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When to refer : Religiosity and counseling students' decision to refer GLBT clients

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Abstract

This paper sought to investigate how religious beliefs affect counseling students' thoughts about referring gay, lesbian, bisexual, and transgender (GLBT) clients. A thorough review of the research literature examined: attitudes toward sexual minorities, religiosity and attitudes toward sexual minorities, and GLBT issues in counselor education. Findings suggest religious attitudes are often related to negative, or at least, non-affirming beliefs/behaviors towards members of sexual minority groups. There are serious legal and ethical implications for counselors who refuse to treat GLBT clients. The research also suggests education can be a means of moderating discriminatory tendencies in counseling students who struggle with balancing their personal religious values against the best interest of GLBT clients. Suggestions for future research are included.

WHEN TO REFER: RELIGIOSITY AND COUNSELING STUDENTS' DECISION TO
REFER GLBT CLIENTS

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Cynthia R. Boyle

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Abstract

This paper sought to investigate how religious beliefs affect counseling students' thoughts about referring gay, lesbian, bisexual, and transgender (GLBT) clients. A thorough review of the research literature examined: attitudes toward sexual minorities, religiosity and attitudes toward sexual minorities, and GLBT issues in counselor education. Findings suggest religious attitudes are often related to negative, or at least, non-affirming beliefs/behaviors towards members of sexual minority groups. There are serious legal and ethical implications for counselors who refuse to treat GLBT clients. The research also suggests education can be a means of moderating discriminatory tendencies in counseling students who struggle with balancing their personal religious values against the best interest of GLBT clients. Suggestions for future research are included.

The purpose of this research paper is to investigate how religious beliefs affect counseling students' thoughts about referring gay, lesbian, bisexual, and transgender (GLBT) clients. This paper will include a concise synopsis of the historical evolution of the view of sexual orientation in the counseling profession as well as a brief review of the importance of inclusivity and multicultural competence in counseling treatment.

This paper seeks to examine what way, if any, religious beliefs affect counseling students' attitudes about whether or not to refer GLBT clients. Until 1978 homosexuality was considered a form of mental illness. In 1998 the American Counseling Association (ACA) approved a motion which states "the association opposes portrayals of lesbian, gay, and bisexual youth and adults as mentally ill due to their sexual orientation; and supports the dissemination of accurate information about sexual orientation, mental health, and appropriate interventions in order to counteract bias that is based on ignorance or unfounded beliefs about same-gender orientation" (ACA, 2003).

This paper will explore issues relevant to the discussion of the professional expectations of counselors regarding treatment of GLBT clients, educational standards required by accredited counselor education programs and a brief historical perspective of the evolution of the counseling professions' views about sexual minority issues. This paper will also examine the literature with respect to attitudes toward sexual minorities, religiosity and attitudes toward sexual minorities, and GLBT issues in counselor education. The paper will conclude with a discussion of the legal and ethical implications for counselors who refuse to treat GLBT clients.

The purpose of this paper is to investigate the relationship between counseling students' religiosity levels and their attitudes about referring GLBT clients. The goal of

this paper is to provide a concise review of the literature regarding the history and development of the counseling professions' view of sexual minority clients and the possible impact religiosity plays on counseling students' attitudes toward sexual minority clients. It will also explore the possible legal and ethical implications for students' who believe as counselors they will have the right to simply refer clients whose sexual orientation status is at odds with the counselor's religious beliefs.

Professional Standards for Counselors and Counseling Students

ACA Code of Ethics

The American Counseling Association is the world's largest organization representing professional counselors today (ACA, 2007). ACA members include counseling students, counselor educators and supervisors, and professional counselors from a variety of practice settings. ACA sets the professional and ethical standards for the profession of counseling. When counselors join ACA as members, they agree to abide by the rules, regulations, and enforcement of the *ACA Code of Ethics*.

There are several areas within the *ACA Code of Ethics* which speak to the issues being explored in this paper. The introduction of Section A of the *ACA Code of Ethics* states, "Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process." (ACA, 2005, p.4) Under the personal values section A.4.b. the code states, "Counselors are aware of their own values, attitudes, beliefs, and behaviors and avoid imposing values that are inconsistent with counseling goals. Counselors respect the diversity of clients, trainees, and research participants." (ACA, 2005, pp. 4-5) The goal of this research is to assist counseling

students in this process. Beliefs about religion are as much a part of the cultural background of counselors as they are for clients.

Some counseling students may be under the impression it is okay to just refuse to counsel sexual minority clients. Other counseling students may believe it is appropriate to simply refer clients with whom their beliefs/values clash, but the professional standard for counselors is, "They practice in a non-discriminatory manner..." (ACA, 2005, p.9) It is highly likely the counseling relationship will have already begun, or be quite intense before a client discloses his sexual orientation or sexual identity status. In this case, it is important to note section A.11.a. of the ACA *Code of Ethics* which states, in part: "Counselors do not abandon or neglect clients in counseling." (ACA, 2005, p.6)

While it is necessary for counselors to practice within the bounds of their competence, it is not enough for professional counselors to use a lack of competence/training as a reason to refer or refuse all GLBT clients. Section C.2.a. explicitly states, "Counselors gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population" (ACA, 2005, p.9). It is hoped this research will provide counseling students, educators and professional counselors with information as to how their personal beliefs may affect their interactions with clients from a different culture, specifically those from sexual minority groups.

Section A.6.a states, "When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of clients." (ACA Code of Ethics, p. 5)

CACREP Standards

The Council for Accreditation for Counseling and Related Educational Programs

(CACREP) 2001 standards are the minimum criteria for the preparation of professional counselors, counselor educators, and student affairs professionals. All students from CACREP accredited programs must demonstrate knowledge and curricular experience in each of eight common core areas. Diversity issues are included in all eight of the core areas, which include: professional identity, social and cultural diversity, human growth and development, career development, helping relationships, group work, assessment, and research and program evaluations. Among the requirements for social and cultural diversity, the standards demand:

studies that provide an understanding of the cultural context of relationships, issues and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individuals, couples, families, ethnic groups, and communities....counselors' roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body...theories of multicultural counseling, theories of identity development, and multicultural competencies; and ethical and legal considerations. (CACREP, 2001)

The Assessment subject area notes accredited programs must include, "studies that provide an understanding of individual and group approaches to

assessment and evaluation, including....age, gender, sexual orientation, ethnicity, language, disability, culture, spirituality, and other factors related to the assessment and evaluation of individuals, groups, and specific populations..."(CACREP, 2001)

Significance of the Research

The American Counseling Association as well as CACREP council have clear standards related to the expectations of professional counselors and counselor education programs to maintain high levels of multicultural competence and provide non-prejudice counseling to all clients. Several studies (Herek, 1984; Schope & Eliason, 2000; Ben-Ari, 2001; Newman, Dannenfeiser, & Benishek, 2002; Newman, 2002;) suggest religiosity plays a role in how counselors/counseling students may view GLBT clients. To date, no research has been done to evaluate how counseling students' personal values may contribute to their decisions to simply not work with GLBT clients, by way of choosing to refer these clients to others counselors.

There are practical considerations to address when trying to ascertain whether counseling programs are meeting professional standards related to non-discrimination and multicultural competence. Research has shown sexual minority clients seek counseling at approximately two to four times the rate of heterosexual clients (Elliott, 1993; Rudolph, 1988). Studies also suggest adolescents struggling with sexual identity development issues have higher rates of suicide attempts, as well as higher incidences of substance abuse issues (Jordan, 2000; Tharinger & Wells, 2000). It seems clear, the advocacy section of the ACA Code of Ethics would deem it important to evaluate whether students coming out of counseling programs are able to be the advocates their

clients need and expect them to be. With the challenges faced by sexual minority clients, this responsibility is especially great, and should be evaluated.

Definitions

One of the challenges faced by counselors and members of sexual minority groups themselves, is creating a dialogue in which clients are understood, respected, and affirmed. For the purpose of clarity, definitions related to the counseling profession as a whole, and to providing appropriate GLBT counseling specifically, are included here.

- ACA- American Counseling Association—Founded in 1952, ACA is the largest professional and educational organization representing professional counselors. ACA continues to set the professional and ethical standards for the counseling profession today.
- CACREP-Council for the Accreditation of Counseling and Related Educational Programs
- GLBT-Gay, Lesbian, Bisexual and Transgender Persons
- Heterosexism (Heterosexist Bias)—assumption that clients are heterosexual and all individuals prefer the heterosexual lifestyle (Granello, 2004) Also, value which holds heterosexuality as being more natural than and superior to lesbian and gay life-styles (Morin, 1977)
- Homophobia—an intense hatred of homosexuals (Weinberg, 1972)

Review of Literature

Professional counselors work with a variety of clients from different populations and with different issues. It is highly unlikely a counselor today can engage in practice without encountering GLBT clients, family members of GLBT individuals, or children of

GLBT parents. In fact, estimates regarding the percentage of gay men and lesbians seeking counseling are approximately two to four times higher than the rate for heterosexual clients (Elliott, 1993; Rudolph, 1988). This being the case, it is important to examine how counseling students today will deal with their GLBT clients.

Historical Perspective

It wasn't until late 1973 that the Board of Directors of the American Psychiatric Association formally depathologized homosexuality, stating it implied "no impairment in judgment, stability, reliability, or general social or vocational capabilities" (American Psychiatric Association, 1974, p.497). Prior to this, homosexuality was considered a mental disorder. Not surprisingly, a 1978 study by Garfinkle and Morin reports therapists participating in their study perceived heterosexual clients as more psychologically healthy than gay or lesbian clients. Some studies have reported what seem to be contradictory opinions. In one study (Fort, Steiner, & Conrad, 1971) 99% of 129 private practice psychotherapists opposed laws treating private homosexual acts between consenting adults as criminal and 98% reported it was possible for homosexuals to effectively function. Yet in the same study, 73% labeled homosexuality a "personality disorder," and 83% labeled it a "sexual deviation". A 1995 study suggests some therapists believe that having a gay or lesbian sexual orientation is reflective of a personality or psychosexual disorder (Jordan & Deluty).

In a 1988 review summarizing studies between 1971-1988, Rudolph found counseling professionals held very conflicting opinions about the acceptability of homosexuality. Rudolph reports two consistent, although seemingly contradictory findings from his review: 1) homosexuality was perceived by those in the counseling

professions as noncriminal (but not necessarily nonpathological; and 2) clients were accepting of their own homosexuality, but counselors tended to lack acceptance of homosexuality themselves. Rudolph reports these findings demonstrate the dichotomy counseling professionals experience related to homosexuality: "The counselor is torn. He or she is formally told one thing about homosexuality from the profession (i.e., "homosexuality is okay"), and more informally, but no less persuasively, quite another from society-at-large "homosexuality is not okay")" (Rudolph, 1988, p. 167.) Although this is a quote from nearly 20 years ago, for counselors operating from a conservative religious belief system, this conflict appears to still be relevant.

Attitudes Toward Sexual Minorities

A fundamental precept of any helping profession is to "Do no harm". However, research suggests, for counselors who hold homophobic, heterosexist attitudes, whether conscious or not, may do run the risk of violating this mandate. Mohr, Israel, & Sedlacek's (2001) study suggests counselors with negative attitudes regarding bisexuality may be more likely to view bisexual clients as having low levels of psychosocial functioning. Findings also suggest counselors holding these attitudes may be more likely to impose their personal values on a bisexual client, which would be a violation of the *ACA Code of Ethics*.

Casas, Brady, & Ponterotto (1983) found counselors who held stereotypic beliefs about homosexuals interfered with counselors' abilities to process accurate information about gay and lesbian clients. Furthermore, these counselors retained more information about gay and lesbian clients when that information was consistent with popular stereotypes of sexual minorities (Casas et al.)

While the ACA Code of Ethics discusses multicultural competence as encompassing GLBT issues, the argument can be made that being GLBT affirming goes beyond acceptance. Matthews, Selvidge, & Fisher (2005) suggest being GLB affirmative means valuing sexual orientation as an integral part of the client. It also includes using behaviors and language which clearly demonstrate this belief. Yet studies have found evidence of negative attitudes toward homosexuals and other sexual minority groups among helping professionals.

Matthews et al studied 179 certified or licensed addictions counselors (2005). This research indicated counseling centers and treatment agencies which create an affirming environment for sexual minority clients, tend to have counselors who are affirming with GLB clients. Furthermore, counselor attitudes and sexual minority affirming environments were predictive of affirmative behavior with GLB clients. It is interesting to note that some participants in this study seemed to struggle with the awareness that some of their beliefs were incongruent with the assumed "appropriate" response (Matthews et al, 2005).

Sear's 1992 study looked at students planning on going into teaching and found that 80% of these future teachers reported negative feelings toward homosexuals; 24% admitted they had doubts about being able to deal fairly with gay or lesbian students.

A 1983 study by De Crescenzo was designed to measure three different aspects of homophobia:

- 1) stereotype thinking—homosexuals viewed as "caricatures"
- 2) psychopathology—the degree to which homosexuality alone was seen as symptomatic of mental illness

- 3) general homophobia—closeted homophobia, expressed liberal views in some arenas, but have a personal unwillingness to be in close proximity to homosexuals.

The study found that people who personally knew gays and lesbians tended to see these groups as less sick, did not see them as stereotypes, and were generally less homophobic (De Crescenzo, 1983).

Religiosity and Attitudes Toward Sexual Minorities

While there have been some contradictory findings about the way in which religion impacts issues related to attitudes toward sexual minority groups, clearly there is a relationship. Some studies have suggested the frequency of attendance at religious services is related to levels of homophobia (Gentry, 1993; Seltzer, 1992). Other authors found religiosity, when measured by the frequency of attendance at religious services, was not associated with more negative attitudes toward homosexuals (Marsiglio, 1993; Grieger & Ponterotto, 1988).

Several studies have reported findings which indicate members of conservative religious groups tend to have more negative attitudes toward homosexuals (D'Augelli & Rose, 1990; Newman, 2002; Newman et al, 2002; Larsen, Cate, & Reed, 1983). Herek concluded in his factor-analytic study, people with less favorable attitudes toward lesbians and gay men are more likely to subscribe to a conservative religious ideology (1984). Ben-Ari's 2001 study with educators from college education, social work and psychology departments, found levels of religiosity to be significantly related to levels of homophobia.

A study by Schope and Eliason (2000) was designed to examine the relationship

between heterosexual students' attitudes toward homosexuals and homophobic and pro-gay helping behaviors engaged in over the previous year. Participants were 129 undergraduate psychology students at a Midwest university. Students were given an anonymous self-report questionnaire consisting of the following three sections: Background Information, Attitudes Toward Homosexuals, and Behavior Toward Homosexuals. The study found participants who identified as having fundamentalist or conservative religious beliefs were significantly more likely to engage in homophobic behaviors. Nearly 75% of those with fundamentalist beliefs had made an anti-gay joke or engaged in name calling against homosexuals. Around 33% of the respondents identifying as fundamentalist had threatened a gay person at least one time over the past year; for conservative and liberal identifying participants only 4% had engaged in threats. Participants with fundamentalist beliefs only made up 12% of the study sample, but they accounted for 50% of those who had threatened homosexuals (Schope & Eliason, 2000).

Another study examined the how religious affiliation and gender affected the attitudes of newly admitted students in social work or counseling programs (Newman, 2002). Eighty two schools with masters level accredited programs in social work and counseling participated in the study, resulting in 2,846 returned questionnaires. Of the returned surveys, 261 were not used because they reported a non-heterosexual orientation and the population of interest for this study was heterosexual students. The survey packet included an informed consent form, demographic questions, and the Attitudes Toward Lesbians and Gay Men Scale (ATLG). Religious affiliation was collapsed into the following six categories: Catholic, Jewish, no religion, Liberal Protestant, Moderate Protestant, and Conservative Protestant. Religions outside these categories were not used

in the analysis (Newman, 2002).

The results of the study found religious affiliation accounted for the most significant variance in the ATLG answers (Newman, 2002). Participants who identified as Conservative Protestant, scored significantly more negative in their attitude toward lesbians and gay men. Some notable limitations to this study are: only religious affiliation, not degree of religiosity was measured; and the relationship between attitudes and professional social work or counseling behaviors could not be determined (Newman et al). Another study found the religious values of family of origin significantly impacted the degree to which gay people were perceived as "sick" by a sample of mental health professionals (De Crescenzo, 1983).

A 2002 study assessed acceptance of lesbians and gay men among beginning social work students compared to beginning counseling psychology students (Newman et al, 2002). The sample included 2275 master level social work students and 562 counseling psychology students. Participants filled out a demographic form and the Attitude Toward Lesbians and Gay Men Scale (ATLG). The researchers conducted a general linear analysis of variance (ANOVA) using scores from the ATLG as the dependent variable. Fixed factors were: degree sought, race, gender, sexual orientation, and religious identity. They then examined interactions between the following: degree sought and religious identity; race and religious identity; gender and race; degree sought and race; and gender and religious identity. Religious identity accounted for the most variance in attitudes toward gays and lesbians. The findings suggested those who identified as Conservative Protestant were most likely to express negative attitudes, while those who identified as Jewish or as having no religion, had the most accepting attitudes

toward lesbians and gay men. Limitations to this study include it was not a random sample and prior experience with gay and lesbian individuals and culture (which has shown to have an effect on attitudes toward gays and lesbians) was not measured (Newman et al, 2002).

GLBT Issues in Counselor Training

Research suggests mental health professionals who are exposed to sexual minorities tend to see them as less sick, see them more as individuals and not caricatures, and are generally less homophobic than professionals who do not know gays or lesbians (De Crescenzo, 1983). In another study, counselor trainees who had a gay or lesbian friend scored significantly lower on scores of homophobia (Casas et al, 1983). Counselor training programs can provide this type of exposure to students by presenting factual information, theoretical material, and participative experience (De Crescenzo).

An article by Buhrke (1989) outlines ways to incorporate lesbian and gay issues into counselor training programs. These suggestions include providing opportunities in which:

1. Counselor educators point out heterosexist bias
2. Counseling students are able to determine when, or even if, the client's sexual orientation is the focus of counseling
3. Education about the lesbian and gay coming out process and GLBT identity models are provided
4. Education about marriage, family and couple counseling related to all relationships and specifically GLBT issues is available
5. Information about lesbian and gay men life span development is explored

6. Prejudice faced by sexual minority clients in the area of careers is discussed
7. Students are sensitive and aware about assessments in which significant others are generally referred to as members of the opposite sex

The practical implementation of the ACA Code of Ethics and the counseling profession's multicultural competencies can present a challenging balance act for some counselors. For counselors and even counseling students who have strong religious beliefs, it may be difficult to decipher the line between what is in the best interest of the client and what is discrimination. Some evidence suggests social work students who have religious views contradictory to the ACA's code of non-discrimination with regards to sexual orientation, simply "go underground" with their personal beliefs (Cain, 1996). It is possible that some counselors/counseling students may even believe they can simply refer all GLBT clients under the codes section about not practicing outside the scope of training. Given this situation, it is important to examine the legal and ethical implications for refusing to counsel GLBT clients.

Legal and Ethical Implications for Referring GLBT Clients

Case of Bruff v. North Mississippi Health Svcs., Inc. (2001)

In their article Herman & Herlihy (2006) outline the landmark case of Bruff v. North Mississippi Health Svcs., Inc. (2001). Bruff was one of three counselors employed by the Mississippi Medical Center employee assistance program. In 1996, Bruff counseled a client who, after many sessions, disclosed that she was a lesbian and wanted counseling to improve her relationship with her partner. While Bruff told the client she would counsel her on other issues, she also told the client she would NOT counsel her on this issue, because homosexuality conflicted with Bruff's personal religious beliefs.

Following this disclosure, Bruff scheduled another appointment for the client. The client never returned, but complained to her employer, who then filed a complaint with North Mississippi Medical Center, Bruff's employer.

Bruff's employer asked Bruff to document which employment duties she felt she should be excused from based on her religious beliefs. Bruff explained she wanted to be excused from working with clients who sought to improve their homosexual relationships and clients who wanted counseling for sexual relationships between unmarried couples. After attempting to make these accommodations for Bruff by giving clients with these issues to the other two counselors, Bruff's employer concluded it was simply not practically feasible. Bruff's employer sent her a letter outlining that refusing to treat a client on certain issues could be considered an ethical violation. Bruff was excused from her counseling responsibilities and put on unpaid leave (Herman & Herlihy, 2006).

Bruff appealed this decision to the VP of the medical center. After being asked if there were any other issues she would not help clients with, Bruff explained she would not counsel anyone on any issues which she believed to be contrary to her religious beliefs. The VP considered transferring Bruff to a Christian counseling position, but Bruff refused such a transfer. She was given 30 days to reconsider her decision, pursue a transfer, or resign. Bruff applied for one position, which was obtained by a better qualified candidate. Although another position did come open during the 30 days, Bruff did not apply and was subsequently terminated. Bruff then filed a federal suit, claiming her employer had violated her rights by not making accommodations for her religious beliefs. Although a jury initially found in Bruff's favor, the findings were reversed on appeal (Herman & Herlihy, 2006).

Consequences

In Bruff's case, the court found her position to be inflexible and not protected by law. The court believed her refusal to counsel clients on these issues had the potential to do harm to clients. The court also voted that refusing to counsel homosexual clients on relationship issues is a form of discrimination. Herman & Herlihy (2006) conclude, regardless of a counselor's religious beliefs, it is discriminatory to refuse to homosexuals or counsel on issues related to sexual orientation. The professional and legal standard is if counselors discriminate in this manner, they are subject to employment termination. Because the ACA Code of Ethics clearly addresses the issue of discrimination and the importance of not doing harm to clients, a counselor who refuses to counsel on GLBT issues could be found guilty of malpractice.

Conclusion

It is important to examine how counseling students, as future helpers, understand their professional responsibilities. Counselors are guided by the ACA Code of Ethics. The Code of Ethics has clear expectations regarding multicultural competencies, inclusivity, and non-discrimination. Counselors, and students, are to strive for self-awareness about how their personal values may impact their counseling abilities, their clients, and their perceptions of their clients. These values are supported and reinforced by CACREP, the accreditation council for counseling education programs.

While counselors are not to practice outside the scope of their competence, it is important for counseling students to realize, as responsible, professionals servicing diverse clients, it is incumbent upon them to continually strive for competence in areas where they may have deficits. As purveyors of mental health services, counselors are not

to abandon or neglect clients. There may be times a counselor refers a client, but only after careful reflection, conversations, and even supervision. Referrals are to be made only when it best serves the client, not when it serves only the counselor who would rather not counsel a certain individual or issue.

The literature demonstrates the need for helpful, competent counselors for GLBT clients. While attitudes among helpers have improved over the past couple of decades, there is still a demonstrable need for improvement in this area. Particularly when counselors or counseling students have strong religious beliefs which may run contrary to the idea of providing affirming counseling to GLBT clients and issues related to sexual orientation. It is also important for counseling students to clearly understand the legal and ethical consequences of refusing to counsel GLBT clients. To date, no research has been done to evaluate how counseling students' personal values may contribute to their decisions to simply not work with GLBT clients, by way of choosing to refer these clients to others counselors. This appears to be an area where further research is needed.

The good news is an abundance of research suggests these challenges can be addressed with positive outcomes for counseling students, their future clients, and the population at large. Education which promotes awareness and empathy may help counseling students struggling with these beliefs to see their client from a different perspective. For counseling students who have this conflict between religious beliefs and counselor responsibility, educational programs which include opportunities for inclusivity, self-awareness, interaction, and supervision may moderate this challenge and help these future counselors find an appropriate balance between their values and their responsibility to ALL their clients.

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