is crucial because it allows educators to remain open to possibilities of various interpretations of human conditions, cultural customs, beliefs, practices, and behaviors of diverse people. The accepted ideology that gender is binary (e.g., there are only two genders: men and women) is subject to overcoming dichotomous definitions and adopting expanded, inclusive, and more sophisticated perspectives (e.g., gender exists in a spectrum) as society evolves (Kumagai & Lypson, 2009; Enn et al., 2005).
When counseling LGBTQ persons whose expressions, behaviors, thoughts, feelings, and experiences do not align with hegemonic social constructions of gender and what it means to be partnered, counselors may need to confront and examine their own deeply-held beliefs and values. Further, counselors must be willing to experience the discomfort of ambiguity and uncertainty in order to overcome gender and sexuality biases and prejudice.

**Critical Consciousness in Counseling**

The ability to critically analyze one’s source of knowledge (Freire, 1973) may help counselors avoid making cultural mistakes by imposing their values and beliefs onto their clients. For example, counselors who erroneously believe that coming out is the ultimate step toward acceptance of LGBTQ identity may be making a cultural mistake if the counselor is pressuring international gay students to come out to their family, thus, placing students at risk of losing resources (e.g., financial support) to complete their education in the United States. Cultural mistakes occur when counselors dismiss or fail to empathize with the experiences of minority clients in their sociopolitical and cultural contexts. The outcome is that the counselor will likely fail to maximize the potential for their clients’ personal growth and change (Brown & Perry, 2011).

**Critical Consciousness in Counselor Education**

To date, studies regarding LGBTQ social attitudes and critical consciousness among counselor educators do not exist. A review of the literature revealed that only Woodford et al. (2013) examined the relationship of critical consciousness and LGBTQ social attitudes. Critically analyzing the dominant discourses about counseling theories and practice will allow counselors to utilize the pedagogical approach that integrates
literature regarding minorities and centralizes the voices of the marginalized into course content (Enns et al., 2005). For example, critical analyses of current counseling literature allow counselor educators to include multicultural content that demonstrates an appreciation for the diverse experiences of LGBTQ persons. Understanding diverse LGBTQ people on their own terms, incorporating readings that explore the lives of culturally diverse LGBTQ people from their perspectives, utilizing culturally sensitive definitions of constructs (i.e., gender-variant), and focusing on the strengths and coping functions of behaviors will lead to the inclusion of essential components of multicultural counseling education; whereas, pathologizing the unique experiences of LGBTQ individuals reinforces dominant ideologies (e.g., heterosexism and cisgenderism) and perpetuates the institutional marginalization and oppression of LGBTQ individuals.

**Critical consciousness in multicultural counseling.** Critical consciousness can be an essential component of multicultural counseling practice (Choi et al., 2015; Goodman & West-Olatunji, 2009). Counselor educators have underscored that multicultural competence is a facet of ethical behavior (Arredondo & Toporek, 2004; Watson et al., 2006) because the goal of multicultural education is to change the structure that perpetuates the disproportionate distribution of resources and opportunities to historically marginalized and oppressed groups (Ladson-Billings, 1995; Ladson-Billings & Tate, 1995). Thus, raising critical consciousness may help individuals overcome heteronormative and the binary views of human sexuality and relationships, thereby, fostering positive social attitudes toward LGBTQ individuals and preparing them to effectively and competently work with LGBTQ clients. Multicultural educators have advocated for a critical multicultural education that begins with an extensive awareness
of their own values (Nieto, 2000, 2004; Singleton & Linton, 2006). In addition to increasing awareness about and knowledge of issues that white students and students of color face in diverse sociopolitical and sociocultural contexts, consciousness raising may encourage educators to engage in social activism to bring about positive societal changes for students (Nieto, 2000, 2004; Singleton & Linton, 2006). As multicultural counseling has become the fourth force (Pedersen, 2000) and social justice advocacy is the fifth force of the counseling profession (Ratts, D’Andrea, & Arredondo, 2004; Ratts & Hutchins, 2009), these two forces have been integrated into the professional code of ethics (ACA, 2014) and training standards set forth by CACREP (2009, 2016); thus embodying ethical practice (Arredondo & Toporek, 2004; Pieterse et al., 2009).

**Centralizing the marginalized voices.** Raising critical consciousness is associated with conceptualizing clients’ current concerns and issues within a sociopolitical context, rather than as individual determinants, which allows educators to diversify their course content to address the needs of multicultural and minority students (Nieto, 2000, 2004). Feminists (Enns et al., 2005) and multicultural educators (Nieto, 2000, 2004; Singleton & Linton, 2006) have long attempted to centralize the experiences of marginalized and oppressed groups (e.g., women, sexual and gender minorities, and people of color). Further, Butler (2000) underscored the importance of including the voices of women of color and people of color who are sexual minorities. A critical analysis of current counseling literature may lead to increased sensitivity with diverse LGBTQ persons.

**Centralizing the LGBTQ voices.** By utilizing LGBTQ affirming and inclusive supervision approaches, counseling supervision can also centralize LGBTQ experiences
and voices. Currently, there are two studies that explored LGB-identified doctoral supervisees’ experiences in affirming and nonaffirming supervision (Burkard et al., 2009; O’Brien, 2013), in which they found that affirming supervisors contributed to positive supervisory relationships and positive client outcomes. For example, affirming events made the supervisees feel affirmed and respected, especially with help from the supervisor with processing difficulty, including being out at the practicum site, led to an increase in confidence (Burkard et al., 2009). On the other hand, nonaffirming events in which the participants’ supervisors emphasized that LGB topics were secondary to racial and ethnic topics, or treated LGB identities as curable behavioral issues (Burkard et al., 2009).

To adopt essential components of multicultural counseling and education to address LGBTQ concerns, counselor educators can focus on: 1) cultural diversity of LGBTQ persons within sociopolitical contexts (Nieto, 2000; 2004; Watson & Herhily, 2006), 2) historical examples of LGBTQ lives (Kosciw et al., 2013), 3) culturally sensitive definitions of constructs (i.e., gender-variant) (Kumagai & Lypson, 2009; Sinacore & Enn, 2005), 4) strengths and coping functions of behaviors, and 5) avoiding pathologizing experiences of minorities (Sue, Ivey, Pedersen, 1996). It is important to centralize the experiences and voices of diverse LGBTQ persons as ethical counseling practice is multicultural counseling (Arredondo & Toporek, 2004).

**Critical consciousness helps avoid making cultural mistakes.** Major models of psychotherapy and counseling were developed by individuals within positions of educational, socioeconomic, and other forms of privilege, which potentially limits their applicability to culturally diverse individuals (Aspy & Sandhu, 1999). The sexist nature
of psychological theories and androcentric theories essentially forced women into pre-established theories by merely changing images, rather than considering and appreciating the experiences of women. A decade old study by Seem and Johnson (1998) and the most recent study by Huntington and Black (2014) documented counseling students’ gender bias. Aspy and Sandhu (1999) stated that androcentric theories of mental health determined women’s experiences (e.g., menopause and menstrual cycle), forced women into gender stereotypes (e.g., nurturing and caring), and pathologized anything that conflicted with these theories. The ability to critically analyze the source of knowledge may prevent making such cultural mistakes.

On the other hand, the lack of critical consciousness in counseling may fail to embrace diversities that exist in human conditions, which leads to cultural mistakes by overly pathologizing experiences of culturally diverse individuals (Sue et al., 1996). Because clients’ social locations (e.g., socioeconomic status) and social and cultural identities (e.g., race, ethnicity, gender, and sexual orientation) shape their unique experiences, counselors must understand clients within their sociopolitical and cultural contexts (Watson & Herhily, 2006). For example, the experiences of a white, cisgender, gay man from an upper-middle-class background with a graduate degree varies dramatically from the experiences of a transgender man of color from a low socioeconomic status. A low-income, transgender man of color may have little in common with an upper-middle-class, white, cisgender, gay man, because the transgender man of color may experience discrimination at multiple levels (e.g., racism, sexism, cisgenderism, and heterosexism).
**Critical consciousness builds empathy.** An education that promotes the development of critical consciousness strives to overcome the power imbalance that exists in the student-teacher relationship (hooks, 1994). The same concept of equalizing power applies in the counseling relationship (Brown & Perry, 2011; Rosenberger, 2000). Critical consciousness and an awareness of the power dynamics are likely to produce humility, empathy toward clients, and create a safe counseling space (Brown & Perry, 2011). The empathy developed through consciousness-raising will heighten awareness about the power dynamics in a client-counselor relationship, which may also transfer to the larger context of social justice advocacy activism (Ballou, 2006; Brown & Perry, 2011).

One way to raise critical consciousness is the application of intersectionality framework to understand the unique lived experiences of individual clients, thus developing empathy toward the circumstances and the needs of diverse people (Pitner & Sakamoto, 2005). Oppressive ideology still persists today, but it is often more covert now than in the past which manifests as a form of microaggression. Microaggressions are defined as subtle verbal, nonverbal, and environmental insults intentionally or unintentionally directed toward individuals and minority groups (Sue, 2010; Sue et al., 2007). The negative outcomes of microaggressions also include physical and psychological symptoms (Shelton & Delgado-Romero, 2011). Due to their invisibility and subtleness, the receiver of microaggressions may doubt and dismiss their experiences with these insults, as a result, their experiences may be invalidated (Sue, 2010). Love, Smith, Lyall, Mullins, and Cohon (2015) found that empathic concerns (i.e., selflessness and concern for others, and emotional vulnerability) predicted more affirmative beliefs
and behaviors related to working with gay and lesbian clients. In counseling, counselors’ sensitivity and empathy toward clients’ experiences of microaggressions is important, especially if the client is experiencing the intersectionality of microaggression due to multiple identities and vulnerable social locations (Nadal et al., 2015). Thus, raising critical consciousness is imperative to conceptualize experiences of individuals and their intersecting identities and social locations.

**Critical consciousness creates a safe space.** Avoiding making cultural mistakes and developing empathy are crucial steps to creating a safe space in counseling. Traditional psychotherapy rests on intrapsychic modes to explain clients’ problems, thereby helping clients recognize oppressive environmental factors that prevent them from blaming themselves and helping to create a safe space that fosters potential growth (Ratts, 2009). In counselor education classrooms, it is imperative that counselor educators create safe spaces for students, especially when engaging in critical self-reflection and exploration about one’s own biases and prejudices (Bemak & Chung, 2011; Frank, 2004). Because faculty are instrumental in shaping their students’ attitudes toward individuals with diverse backgrounds (Woodford et al., 2013), if counselors do promote affirming attitudes and create safe spaces for their students, students are more likely to transfer these skills to their own counseling practices, as well as in the larger societal context to serve social justice advocacy.

**Critical consciousness and multicultural education.** The emphasis of a multicultural education leads to the development of critical consciousness (Brown & Perry, 2011; Gay & Kirkland, 2003; Kumagai & Lypson, 2009; Nieto, 2000). Traditional multicultural education often focused on teaching about others (Brown & Perry, 2011;
Gay & Kirkland, 2003; Kumagai & Lypson, 2009; Nieto, 2000). Nieto (2000) argues that traditional multicultural education is “superficial and shallow” (p. 338); however, guilt over being privileged, as a part of the system’s oppression, injustice, and marginalization of non-dominant groups, may become the barrier to raising and applying one’s critical consciousness in multicultural education and maintain the oppressive status quo (Gay & Kirkland, 2003; Nieto, 2000). Research suggests that mental health professionals tend to be reluctant to acknowledge systematic oppression and merely look at prejudice and biases at individual levels (Gutiérrez, Fredriksen, & Soifer, 1999; Shin et al., 2016). For example, merely visiting a local Native American museum will not likely provide complete cultural experiences in the same way that actual immersion in the culture will, by developing relationship with individuals and having subjective experiences at individual, sociopolitical, and cultural levels (Nieto, 2000). As counselors strive to enter their clients’ worlds in order to understand their subjective experiences of phenomena, it is imperative to raise critical consciousness around social issues, including experiences of diverse LGBTQ persons within the sociopolitical and sociocultural contexts and within the communities of which they live (Brown & Berry, 2011).

**Intersectionality Framework**

The term, intersectionality, was coined by the legal scholar Kimberlé Crenshaw. According to her, experiences of women of color is the product of racism and sexism due to their intersectional identities of being women and being people of color (Crenshaw, 1994). Although Crenshaw introduced the term in the 80s, the concept of intersectionality that was used to describe Black women’s experiences of marginalization and oppression was not a new idea (Davis, 2008). For example, postcolonial theory points out the
Oppressive analysis of the third world women by the Western feminists (Mohanty, 1988). Mohanty argued that the Western feminists often failed to understand the complexities of the experiences of the Third World women, but rather analyzed and described the women’s experiences through the lens of the Western feminist; thus, they repeated the same oppression and marginalization of patriarchal structure. Thus, the conceptual framework of intersectionality addressed systemic oppression and marginalization without reducing their experiences into the dominant perspectives, rather considering multiple sociopolitical identities and locations. Particularly, when advocating for LGBTQ persons, counselors must consider the intersection of multiple identities (e.g., race/ethnicity and gender) and different social locations (e.g., socioeconomic status and immigration status) that contribute to multiple oppressions (Brubaker et al., 2011; Brubaker et al., 2010; Wynn & West-Olatunji, 2008). Intersectionality can provide a framework to understand layers of oppression and marginalization that, for example, LGBTQ persons of color face: homophobia, biphobia, transphobia from their respective racial or ethnic group, as well as racism from within a predominantly white LGBT community. Audre Lorde (1983) expressed that struggle as a Black lesbian:

As a Black, lesbian, feminist, socialist, poet, mother of two including a boy, and a member of an interracial couple, I usually find myself a part of some group in which the majority defines me as deviant, difficult, inferior, or just plain ‘wrong’ (p. 9).

Lorde (1983) further articulated intersectionality of her lesbian and Black identities that placed her living and navigating in the two worlds:
Within the lesbian community I am Black, and within the Black community I am a lesbian. Any attack against Black people is a lesbian and gay issue, because I and thousands of other Black women are a part of the lesbian community. Any attack against lesbians and gays is a Black issue, because thousands of lesbians and gay men are Black. There is no hierarchy of oppression (p. 9).

Lorde’s statements depict how multiple identities intersect and create unique and yet painful experiences of marginalization and oppression among LGBTQ persons of color.

**Queer Theory**

In counseling, the lack of critical consciousness contributes to a blind subscription of gender as a binary system. Queer theory is not about merely teaching about lives and experiences of LGBTQ people; rather, it is about challenging the process of knowledge formation and the source of knowledge (Luhmann, 1998), as well as the process taken in critical pedagogy (Freire, 1973, 2000). Butler (1993) states that subversive practices is the process of challenging what we read and know and, subsequently, demand new perspectives of the existing knowledge. Freire (1973) also emphasizes that critical consciousness is the ability to analyze the systemic oppression and marginalization that exists in education and the production of knowledge and to adapt to evolving definitions of concepts.

Pedagogical principles of queer theory address the components of counselor education, especially to train students to become reflective scholar-practitioners who critically examine the status quo, which perpetuate sociopolitical issues that culturally diverse individuals often face due to systemic oppression and marginalization (Frank,
2004; Frank & Cannon, 2010). For example, the authors explain that counselor educators who adopt queer theory pedagogy strive to raise students’ awareness about how knowledge has been created and maintained by the dominant group, including knowledge of homosexuality and heterosexuality, where heterosexuality is defined as natural and normal, while describing homosexuality as unnatural and abnormal. Another crucial tenet of queer pedagogy in counselor education is the ongoing conversation and efforts to address the power dynamics that exist in the counselor-client relationship, as well as in the faculty-student relationship. The authors underscore that the adoption of queer pedagogy in counselor education is not only about addressing sexual orientation (Frank, 2004; Frank & Cannon, 2010). Rather, it is a powerful pedagogical approach that fosters the development of critical consciousness, as well as social justice advocacy, multicultural counseling, and affirmative and inclusive practice with diverse LGBTQ clients. A similar study found significant relationships among teachers’ support for LGBTQ students, the frequency of intervening in LGBTQ bullying and harassment, and their perceptions of institutionalized LGBTQ support and affirming practice by the school (Kolbert et al., 2015).

**Gender binary in counseling.** Gender binary socialization may also contribute to the lack of legitimacy of diversities in family structures. For example, single-mother households may be stigmatized because female-headed households may be perceived as against social expectations of femininity and women’s subordination (Zinn, Hondagneu-Sotelo, & Messner, 2007). The stigmatization of absent male figures in households places two-parent households superior to any other form, including same-sex households, and reinforces heteronormative assumptions and expectations of all people. In the counseling
profession, counselors who adhere to the gender binary definition of gender and subscribe to gender stereotypical roles and socialization may dismiss clients’ experiences and desires that do not align with traditional gender roles (e.g., women bearing v. not bearing a child, or the father choosing to stay home while the mother is the breadwinner) (Seem & Johnson, 1998). Adherence to the gender binary may negatively affect the therapeutic process and restrict diversities that exist in all human conditions. Gender bias held by counselors influences their interventional approach to clients. For instance, the researchers found that counselors-in-training presented more affirming attitudes toward men’s aspirations for careers than for women who also aspired to have careers.

**Heterosexism in counseling.** Heterosexist bias interferes with providing ethical and effective counseling interventions by compromising appropriate case conceptualization (Glenn & Russell, 1986). Heteronormative studies on mental health providers (e.g., counselors, social workers, and psychologists) over the last four decades have documented heterosexist biases held among mental health providers (Glenn & Russell, 1986). Although society has evolved and the visibility and acceptance of LGBTQ persons has increased, LGBTQ experts who provide services to LGBTQ youth and adults stated that in the gradual progress in the state of LGBTQ mental health care, “much has changed, but more has stayed the same” (Travers et al., 2010, p. 192). This inside voice is particularly important, given that these researchers work with gender and sexual minorities. Similarly, LGBTQ teachers were less likely than their heterosexual counterparts to perceive that school personnel (teachers and students) were supportive of LGBTQ students (Kolbert et al., 2015), indicating that individuals with dominant cultural identities tend to perceive social climates better than those who are directly affected by
inequality and injustice, thus perpetuating the status quo. Therefore, critical
consciousness is particularly important to understand individuals’ experiences from
historically marginalized and oppressed groups, as well as individuals who occupy
multiple social locations.

An Overview of Mental Health of LGBTQ Youth

LGBTQ youth are at a greater risk of mental health-related issues than their non-
LGBTQ counterparts (Coleman & Remafedi, 1989; Kosciw et al., 2013; Mustanski,
Garofalo, & Emerson, 2010; National Alliance for Mental Illness [NAMI], 2007). Studies
consistently document elevated risks of depression, anxiety, substance abuse, at-risk
behavior, homelessness, and suicide among LGBTQ youth, which are attributed to the
social stigma attached to their LGBTQ identity rather than having the identity of non-
LGBTQ youth (Gonsiorek, 1988). Discrimination, harassment, assault, and violence
based on sexual orientation and gender expression contribute to their greater distress
(Cox, Dewaele, van Houtte, & Vincke, 2011; Mustanski et al., 2010).

LGBTQ youth who experience discrimination, harassment, and assault are more
likely to miss school due to fear (30.3%), and, as a result, are far more likely to drop out
of high school, or are less likely to consider pursuing post-secondary education (Kosciw
et al., 2013). Also, family rejection, abuse, or violence often occur during coming out,
and LGBTQ youth are often forced to leave their homes. Homelessness among LGBTQ
youth is high. To cope, these youth may engage in at-risk sexual behaviors (Coleman &
Remafedi, 1989). Compared to heterosexual cisgender female students, lesbian, bisexual,
and transgender female youth were more than twice as likely to do self-harm in the
previous year, and a significantly greater number of gay, bisexual, and transgender male
students (41.7%) reported more self-harm than heterosexual cisgender male students (3.4%) (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009). In the same study, suicide ideation of LGBT females (30.8%) was greater than heterosexual cisgender females (7.6%). Among LGBT males, 29.2% of LGBT males, compared to 3.7% of heterosexual cisgender males, considered suicide in the previous year. A series of victimizations make LGBTQ youth vulnerable for developing mental health problems during their adolescence and later into their adulthood.

Although LGBTQ youth have greater needs for mental health services than their non-LGBTQ counterparts, significant mental health disparities persist in the LGBTQ youth population. The current mental health services continue to be inadequate, and providers are not equipped to address unique needs and challenges that LGBTQ youth face (Travers et al., 2010). One reason for the obstacle to service seeking is pervasive heterosexism (i.e., homophobia and biphobia) and transphobia, and the denial of sexual and gender minorities’ existence by service providers. Prejudice and stereotypes held by mental health service providers may manifest in discriminatory behaviors in both overt and covert ways, and contribute to revictimization and traumatization of LGBTQ youth. For example, transgender youth experience a gross lack of culturally sensitive and responsive services by medical care providers, and are burdened by the fear of beingouted during such encounters. In fact, research continues to show that LGBTQ youth are unsatisfied and displeased with school counselors because of the heterosexism of their counselors (Byrd & Hays, 2010). It is important that counselor training programs effectively help develop self-awareness and more positive and affirming attitudes in counselors-in-training (Byrd & Hays, 2010) because victimization during adolescence
links to mental health-related issues in adulthood, such as depression, substance abuse, and increased risk of suicide (Hughes et al., 2010; Wilsnack et al., 2008).

**School Climate for LGBTQ Youth**

The Gay Lesbian Straight Education Network (GLSEN) conducts the National School Climate Survey (NSCS) every two years (Kosciw et al., 2013). Since 1999, the NSCS has documented the school experiences of LGBT youth and unique challenges they face, while identifying interventions to improve school climate. The findings consistently indicate that schools are unsafe spaces for LGBTQ youth. Over a half (55.5%) of LGBT youth reported feeling unsafe due to various levels of harassment (i.e., verbal, physical, electronic) that target their sexual orientation (74.1%) and their gender expression (55.2%). A similar study in Canada also found that almost 75% of all lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) students felt unsafe at school, and, especially, 87% of transgender students reported that private places (e.g., bathrooms and changing rooms) felt unsafe (Taylor, 2009). Potential limitations of this study include LGBTQQ youth who do not identify with the acronyms, who have never disclosed their identity to anyone, and/or who are closed about their identity may not have participated, as the authors acknowledged that such a population is hard to reach. Two regions had low participants despite the efforts to reach out; therefore, the experiences of LGBTQQ identified youth in these areas may be unrepresented.

In GLSEN’s school climate survey also found a similar trend among LGBT youth of color; Black/African American and Hispanic/Latino youth were disproportionately punished over European American and Asian/Pacific Islander LGBT students (Kosciw et al., 2013). Although the study found that more European American LGBT students felt
unsafe at school (55.6%) than Black/African American (50.0%) and Hispanic/Latino (51.3%) LGBT students due to their sexual orientation, the latter reported feeling unsafe because of their race or ethnicity at seven to nine times greater rate (19.2% and 14.7%, respectively) than European American LGBT students (2.3%). LGBTQ youth of color are more susceptible to multiple prejudices and discrimination due to their intersectionality of identities and social locations that place them at multiple levels of marginalization and oppression.

Despite the higher victimization LGBT students experience in school, there is no or little support from school staff (Kosciw et al., 2013). For example, 61.6% of LGBT students reported that school staff did nothing to intervene in harassment and assault. Sometimes, school staff victimize LGBT students. Over half of LGBT students reported hearing biased remarks about sexual orientation and gender expression from teachers and school staff. A respondent from the survey describes the hostile school environment: “I hate my school’s discrimination of me for being transgender. Kids would spit on me, kick me . . . An administrator told me ‘you should expect to be treated that way’” (p. 12).

Although the NSCS is a large national survey (n=7,898) with a diverse sample, Kosciw et al. (2013) pointed out several limitations. First of all, its sample still only is representative of youth who identify as LGBT and who have connections with the LGBT community through local organization or social media. Secondly, youth who identify themselves other than LGBT (i.e., queer, genderqueer, asexual, and graysexual) might have opted out to participate. Also, youth who do not have a connection with the LGBT community might not have even known about the survey; therefore, the results may not capture the entire youth population who identifies as non-heterosexual and/or non-
cisgender. Additionally, the survey was available only in English and Spanish. Because the survey was also distributed via the internet and social media and targeted youth who were enrolled in school during the years 2012 and 2013, the results may not reflect the experiences of youth who did not have access to the internet and/or a computer, or who left school prior to the survey, leaving out the voices of LGBTQ youth who avoid school and/or drop out in order to escape from harassment and violence.

The findings from the NSCS (Kosciw et al., 2013) underscore the importance of school personnel (e.g., school counselors and teachers) taking steps to educate and train themselves, as well as implementing affirming and inclusive school climates that can be addressed by preservice training and more intentional implementation of policies and practices. Inadequate intervention and prevention by school personnel tend to perpetuate violence against LGBTQ youth (Lloyd-Hazlett & Foster, 2014). On the other hand, teachers’ professional commitments have predicted positive attitudes toward LGBTQ students, creating affirming and inclusive educational environments for this population (Dowling et al., 2007). Also, another study revealed a significant relationship between teachers’ perceptions of school supportiveness of LGBTQ students and the higher frequencies of intervention by teachers and school staff by their reporting various types of bullying of LGBTQ students and students’ use of derogatory languages about LGBTQ individuals (Kolbert et al., 2015). Therefore, professional commitment to LGBTQ students and institutionalized support of LGBTQ youth are critical prerequisites for creating an inclusive and affirming educational environment where they can thrive and succeed.
An Overview of Mental Health of LGBT Adults

An elevated risk for psychological and mental health disorders due to emotional and psychological distress (e.g., depression, anxiety, substance use, and suicide) persists into LGBTQ adulthood (Russell & Fish, 2016). Also, a link between lifetime victimization (e.g., discrimination, harassment, violence in school and social life, and family rejection) due to sexual and gender minority status and negative mental health has been documented (D'Augelli, 2002). Victimization during adolescence would negatively impact emotional, psychological, and social functioning, subsequently compromising health and psychosocial adjustment into adulthood and exacerbating the development of mental health related problems (Cochran, Sullivan, & Mays, 2003; Savin-Williams, 1994; Toomey et al., 2010). For example, compared to heterosexual women, lesbian and bisexual women utilized psychotherapy for depression at a higher rate, and were 2 to 2.5 times more likely to have suicidal ideations in the preceding year, reportedly due to the stigma attached to lesbian and bisexual identities and discrimination (Koh & Ross, 2006). Further, the invisibility of lesbian and bisexual identities may contribute to isolation, exacerbating depression and compound emotional and psychological distress, and, subsequently, suicide. Lesbian and bisexual women who are in the closet are more likely to have had a suicide attempt than women who were out (Koh & Ross, 2006). With a convenient sample, Koh and Ross (2006) were able to recruit hard-to-reach bisexual women; however, the non-probability sample limits the generalizability of the findings. Also, recruitment took place in medical offices, targeting women attending medical and mental health services. As a result, a higher SES, highly educated, predominantly white sample did not reflect lesbians and bisexual women in general.
Gay men are at risk for depression and suicidality. Depression among gay men is three time higher than the general adult population (Lee, Oliffe, Kelly, & Ferlatte, 2017), depression was more severe for gay men who remain in the closet (see Substance Abuse and Mental Health Services Administration; SAMSHA, 2012). Despite the high prevalence of depression and elevated risk for suicidality, health care providers are often unaware of the issue (Lee et al., 2017). Internalized homophobia was also linked to depressive symptoms and suicidal ideations among gay men, lesbians, and bisexual men and women (McLaren, 2016). According to the reported prepared by SAMSHA (2012), LGBT people are at higher risk for alcohol and drug use. While lesbian and bisexual women are likely to have elevated risks of hazardous drinking than heterosexual women, bisexual women have more hazardous drinking than lesbian women (Wilsnack et al., 2008). In the same lesbian and bisexual women sample, those who remain in the closet reported severer depression than those who are out (Herek, 2009). Being in the closet may be an indirect measure of one’s experience of internalized homophobia, which subsequently limits full self-acceptance, as well as socialization in LGBTQ communities (Koh & Ross, 2006). However, being out may pose a risk and make them more vulnerable to negative reactions such as anger and rejection (Ryan, Legate, & Weinstein, 2015).

Suicide ideations and attempts during adolescence may persist throughout their lifetimes. For example, far larger numbers of sexual and gender minority persons attempt suicide. Lifetime suicide attempt among transgender adults was 41% and 10-20% among LGB adults compared to 4.6% of general population (Haas et al., 2014). Although the number of suicide attempts by transgender and gender non-conforming (TGNC) adults is
alarmingly high, the methods to collect the data limits its generalizability and true representation of the phenomenon in the population. The instrument that assessed suicide attempt was a single item, “Have you ever attempted suicide?” Therefore, a methodological limitation may exist. Haas et al., (2014) warned that such polarized responses of yes or no could potentially solicit more affirmative responses because some respondents may attempt to convey self-harm behaviors through responding yes to suicide attempts. With 6,456 participants, the study is the largest survey to date of TGNC adults whose ages range from 18 to 98. This convenience sampling limits its generalizability to the entire TGNC adult population remains unknown.

**Discriminations and Psychosocial Functioning into Adulthood**

Discrimination based on race, ethnicity, gender, and sexual orientation contributes to the development of mental health related issues among LGB women and men (Bostwick et al., 2014). In the national survey, adults who identified as heterosexual (n = 2844) and LGB (n = 74), half of gay men reported having experienced discrimination in a healthcare setting (Mays & Cochran, 2001). In their study, more than two-thirds of gay and bisexual men (74.2%) reported having discriminated in the previous 12 months, compared to their heterosexual counterparts (23.8%), and 71.5% of lesbians and bisexual women experienced discrimination, compared to 20.7% of heterosexual women.

Although the study provides an important insight about discrimination based on sexual orientation and negative mental health outcomes, the significantly small sample size poses sample error and accuracy of the findings, in addition to a threat to external validity. A decade prior, a study revealed that most gay men and lesbian women perceived self-disclosure as a risk (Franke & Leary, 1991) because of negative attitudes
held by service providers (Liddle, 2000; Israel et al., 2008). Most recently, Cahill and Makadon (2013) and IOM (2011) continued to document pervasive discrimination by health care service providers, including outright refusal to treat LGBT patients, which continue to contribute to health disparities among LGBT population.

The study of intersectionality of identities shed a light to discrimination experiences that individuals who belong to multiple marginalized and oppressed categories continue to face on a daily basis. Compared to white gay men, gay men of color experience discrimination based on sexual orientation, race, and gender four times more often than white gay men, which in turn contributes to an increased utilization of mental health services in the past 12 months (Bostwick et al., 2014). LGBTQ persons of color may be discriminated within their racial and ethnic community that may hold prejudice against sexual minority status, therefore multiplying their experiences of discrimination from society in general, as well as their communities (Loiacano, 1989; Balsam et al., 2011).

Societal prejudice and discrimination negatively affect quality of life and increases the risk of psychiatric disorders (e.g., major depression, generalized anxiety disorder, and panic disorder) (Mays & Cochran, 2001). Victimization during childhood and adolescence contributes to elevated risk of mental health and substance abuse-related issues, and compromises psychosocial functioning into adulthood. Among sexual minority women, history of childhood sexual abuse, early age drinking, and depression before age 18 were associated with hazardous drinking into adulthood (Hughes et al., 2010; Wilsnack et al., 2008). LGBT school victimization (age 13-19) contributed to poorer psychosocial adjustment into adulthood, such as depression, anxiety, and life
unsatisfaction (Toomey et al., 2010). Therefore, it is imperative that counselor training
programs train future counselors to develop awareness and knowledge about unique
challenges that LGBTQ persons face throughout their lifetime, as well as foster positive
attitudes toward LGBTQ persons, identities, and cultures in order to provide affirmative
and inclusive counseling services.

Nonaffirming practices by mental health providers and experiences of
discrimination contribute to negative mental health outcomes (e.g., depression, anxiety,
low self-esteem, suicide, and substance abuse) of not only LGBTQ clients but also
LGBTQ-identified counselors. A study that compared burnout and coping among
heterosexual and sexual minority mental health care providers revealed significantly
higher rate of burnout among sexual minority male counselors (Viehl & Dispenza, 2015).
These authors argued that burnout may be due to a great distress in nonaffirming and
noninclusive work environments, having to play the role of an expert of LGBTQ clients
and related issues, and being expected to educate their colleagues with little support and
affirmation. Also, a hostile environment and/or the risk of losing a job or a promotion
based on sexual minority status contributes to increased stress among LGBTQ identified
mental health care providers (Travers et al., 2010).

An Overview of Mental Health of LGBTQ Elders

Although the LGBTQ civil rights movement and social justice have made
progress, LGBTQ elders had endured harsh discrimination, harassment, and violence
(IOM, 2011). Furthermore, they have witnessed lesbian and gay identities were listed as
sociopathic personality disorder in the DSM in 1952. Coupled with lifetime
discrimination and abuse that LGBTQ elders endured, pervasive discrimination and lack
of LGBTQ inclusive and affirmative practice may make them reluctant or delay seeking health and mental health care services (Fogila & Fredriksen-Goldsen, 2014). Hughes et al. (2011) found that there were few community-based aging services specific to LGBT older adults, furthermore if existed, agency level resistance to provide LGBT inclusive and affirmative services was documented. Clark, Zinman, and Bomba (2016) reported LGBT elders are less likely to be out compared to those in the age group of 18 to 20 who are more than three times as likely to be out. A meta-analysis of studies on suicide and self-harm behaviors among LGB elders found that LGB elders are at a higher risk for suicidal ideation and behaviors, mental disorder, and substance misuse and dependence than their heterosexual counterparts (King et al., 2008). The great invisibility of LGBT elders makes this population hard to reach, especially transgender individuals (Clark et al., 2016). Kings et al. (2008) cautioned that the results of systematic review of the epidemiology literature did not reflect the general population because LGBTQ elders may not be out or may have never disclosed their gender and sexual minority status to anyone.

**Chapter 2 Summary**

No studies examined the link between counselor educators’ attitudes about other oppressed groups and sexual and gender minorities, nor the link with critical consciousness. Counselor educators train future counselors to adhere to the professional principles and provide multicultural competent services that embrace affirming and inclusive approaches and empower clients. Therefore, it is imperative to examine counselor educators’ social attitudes toward LGBT persons and their relationships with other multicultural-related attitudes.
The concept of intersectionality of multiple identities and social location brought much needed understanding to the multiple oppressions and marginalization that LGBTQ persons of color face (e.g., racism within the general LGBTQ community, heterosexism and cisgenderism in one’s racial/ethnic group). What was once considered as societal norm (e.g., there are only two genders: men and women) is now the subject for interrogation and overcoming dichotomous definitions by adopting expanded, inclusive, and sophisticated perspectives (e.g., gender exists in spectrum). Counselor education and training must respond to increasingly diverse society and pervasive disparities in economic and educational achievement that the historically marginalized groups still face. Thus, examining the nature of counselor educators’ LGBT social attitudes may provide some insights in future counselor training.
CHAPTER 3

METHODS

The present study attempted to replicate Woodford et al.’s (2013) study of U.S. social work graduate program faculty and their attitudes on LGBT issues. In particular, the present study aimed to examine the relationship between LGBT social attitudes and attitudes toward other marginalized groups (e.g., working mother, people of color, and immigrants), as well as the relationship between LGBT social attitudes and critical consciousness among counselor educators in Council for Accreditation of Counseling and Related Educational Programs (CACREP)-accredited master’s programs.

Participants

The inclusion criteria of this study included counselor educators who are currently teaching in CACREP-accredited programs, and who have earned a doctorate (e.g., Ph.D. or Ed.D.) in counselor education from either CACREP- or non-CACREP-accredited doctoral program. Both full- and part-time, tenure and non-tenure track counselor educators were eligible to participate. Although counselor education is an emerging profession and counselor educators may hold diverse backgrounds (e.g., counseling psychology, marriage and family), this study only targeted counselor educators who held doctoral degrees in counselor education and supervision. Therefore, counselor educators whose doctoral training backgrounds were other than counselor education and supervision and those who did not hold a doctorate was excluded, including doctoral counselor education and supervision program students. Additionally, counselor educators who taught in both traditional and completely online programs met the inclusion criteria. Finally, while CACREP programs exist both inside and outside of the United States,
participation in this study was limited to faculty in CACREP programs in the United States only.

In determining the appropriate sample size for this study, a few factors were taken into consideration including: (a) statistical precision and the number of subgroups for separate analyses and (b) sample sizes of previous and similar studies. With consideration to statistical precision and the number of subgroups for separate analyses (Remler & Van Ryzin, 2015), Green (1991) asserts that the sample size is defined based on the methodology, and that the minimum sample size of multiple linear regression to be 100. Thus, the author estimated the minimum number of participants needed for this study to be 100 to 150. However, Fowler (2009) cautioned determining the sample size of a study based solely on the planned data analysis. Therefore, the sample size set for this study was also based on similar and previous studies. For instance, Fredriksen-Goldsen et al. (2011) achieved a participant sample of 152 from both Canada and the United States, while Woodford et al.’s (2013) study consisted of 161 participants from graduate social work programs in the United States. This study achieved the sample size of 165.

While CACREP does not maintain a list of Counselor Education program faculty members, the CACREP website does provide a list of all CACREP programs and links to program websites and names of CACREP-program coordinators. At the time of data collection there were 752 CACREP-accredited programs hosted in 347 universities and colleges in the United States. Accredited programs included specialties in School, Clinical Mental Health, Marriage, Couple and Family, and Counselor Education and Supervision, Career Counseling, Students Affairs, and College Counseling.

Systematically going to the official website of the CACREP-accredited programs, the
researcher collected email addresses of the program directors and directly sent each
director an invitation to participate in the study. The study invitation was also sent via
e-mail to a counselor educators and supervisors listserv (i.e., CESNET). Per the regulation
of the listserv, prior to posting the invitation, the researcher obtained permission from the
manager of the listserv to post the invitation a maximum of three times. In this study,
participants were not compensated for completing the survey. Table 1 shows the
descriptive statistics of the participant sample.

Table 1

*Descriptive Statistics for Sample (N = 165)*

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<th>Variable</th>
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<th>%</th>
<th>M</th>
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### Sexual/affectional orientation

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### Race/ethnicity

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<tr>
<td>Native</td>
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<tr>
<td>American/Alaska</td>
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<tr>
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<tr>
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### Religions

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<tr>
<td>Religious Affiliation</td>
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<td>Percentage</td>
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<tr>
<td>----------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
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**Measures**

The key variables for the present study included LGBT social attitude, non-LGBT social attitudes (i.e., attitudes toward other marginalized groups), critical consciousness, LGBTQ contact, and three sociodemographic variables (i.e., gender, race, and religious affiliation). The LGBT Social Attitudes Scale measures counselor educators’ LGBT social attitudes. Counselor educators’ social attitudes towards other marginalized groups were assessed by non-LGBT social attitude items. Woodford et al. (2013) measured critical consciousness by a single-item, “I often think about the amount of power people have in different segments of society.” In addition to the single-item from Woodford et al
(2013), this study employed the 19-item Contemporary Critical Consciousness Measure (CCCM; Shin et al., 2016) to increase methodological effectiveness. LGBTQ contact was assessed by three forced-choice question items that have been adopted based on relevant previous studies on the relationships among attitudes and personal contact with sexual and gender minority persons (Herek & Glunt, 1993). Sociodemographic information was collected through demographic questionnaires.

The LGBT Social Attitudes Scale

The LGBT Social Attitudes Scale is a four-item questionnaire that assesses social attitudes toward LGBT persons (Fredriksen-Goldsen et al., 2011; Woodford et al., 2013). Initially constructed by Fredriksen-Goldsen et al. (2011), the LGBT Social Attitudes Scale incorporated two items from the Attitudes Regarding LGB Relationships Scales (Liang & Alimo, 2005). These two items include “Romantic and sexual relationships between homosexuals are as acceptable to me as relationships between heterosexuals” and “If I found out a friend was gay, lesbian, or bisexual, I would be accepting and supportive.” Fredriksen-Goldsen et al. (2011) constructed two additional items to be included in the LGBT Social Attitudes Scale. These items state, “Lesbian/gay couples should not be legally married” and “Transgender-identified people (people who express gender variance) experience discrimination in the United States.” The four items of the LGBT Social Attitudes Scale are rated on a 4-point response scale, ranging from (1) strongly disagree to (4) strongly agree, with higher scores indicating positive LGBT social attitudes and lower scores indicating negative LGBT social attitudes. For example, a person who selects “strongly agree” on the item number four (e.g., “Transgender-identified people [people who express gender variance] experience discrimination in the
United States”) indicates a high level of a positive attitude. The first item of the LGBT Social Attitudes Scale is reverse scored, thus selecting “strongly disagree” on this specific item indicates a high level of positive attitude.

Fredriksen-Goldsen’s et al. (2011) found the reliability of the LGBT Social Attitudes Scale to be low (Cronbach alpha = .59), possibly a result due to the small number of items in the scale. However, Woodford et al.’s (2013) study found the internal consistency of α = .69 to be relatively acceptable as it was near the acceptable value of at least α = .70. Although the alpha value was measured below a minimum acceptable threshold in both studies, the LGBT Social Attitudes Scale was utilized to measure LGBT social attitudes in this study because no other scales have been developed to measure social attitudes toward both sexual and gender minorities and social issues that the populations face and the scale is the best available instrument.

**Measure of the Non-LGBT Social Attitudes**

Woodford et al. (2013) hypothesized that positive attitudes toward working mothers of preschool children (i.e., acceptance of nontraditional gender role), people of color, and immigrants would predict positive attitudes toward LGBT persons. The three non-LGBT social attitudes were measured using a 4-point response scale, ranging from (1) strongly disagree to (4) strongly agree, with higher scores indicating positive attitudes and lower scores indicating negative attitudes toward the three sociopolitical and cultural constructs (i.e., working mother of preschool children, people of color, and immigrants). The three non-LGBT social attitudes items include; “Most people of color have the drive and determination to get ahead”, “A working mother of preschool children can be just as good mother as a woman who does not work outside the home”, and “The United States
is a better place because of ongoing immigration.” Because positive attitudes toward and knowledge about these three variables tended to be associated with critical consciousness, Woodford et al. (2013) also examined the relationship between critical consciousness, the participants’ insight about the power dynamics and positive LGBT social attitudes. The psychometric property of the measure was not available.

**Measures of Critical Consciousness**

In this study, critical consciousness was measured by a single item from Woodford et al.’s (2013) study and the 19-items in the Modern Critical Consciousness Measure (CCCM; Shin et al., 2016). In Woodford’s et al. (2013) study, critical consciousness was assessed by a single-item question about power dynamic that exists in different stratum of society. This item stated, “I often think about the amount of power people have in different segments of society.” This questionnaire item was measured with a 4-point response scale in the same way as non-LGBT social attitudes, with (1) being strongly disagree to (4) being strongly agree, with higher scores indicating the higher level of critical consciousness. Although this single item aimed to capture counselor educators’ awareness about the power distribution in society that serves those in privilege while disadvantages others in less privilege, this single-item measure has a major disadvantage. Psychometric properties of the single was not provided in Woodford’s et al. (2013) study. Thus, to achieve methodological improvement, the inclusion of the CCCM (Shin et al., 2016) was deemed to be appropriate to accurately capture critical consciousness of counselor educators.

**Contemporary critical consciousness measure (CCCM).** The Contemporary Critical Consciousness Measure (CCCM) is a 19-item self-report instrument that consists
of three subscales that assess: (a) racism (4 items), (b) classism (9 items), and (c) heterosexism (6 items). These constructs are presumed to operationalize critical consciousness as awareness of and attitude toward racism, classism, and heterosexism, and intersectionality of oppression and marginalization. Intersectionality is another important component of critical consciousness that conceptualizes that there are multiple layers of marginalization and oppression that individuals with multiple sociopolitical and cultural identities and in social locations experience.

According to Shin et al. (2016), there are four instruments that aimed to measure critical consciousness; however, the utilization of these instruments were limited to youth, especially youth who belonged to socio-politically marginalized groups (e.g., racial/ethnic minority, low SES, and non-U.S. immigrant). Thus, the existing measures of critical consciousness would be deemed invalid for use among adults who belong to the privileged social locations (e.g., White, middle class, and upper middle class). Thus, the CCCM was appropriate to measure critical consciousness among counselor educators in CACREP-accredited programs. In developing the CCCM, items were generated through a multistep procedure which included consulting with content experts on topics of racism, classism, and heterosexism, and three focus group interviews with individuals who identified as people of color, lesbian, gay, or bisexual, and poor or working-class. The participants of the focus group interviews confirmed that the 113 generated items reflected racism, classism, and heterosexism. After the extensive review of the content from the focus group, 46 items remained.

A total of 131 surveys were collected from a pilot study of the revised 46 items, which led to items revision and development of new items, and the revised item pool
resulted in 38 items. An exploratory factor analysis (EFA) resulted in the retention of 19 items out of the 38 items and good reliability of the full scale and the three subscales (α = .890 total scale, α = .821 Racism subscale [RACE], α = .880 Classism subscale [SES], and α = .868 Heterosexism subscale [LGB]). To further examine the factorial structure that emerged through the EFA and gather additional evidence of construct validity, Shin et al. (2016) conducted a confirmatory factor analysis (CFA) with a new sample. To test convergent validity, the CCCM was measured against three additional measures: (a) Symbolic Racism, 2000 Scale (SR2K), (b) Intolerant Schema Measure-Classism subscale (ISM-Class), and (c) Modern Homonegativity Scale-Gay Men (MHS-G). Results of the convergent validity analyses indicated good convergent validity for the three subscales of RACE (α = .863), SES (α = .917), and LGB (α = .958) and the total scale (α = .890) (Shin et al., 2016).

**Measure of LGBTQ contact**

LGBTQ contact was assessed by three forced-choice items, “Have any of your friends, relatives, or close acquaintances let you know that they were lesbian or gay men?” “Have any of your friends, relatives, or close acquaintances let you know that they were bisexual men or women?” and “Have any of your friends, relatives, or close acquaintances let you know that they were transgender persons?” The wording of the items was important to exclude respondents who only had speculated that someone they knew as LGBT without any direct disclosure from that person (Herek & Glunt, 1993). Responses were coded as yes, no, or not applicable.
Sociodemographic Questionnaire

Researchers (Crisp, 2006; Herek, 1988; Herek & Glunt, 1993; Lance, 1987; Norton & Herek, 2013; Satcher & Schumacker, 2009; Saucier, 2000; Vicario, Liddle, & Luzzo, 2005; Woodford et al., 2012) on LGBTQ-related issues examined the effects of sociodemographic variables (e.g., race/ethnicity, gender, age, sexual/affectional orientation, region of residency, SES, career, educational attainment, political affiliation, religiosity, social contact with LGBTQ persons, educational/training on LGBTQ related topics, relationship status and/or personality characters [e.g., openness to experiences, the degree of subscription to gender stereotype roles, conservatism, authoritarianism]) on attitudes toward LGBTQ persons, cultures, and identities. Based on Woodford et al.’s (2013) study, sociodemographic variables under examination in this study included age, religiosity, gender, sexual orientation, racial/ethnic background, religious affiliation, teaching status, and institution type. Additionally, this study included sociodemographic variables such as license status, the number of years teaching, relationship with LGBT individuals, clinical work experience with LGBT clients, the number of years licensed, doctoral education and/or training background (i.e., CACREP accredited program graduate or non-CACREP accredited program graduate), and a question item that asked the participants’ experience in receiving LGBTQ counseling training and their thoughts about LGBTQ counseling training in counselor training program.

Procedures

This study utilized survey research. The purpose of utilizing survey research was to collect information about a target population group by using a sample of the population, in this case, counselor educators and supervisors in CACREP programs in the
United States. An online anonymous survey was administered using Survey Monkey (http://www.surveymonkey.com). Internet surveys was utilized as it served several advantages including: (a) it is less expensive than postal mail and telephone (Fowler, 2009); (b) automated data collection makes transfer and conversion of data for a statistical analysis more convenient and effective (Fowler, 2009; Wright, 2005); (c) the use of the Internet and email makes follow-up with those who have not completed the survey easy (Fowler, 2009); (d) it saves the cost to mail surveys again; (e) respondents can remain anonymous which is especially appropriate when surveying attitudes toward sexual orientation and gender identity that tend to be controversial, stigmatized, and sensitive topics, which may invoke emotional reactions among some respondents when questionnaire items contradict their values and beliefs (Fowler, 2009); and (f) respondents may feel less pressured to provide socially desirable responses.

From the list of CACREP-accredited programs, the researcher visited the program websites to locate emails of the director and/or chair of counselor education program or CACREP-accreditation coordinators. Then, customized email invitations were sent to the heads of the programs asking them to distribute the invitation email to their faculty members. The inclusion criteria of the present study included that participants must: (a) be counselor educators and supervisors who are teaching in CACREP-accredited program, (b) possess a terminal doctoral degree (e.g., Ph.D. or Ed.D.) from either a CACREP or non-CACREP-accredited counselor education program, (c) be employed as a faculty who teaches either part- or full-time, and (d) be on tenure-track or non-tenure track (e.g., clinical faculty). The email recruitment letter included the title of the study, and introduced the purpose of the study, the inclusion criteria, an approximate time to
complete the survey, and request for participation. Counselor educators who agreed to participate in this research were instructed to access the online survey by clicking on a hyperlink that was located on the email invitation. When participants entered the survey hosted by Survey Monkey, they were presented with the consent form (Appendix A). After reading the consent form, if they agreed to participate, the participants clicked “Yes” to proceed to the survey questions or withdraw from the survey. Selecting “No” led to the page with a message to thank them for consideration to participate. Those who chose to participate in the study were directed to the page that contained electronic versions of the assessments. The survey began with LGBT Social Attitudes Scale, non-LGBT Social Attitudes Scale, the CCCM, LGBTQ contact, sociodemographic questions, relationship with LGBT individuals, clinical work experience with LGBT clients, and LGBT counseling training experience. The order of items was determined by consultation between the researcher of this study and the researcher’s supervisor.

The first recruitment email was sent in the end of January 2017, and email reminders were sent bi-weekly to the CESNET listserv as well as to individual director of each program, and CACREP program coordinators when the researcher was unable to identify the head of the program. There were a few program directors who contacted the researcher and indicated that they completed the survey or that they were unable to participate in the study. These programs were removed from the reminder email list in order to avoid unnecessarily burdening them by repeatedly sending email reminders. The survey closed in the end of March 2017 at which time the sample reached the desired and target sample size. The ACA Code of Ethics delineates research responsibilities in conducting counseling research, including protecting privacy of the research participants.
and confidentiality of the information, and accurately reporting results. Also, the code mandates counseling researchers to ensure the security of the data, the length of data storage, and especially destroying the data in accordance with relevant federal and state laws and statues (ACA, 2014). As such, all applicable laws and standards were followed, including storing all responses on a password-protected portable hard drive.

Approval from Institutional Review Board (IRB)

Although the risk of taking this online survey was considered minimal, it was mandatory to obtain the approval from the Institutional Review Board of Governors State University to conduct the study. As part of IRB approval process, potential risks to prospective participants were assessed. Additional measure to protect participants included informing participants of the possible inconvenience that might result due to time spent in participating in the study via the invitation letter. Furthermore, because the topic of this study can be considered controversial, prospective participants were informed that conflicts in values as well as the process of self-reflection could result in discomfort when responding to the survey items. Upon the approval from the IRB, the study invitation was sent and the recruitment of the participants began.

Provision of Requested Feedback

The research participants were provided the contact information of the researcher and the supervising faculty if they chose to request for the results of data analysis.

Data Analyses

Descriptive analyses for all data were conducted to present the total of LGBT social attitudes scale, average, standard deviation, medium, mode, range of the LGBT social attitudes scale, Skewness, and Kurtosis. Correlations were calculated for all
predictor variables to identify the presence of multicollinearity (Field, 2013). Bivariate and multivariate analyses of the factors for each hypothesis (i.e., non-LGBT social attitudes, critical consciousness, and LGBTQ contact) associated with the dependent variable LGBT social attitudes included correlations, $t$-test, multiple regression, and Analysis of Variance (ANOVA) were conducted.

Data analysis was conducted using the IBM Statistic Package for the Social Science (SPSS) 24. The following research questions and their associated hypotheses guided this study:

**Research Question 1**

Do positive attitudes toward other marginalized and oppressed groups of individuals (e.g., working mothers, people of color, and immigrants) predict positive attitudes toward LGBTQ persons?

**Hypothesis 1A.** Among counselor educators in CACREP accredited programs, the scores on the non-LGBT Social Attitudes Scale will positively correlate with the scores on the LGBT Social Attitudes Scale.

**Hypothesis 1B.** Among the three variables on the non-LGBT Social Attitudes Scale, working mothers of preschool children will be the best predictor of LGBT social attitudes.

**Research Question 2**

Is there a positive linear relationship between critical consciousness and LGBT social attitudes?

**Hypothesis 2A.** Among counselor educators in CACREP-accredited programs, there will be a positive linear relationship between the scores of the Contemporary
Critical Consciousness Measure (CCCM; Shin, et al., 2016) and the scores on the LGBT Social Attitudes Scale.

**Hypothesis 2B.** Among the three subscales of the CCCM, heterosexism will be the best predictor of LGBT social attitudes.

**Research Question 3**

Is LGBTQ contact (i.e., “Have any of your friends, relatives, or close acquaintances let you know that they were lesbian, gay, bisexual, transgender, or queer/questioning?”) associated with positive attitudes toward LGBTQ persons?

**Hypothesis 3.** Among counselor educators in CACREP-accredited programs, there will be a statistically significant difference in the mean scores of the LGBT Social Attitude Scale between counselor educators who have had LGBTQ contact (i.e., “Have any of your friends, relatives, or close acquaintances let you know that they were lesbians or gay men?”) and those who have not had LGBTQ contact.

**Research Question 4**

Does gender affect attitudes toward LGBTQ persons?

**Hypothesis 4.** Consistent with previous findings, female counselor educators will score higher on the LGBT Social Attitudes Scale than male counselor educators.

**Research Question 5**

Does race affect attitudes toward LGBTQ persons?

**Hypothesis 5.** White counselor educators will score higher than racial and ethnic minority counselor educators on the LGBT Social Attitudes Scale.

**Research Question 6**

Do religious affiliation(s) have an impact on attitudes toward LGBTQ persons?
**Hypothesis 6.** Counselor educators who identify as Christian will score lower than non-Christian identified counselor educators on the LGBT Social Attitudes Scale.

**Sample Related Issues**

When analyzing data, volunteer response bias and nonresponse bias (Remler & Van Ryzin, 2015) must be taken into consideration. Due to the nature of the study topic that might have evoked strong emotional reaction within participants whose personal beliefs oppose LGBTQ social rights and protection, some participants might have chosen not to respond or participate in this study. On the other hand, counselor educators who have special interest in LBGTQ social rights and protection, and/or identify themselves as allies might have provided a potential positive bias (Remler & Van Ryzin, 2015).

**Measurements Related Issues**

Measurement errors that might be associated with wording and order of questions must be considered (Remler & Van Ryzin, 2015). Measures utilized in this study relied on self-report, therefore the effects of social desirability must be taken into consideration when analyzing and drawing conclusions. Shin et al. (2016) stressed the critical consciousness and intersectionality are complex constructs that are difficult to be quantified, and the measures that were used in this study may not capture and measure the complete elements of the variables. Another possible issue may be that this study was possibly the first time that these measures have been utilized by counselor educators rather than the general population and social work program faculty.
A total of 178 counselor educators responded to the study invitation. However, of the 178 respondents, 13 failed to meet the inclusion criteria outlined in Chapter 3 and thus were removed from the study bringing the total number of cases to 165. The six research questions were tested by using IBM Statistical Package for the Social Science (SPSS) 24. Each research question, its associated hypotheses, analyses, and results are presented. The descriptive analysis was conducted on outcome variable (Table 2).

Table 2

Descriptive Statistics for Outcome Variables

<table>
<thead>
<tr>
<th>Outcome Variable</th>
<th>n</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBT Social Attitudes Scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesbians/gay couples should not be able to be legally married (RS)</td>
<td>164</td>
<td>3.82</td>
<td>.51</td>
</tr>
<tr>
<td>Romantic and sexual relationships between homosexuals are as acceptable to me as relationships between heterosexuals.</td>
<td>165</td>
<td>3.62</td>
<td>.85</td>
</tr>
<tr>
<td>If I found out a friend was gay, lesbian, or bisexual, I would be accepting and supportive.</td>
<td>164</td>
<td>3.81</td>
<td>.60</td>
</tr>
<tr>
<td>Transgender-identified person (people who express gender variance) experience discrimination in the United States.</td>
<td>165</td>
<td>3.78</td>
<td>.77</td>
</tr>
</tbody>
</table>
Research Question 1

Do positive attitudes toward other marginalized and oppressed groups of individuals (e.g., working mothers, people of color, and immigrants) predict positive attitudes toward LGBTQ persons?

Hypothesis 1A

Among counselor educators in CACREP accredited programs, the scores on the non-LGBT Social Attitudes Scale will positively correlate with the scores on the LGBT Social Attitudes Scale.

Analysis. To answer research question 1 and hypotheses 1A, a correlation analysis was conducted using the total score of the non-LGBT Social Attitudes Scale (\(N = 161, M = 14.16, SD = 2.45\)) as the predictor variable and the total score of the LGBT Social Attitudes Scale (\(N = 159, M = 15.02, SD = 2.07\)) as the outcome variable. The unequal sample size between the two scales was due to missing values; cases with missing values were removed using the listwise removal option in SPSS as SPSS excludes cases if a case has a missing value for any variable (Field, 2013).

Results. The result of the Pearson correlation suggested that there was a statistically significant correlation between the LGBT social attitudes and non-LGBT social attitudes, \(r = .305(157), p = .000\).

Hypothesis 1B

Among the three variables on the non-LGBT Social Attitudes Scale, working mothers of preschool children will be the best predictor of LGBT social attitudes.
**Analysis.** A multiple linear regression analysis was used to identify which item in the non-LGBT Social Attitudes Scale would best predict positive LGBT social attitudes (Woodford et al., 2013). The literature found that adherence to gender stereotypical roles was related to sexism and therefore was related to negative attitudes toward LGBT persons, attitudes toward women was presumed to be the best predictor for LGBT social attitudes.

**Results.** All items on the non-LGBT Social Attitudes Scale were statistically significantly correlated with the total scores of the LGBT Social Attitudes Scale. Table 3 shows correlation matrix with mean and standard deviation. Next, a multiple linear regression analysis was conducted to assess the simultaneous effects of non-LGBT Social Attitudes. Diagnostic of multicollinearity indicated that no tolerance value of each predictor variables was less than 0.10 (Stern, 2010). The independence of residual was assessed by a Durbin-Watson statistic of 1.886 as the value that is within acceptable range, thus indicating the residuals are uncorrelated (Field, 2013). Test of linearity was conducted through visual inspection of the partial regression plot of each item in the non-LGBT Social Attitudes, which showed a linear relationship between predictor variable and outcome variable. The casewise diagnostic showed the standardized residual of the four cases was greater than ±3 standard deviations. Leverage value that ranges 0.2 to 0.5 is considered risky (Laerd Statistics, 2015). The residual statistics showed maximum leverage value of .246. Cook’s distance is a measure of influence of the unusual data points, and Cook’s distance value that is greater than 1 requires additional investigation (Laerd Statistics, 2015). The residual statistics showed that the maximum value of Cook’s
distance was .564; thus, no cases are influential to the hypothesis testing for the hypothesis 1B.

The regression model was statistically significant. Attitudes toward people of color, women, and immigrants statistically significantly predicted LGBT social attitudes, $F(3, 159) = 3.832, p = .011$. However, the total variation explained by the combination of all three predictor variable was extremely low. An overall $R$ was 0.26 and an adjusted $R^2$ was 0.05, indicating only 5% of the variance in the outcome variable, LGBT social attitudes, was explained by the combination of the three predictor variables. Although the regression model was found statistically significant, the results indicated that there was no statistically significant linear relationship between the outcome variable and each of three predictor variable (see Table 4). All three items on the non-LGBT Social Attitudes Scale together predicted LGBT social attitudes; however, individual impact to predict LGBT social attitudes did not exist.

Table 3

*Mean, Standard Deviations, and Correlations of non-LGBT Social Attitudes*

<table>
<thead>
<tr>
<th>Model</th>
<th>$r$</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBT (Total)</td>
<td></td>
<td>15.018</td>
<td>2.071</td>
</tr>
<tr>
<td>People of color</td>
<td>.229**</td>
<td>3.350</td>
<td>1.016</td>
</tr>
<tr>
<td>Working mothers</td>
<td>.180*</td>
<td>3.712</td>
<td>.626</td>
</tr>
<tr>
<td>Immigrants</td>
<td>.199*</td>
<td>3.460</td>
<td>1.026</td>
</tr>
</tbody>
</table>
Table 4
Summary of Multiple Regression Analysis of the Non-LGBT Social Attitudes Scale

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>SE_B</th>
<th>Beta</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>12.501</td>
<td>.972</td>
<td></td>
<td>12.865</td>
<td>.00</td>
</tr>
<tr>
<td>People of color</td>
<td>.308</td>
<td>.191</td>
<td>.151</td>
<td>1.608</td>
<td>.110</td>
</tr>
<tr>
<td>Working mothers</td>
<td>.186</td>
<td>.306</td>
<td>.056</td>
<td>.609</td>
<td>.543</td>
</tr>
<tr>
<td>Immigrants</td>
<td>.230</td>
<td>.175</td>
<td>.114</td>
<td>1.318</td>
<td>.189</td>
</tr>
</tbody>
</table>

Note. Working mothers = working mothers of preschool children; \( R = .260 \), adjusted \( R^2 = .050 \), \( p < .05 \)

Research Question 2

Is there a positive linear relationship between critical consciousness and LGBT social attitudes?

Hypothesis 2A

Among counselor educators in CACREP-accredited programs, there will be a positive linear relationship between the scores of the Contemporary Critical Consciousness Measure (CCCM; Shin, et al., 2016) and the scores on the LGBT Social Attitudes Scale.
Analysis. To test hypothesis 2A, Pearson’s correlation was used to calculate a correlation between the total score of LGBT Social Attitudes Scale ($N = 163, \bar{M} = 15.02$, $SD = 2.07$) and the total scores of CCCM ($N = 136, \bar{M} = 102.65, SD = 14.29$). Sample size mismatch was due to the use of listwise case to address missing values, in which cases that were missing any values were excluded from the hypothesis testing.

Result. There was a strong statistically significant positive correlation between the total scores of LGBT Social Attitudes Scale and the total scores of CCCM, $r(135) = .594, p = .000$. See Table 5.

Table 5

*Mean, Standard Deviations, and Correlations of CCCM*

<table>
<thead>
<tr>
<th></th>
<th>$r$</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBT (Total)</td>
<td></td>
<td>14.96</td>
<td>2.2</td>
</tr>
<tr>
<td>RACE</td>
<td>.391*</td>
<td>26.5</td>
<td>6.6</td>
</tr>
<tr>
<td>SES</td>
<td>.385*</td>
<td>40.4</td>
<td>4.9</td>
</tr>
<tr>
<td>LGB</td>
<td>.622*</td>
<td>35.8</td>
<td>6.6</td>
</tr>
</tbody>
</table>

Note. Correlation significant at $p < .05$ (1-tailed)

RACE = racism subscale, SES = classism subscale, LGB = heterosexism subscale

Hypothesis 2B

Among the three subscales of the CCCM, heterosexism will be the best predictor of LGBT social attitudes.
Analysis. To test this hypothesis, a multiple linear regression was utilized to predict LGBT social attitudes from the three subscales on CCCM (i.e., involving racism [RACE], classism [SES], and heterosexism [LGB]). The literature found that non-heterosexist attitudes was related to positive attitudes toward LGBT persons; thus, lower degree of heterosexism would predict more positive attitudes toward LGBT persons.

Result. A statistically significant regression model was found, $F(3, 131) = 31.539, p < .000$, with an overall $R$ value of .648, and adjusted $R^2$ of .406 (see Table 6). The combination of all three predictor variables accounted for 40.6% of the variance in the LGBT social attitudes. The LGB subscale that measured heterosexism was the only significant predictor. The $Beta$ values for LGB was .533, SES was .128, and RACE was .098 (see Table 7). When all the other predictor variables were held constant, one standard deviation unit higher in the LGB subscale will increase .533 standard deviation higher in the LGBT Social Attitudes Scale. Semipartial correlation measures the unique relationship between a predictor and outcome (Field, 2013). Semipartial correlation ($sr$) between heterosexism and LGBT social attitudes was $.477$. Semipartial correlation squared ($sr^2$) was .228. Thus, heterosexism explained 22.8% of the variance in the outcome variable. Racism (RACE) and classism (SES) explained small variance in the LGBT social attitudes (i.e., .6% and 1.1% respectively); however, these values were not statistically significant. Only the LGB subscale accounted for a significant amount of unique variance of the outcome variable.
Table 6

*Multiple Regression Model Summary of CCCM*

<table>
<thead>
<tr>
<th>Model</th>
<th>$R$</th>
<th>$R^2$</th>
<th>Adj $R$</th>
<th>$SE$ of $E$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.648</td>
<td>.419</td>
<td>.406</td>
<td>1.69</td>
</tr>
</tbody>
</table>

*Note. $p < .05$*

Table 7

*Summary of Multiple Regression Analysis of CCCM*

<table>
<thead>
<tr>
<th></th>
<th>$B$</th>
<th>$SE$ B</th>
<th>Beta</th>
<th>$t(131)$</th>
<th>$sr^2$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>5.385</td>
<td>1.303</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RACE</td>
<td>.033</td>
<td>.028</td>
<td>.098</td>
<td>1.166</td>
<td>.006</td>
<td>.246</td>
</tr>
<tr>
<td>SES</td>
<td>.058</td>
<td>.038</td>
<td>.128</td>
<td>1.546</td>
<td>.103</td>
<td>.125</td>
</tr>
<tr>
<td>LGB</td>
<td>.178*</td>
<td>.025</td>
<td>.533</td>
<td>7.62</td>
<td>.228*</td>
<td>.000</td>
</tr>
</tbody>
</table>

*Note. $p < .05$; RACE = racism, SES = classism, LGB = heterosexism, $sr^2$ = semipartial $r$ squared; $R = .648$, adjusted $R^2 = .406$*
Research Question 3

Is LGBTQ contact (i.e., “Have any of your friends, relatives, or close acquaintances let you know that they were lesbian, gay, bisexual, transgender, or queer/questioning?”) associated with positive attitudes toward LGBTQ persons?

Hypothesis 3

Among counselor educators in CACREP-accredited programs, there will be a statistically significant difference in the mean scores of the LGBT Social Attitude Scale between counselor educators who have had LGBTQ contact (i.e., “Have any of your friends, relatives, or close acquaintances let you know that they were lesbians or gay men?”) and those who have not had LGBTQ contact. See Table 8

Table 8

Descriptive Statistics of LGBTQ Contact

<table>
<thead>
<tr>
<th>Contact</th>
<th>Lesbian &amp; Gay</th>
<th>Biomedical</th>
<th>Transgender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Yes</td>
<td>145</td>
<td>15.08</td>
<td>1.98</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>12.50</td>
<td>4.95</td>
</tr>
</tbody>
</table>

LG contact. In order to assess the effect of contact with lesbians and gay men on LGBT social attitude, a one-way ANOVA was originally planned to be conducted. The Levene’s test of homogeneity of variance indicated a significant violation of the assumption of homogeneity (p = .037), which is due to the highly unequal group sizes among lesbian and gay contact and non-contact samples. There was substantial difference among the numbers of responses who have had contact with lesbians and gay men (N =
145), those who have not had contact ($N = 2$), and a respondent who did not answer the question item ($N = 1$). See Table 8. Therefore, this hypothesis could not be addressed using parametric statistical procedures. The implications of so few sample individuals in the sample denying contact with LG individuals has been provided in the Discussion chapter of this document.

**Bisexual contact.** To compare the group mean differences involving bisexual contact, an independent samples t-test was used. All respondents provided dichotomous answers to the questionnaire item: either they have or have not had contact with bisexual men and/or women. Means and standard deviations of the dependent variable, the scores of the LGBT Social Attitudes Scale of Bisexual contact sample, are shown in Table 8. The Levene’s test of homogeneity of variance indicated that the assumption of homogeneity was met ($p = .641$). The mean scores of the LGBT Social Attitudes Scale of the sample of counselor educators who have had contact with bisexual women and/or men and counselor educators who have not had contact with bisexual women and/or men were examined using an independent sample t-test. The t-test indicated that the group means of counselor educators who have had bisexual men and/or women come out to them and those who have not had did not differ statistically significantly, $t (146) = .756$, $p = .451$, Cohen’s $d = .1595$.

**Transgender contact.** To assess the effect of contact with transgender individuals on LGBT social attitudes, the group mean scores on the LGBT Social Attitudes Scale were compared. There was substantial difference between those provided responses to the questionnaire items; either they have had contact with transgender persons ($N = 59$) or have not had contact with transgender persons ($N = 88$) and one
individual who responded not applicable. Due to the unbalanced sample sizes among the three groups, the group mean scores of respondents who have and/or have not had contact with transgender persons were analyzed. Means and standard deviations of the dependent variable, the scores of the LGBT Social Attitudes Scale, are shown in Table 8. The LGBT Social Attitudes Scale group mean scores of those who have had contact with transgender persons was 15.34, 95% CI[14.80, 15.90] higher than those who have not had contact with transgender persons, 14.80, 95% CI[14.30, 15.21]. A Levene’s test of homogeneity indicated that the assumption of homogeneity was violated ($p = .025$).

An alternative to an independent samples t-test, Mann-Whitney U test was run to determine if there were differences in the LGBT Social Attitudes Scale scores between those who have had contact with individuals who identified as and came out to them as transgender and those who have not had such contact. Distributions of the LGBT Social Attitudes Scale scores for those who have had and have not had contact with individuals who identified as transgender were similar as assessed by visual inspection of the population pyramid obtained for the groups. Median LGBT Social Attitudes Scale scores was statistically significantly different between those with contact (mean rank = 81.89) and those with no contact (mean rank = 68.71), $U = 2,130.50$, $z = -2.392$, $p = .017$. 
Research Question 4

Does gender affect attitudes toward LGBTQ persons?

Hypothesis 4

Consistent with previous findings, female counselor educators will score higher on the LGBT Social Attitudes Scale than male counselor educators (Table 9).
Table 9

*Descriptive Statistics: Gender*

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>104</td>
<td>15.15</td>
<td>1.76</td>
</tr>
<tr>
<td>Male</td>
<td>36</td>
<td>15.11</td>
<td>1.90</td>
</tr>
</tbody>
</table>

**Analysis.** Several assumptions for independent samples t-test were not met. The inspection of a boxplot for values greater than 1.5 box-lengths from the edge of the box showed more than 10 data points, 13 outliers were greater than 3.0 box-lengths for female participants, and all 8 outliers were greater than 3.0 box-length among male participants. The assumption of normality was also not met. Both scores of female and male participants were negatively skewed, showing data points concentrated at higher score range. Mean difference between female and male participants was examined.

**Result.** The female group mean of LGBT social attitudes score \( (N = 103, M = 15.15 \ SD = .173), \) 95% CI[14.80, 15.49] was higher than male group mean of LGBT social attitudes score \( (N = 35, M = 15.11, SD = .322), \) 95% CI[14.46, 14.77]. Levene’s test of homogeneity indicated that the assumption of homogeneity was met \( (p = .711) \). However, there was no statistical significant difference in the LGBT Social Attitudes Scale mean scores between female and male respondents, \( t(136) = .089, p = .929 \). Due to violations of assumption, nonparametric test was used to test and evaluate the hypothesis. The result of Mann-Whitney U test indicated that there was no statistically significant
difference in the group mean scores of female (mean rank = 67.63) and male respondents (mean rank = 69.06), $U = 1,787, z = .244, p = .807$.

After manually removing all the outliers, the second group means comparison analysis was carried out by using independent samples t-test. There was a statistically significant group means difference in the scores of the LGBT Social Attitudes Scale between female respondents ($N = 90, M = 15.62, SD = .990$) and male respondents ($N = 27, M = 16.00$), $t(115) = -.362, p = .000$; however, Levene’s test of homogeneity of variance was not met ($p = .000$). Thus, Mann-Whitney U test was run as to follow up. The LGBT Social Attitudes Scale scores for female respondents (mean rank = 57.05) and male respondents (mean rank = 65.50) were statistically significantly different, $U = 1,390, z = 2.083, p = .037$.

**Research Question 5**

Does race affect attitudes toward LGBTQ persons?

**Hypothesis 5**

White counselor educators will score higher than racial and ethnic minority counselor educators on the LGBT Social Attitudes Scale.

**Analysis.** Descriptive analysis was provided (Table 10). The data was examined to determine if the assumptions for independent-sample t-test were met. Boxplots in SPSS was utilized to detect outliers that are data values greater than 1.5 box-lengths from the edge of the box. One outlier was from each African American and Bi/multiracial respondent, whose values were greater than 1.5 box-length and 3 box-length respectively. These outliers were detected. All 16 outliers of white respondents were value greater than 3 box-lengths.
To test for normality, Shapiro-Wilk test was utilized as well as skewness, kurtosis, and histogram were examined. All except for Native American respondents’ scores were not normally distributed as assessed by Shapiro-Wilk’s test ($p < .05$). Because the sample sizes of each racial and ethnic groups were small compared to white participants, these groups were aggregated, and recoded as respondents of color for independent samples t-test analysis (a parametric statistical analysis). Despite of recoding, the assumptions for outliers and normality were not met. The scores of the LGBT Social Attitudes Scale of both white and respondents of color were not normally distributed, respondents of color with skewness of $-1.881$ ($\text{SE} = .337$), and Kurtosis of $3.093$ ($\text{SE} = .662$). The scores of the LGBT Social Attitudes Scale were not normally distributed for White participants with a skewness of $-2.541$ ($\text{SE} = .251$) and Kurtosis of $6.267$ ($\text{SE} = .498$). Shapiro-Wilk’s normality test for the two groups were also $p < .05$. Visual inspection of Q-Q plots also indicated S-shape, that the scores of the two groups were not normally distributed.

**Result.** A Mann-Whitney U test was run to determine if there were differences in the scores of the LGBT Social Attitudes Scale between white respondents and respondents of color. Distributions of the white respondents and respondents of color were similar, as assessed by visual inspection of the population pyramid obtained. Median LGBT Social Attitudes Scale score between white respondents ($Mdn = 15.35$) and respondents of color ($Mdn = 14.70$) was statistically significant, $U = 1952$, $z = -1.967$, $p = .049$. 
Table 10

*Descriptive Statistics: Racial/Ethnic*

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>92</td>
<td>15.35</td>
<td>1.52</td>
</tr>
<tr>
<td>Respondents of Color</td>
<td>50</td>
<td>14.68</td>
<td>2.27</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>3</td>
<td>11.33</td>
<td>6.43</td>
</tr>
</tbody>
</table>

**Research Question 6**

Do religious affiliation(s) have an impact on attitudes toward LGBTQ persons?

**Hypothesis 6**

Counselor educators who identify as Christian will score lower than non-Christian identified counselor educators on the LGBT Social Attitudes Scale.

**Analysis.** Due to a small sample size, several religion categories were aggregated and recoded to create new categories. Catholic, Christian, Evangelical Protestant, and Mainline Protestant were grouped together (N = 63) as group 1. Respondents who answered no religious affiliation (N = 11) as group 2 and others (N = 15) as group 5 comprised an independent group. Agnostic and Atheist were also grouped together (N = 22) to make up group 3, and Buddhist, Hindu, Jewish, and Muslim (N = 11) were grouped as group 4. Only one response (“Prefer not to answer”) was omitted from the analysis. To assess the effect of religious affiliation on LGBT social attitudes, the group means of the scores on the LGBT Social Attitudes Scale were compared using one-way ANOVA among the sample of 142. The religious affiliations of the sample, and means
and standard deviations of the dependent variable, the scores of the LGBT Social Attitudes Scale, are shown in Table 11. Differences among the mean scores of counselor educators of all religious affiliations were assessed using one-way ANOVA. Levene’s test of homogeneity indicated that the assumption of homogeneity was violated ($p = .000$), therefore, an alternate to one-way ANOVA was employed. A modified version of ANOVA, Welch ANOVA was utilized instead.

**Result.** The Welch test showed a statistically significant difference in mean scores for different religious affiliations, indicating at least one group mean differs from the other group means. The differences in the LGBT Social Attitudes Scale among different religious groups was statistically significantly, Welch’s $F(4, 39.900) = 2.261, p = .049$.

Table 11

*Descriptive Statistics: Religious Affiliations (Regrouped)*

<table>
<thead>
<tr>
<th></th>
<th>$N$</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>73</td>
<td>14.99</td>
<td>1.78</td>
</tr>
<tr>
<td>2</td>
<td>21</td>
<td>15.29</td>
<td>1.79</td>
</tr>
<tr>
<td>3</td>
<td>22</td>
<td>15.73</td>
<td>.88</td>
</tr>
<tr>
<td>4</td>
<td>11</td>
<td>15.73</td>
<td>.90</td>
</tr>
<tr>
<td>5</td>
<td>15</td>
<td>14.13</td>
<td>3.07</td>
</tr>
</tbody>
</table>

*Note. 1 = Catholic, Christian, Evangelical Protestant, and Mainline Protestant, 2 = No religious affiliation, 3 = Agnostic and Atheist, 4 = Buddhist*
CHAPTER 5

DISCUSSION

Faculty play an important role in shaping students' values and attitudes, including social attitudes toward LGBT persons and social issues that the population faces (Pascarella & Terezini, 2005; Woodford et al., 2013). However, studies documented that students and counselors lacked the skills needed to work effectively with sexual minorities (Bidell, 2005, 2012, 2013; Graham et al., 2012) and transgender persons (O'Hara, et al., 2013). Furthermore, a study that documented that 31.2% of marriage and family therapists supported conversion therapy (McGeorge et al., 2015a) may raise questions about LGBT social attitudes held by trainers and faculty who train mental health professionals. Even though CACREP standards (2016) emphasize the need to orient students to uphold the ethical standards of the American Counseling Association (ACA, 2014) and explicitly highlight the importance of a commitment to multicultural counseling competence and social justice advocacy to address systemic oppression and marginalization, only recently did the ACA clarify its stance on sexual and gender minorities and non-discrimination toward the population based on counselors’ personal values (Kaplan, 2014; Smith & Okech, 2016; see also ACA, 2014, A.4.b; A.11.b).

Unfortunately, the 2005 ACA Code of Ethics failed to specify the extent and scope of nondiscrimination practice with LGBT clients, having allowed for a lenient interpretation of referral options for counselors-in-training and counselors (Bieschke & Mintz, 2012; Kaplan, 2014). However, according to the current Code of Ethics (ACA, 2014), counselors-in-training and counselor educators are ethically bound by the ACA Code of Ethics (Smith & Okech, 2016a). The Code gives precedence to clients' needs
over the needs of counselors, and prohibits referrals based solely on personal beliefs (ACA, 2014; Meyers, 2014). Furthermore, counselor educators asserted that discriminatory behavior and attitudes, for example, limiting marriage only to heterosexual marriage are now seen as denying civil and legal rights of lesbian, gay, and bisexual (LGB) persons (Smith & Okech, 2016b). Thus, merely affirming someone who is lesbian or gay is not linked to accepting the same-sex relationship as equal as the heterosexual relationship (Woodford, Luke, et al., 2012). Instead, counselor educators must actively work to break systemic barriers that prevent LGB persons from accessing equality, civil rights, and legal protection (Smith & Okech, 2016b). The lack of training among counselors and students working affirmingly and inclusively with LGBT clients (Bidell, 2005, 2012, 2013; Graham et al., 2012; O'Hara et al., 2013) as well as the past legal cases that involved refusal to counsel sexual minority clients (Dugger & Francis, 2006; Kaplan, 2014; Hermann & Herlihy, 2006) highlight the need to investigate where counselor educators stand in terms of LGBT social attitudes that include affirming lesbian, bisexual, transgender, and queer/questioning (LGBTQ) identities and advocating for public policies and law that promote LGBTQ equality.

The purpose of the present study was to examine the nature of counselor educators' LGBT social attitudes in relation to their attitudes toward the non-LGBT population (i.e., people of color, working mothers of preschool children, and immigrants), their critical consciousness, and the degree of their relationship with individuals who identify as LGBTQ. Additionally, this study investigated the effects of three demographic variables, gender, race, and religion onto LGBT social attitudes. The present study may help fill the gap in literature on counselor educators’ social attitude.
toward LGBTQ persons, thereby increasing the possibility of integrating LGBTQ content in the training of future counselors as a way to strengthen multicultural counseling competency and social justice advocacy skills.

**Hypothesis 1A and 1B: Non-LGBT Social Attitudes**

Hypothesis 1A stated that among counselor educators in CACREP-accredited programs, scores on the non-LGBT Social Attitudes Scale would positively correlate with scores on the LGBT Social Attitudes Scale. Woodford, Chonody et al. (2012) identified that individuals who did not advocate for rights for other minority groups were less likely to support legal rights for sexual and gender minority individuals. Educational level often predicts positive attitudes toward other minority groups, including sexual minorities (Rowatt et al., 2009). In a similar argument, if an individual supports one form of oppression, the individual is more likely to support multiple forms of oppression (Aosved et al., 2009). Consistent with the findings of Woodford et al. (2013), the result supported the hypothesis 1A, and there was a statistically significant positive correlation between non-LGBT social attitudes and LGBT social attitudes, indicating that counselor educators who held positive attitudes for other minority groups were more likely to support for LGBTQ identities and equality.

Hypothesis 1B stated that among the three items (i.e., people of color, working mothers of preschool children, and immigrants) on the non-LGBT Social Attitudes Scale, attitudes toward working mothers of preschool children would be the best predictor of LGBT social attitudes. Given that heterosexism is a form of sexism, those who support the system that reinforces traditional expression of femininity in women and masculinity in men (Barron, Struckman-Johnson, Quevillon, & Banka, 2008; Herek, 1986; Kleiman,
Spanierman, & Smith, 2015) also view diverse sexualities, such as lesbian, gay male, and bisexual persons’ expressions of affection, as a violation of the conventional masculinity (Swank & Raiz, 2007; Yep, 2002). Such individuals tend to develop prejudice and discrimination against gender identities and behavior that transgress traditional gender binary expressions and roles, including transgender identity and expressions (Nagoshi et al., 2008; Hill & Willoughby, 2005). Contrary to the result from Woodford et al. (2013), working mothers of preschool children were not the best predictor of LGBT social attitudes. In this study, positive attitudes toward people of color explained more variance in LGBT social attitudes than the initially hypothesized variable, then followed by positive attitudes toward immigrants.

One possible explanation is that the majority of participants were female counselor educators. The literature shows that gender (i.e., identifying as a woman) was linked to having positive attitudes toward lesbians and gay men (Ben-Ari, 2001; Dowling et al., 2007; Swank & Raiz, 2007), transgender students (Bowers et al., 2015), and transgender individuals in general (Nagoshi et al., 2015). Another explanation might be an educational factor. College educated people are more likely to have a progressive view toward LGB identities; thus, they may more likely affirm non-stereotypical traditional gender roles (Bidell, 2005).

Supporters of conventional gender role expectations may not support mothers of preschool children working outside the home, and some counselors may support conventional gender role expectations. Balkin et al. (2009) found that counseling professionals viewed biases against racial and ethnic minorities as less acceptable than biases toward women. Seems and Johnson (1998) documented that gender bias held by
counselors influenced their intervention approach to the client, and that counselor trainees showed more affirming attitudes toward men's aspiration for a career than women’s. Thus, some counselor educators may endorse gender stereotypical roles and expectations, which might have been reflected in the finding.

An explanation about immigrants as the second-best predictor of LGBT social attitudes among U.S. counselor educators may reflect the current political climate. Since September 11, a struggling economy, and the collapse of the white middle class, there has been an increase of anti-immigrant sentiment in the United States. Studies show that anti-immigration attitudes tended to spike during the economic crash (Hainmueller & Hopkins, 2014; Wadsworth et al., 2016). Individuals who support cultural homogeneity tend to have negative attitudes toward immigrants (Hainmueller & Hopkins, 2014). Also, ethnic stereotyping correlates with negative immigration attitudes (Chandler & Tsai, 2001; Hainmueller & Hopkins, 2014). Xenophobia was observed counselors’ and students’ resistance against learning about immigrants (Arredondo, Tovar-Blank, & Parham, 2008). However, educational level was associated with greater value placed on cultural diversity and more optimism about the positive economic impact that immigrants may bring (Hainmueller & Hopkins, 2014). Thus, the counselor educator who has positive LGBT social attitudes may also exhibit positive attitudes toward immigrants. Furthermore, sociopolitical factors such as poverty, racism, sexism, and oppressive immigration policies pose a great challenge to immigrants’ academic, career, and personal/social development (Ratts & Hutchins, 2009). Rooted in multiculturalism and social justice advocacy of the profession, counselor educators who are aware of the plight of the immigrants, especially those with undocumented status who experience an
increased risk for mental health issues due to discrimination, exploitation, and marginalization (Chen & Park-Taylor, 2006), may be more likely to support fair immigration policy, positive social attitudes toward immigrants, which correlates with positive LGBT social attitudes.

Although the regression model was found statistically significant, neither the combination of three factors (i.e., attitudes toward people of color, working mothers of preschool children, and immigrants) nor of the three factors individually offered a statistically significantly explanation in the variance in LGBT social attitudes. Perhaps, the low correlation between each of the three predictors and LGBT social attitudes may explain the difference in the conceptual frameworks of social attitudes toward people of color, working mothers of preschool children, and immigrants and that of LGBT social attitudes. Thus, the items of the non-LGBT Social Attitudes Scale might have functioned as a discriminant validity of the LGBT Social Attitudes Scale.

**Hypothesis 2A and 2B: Critical Consciousness**

Hypothesis 2A stated that among counselor educators in CACREP-accredited programs, there would be a positive linear relationship between scores on the CCCM (Shin et al., 2016) and scores on LGBT Social Attitudes Scale. Consistent with the finding of Woodford et al. (2013), higher critical consciousness was associated with more positive LGBT social attitudes, indicating that counselor educators who were capable of analyzing systemic oppressions (e.g., racism, classism, and heterosexism) showed positive LGBT social attitudes.

The conceptual frameworks of critical consciousness, intersectionality, and queer theory overlap. Critical consciousness is the ability to analyze the status quo and question
sources of knowledge (Freire, 2000). The concept of intersectionality provides the framework to understand how the impact of race, gender, class, and other sociopolitical identities and social locations intersect and create unique experiences (Davis, 2008). Queer theory and pedagogy challenge binary views of sex, gender, and sexuality, providing the opportunity for rethinking and reexamining what are considered normal and abnormal (Butler, 1990; Luhmann, 1998). Intersectionality and queer theory can challenge the traditional concept of gender (Cole, 2009). Gender and sex are socially constructed, and society imposes correct gender roles on individuals based on birth assigned sex (Butler, 1990). Scholars (Butler, 1990; Cole, 2009; Davis, 2008; Luhmann, 1998) argue that this exercise of binary views of sex (i.e., female and male), sexuality (i.e., heterosexual and homosexual), and gender (i.e., men and women) is deeply embedded into the process of norm building and exclude anything that transgress the binaries. To challenge binary gender is to question what is considered as the norm (Cole, 2009). As Luhmann (1998) pointed out, queer pedagogy exceeds the mere incorporation of queer content into the curricula; properly understood, it is the practice of intervening and disrupting the reproduction of power dynamics and making education part of a process of political empowerment and liberation of students. Thus, the link between critical consciousness and positive LGBT social attitudes makes sense.

When predicting which amongst the three subscales (i.e., racism, classism, and heterosexism) would best predict positive LGBT social attitudes, only the ability to analyze heterosexism explained the change in LGBT social attitudes (hypothesis 2B). This finding was consistent with the literature. Luhmann (1998) argues that heterosexism reinforces gender dichotomies (i.e., man and woman) and binary sexualities (i.e.,
heterosexual and homosexual) that exclude anything that subverts the binaries; thus, heterosexism maintains power imbalance by preventing sexual and gender minorities from accessing equality, civil rights and legal protections that are available to heterosexual and cisgender individuals and couples. Individuals who hold less heterosexist attitudes are likely to have more positive LGBT social attitudes. The concept of intersectionality provides a tool for understanding the impact of -isms based on race, class, gender, sexuality, ability status, and immigration status, to name a few (Davis, 2008).

**Hypothesis 3: LGBT Contact**

Allport’s (1954) contact theory explains that intergroup contact with individuals from outside of one’s group reduces prejudice. In this study, the effect of close contact with lesbians and gay men, bisexual men and women, and transgender persons were analyzed. The LGBT Social Attitudes Scale group mean scores of counselor educators who had close contact with LGBT persons and those who did not was compared. It was hypothesized that close contact would lead to positive LGBT social attitudes.

**Contact with Lesbians and Gay Men**

Although a similar result was hypothesized in this study, the hypothesis could not be tested due to an imbalanced sample size. Only two participants reported that they had not had close contact with lesbians and gay men. The highly unequal sample size between counselor educators who reported having had contact with lesbians and gay men ($n = 145$) and those who have not had ($n = 2$) may be interpreted as evidence that a great number of counselor educators are the recipients of intimate disclosures from lesbians and gay men.
Contact with Bisexual Men and Women

Previous studies (West & Hewstone, 2012, Woodford, Silverschanz et al., 2012) found intergroup contact to be an important component in reducing prejudice toward sexual minorities. There were four times as many counselor educators who were the recipient of bisexual identity disclosure (i.e., coming out as bisexual) than those who never had such contact. Although the group means difference was not a statistically significant finding, counselor educators who had close direct contact with bisexual individuals scored higher than those who did not. Intergroup contact is considered as an effective means of reducing prejudice and stereotypes toward individuals outside of one's group (Allport, 1954; Pettigrew, 1998; Pettigrew & Tropp, 2006). However, mere contact is not adequate to reduce prejudice and stereotype. Contact at an emotional level is a necessary condition (Hewstone, 2003; Pettigrew, 1998; Swank & Raiz, 2007). O'Shaughnessy and Spokane (2013) found a similar result, reporting that the depth of the relationship with lesbians and gay men (i.e., no personal relationship, distant friend/acquaintance, a distant relative, a close friend, immediate family) was associated with accurate lesbian and gay case conceptualization and lesbian and gay affirmative therapy competency.

Contact with Transgender Persons

Finally, the number of counselor educators who have transgender friends, relatives, or close acquaintances who came out to them showed a different trend. More counselor educators reported no direct close contact with transgender persons than those who have had such contact. There was a statistically significant difference in the group median scores of the LGBT Social Attitudes Scale between counselor educators who
reported being the recipient of intimate disclosure from transgender individuals and those who did not, which indicated that counselor educators with transgender contact had more positive LGBT social attitudes than those who reported no close contact. The numbers of encounters in the work environment was associated with positive attitudes toward transgender students (Bowers et al., 2015). Walch, Sinkkane et al. (2012) studied the effect of stigma reduction training, finding that transgender panel speakers who shared the emotional impacts of their experiences were more effective in reducing stigma than lecture-only training. The nature and level of contact is a critical factor in reducing stigma toward the population (Swank & Raiz, 2007; Walch, Sinkkane et al., 2012).

A positive finding is that great number of counselor educators were recipients of intimate disclosure by lesbians, gay men, and bisexual individuals about themselves. Those who were the recipients of close direct contact scored higher on the LGBT Social Attitudes Scale than those who had not had such contact. This finding may indicate that counselor educators are perceived as a safe person to come out to. While coming out may have positive outcomes and foster lesbian, gay, bisexual, queer, and questioning (LGBQQ) identified persons' ability to integrate multiple identities and relieve the stress of concealing a particular identity, the coming out may lead to rejection by friends and family, loss of a job, being harassed, or even being the target of violence (Harper et al., 2013). For sexual and gender minorities persons to come out, a safe and affirming environment is necessary, including a level of trust in the person to whom they come out. Thus, the findings indicate that counselor educators hold positive LGBT social attitudes.

Although overall LGBTQ contact groups scored higher than non-LGBTQ contact groups, possible temporal order of the observed phenomenon is unknown. That is,
whether being the recipient of intimate disclosures led them to having positive LGBT social attitudes, or having positive LGBT social attitudes led them to be the recipient of intimate disclosures, remains unknown.

**Hypothesis 4: Gender**

Studies of attitudes toward LGBT groups consistently found that female participants were more likely to have positive attitudes than their male counterparts, both among the general population (Herek, 1988; Nagoshi et al., 2008; Rowatt et al., 2009; Woodford, Silverschanz et al., 2012) and among mental health professionals (Ben-Ari, 2001; Fredriksen-Goldsen et al., 2011; Edward, Dillon, & Mi-Sung Kim, 2015). Consistent with the finding from Woodford et al. (2013), there was no statistically significant difference in scores of the LGBT Social Attitudes Scale between female and male counselor educators. Alessi, Dillon, and Kim (2016) found that among mental health professionals, women showed more positive attitudes toward lesbians, gay men, and bisexual individuals (LGB), but that both men and women believed equally in the importance of using LGB affirmative practice.

Overall, mental health care providers have more liberal attitudes toward sexual minorities (Crisp, 2006; Graham, Rawlings, Halpern, & Hermes, 1984; NAMI, 2017) and transgender students (Bowers et al., 2015). Having chosen mental health as a career may be a predictor of attitudes toward and support for affirmative practice with sexual minorities (Crips, 2005). For example, in a study by Tan et al. (2017), mental health trainees showed no strong preference for heterosexual couple over lesbian and gay couples in transracial adoption; however, they showed implicit preference toward lesbian couples. However, another study found some contradictory results. Although
homophobia was not widespread, only one-fourth of the trainees fully valued the presence of lesbians and gay men, and still 10-31% were ambivalent about lesbians and gay men, and 14-37% preferred some social distance from lesbians and gay men (Swank & Raiz, 2007).

Educational level may explain the results (Woodford et al., 2013). All respondents were doctoral-level counselor educators. In Bidell's study (2005), doctoral-level counselor educators that comprised 15.7% of the sample scored the highest on the Sexual Orientation Counseling Competency Scale (SOCCS), indicating higher levels of education may link to an increase in LGB counseling competence. This finding was also consistent with the finding of Rowatt’s et al. (2009) that in a large national sample of American adults, women, individuals with higher educational level, as well as individuals with higher income held the most positive views toward lesbians and gay men.

**Hypothesis 5: Race**

Existing studies on experiences of LGBT persons of color demonstrate that these individuals experience racism within the LGBT community as well as discrimination and rejection within their racial and ethnic communities (Balaji et al., 2012; McQueen & Barnes, 2017; Meyer, 2010; Rosario, Schrimshaw, & Hunter, 2004). For example, among Asian American LGBTQ persons, psychological distress was linked to experiences of heterosexism within their community (Szymanski & Sung, 2010). Racial and ethnic minority groups are less accepting of LGBT identities than White counterparts (Woodford et al., 2013). In the present study, a similar result was obtained. White counselor educators demonstrated more positive attitudes than counselor educators of color. Mobley and Johnson (2015) point out that homophobia prevails on Historically
Black Colleges and Universities (HBCU) campuses. Lewis (2003) argues that Blacks tend to disapprove of homosexuality more strongly than whites even though they are more likely to support civil rights for gay men, including being against employment and housing discrimination. Also, Sanabria and Puig (2012) state that Latino culture, which emphasizes familial duty, gender roles, and religious observance, may be less tolerant of lesbian and gay identities.

**Hypothesis 6: Religion**

Although a study by Woodford et al. (2013) showed that faculty who identified as Christian scored lower than those who identified as non-Christian, this study showed a different finding. Respondents affiliated with other religions scored the lowest among the five groups, followed by Christianity-affiliated groups (e.g., Catholic, Christian, Evangelical Protestant & mainstream Protestant). However, the interpretation of this result must be made with caution because of how religions were aggregated. Counselor educators who selected the “other” response were diverse in their affiliations, for example, including those who identified as American Indian, Mormon, spiritual, Taoist, Quaker, to name few. Thus, the finding may have failed to describe the accurate picture of counselor educators with their indicated religious affiliations and their LGBT social attitudes.

The previous studies found religious affiliation has been linked to intolerance of sexual and gender minorities. Protestants were more negative toward lesbians and gay men than other religious affiliation (Rowatt et al., 2009), and Christian affiliation generally (i.e., Protestant, Roman Catholic, other Christian) was associated with holding less positive LGBT social attitudes (Woodford, Silverschanz et al., 2012; Woodford et
al., 2013). However, Herek (1987) argued that the combination of one’s religious orientation (i.e., extrinsic and intrinsic) and religious teachings (i.e., teaching of tolerance or intolerance of sexual minorities) would contribute to an individual’s prejudice. Batson, Schoenrade, and Ventis (1993) asserted that religious community contributes to individuals holding prejudice toward certain groups, as their religious community endorses ‘right’ tolerance and ‘right’ prejudice (as cited in Rowatt et al., 2009). Moreover, rigid religious beliefs and adherence to religious authority figures were linked to intolerance of negative attitudes toward sexual minorities (Balkin et al., 2009). Thus, researchers argued that it may not be religion itself, but other factors such as one’s religious orientation, and the degree of religious conservatism, and how religious teachings are disseminated by religious authority figures may explain the development of prejudice toward sexual and gender minorities (Bowers et al., 2010; Swank & Raiz, 2007). Affiliation with Christianity has tended to accept the pathologizing of diverse human sexuality and gender identities, thus resulting in intolerance toward LGBT persons (Bowers et al., 2010); however, in this study it is not possible to assess whether or not counselor educators’ Christian affiliation led them to hold conservative religious views of LGBTQ identities (Balkin et al., 2014).

**Chapter 5 Summary**

The purpose of this study was to examine the nature of counselor educators' LGBT social attitudes and their level of critical consciousness. The results of this study indicated that counselor educators have positive LGBT social attitudes, that they affirm LGBTQ identities, and that they support LGBTQ equality. Counselor educators’ affirmative stance toward LGBTQ identities may indicate their ability to examine the
source of knowledge (i.e., the gender binary categorization) and their appreciation of non-binary perspectives of gender. The CCCM (Shin et al., 2016) was designed with an intersectionality framework in mind. Examining the relationship between critical consciousness and LGBT social attitudes was important because intersectionality provides the tools to explore and the framework to understand the world and human experiences that are more complicated and contradictory than ever anticipated (Davis, 2008); thus, intersectionality is the essential tool for counselor educators and counselors. The observed counselor educators' scores on the CCCM may be an indication of their higher degree of critical consciousness, allowing them to analyze interlocking oppressions and marginalization (Collins, 2007) that LGBTQ individuals with multiple social identities and locations experience (e.g., racism, classism, and heterosexism). This may also lead to the explanation that almost all counselor educators reported close contact with lesbians and gay men, in that lesbian and gay friends, relatives, and close acquaintances trusted them enough to come out to them. Both female and male counselor educators were equally affirming and supportive of LGBTQ identities and equality, which indicated counselor educators' professional commitment to inclusive multiculturalism that is affirming and inclusive of LGBTQ persons and to LGBTQ social justice advocacy.

**Implications for Practice**

This study was inspired by a series of anti-LGBTQ incidents that took place during the researcher’s doctoral study, one of the most prominent incident was an objection to marriage equality for same-sex couples by some doctoral students. Just an in other regions of the country where the roots of inequality was religion-based (Oleske,
the objection to marriage equality for same-sex couples was based on their religious beliefs. To this researcher, objection to marriage equality was objection to civil rights and legal protections of LGBTQ persons. According to a legal researcher, objections to marriage equality for same-sex couples on religious grounds as well as accommodation for for-profit businesses owners to refuse service for same-sex weddings imply a greater threat to “same-sex couples [who experience] discrimination in employment, public accommodations, and housing across time and in situations far removed from the marriage celebration” (Oleske, 2015, p. 102).

**Intersectionality and Critical Consciousness**

Both female and male counselor educators showed positive LGBT social attitudes, indicating they were highly supportive of LGBTQ identities and equality. Thus, findings from this study lead to several recommendations that counselor educators can implement to foster positive LGBT social attitudes among future counselor educators and counselors. First, this study recommends that counselor educators assist students in deepening critical consciousness through practice applying intersectionality to understand multiple identities and experiences of the oppressed (Davis, 2008; Freire, 2000). This can be done through incorporating LGBTQ content in the coursework throughout the training. However, including LGBTQ content in the counseling training coursework must go beyond merely teaching about LGBTQ persons to overcome prejudice against the population (Luhmann, 1998). Training is needed that provides students the important framework, intersectionality, to conceptualize diverse clients’ experiences, help them raise critical consciousness, and develop a greater understanding about the intersectionality of multiple identities and social locations and the complex experiences
of individuals (West-Olatunji et al., 2011), including diverse LGBTQ persons. For example, counselor educators can practice broaching behavior by remaining open and committed to consistently and continuously invite students to explore issues of diversity (Day-Vines et al., 2007), in which counselor educators can model active engagement in discussion about and call out heterosexism (Godfrey et al., 2006) as well as highlighting parallels between heterosexism and racism. Also, counselor educators can create the opportunities for the students to experience the combination of ongoing exposure to diversity (i.e., critical incidents) accompanied with self-reflection (Landreman et al., 2007). Throughout the training, focus should be especially placed on what Godfrey et al. (2006) and McGeorge and Carlson (2014) refer to as the self-of-the-therapist work.

**Queer theory and Critical Consciousness**

Heterosexism and cisgenderism are forms of sexism. The exercise of binary views of sex (i.e., female and male), sexuality (i.e., heterosexual and homosexual), and gender (i.e., men and women, masculine and feminine) is deeply embedded into the process of norm-building while marginalizing and oppressing anything that transgresses the binaries (Butler, 1990; Cole, 2009; Luhmann, 1998). Thus, individuals who do not subscribe to conventional gender role expectations and presentations are more likely to have positive attitudes toward diverse sexuality and gender identities and expressions, and thereby hold positive LGBT social attitudes. Changing the language of the oppressors, creating new language to describe the problems of the status quo, is a way to give the oppressed the tool to free themselves (Freire, 2000), to analyze the status quo (i.e., heterosexism and cisgenderism) by deconstructing the gender binary and binary views of sex, sexuality, and gender (Cole, 2009; Luhmann, 1998). Beliefs shape social attitudes (Saucier, 2000).
For example, subscribing to conventional gender role expectations and outdated beliefs about sexual minorities is likely to contribute to prejudice and discrimination against LGBT persons (Bowers et al., 2010; Swank & Raiz, 2007). Thus, this study recommends that counselor educators normalize and affirm the continuum of sexual orientation, gender identities, and expression (Godfrey et al., 2006). Also, this study suggests that counselor educators teach, compare, and contrast social constructionist and biological essentialist perspectives of sex, sexuality, and gender (Godfrey et al., 2006). Including LGBTQ content expands the definitions of normal to include diverse sexualities and genders (Cole, 2009). Counselor educators can assist students with engaging in asking questions of how we come to know and how knowledge is produced (Freire, 1973; Luhmann, 1998).

**Intersectionality, Queer, and Critical Consciousness**

Finally, this study recommends that counselor educators incorporate the three theoretical frameworks into the training. Effectively teaching about LGBTQ content goes far beyond teaching merely about LGBTQ persons to overcome homophobia.; rather, it is the practice of intervening and disrupting the reproduction of power dynamics and making education part of a process of political empowerment and liberation of students (Luhmann, 1998). Applying the components of intersectionality and queer theory collectively works as a way of raising critical consciousness. Raising critical consciousness allows students to develop the ability to evaluate old information and adopt to the evolving definitions of the new information (Freire, 1973). For example, adherence to conventional, stereotypical gender roles and expectations may prevent counselors from truly appreciating diverse gender identities, expressions, presentations,
and roles. Raising critical consciousness builds the foundation for the students to develop the ability to evaluate, for example, gender binary views, and deconstruct the traditional notion of gender (i.e., gender binary) and affirm the diverse gender identities, expressions, presentations, and roles, which allow for genuine empathy toward diverse LGBTQ persons and advocacy for LGBTQ equality.

Queer theory and pedagogy is a key tool for questioning the source of knowledge (Luhmann, 1998). Thus, incorporating queer theory into counselor training and education is the practice of and the way to raise critical consciousness. To fully advocate for human rights for LGBTQ persons, raising critical consciousness is imperative, and incorporating LGBTQ content into the training program will expand students’ existing knowledge. Through practicing critical consciousness raising and utilizing intersectionality to understand lives of LGBTQ persons, counselor educators have the promise to train future counselors to become critical analysts of the status quo, and thus develop not only awareness and knowledge, but also skills to provide multiculturally competent counseling and social justice advocacy for the LGBTQ clients and the entire society. Counselor educators may invite diverse LGB speakers (Godfrey et al., 2006) and transgender speakers (Walch, Sinkkane et al., 2012). Listening carefully to the life experiences of sexual and gender minorities helps students practice an intersectionality framework to understand the interlocking systems of oppression (Collins, 2007).

Components of positive social attitudes include acknowledging that the group continues to experience systemic oppression and subsequently advocating for full legal recognition and protection. To fully advocate for human rights for LGBTQ persons, raising critical consciousness is imperative through critical evaluation of old information
and adjustment to the expanding knowledge and information (Freire, 1973). Through practicing critical consciousness raising, examining and deconstructing the origins of binary perspectives of sex, sexuality, and gender, and utilizing intersectionality to understand lives of diverse LGBTQ persons, counselor educators will be able to train future counselors to develop not only awareness and knowledge, but also skills to provide multiculturally competent counseling and social justice advocacy for the clients and society. The findings from this study indicated that counselor educators showed progressive views of gender role expectations. As Crenshaw asserted, without language to describe the problem, we cannot solve the problem.

**Limitations**

This study has several limitations that may potentially influence the results. First, although CACREP programs exist internationally, this study targeted counselor educators in the United States, which may limit the relevance of the findings to non-U.S. counselor educators who may hold varying degree of LGBT social attitudes. Therefore, the sample may not necessarily represent the overall target population of all CACREP counselor educators. Second, the survey relies on the self-reporting of counselor educators who voluntary chose to respond to the questionnaire; therefore, LGBT social attitudes of counselor educators who chose not to respond remain unknown. Also, this study did not employ a measure that assesses social desirability. Responses to survey questionnaires that may be perceived as undesirable may not reflect honest thoughts and feelings of the respondents and may limit the identification of true differences in responses of the participants (Phillips & Clancy, 1972). Self-reporting may not reveal negative attitudes.
and implicit bias toward LGBTQ populations or neutral attitudes held by counselor educators. Finally, measurement error in a survey design must be taken consideration. Such measurement errors might be associated with wording and the order of questions might be reconsidered (Remler & Van Ryzin, 2015).

Potential threats to internal validity, such as historical events, must be taken into consideration when interpreting the results of this study. Participants’ responses may reflect the current trend concerning LGBTQ related social issues (e.g., the legalization of same-gender marriage or the Obama Administration's directive regarding transgender youths’ access to a bathroom that aligns with their gender identity). This study occurred from October 2016, with the first online survey distribution in December 2016 and final data collection ending in March 2017. Reaction to the political climate, emphasis on political correctness, and a wish for social desirability may interfere with respondents' true attitudes toward LGBTQ persons. Events (i.e., critical incidents) that took place during the survey collection may have affected respondents' attitudes toward LGBTQ persons and so the results may not capture potential shifts in such change. The sample selection process of the study may also reduce internal validity. Participation in the study is voluntary; therefore, the people factor (Creswell, 2015) of counselor educators who chose to complete the survey may have affected the outcome of the study. Some respondents did not complete the survey, perhaps due to its length or its potentially emotionally provocative questionnaire items; therefore, conclusions drawn from the data must be taken with caution.

Other possible limits to external validity may include that the results of the study may not be able to be generalized to CACREP accredited programs that exist outside the
United States because of the study targets only counselor educators and supervisors from CACREP accredited programs in the United States (Creswell, 2015). Also, the survey distribution during December may have conflicted with cultural holidays. Therefore, the results may have been slightly different had the survey been distributed during the middle of the semester.

An important limitation includes that the data violated assumptions for inferential statistical tests. There were significant outliers in that the sample population was negatively skewed as many scores clustered at the higher end. Another potential limitation was that the topic was inspired by a series of critical incidents that the researcher encountered within and outside of the doctoral program. Therefore, the choice of literature to be reviewed as well as the instruments used all reflect the author's worldview, through which things were read and interpreted, including the results.

Despite the study’s limitations, the findings from this study may prompt the dialogue among counselor educators about how to help students raise their critical consciousness. One way to raise critical consciousness is to use the intersectionality framework to conceptualize individuals who live at the intersection of multiple identities and social locations. Another tool is queer theory. The application of queer theory is not merely teaching about LGBTQ contents (Carroll & Gilroy, 2001; Luhmann, 1998) and learning about others (Kumagai & Lypson, 2009; Nieto, 2000). Incorporating queer theory is the way to broaden students’ thinking by engaging in self-reflection about their own sexuality, gender identity, and how these social constructions were created and have been maintained and imposed upon all individuals as the social norms (Carroll & Gilroy,
Thus, the integration of critical consciousness, intersectionality, and queer theory may transform counselor education and training.

**Future Research**

Potential follow-up studies include investigating an association between critical consciousness level and different religious affiliations. The current study did not address the types of religious values and beliefs (i.e., conservatism v. liberal) about LGBTQ identities and social issues. Whether such different types of religious values and beliefs have a relationship with the level of counselor educators’ critical consciousness may provide an insight about how they navigate conflicting values and beliefs about diverse sexuality and gender identities and expressions; we can ask how religion affects the professional values and ethical responsibility to train future counselors in becoming affirming and inclusive of individuals who seek to counsel.

Because patriarchy is an institutionalized sexism (hooks, 2000) that is the roots of heterosexism and other forms of oppression (Yep & Elia, 2011), examining the level of patriarchal beliefs and its relationship with critical consciousness may pave the way to create more gender-variant affirming, inclusive, and genuinely transformative counselor education and training programs. Patriarchal beliefs do not discriminate gender; both men and women could endorse such ideology (hooks, 2000). Thus, exploring gender, gender roles, and expectations held by both male counselor and female counselor educators who scored equally high on the LGBT Social Attitudes Scales may provide more comprehensive understanding about their critical consciousness as well as how effectively they are training the students raise critical consciousness.
Although overall counselor educators who had been the recipient of intimate disclosure from LGBTQ persons scored higher than those who had not had such experience, it is still impossible to determine which event contributed to their having positive LGBT social attitudes. For example, it still remains unknown whether being the recipient of intimate disclosure from LGBTQ friends, relatives, or close acquaintances led them to having positive LGBT social attitudes, or having positive LGBT social attitudes became the factor of being selected by LGBTQ friends, relatives, or close acquaintances for such intimate disclosure. Thus, qualitative inquiry of these recipients of disclosure may provide some insights about ways helping counseling students and counselors develop positive LGBT social attitudes.
Appendix A – Survey Cover Letter

Counselor Educators’ Attitudes toward LGBT(Q) People: Association with Critical Consciousness Levels

Subject title: Please consider participating in a study – counselor educators’ social attitudes and critical consciousness

Dear Participant [insert the name of the program director and/or chair]:

My name is Rieko Miyakuni, and I am a doctoral candidate in the Counselor Education and Supervision Program at Governors State University. I am conducting a study to understand counselor educators’ social attitudes toward Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) persons and awareness about social issues. Please consider participating in this study if you are a counselor educator and supervisor whose doctoral training is in counselor education and supervision from either a CACREP- or non-CACREP-accredited program, or if you are teaching part- or full-time (tenure or non-tenure track), or if you primarily work in a clinical setting.

This study has been approved by the Governors State University IRB Board (IRB #16-11-08).

Participation in this study involves completing a survey that consists of 45 questions, which takes approximately 10 to 15 minutes.

Your decision to participate in this study is completely voluntary. This is an anonymous survey. All information obtained in this study is strictly confidential.

Please access the survey at [Survey Link]

If you have any questions about this study and how the information will be utilized, please contact the investigator: Rieko Miyakuni, doctoral student, Counselor Education and Supervision Program at Governors State University. My contact information is below:

[Contact Information]

The faculty advisor for this study is Dr. Larry Maucieri, [Advisor's Contact Information].

Sincerely,

Rieko Miyakuni
Appendix B – Informed Consent

Counselor Educators’ Attitudes toward LGBT(Q) People: Association with Critical Consciousness Levels

Thank you so much for your interest in participating in this study. Please review the terms of consent below.
You are being asked to participate in a study about social attitudes toward Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) individuals. The purpose of this consent form is to give you the information you will need to decide whether or not to be in the study.

Study Title
Counselor Educators’ Attitudes toward LGBT(Q) People: Association with Critical Consciousness Levels

The Purpose of This Study
I hope to better understand counselor educators’ social attitudes toward LGBTQ persons and the degree of awareness about other social issues.

Procedures
If you choose to participate in this study, you will be asked to respond to a survey that consists of 45 questions that cover a range of topics involving the historically marginalized and oppressed groups of individuals as well as your demographic information. The survey will take about 10 to 15 minutes to complete. Your participation is completely voluntary. You can choose not to answer any question or discontinue participation at any time. Even after you agree to participate you may decide to leave the study at any time without any penalty or negative consequences. All information obtained in this study is strictly confidential.

Potential Risks and Discomfort
The risk of taking this online survey is minimal but you may feel uncomfortable and experience an emotional reaction to some questionnaire items. A time loss may occur as a result of taking the survey. Because your participation is voluntary, you can decide to stop taking the survey at any time.

Benefits of This Study
Although you may not receive direct benefit from your participation, findings may ultimately benefit others and society in general through your contribution to and advancement of knowledge in the field of counselor education training.

Confidentiality
This is an anonymous survey. You will not be asked for any identifying information. All information obtained in this study is strictly confidential. Your survey responses will be sent to a link at SurveyMonkey.com where data will be stored in a password protected
electronic format.
Survey Monkey’s security statements explicitly state the protection of collected data to ensure privacy and confidentiality (Survey Monkey Security Statement https://www.surveymonkey.com/mp/policy/security/). In addition, the research data will be stored in password protected files on a portable hard drive. You may request for the result of data analysis by emailing me at [REDACTED] and/or calling me at [REDACTED] or contacting my faculty advisor, Dr. Maucieri at [REDACTED] and/or calling him at [REDACTED].

IRB Approval
This study has been approved (#16-11-08) by the Institutional Review Board of Governors State University. If you have questions concerning your rights as a research participant that have not been answered by the investigator or if you wish to report any concerns about the research study, you may contact Dr. Renee Theiss via email at [REDACTED] at the Institutional Review Board of Governors State University or via letter to 1 University Parkway, University Park, IL 60484.

Electronic Consent
By clicking on the “YES” button, you are verifying that you have read the explanation of the study and you voluntarily agree to participate in the study.

☐ YES (Once participants decide to participate in the study, and then click YES, they will be directed to the survey page, which begins with Non-LGBT and LGBT Social Attitudes Scale.)
☐ NO (Once participants decide not to participate, and click NO, they will be directed to the end of the survey.)

Prev/Next [* in the actual SurveyMonkey, the message, “This question requires your answer to verify your understanding about the research and your consent to participate.” If participants click NO, they will be directed to the end of the survey.]
Appendix C – LGBT Social Attitudes Scale & Non-LGBT Social Attitudes Scale

Woodford et al. (2013)

<table>
<thead>
<tr>
<th>Non-LGBT social attitudes items</th>
<th>1 strongly disagree</th>
<th>2 disagree</th>
<th>3 agree</th>
<th>4 Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A working mother of preschool children can be just as good a mother as a mother who does not work outside the home.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Most people of color have the drive and determination to get ahead.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. The United States is a better place because of ongoing immigration.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I often think about the amount of power people have in different segments of society.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LGBT social attitudes items</th>
<th>1 strongly disagree</th>
<th>2 disagree</th>
<th>3 agree</th>
<th>4 Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Lesbian/gay couples should not be able to be legally married. (R)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Romantic and sexual relationships between homosexuals are as acceptable to me as relationships between heterosexuals.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. If I found out a friend was gay, lesbian, or bisexual, I would be accepting and supportive.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Transgender-identified people (people who express gender variance) experience discrimination in the United States.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

(R) = Reverse-coded Items
Appendix D – The Contemporary Critical Consciousness Measure
Shin et al. (2016)

<table>
<thead>
<tr>
<th>The Contemporary Critical Consciousness Measures</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All Whites receive unearned privileges in U.S. society.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2. The overrepresentation of Blacks and Latinos in prison is directly related to racist disciplinary policies in public schools.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3. All Whites contribute to racism in the United States whether they intend to or not.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>4. More racial and ethnic diversity in colleges and universities should be a national priority.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>5. Reverse racism against Whites is just as harmful as traditional racism. (R)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>6. Poor people without jobs could easily find work but remain unemployed because they think that jobs like food service or retail are beneath them. (R)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>7. Social welfare programs provide poor people with an excuse not to work. (R)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8. Most poor people are poor because they are unable to manage their expenses well. (R)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>9. Raising the minimum wage takes away the motivation for poor people to strive for better paying jobs. (R)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>10. Overall, Whites are the most successful racial group</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
because they work the hardest.

11. Raising minimum wage would hurt businesses and make it too hard for them to provide jobs. (R)

12. Asian Americans are proof that any minority can succeed in this country.

13. Preferential treatment (e.g., financial aid, admissions) to college students that come from poor families is unfair to those who come from middle or upper class families. (R)

14. Anyone who openly identifies as lesbian, gay, bisexual in today’s society must be very courageous.

15. Gay, lesbian, and bisexual individuals should be able to adopt children just as easily as heterosexual people.

16. Discrimination against gay persons is still a significant problem in the United States.

17. I support including sexual orientation in nondiscrimination legislation.

18. Gay, lesbian, and bisexual individuals should have all the same opportunities in our society as straight people.

19. I believe the U.S. society generally promotes hatred of gay individuals.

(R) = Reverse-coded Items
Appendix E – LGBTQ Contact

Adopted from Herek and Glunt (1993)

9. Have any of your friends, relatives, or close acquaintances let you know that they were lesbian and/or gay?
   □ Yes
   □ No

10. Have any of your friends, relatives, or close acquaintances let you know that they were bisexual men and/or bisexual women?
    □ Yes
    □ No

11. Have any of your friends, relatives, or close acquaintances let you know that they were transgender persons?
    □ Yes
    □ No
Appendix F – LGBTQ Training Experience

12. Do you feel that you had the training as a doctoral student that you needed in order to be able to train your students to be sensitive and affirmative of LGBTQ clients?
   □ Yes
   □ No

13. Please provide any comment regarding your thoughts and feeling about LGBTQ sensitive and affirmative training: _____
Appendix G – Sociodemographic Items

Adopted from Woodford et al. (2013)

1. Age: ___ (in years)

2. Gender (please pick one that best applies to you):
   □ Female
   □ Male
   □ Intersex
   □ Transgender – FTM
   □ Transgender – MTF
   □ Other definition ___

3. Sexual Orientation/Identity (please pick one that best applies to you): I define my sexual/affectional orientation as
   □ Bisexual
   □ Gay
   □ Heterosexual
   □ Lesbian
   □ Queer
   □ Unsure
   □ Other definition: ___

4. Race: With what race/ethnicity do you most closely identify yourself? (Please pick all that apply)
   □ African American
   □ Arab American
   □ Biracial/Multiracial
   □ Latina(o)
   □ Native American/Alaska Native
   □ Pacific Islander/Asian American
   □ White
   □ Other: ___

5. Religious affiliation: What religion are you affiliated with?
   □ Agnostic
   □ Atheist
   □ Buddhist
   □ Catholic
   □ Christian (please specify): ___
   □ Hindu
   □ Jewish
   □ Muslim
   □ No religious affiliation
   □ Other: ___
6. **Religiosity**: How important is *religion* in your life?
   - □1=Not important at all
   - □2=Not very important
   - □3=Neutral
   - □4=Slightly important
   - □5=Very important

7. **Teaching status**: What is your current teaching status?
   - □Adjunct/instructor
   - □Lecturer/clinical faculty
   - □Assistant professor
   - □Associate or full professor

8. **Years of teaching experience** (Please enter the number of years) for the following items.
   a) Total years of teaching experience (including as an assistant, TA, etc.): __
   b) Total years of teaching in a CACREP accredited program: __

9. **Institution type**: What is the type of institution you currently work for?
   - □Public
   - □Private
   - □Both

10. **Relationship with LGBT individuals** (please check all that apply): I have
    - □Relative(s) who identify as LGB
    - □Relative(s) who identify as transgender
    - □Friend(s) who identify as LGB
    - □Friend(s) who identify as transgender
    - □Colleague(s) who identify as LGB
    - □Colleague(s) who identify as transgender
    - □Student(s) who identify as LGB
    - □Student(s) who identify as transgender

11. **Clinical work experience with LGBT clients** (please check all that apply): 
    - □Experience working with LGB clients
    - □Experience working with transgender clients

12. **License status**
    - □Active license
    - □Inactive license
    - □Working toward license
    - □Not pursue license

13. If licensed, please indicate the number of years of license: __
14. Please indicate your doctoral training background
   □CACREP-accredited program
   □non-CACREP-accredited program
   □Other:
Appendix G

Governors State University Institutional Review Board approval letter (pdf)

FILE name 16-11-08 MAUCIERI Miyakuni Approval Expedited

In IRB Application folder

We are pleased to inform you that your proposal has been approved by the GSU Institutional Review Board. Please be advised that the protocol will expire on January 14, 2018, one year after the date of approval.

At the end of the year, if your research is completed, please inform the IRB in writing of the closing date by using the IRB Annual Continuing Review/Project Closure form, which can be found at www.gsu.edu/irb. If you intend to collect data using human subjects after that date, the proposal must be renewed by the IRB. If you make any substantive changes in your research protocol before that date, you must inform the IRB and have the new protocol approved.

Please include the assigned IRB project number and exact title of your project in any correspondence about this project.

Best wishes for success with your research.
Appendix H

Permission to post survey request from CESNET owner (pdf)

Re: Permission to post a survey research

JENCIUS, MARTIN <mjencius@kent.edu>

To: Miyakuni, Reiko (Student) – myakuni@student.gownit.gr

Reiko,

Thank you for asking about posting your research survey request to CESNET-L listerv. Take a look at the survey recommendations at www.cesnet-l.org for ideas about doing research using CESNET-L. After that, feel free to proceed and post.

With best regards,

Dr. Marya Verevka
Associate Professor of Counseling
Kent State University
Counseling & Human Development Services
Rm 161 White Hall Bldg
Kent, OH 44242
maryav@kent.edu

On Dec 19, 2016, at 7:40 PM, Miyakuni, Reiko (Student) – myakuni@student.gownit.gr – wrote:

Dear Dr. Jenciis,

How are you? My name is Reiko Miyakuni. I am a doctoral student at Governors State University.

I am writing to you to ask your permission to post a survey research on CESNET as a part of my dissertation project. Currently, I am working on my IRB application. Once I obtain the approval from my school, I would like to distribute the survey, which, I anticipate in February. Please allow me to provide the information of my survey research.

1. How long is my survey? It is about 10-15 minutes.
2. How many variables are there? There are 3 independent variables and one dependent variable.
3. The target population is counselor educators and supervisors whose doctoral training is in counselor education and supervision from either CACREP or non-CACREP accredited programs, and who are teaching as a part- or full-time, who are on either tenure or non-tenure track, as well as counselor educators and supervisors who are primarily working in the clinical setting.
4. I will not request for demographic information of the CESNET-L membership.
5. My demographic items include age, gender(identify), sexual/ethnic orientation, race, religious affiliation, teaching status, teaching institution type,
Appendix I

Permission to use LGBT Social Attitudes Scale and non-LGBT Social Attitudes Scale from Dr. Michael R. Woodford (pdf)
Appendix J

Permission to use the Contemporary Critical Consciousness Measure from Dr. Richard Q Shin (pdf)

Re: Inquiry about the CCCM
Richard Quentin Shin <rqshin@umd.edu>
Wed Oct 26, 2016 12:22 PM
To: Miyakuni, Rieko [Student] <rmiyakuni@student.govst.edu>

You're very welcome Rieko!

Richard

On Wed, Oct 26, 2016 at 11:56 AM, Miyakuni, Rieko [Student] <rmiyakuni@student.govst.edu> wrote:

Dear Dr. Shin,

Thank you from my heart for giving me permission to use the CCCM.
I look forward to sharing the results of the study with you.

Thank you so much again.

With gratitude,
Rieko

From: Richard Quentin Shin <rqshin@umd.edu>
Sent: Wednesday, October 26, 2016 10:45:33 AM
To: Miyakuni, Rieko [Student]
Subject: Re: Inquiry about the CCCM

Hello Rieko,

Thank you for your interest in our measure! Your dissertation sounds like a great project. Feel free to use our scale and please let me know how your project turns out. Best of luck!

Warmly,
Richard

On Wed, Oct 26, 2016 at 11:24 AM, Miyakuni, Rieko [Student] <rmiyakuni@student.govst.edu> wrote:

Dear Dr. Shin,

How are you?
My name is Rieko Miyakuni. I am a doctoral student at Governors State University, University Park in Illinois.
I am writing to you to seek permission to use the Contemporary Critical Consciousness Measure for my dissertation project. My dissertation aims to examine the nature of counselor educators' attitudes toward LGBTQ persons in relation to critical consciousness level and their attitudes toward other marginalized groups of individuals. Although my original dissertation research agenda was about a different population, many critical incidents that I encountered a few years ago as I started my program raised my awareness, and had me begin looking into the literature about the issues LGBTQ community face and especially counselor training in relation to this population. From literature review, I learned that it is imperative for counselors to develop critical consciousness and understand the issues
Appendix K

CITI certificate

<table>
<thead>
<tr>
<th>Course</th>
<th>Date Completed</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1</td>
<td>10-Nov-2019</td>
<td>33/100 (%)</td>
</tr>
<tr>
<td>Module 2</td>
<td>10-Nov-2019</td>
<td>45/100 (%)</td>
</tr>
<tr>
<td>Module 3</td>
<td>10-Nov-2019</td>
<td>45/100 (%)</td>
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<tr>
<td>Module 4</td>
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<tr>
<td>Module 5</td>
<td>10-Nov-2019</td>
<td>45/100 (%)</td>
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For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid independent learner.

Verify at: [https://www.citi.org/](https://www.citi.org/)
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