

# Affirmative Lesbian, Gay, and Bisexual Counselor Education and Religious Beliefs: How Do We Bridge the Gap?

Joy S. Whitman and Markus P. Bidell

The position held by the American Counseling Association, reflecting acceptance, affirmation, and nondiscrimination of lesbian, gay, and bisexual (LGB) individuals, has created conflicts for some trainees who hold conservative religious beliefs about sexual orientation. This article explores the counseling profession's evolution regarding LGB-affirmative counseling and examines the potential conflict this evolution can create for counselor educators who are training students with conservative religious viewpoints about sexual orientation. Recommendations for counselor educators to manage this dilemma are offered.

**Keywords:** lesbian, gay, bisexual, counselor education

Even though the counseling profession has been a leader in advancing lesbian, gay, and bisexual (LGB)-affirmative counseling and education, issues regarding LGB social justice advocacy persist in the mental health field (Institute of Medicine [IOM], 2011). This is especially apparent when conservative religious organizations portray LGB individuals as immoral or sinful, thus creating discordance and tension between the intersection of religious beliefs and professional values (Bowers, Minichiello, & Plummer, 2010). The conflict between conservative religious beliefs and LGB-affirmative practices presents an ethical dilemma for some practitioners and for the counseling profession as a whole (Bowers et al., 2010). The two legal cases motivating this special section exemplify the tension that can arise when LGB-affirmative counselor education is put into practice (*Keeton v. Anderson-Wiley*, 2010; *Ward v. Wilbanks*, 2010).

Although the *ACA Code of Ethics* (American Counseling Association [ACA], 2005) charges counselor educators with the responsibility to educate and train counseling students who are competent to serve LGB populations (Standards F.6.b. and F.11.c.), such efforts can be complicated when students hold and adhere to conservative religious perspectives about sexual orientation and, consequently, pathologize LGB individuals. The counseling field is still grappling with how to help such students reconcile their religious beliefs with their professional responsibility to provide competent, nondiscriminatory counseling services to LGB clients. The purpose of this article is to examine the advancement of affirmative LGB counselor education within the counseling profession, the ethical and professional mandates to do so, and the conflict this can engender among some who hold conservative religious viewpoints about LGB sexual orien-

tations. Specific to counselor educators and supervisors, the intersection of religious views and affirmative LGB counselor education and training are presented with recommendations.

## History: From Illness to Affirmation

The evolution of how the social science and mental health professions address sexual orientation rests on a history of viewing LGB individuals as mentally ill or disordered. The mental illness model of same-sex sexual orientation (i.e., homosexuality) was codified in the first two editions of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*; American Psychiatric Association [APA], 1952, 1968). Specifically, these early editions of the *DSM* identified homosexuality as one of the sociopathic personality disturbances. Bayer (1987) argued that the mental health professions' pathologizing of same-sex attraction and love reflected religious, legal, and societal biases concerning homosexuality and that the *DSM's* (APA, 1952) codification of homosexuality was then offered as a scientific basis for the assumed illness and treatment of LGB individuals. Treatments used various psychodynamic, aversive behavioral therapies and cognitive techniques aimed at changing a same-sex sexual orientation to a heterosexual one (Bayer, 1987).

The mental health professions' aberrancy and stigmatization of LGB sexual orientations has been based chiefly on preexisting moralistic viewpoints from multiple conservative religious faiths (Bayer, 1987; Herek, 2009; IOM, 2011). Within the field of religious studies, a considerable amount of attention has been paid to the relationship between conservative religious beliefs and prejudicial attitudes, behaviors, and responses toward LGB individual and social issues. It

**Joy S. Whitman**, Counseling Program, College of Education, DePaul University; **Markus P. Bidell**, Department of Educational Foundations and Counseling Programs, Hunter College of the City University of New York. The first author would like to acknowledge Timothy Horton for his assistance with this article, for helping gather background research and offering a graduate student's perspective on the content. The second author would like to acknowledge Lisa Thomas and Andrew Vaughn for their perspective and feedback regarding sensitivity to religious beliefs. Correspondence concerning this article should be addressed to Joy S. Whitman, Counseling Program, College of Education, DePaul University, 2247 N. Halsted Street, Chicago, IL 60614 (e-mail: jwhitman@depaul.edu).

is beyond the scope and focus of this article to address this area of study; instead, we refer readers to several key and comprehensive resources (Bayer, 1987; Bowers et al., 2010; Hunsberger & Jackson, 2005; IOM, 2011; Poteat & Mereish, 2012; Whitley, 2009).

Hooker's (1957) landmark research, demonstrating that homosexuality does not represent a clinical entity or pathology, was instrumental in the (a) removal of homosexuality from the *DSM* and (b) the 1973 acknowledgement by the APA that homosexuality is not a mental disorder. This historic advancement in LGB social justice resulted in the need to create ethical standards and practice guidelines by which counselors and other mental health professionals (i.e., psychologists, social workers, and psychiatrists) could counsel, research, and educate with regard to the treatment of LGB clients. Although the removal of homosexuality from the *DSM* was a historic and fundamental change, it marked only a beginning step toward the reeducation of counselors regarding clinical work with LGB clients.

To address this reeducation of mental health providers and the change in view of LGB identities as no longer disordered, research about LGB individuals increased and focused on the development of healthy LGB identities, family and relationship needs, mental health issues as a consequence of oppression, and affirmative mental health practices and education, to name a few (Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling [ALGBTIC], n.d.; Bidell, 2005; Bieschke, Perez, & DeBord, 2007; IOM, 2011; McCarn & Fassinger, 1996; Whitman, 1995). Specific to the counseling profession, ACA's Governing Council passed a resolution in 1998 with respect to sexual orientation and mental health. In this resolution, ACA affirmed its position (a) opposing portrayals of LGB individuals as mentally ill simply on the basis of their sexual orientation and (b) supporting the dissemination of accurate information about sexual orientation, mental health, and appropriate interventions. In 2004, ACA went a step further by adopting a set of competencies for LGB-affirmative practices and education that were created by ALGBTIC (formerly AGLBIC), a division of ACA. This set of competencies integrates the "attitude, knowledge, and skill competencies that counselors need to provide ethical, affirmative, and competent services to LGB clients" (Bidell, 2005, p. 268).

In 2005, ACA published a revised code of ethics. Among the changes evident in this revision was an increased emphasis on multicultural counseling, including counseling with LGB clients. The *ACA Code of Ethics* now offers guidelines for counselors and counselor educators to ensure ethical, competent delivery of services to clients and students who are LGB. Specifically, Standard A.4.b. emphasizes that counselors be aware of their values, avoid imposing their values on clients, and respect others' values. Standard C.5. also states that "counselors do not condone or engage in discrimination based

on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, **sexual orientation**, marital status/partnership, language preference, socioeconomic status or any bias proscribed by law" (p. 10, emphasis added). Other professional associations have incorporated similar standards into their guidelines, policy, and position statements (APA, 2012; American School Counselor Association, 2007; National Association of Social Workers, 1997).

In a related approach, the Council for Accreditation of Counseling and Related Educational Programs (CACREP), which accredits counselor preparation programs, incorporated similar expectations into its most recent accreditation standards. CACREP's *2009 Standards* now specifically address counselors' roles in gaining cultural self-awareness, eliminating biases and prejudices, obtaining skills to work with diverse populations, and working toward removal of oppression and discrimination. In the glossary of the *Standards*, CACREP lists sexual orientation within the multicultural categories of diverse populations and includes sexual orientation in its standards for school counseling and marriage, couples, and family counseling.

## ■ LGB-Affirmative Counseling and Conflicting Religious Views

Although the counseling profession as a whole has avowed the principles of LGB-affirmative practices and education, individual counselors and trainees often report feeling unprepared to provide informed treatment to LGB clients and attribute their lack of competence to their graduate training (Walker & Prince, 2010). The following research with the Sexual Orientation Counselor Competency Scale (SOCCS) (Bidell, 2005) offers some specific insight into the attitudinal awareness, knowledge, and skill competencies of counselors and trainees. Rock, Carlson, and McGeorge (2010) used the SOCCS to examine the sexual orientation counselor competency of 190 couple/family counseling students and found that the majority of trainees felt only somewhat competent to counsel LGB clients, with well over half (60.5%) reporting having received no LGB-affirmative counselor education. Studying over 200 counseling and psychology graduate students, Graham (2009) found that participants self-reported overall moderate levels of LGB counselor competency, with LGB skill competencies being the lowest. Also noteworthy, Graham found that counseling psychology students had higher SOCCS scores compared with those of counselor education participants. Counselor specialization can even affect SOCCS scores. Two recent studies (Bidell, 2012b; Farmer, Welfare, & Burge, 2013) found that school counseling students self-reported lower levels of sexual orientation counselor competency when compared to general community/agency students.

One obvious obstacle to LGB-affirmative counseling services and counselor training centers around holding personal

beliefs that conflict with viewing LGB sexual orientations as healthy and normal expressions of human intimacy and love. For counseling professionals, issues related to sexuality and sexual orientation can generate strong reactions that are often tied to deeply held religious beliefs and values (Fischer & DeBord, 2007). It is well established in the literature that conservative beliefs and religious orientations are strongly associated with more negative, moralistic, and prejudicial views about LGB issues and individuals among both counselors and those in the general public (Bowers et al., 2010; Herek, 2009; Hunsberger & Jackson, 2005; IOM, 2011; Poteat & Mereish, 2012; Rainey & Trusty, 2007; Satcher & Schumacker, 2009; Whitley, 2009). When religious beliefs are held strictly and inflexibly, counselors and counseling graduate students tend to demonstrate more biases against LGB people (Balkin, Schlosser, & Levitt, 2009).

Additional research (Rainey & Trusty, 2007; Satcher & Schumacker, 2009) has found that counselors who frequently attend church, report conservative political party affiliation, or have a limited number of LGB friends or acquaintances are far more likely to have negative attitudes toward LGB people. Furthermore, counselors' prejudice can negatively affect counseling practice. Examining over 700 couple and family clinicians, Henke, Carlson, and McGeorge (2009) found that counselors who held prejudicial views about LGB individuals reported significantly lower LGB counselor competency, especially regarding attitudinal awareness-based competencies. These findings illustrate the difficulty some counselors have in integrating their personal religious beliefs with the counseling profession's stance supporting LGB-affirmative services, research, and training.

The conflict between conservative religious beliefs and a professional counselor identity that supports LGB-affirmative counseling is also highlighted by the existence of conversion therapies (Schroeder & Shidlo, 2001; Throckmorton, 2002; Yarhouse & Throckmorton, 2002). Conversion or reparative therapies have been promoted by conservative mental health providers and religious organizations as a method to change LGB clients' sexual orientation from same-sex attractions to opposite-sex attractions. There has been an overwhelming dismissal and even condemnation of conversion therapies by the major national mental health organizations as scientifically unsupported at best and unethical or potentially harmful at worst (APA, 1998; American Psychological Association, 2009; National Association of Social Workers, 2000). Although it has not made a definitive statement about conversion therapy as harmful and to be avoided, ACA adopted a statement in 1999 "opposing the promotion of reparative therapy as a cure for individuals who are homosexual" (ACA, 1999, p. 9). In 2006, the ACA Ethics Committee "strongly suggest(ed) that ethical professional counselors do not refer clients to someone who engages in conversion therapy or, if they do so, [they should] proceed cautiously only when they are certain that

the referral counselor fully informs clients of the unproven nature of the treatment and the potential risks and takes steps to minimize harm to clients" (Whitman, Glosoff, Kocet, & Tarvydas, 2006, para. 14). Because conversion therapy is a religiously and not scientifically based practice, there is "no professional training condoned by ACA or other prominent mental health associations that would prepare counselors to provide conversion therapy" (Whitman et al., 2006, para. 11).

Conservative religious beliefs are also at the heart of the legal actions taken by two school counseling students against counselor education programs in Georgia and Michigan (*Keeton v. Anderson-Wiley*, 2010, at 3; *Ward v. Wilbanks*, 2010, at 3). On the grounds of religious freedom and freedom of speech, the students claimed that their counselor training programs unfairly discriminated against them. In both cases, the plaintiffs argued that their religious beliefs prohibited acceptance of LGB people as healthy and, in doing so, interfered with their ability to effectively counsel LGB clients. In *Keeton v. Anderson-Wiley* (2010), for example, Jennifer Keeton voiced her objection to homosexuality and expressed her view of it as immoral and in need of conversion. Such legal challenges bring to an apex the dilemma with which counselor educators are faced in the education of graduate students whose religious beliefs conflict with the profession's expectation that counselors be competent in providing affirmative counseling practices for LGB clients or, at the least, nondiscriminatory services to all clients regardless of sexual orientation.

## ■ Counselor Educators and LGB-Affirmative Counseling and Training

We define LGB-affirmative counselor education as a practice that adopts a science-based perspective of LGB sexual orientations as normal and healthy expressions of human development, sexuality, relationship, and love and that purposefully integrates and infuses this perspective into the counselor education curriculum, research, and clinical training. Furthermore, through policy and practice, affirmative LGB counselor education actively works to create a LGB-supportive and affirmative climate for prospective and current students, faculty, and staff. Such an approach encourages open, direct, and supportive dialogues and facilitates counselors' and trainees' education and growth regarding LGB-affirmative counseling.

The *ACA Code of Ethics* (ACA, 2005) directs counselor educators to respect trainees' experiences and value systems while also safeguarding the public against trainees who are not practicing competently with diverse client groups. Therefore, counselor educators must take a leadership role not only in teaching LGB-affirmative counseling, but also in addressing issues that can arise when religious views conflict with such education. Given the relatively recent position in the mental health field of same-sex and bisexual orientations as

normal and the long-standing conservative religious view of these attractions as sinful and immoral, it makes sense that counselor educators are not always prepared to manage the crisis this presents to students and the profession. Offering LGB-affirmative counselor education that respects students' conflicting values is imperative.

In the following section, we will make recommendations focused on LGB-affirmative counselor education as well as counselor educators' role in LGB training. These recommendations will be based on the literature regarding affirmative practices with LGB clients as well as multicultural counseling. The professional literature in each of these areas identifies approaches that can be integrated into counselor education programs and recommendations for addressing value conflicts with counselor education students.

## Recommendations for Counselor Educators and Counseling Programs

In order for counselor educators to implement changes in their programs that advance LGB-affirmative counseling and help students manage any conflict between professional and religious values, it is essential that they embrace their educative, mentoring, leadership, social advocacy, and gatekeeping roles. To effectively assume this role, counselor educators must be willing to examine their own beliefs, perspectives, and prejudices regarding LGB issues and individuals. Miller, Miller, and Stull (2007) conducted a study exploring the discriminatory behaviors of counselor educators and found that counselor educators described lower levels of bias and discrimination regarding race and gender and higher levels of bias and discrimination related to sexual orientation and social class. These researchers concluded that there is still "a need for counselor educators to continue examination of their prejudices and discriminatory behaviors, particularly those related to sexual orientation and social class" (p. 332). We therefore recommend that counselor educators take a leadership role and model professional values of self-exploration and social justice advocacy by examining and addressing their own biases and prejudice regarding LGB clients and affirmative counselor education.

Counselor educators must then engage in an overall assessment of their counselor education program to determine the specific level of LGB-affirmative counselor education integration. Adapting Sue's (1991) model for cultural diversity training could be an effective tool for counselor educators and help them in mapping out major programmatic and organizational concerns specific to LGB-affirmative counselor education. Sue's model incorporates a tripartite matrix to facilitate organizational cultural diversity by examining "an organization's functional focus (recruitment, retention, and promotion), barriers (differences, discrimination, and systemic factors), and cross-cultural competencies (beliefs/

attitudes, knowledge, and skill)" (p. 99). Using such a model would provide a comprehensive and systematic method to implement and evaluate various methods and approaches that enhance the LGB climate in counselor education programs. This includes attracting and recruiting LGB staff, students, supervisors, and educators.

Once counseling programs have systematically explored and integrated an LGB-affirmative counselor education model, we recommend that prospective students be provided with "informed consent" about the program to which they are applying. By this we mean that counselor education programs should actively convey their commitment to LGB-affirmative counselor education in their application and program materials as well as during student recruitment and orientation sessions. Researchers have found that professional psychology programs whose application and promotional materials incorporated ethnic/racial diversity content (i.e., diversity policies, minority financial aid, multicultural minors, and diversity training and student recruitment) had significantly higher ethnic/racial minority student enrollment (Bidell, Turner, & Casas, 2002). However, the researchers noted that "although numbers of LGB students were not available for comparison, we discovered that overall, LGB information was rarely included in application materials and was discussed much less frequently when compared with ethnic/racial minority information" (p. 102). An analysis of the LGB and diversity content of counselor education application, promotional, and web-based information is needed.

By providing such informed consent, counselor education programs can ensure that students with conservative religious views will be aware that the counselor education program to which they are applying infuses an LGB-affirmative approach in its curriculum, research, and clinical training. This approach is consistent with Tyler, Jackman-Wheitner, Strader, and Lenox's (1997) suggestion that a change-model approach, adapted from Prochaska and DiClemente's (1986) transtheoretical model of change, be taken when attempting to raise awareness of LGB issues with graduate counseling students. Because prospective students who hold conservative religious values may be at the precontemplation stage with respect to LGB issues, it is important for counselor education programs to explicitly communicate policies and mission statements that are LGB inclusive. We suggest that counselor education programs review and update their recruiting and application materials, websites, and mission statement to include LGB diversity information, policies, training, and research.

Another recommendation relates to the role of counselor educators in exposing students to new ways of conceptualizing the human condition and encouraging student exploration of how their personal values can affect their worldview. We recommend that education about LGB-affirmative responsibilities begins in introductory counseling courses so that students have adequate time and structure to engage in active

dialogue, learning, exploration, and understanding of LGB issues. Early and thoughtful introduction to LGB-affirmative counselor education means that counselor educators must include LGB content not only in the multicultural counseling course, but also across the entire counseling curriculum. In fact, a recent study (Bidell, in press) found that counseling “students that had not completed a multicultural counseling course did not differ significantly in their self-assessment of sexual orientation competency from those that had completed such a course” (Discussion, para. 5). Matthews (2005) offers an exhaustive discussion of how LGB issues can be infused across the curriculum, and others provide examples of stand-alone LGB workshops, trainings, and full-credit courses that have significantly improved students’ ability to provide competent counseling services to this population (Bidell, 2012a; Israel & Hackett, 2004; Kocarek & Pelling, 2003; Pearson, 2003; Rutter, Estrada, Ferguson, & Diggs, 2008; Whitman, 1995).

Infusing LGB content throughout the curriculum serves a variety of purposes for all students and especially for students who hold conservative religious values. First and foremost, it moves the issue of LGB-affirmative practices from the margins of counseling and human development conversations to a more central location within the practice of counseling. As such, it normalizes language; introduces students to issues pertinent to LGB clients; and builds knowledge, skills, and awareness across counseling topics. Introduction of LGB content early on and consistently throughout a counselor education program has the potential to help students who hold conservative religious views of LGB issues shift from precontemplation to contemplation (Tyler et al., 1997) more gradually and comfortably. If content and experiential activities and assignments are layered, students can integrate information and exposure to LGB issues over time, allowing for a gradual reconciliation of their internal conflict between religious and professional identities. However, the counselor education faculty members need to communicate, cooperate, collaborate, and be committed to meaningfully infuse LGB contact across a program.

## Recommendations for Addressing the Conflict With Students

Although the recommendations we offer for program and content changes are for the benefit of all counseling trainees, they may be especially helpful in educating students who struggle personally with the integration of their conservative religious views of LGB individuals with professional best practices. Rather than dichotomizing the issues for students, efforts should be made to present professional and ethical opportunities for self-exploration (Fischer & DeBord, 2007) by using variety of pedagogically sound methods. Fischer and DeBord (2007) recommend engaging in conversation

with students when “a conflict is perceived” between their religious values and their professional responsibilities (p. 318). We suggest inviting students to question their beliefs about same-sex attractions, which are often based on their religious education, and to review the professional literature on sexual orientation and evidence-based practices. For example, Worthington (2004) identified some common suppositions provided by conservative religious institutions such as (a) sexual orientations can be changed because they are a choice; (b) heterosexuality is biologically, psychologically, and morally superior; and (c) treatment to change a same-sex attraction is not only appropriate but to be supported.

It is important for students to understand that basing counseling interventions on religious tenets rather than psychological research can lead them to incompetent and unethical practice (Fischer & DeBord, 2007) and that there are reliable studies detailing the harm that results from such perspectives (Beckstead & Morrow, 2004; Schroeder & Shidlo, 2001). Referring students to the *ACA Code of Ethics* (ACA, 2005) and to the moral principle of nonmaleficence encourages students to assess their mandate to do no harm. Fischer and DeBord (2007) offer an ethical decision-making process that can be presented to students to help them understand how they can be professionals who hold religious values in their private lives while engaging in LGB-affirmative practices in their professional lives.

It is well established among counselors and those in the public that significantly less prejudice toward LGB individuals and issues is strongly associated with more LGB interpersonal contact (Bidell, 2005, 2012b; Herek, 2009; Rainey & Trusty, 2007; Satcher & Schumacker, 2009; Smith, Axelson, & Saucier, 2009). Either before or after offering scientific and professional research about same-sex attraction, empathy-building activities can be presented. There are a variety of ways to engender empathy. These include using role-plays (Kocarek & Pelling, 2003; Matthews, 2005); recommending fiction, movies, and songs of LGB individuals demonstrating both their struggles and accomplishments (Matthews, 2005; Pearson, 2003; Whitman, 1995); and providing LGB cultural immersion and contact (Burkholder & Dineen, 1996; Dillon, Worthington, Soth-McNett, & Schwartz, 2008; Pearson, 2003). Grounding their study on intergroup contact theory (Pettigrew, 1998), Heinze and Horn (2009) found that adolescents who reported having friends who are lesbian and gay resulted in less tolerance for unjust treatment of lesbian and gay people and more positive attitudes toward lesbian and gay individuals.

Contact with LGB people allows students to meet actual people who have a range of life experiences that include hardships specific to their minority sexual orientation (i.e., coming out, rejection, oppression, and discrimination) and helps students grasp the reality that LGB people are “going through life’s ups & downs the same as everyone else” (Grove, 2009, p. 82). Contact activities might include panel

discussions with counselor educators and supervisors who identify as LGB and who are willing to allow students to ask questions, as well as with LGB individuals who have struggled to integrate their religious and sexual identities.

The goal of such educational activities is to help counseling students develop an ability to reconcile their religious beliefs with their professional responsibilities to be able to provide ethical and competent services to LGB clients. When students shift from an “either/or” dichotomous view to one in which they can safely explore their personal and professional values, this reflects an important step toward becoming ethical, culturally competent counselors. Although this is ultimately a positive step, we suggest it is also important to be mindful of the experience of loss that can result from a change in perspective. Bartoli and Gilem (2008) discussed the loss of meaning for clients struggling to reconcile their religious and sexual identities, and it can be anticipated that students may experience something similar as they attempt to reconcile religious and professional identities. As a result of transforming their beliefs, students may find themselves feeling more distant from their religious community and family, and they may grapple with a changing worldview. This can be disorienting for students. Within conservative Christian religious traditions, individuals may experience such a shift as a “loss of faith” (Gonsiorek, 2004, p. 751). Such Christian students may find comfort in realizing that a “specific version of faith may be lost, but the loss is not one of Christian faith” (p. 751).

However, helping these students manage their faith development and potential loss may be beyond the scope of the counselor educator’s role and ability. In such cases, counselor educators have the obligation to provide students with referrals to counselors who are skilled in working with religious value conflicts. It may also be beneficial to connect students with religious leaders who can help them navigate the transformation of their beliefs. It is critical, however, that such referrals be only to those who will not reinforce biased approaches to affirmative LGB counselor education.

Finally, the counselor educator who can model empathy for these students’ struggle while also holding the goal of assisting them in developing ethical and competent practices will be in a position to effectively challenge and compassionately confront these students rather than alienate them. In addition to being careful to avoid dichotomizing the issue for students, counselor educators must also avoid engaging in privileging one identity (professional) over another (religious). Instead, as Bartoli and Gilem (2008) suggested in their work with clients, counselor educators can help students explore the meaning of their identities and hold the tension between what it means to be religious and a counseling professional. Providing an empathic stance allows for counseling students to struggle safely as they develop their beliefs about themselves and to experience the counselor educator as guide, mentor, and resource.

## Conclusion

The change from viewing LGB sexual orientations as mental illnesses to normal expressions of human intimacy and love laid the foundation for LGB-affirmative counseling and education. This transformation represents one of the most dramatic examples of social justice advocacy for human rights by the scientific and educational communities. The inclusion of curriculum in counselor education programs that assists counselors-in-training to become competent when working with LGB clients and students is not only essential, but also an ethical responsibility of counselor educators. The recommendations we offer are not exhaustive, and we encourage other counselor educators to add to these suggestions and conduct much needed research focusing on the issues raised in this article. Indeed, counselor educators must take a leadership role to help students manage conflicts between personal religious beliefs and their professional responsibility to provide LGB-affirmative counseling.

## References

- American Counseling Association. (1999, April). *ACA Governing Council minutes*. Retrieved from [http://www.counseling.org/Sub/Minutes/Governing\\_Council/1999\\_0412.pdf](http://www.counseling.org/Sub/Minutes/Governing_Council/1999_0412.pdf)
- American Counseling Association. (2005). *ACA code of ethics*. Alexandria, VA: Author.
- American Psychiatric Association. (1952). *Diagnostic and statistical manual of mental disorders*. Washington, DC: Author.
- American Psychiatric Association. (1968). *Diagnostic and statistical manual of mental disorders* (2nd ed.). Washington, DC: Author.
- American Psychiatric Association. (1998). “Reparative” therapy [Position statement]. Washington, DC: Author.
- American Psychological Association. (2009). *Resolution on appropriate affirmative responses to sexual orientation distress and change efforts*. Retrieved from <http://www.apa.org/about/governance/council/policy/sexual-orientation.aspx>
- American Psychological Association. (2012). Guidelines for psychological practice with lesbian, gay, and bisexual clients. *American Psychologist*, 67, 10–42. doi:10.1037/a0024659
- American School Counselor Association. (2007). *Position statement: Gay, lesbian, transgendered, and questioning youth*. Alexandria, VA: Author.
- Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling. (n.d.). *Competencies for counseling lesbian, gay, bisexual and transgendered (LGBT) clients*. Retrieved from [http://www.algbtic.org/images/stories/Competencies\\_for\\_Counseling\\_LGBT\\_Clients.pdf](http://www.algbtic.org/images/stories/Competencies_for_Counseling_LGBT_Clients.pdf).
- Balkin, R. S., Schlosser, L. Z., & Levitt, D. H. (2009). Religious identity and cultural diversity: Exploring the relationships between religious identity, sexism, homophobia, and multi-cultural competence. *Journal of Counseling & Development*, 87, 420–427.

- Bartoli, E., & Gilem, A. R. (2008). Continuing to depolarize the debate on sexual orientation and religion: Identity and the therapeutic process. *Professional Psychology, Research, and Practice, 39*, 202–209.
- Bayer, R. (1987). *Homosexuality and American psychiatry: The politics of diagnosis*. Princeton, NJ: Princeton University Press.
- Beckstead, L., & Morrow, S. L. (2004). Mormon clients' experiences of conversion therapy: The need for a new treatment approach. *The Counseling Psychologist, 32*, 651–690.
- Bidell, M. P. (2005). The sexual orientation counselor competency scale: Assessing attitudes, skills, and knowledge of counselors working with lesbian, gay, and bisexual clients. *Counselor Education and Supervision, 44*, 267–279.
- Bidell, M. P. (2012a). Addressing disparities: The impact of a lesbian, gay, bisexual, and transgender graduate counselling course. *Counselling and Psychotherapy Research Journal, 1*–8. doi:10.1080/14733145.2012.741139
- Bidell, M. P. (2012b). Examining school counseling students' sexual orientation and multicultural competencies through a cross-specialization comparison. *Journal of Counseling & Development, 90*, 200–207. doi:10.1111/j.1556-6676.2012.00025.x
- Bidell, M. P. (in press). Are multicultural courses addressing disparities? Exploring counseling and psychology student's LGB affirmative and multicultural competencies. *Journal of Multicultural Counseling and Development*.
- Bidell, M. P., Turner, J. A., & Casas, J. M. (2002). First impressions count: Ethnic/racial and lesbian/gay/bisexual content of professional psychology application materials. *Professional Psychology: Research and Practice, 33*, 97–103. doi:10.1037/0735-7028.33.1.97
- Bieschke, K. J., Perez, R. M., & DeBord, K. A. (Eds.). (2007). *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed.). Washington, DC: American Psychological Association.
- Bowers, R., Minichiello, V., & Plummer, D. (2010). Religious attitudes, homophobia, and professional counseling. *Journal of LGBT Issues in Counseling, 4*, 70–91.
- Burkholder, G. J., & Dineen, A. (1996). Using panel presentations to increase awareness of lesbian and bisexual people. *Journal of College Student Development, 37*, 469–470.
- Council for Accreditation of Counseling and Related Educational Programs. (2009). *2009 CACREP accreditation manual*. Alexandria, VA: Author.
- Dillon, F. R., Worthington, R. L., Soth-McNett, A. M., & Schwartz, S. J. (2008). Gender and sexual identity-based predictors of lesbian, gay, and bisexual affirmative counseling self-efficacy. *Professional Psychology: Research and Practice, 39*, 353–360.
- Farmer, L. B., Welfare, L. E., & Burge, P. L. (2013). Counselor competence with lesbian, gay, and bisexual clients: Differences among practice settings. *Journal of Multicultural Counseling and Development, 41*, 194–209. doi:10.1002/j.2161-1912.2013.00036.x
- Fischer, A. R., & DeBord, K. A. (2007). Perceived conflicts between affirmation of religious diversity and affirmation of sexual identity: That's perceived. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 317–339). Washington, DC: American Psychological Association.
- Gonsiorek, J. C. (2004). Reflections from the conversion therapy battlefield. *The Counseling Psychologist, 32*, 750–759.
- Graham, S. R. (2009). *Counseling competency with lesbian, gay, and bisexual clients: Perceptions of counseling graduate students* (Doctoral dissertation). Retrieved from <http://etd.auburn.edu/etd/handle/10415/1762>
- Grove, J. (2009). How competent are trainee and newly qualified counsellors to work with lesbian, gay, and bisexual clients and what do they perceive as their most effective learning experiences? *Counselling & Psychotherapy Research, 9*, 78–85.
- Heinze, J. E., & Horn, S. S. (2009). Intergroup contact and beliefs about homosexuality in adolescence. *Journal of Youth Adolescence, 38*, 937–951. doi:10.1007/s10964-009-9408-x
- Henke, T., Carlson, T. S., & McGeorge, C. R. (2009). Homophobia and clinical competency: An exploration of couple and family therapists' beliefs. *Journal of Couple & Relationship Therapy, 8*, 325–342.
- Herek, G. M. (2009). Sexual prejudice. In T. D. Nelson (Ed.), *Handbook of prejudice, stereotyping, and discrimination* (pp. 441–467). New York, NY: Psychology Press.
- Hooker, E. (1957). The adjustment of the male overt homosexual. *Journal of Projective Techniques, 21*, 18–31.
- Hunsberger, B., & Jackson, L. M. (2005). Religion, meaning, and prejudice. *Journal of Social Issues, 61*, 807–826. doi:10.1111/j.1540-4560.2005.00433.x
- Institute of Medicine. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: The National Academies Press.
- Israel, T., & Hackett, G. (2004). Counselor education on lesbian, gay and bisexual issues: Comparing information and attitude exploration. *Counselor Education and Supervision, 43*, 179–191.
- Keeton v. Anderson-Wiley, No. 1:10-CV-00099-JRH-WLB, 733 F. Supp. 2d 1368 (S.D. Ga., Aug. 20, 2010).
- Kocarek, C. E., & Pelling, N. J. (2003). Beyond knowledge and awareness: Enhancing counselor skills for work with gay, lesbian, and bisexual clients. *Journal of Multicultural Counseling and Development, 31*, 99–112.
- Matthews, C. (2005). Infusing lesbian, gay, and bisexual issues into counselor education. *Journal of Humanistic Counseling, Education & Development, 44*, 168–184.
- McCarn, S. R., & Fassinger, R. E. (1996). Revisioning sexual minority identity formation: A new model of lesbian identity and its implications for counseling and research. *The Counseling Psychologist, 24*, 508–534.

- Miller, K. L., Miller, S. M., & Stull, J. C. (2007). Predictors of counselor educators' cultural discriminatory behaviors. *Journal of Counseling & Development, 85*, 325–336.
- National Association of Social Workers. (1997). Policy statement: Lesbian, gay, and bisexual issues [approved by NASW Delegate Assembly, August 1996]. In *Social work speaks: NASW policy* (4th ed.). Washington, DC: Author.
- National Association of Social Workers. (2000, January). "Reparative" and "conversion" therapies for lesbians and gay men. Retrieved from <http://www.socialworkers.org/diversity/lgb/reparative.asp>
- Pearson, Q. M. (2003). Breaking the silence in the counselor education classroom: A training seminar on counseling sexual minority clients. *Journal of Counseling & Development, 81*, 292–300.
- Pettigrew, T. F. (1998). Intergroup contact theory. *Annual Review of Psychology, 49*, 65–85. doi:10.1146/annurev.psych.49.1.65.
- Poteat, V. P., & Mereish, E. H. (2012). Ideology, prejudice, and attitudes toward sexual minority social policies and organizations. *Political Psychology, 33*, 211–224. doi:10.1111/j.1467-9221.2012.00871.x
- Prochaska, J. O., & DiClemente, C. C. (1986). The transtheoretical approach. In J. C. Norcross (Ed.), *Handbook of eclectic psychotherapy* (pp. 163–199). New York, NY: Brunner/Mazel.
- Rainey, S., & Trusty, J. (2007). Attitudes of master's-level counseling students toward gay men and lesbians. *Counseling and Values, 52*, 12–24.
- Rock, M., Carlson, T. S., & McGeorge, C. R. (2010). Does affirmative training matter? Assessing CFT students' beliefs about sexual orientation and their level of affirmative training. *Journal of Marital & Family Therapy, 36*, 171–184.
- Rutter, P. A., Estrada, D., Ferguson, L. K., & Diggs, G. A. (2008). Sexual orientation and counselor competency: The impact of training on enhancing awareness, knowledge and skills. *Journal of LGBT Issues in Counseling, 2*, 109–125.
- Satcher, J., & Schumacker, R. (2009). Predictors of modern homonegativity among professional counselors. *Journal of LGBT Issues in Counseling, 3*, 21–36.
- Schroeder, M., & Shidlo, A. (2001). Ethical issues in sexual orientation conversion therapies: An empirical study of consumers. *Journal of Gay and Lesbian Psychotherapy, 5*, 131–166.
- Smith, S. J., Axelson, A. M., & Saucier, D. A. (2009). The effects of contact on sexual prejudice: A meta-analysis. *Sex Roles, 61*, 178–191. doi:10.1007/s11199-009-9627-3
- Sue, D. W. (1991). A model for cultural diversity training. *Journal of Counseling & Development, 70*, 99–105.
- Throckmorton, W. (2002). Initial empirical and clinical findings concerning the change process for ex-gays. *Professional Psychology: Research and Practice, 33*, 242–248.
- Tyler, J. M., Jackman-Wheatner, L., Strader, S., & Lenox, R. (1997). A change-model approach to raising awareness of gay, lesbian, and bisexual issues among graduate students in counseling. *Journal of Sex Education and Therapy, 22*, 37–43.
- Walker, J. A., & Prince, T. (2010). Training considerations and suggested counseling intervention for LGBT individuals. *Journal of LGBT Issues in Counseling, 4*, 2–17.
- Ward v. Wilbanks, No. 09-CV-11237, Doc. 139 (E.D. Mich., Jul. 26, 2010).
- Whitley, B. E., Jr. (2009). Religiosity and attitudes toward lesbians and gay men: A meta analysis. *International Journal for the Psychology of Religion, 19*, 21–38. doi:10.1080/10508610802471104
- Whitman, J. S. (1995). Providing training about sexual orientation in counselor education. *Counselor Education and Supervision, 35*, 168–176.
- Whitman, J. S., Glossoff, H. L., Kocet, M. M., & Tarvydas, V. (2006, July). Ethical issues related to conversion or reparative therapy. *Counseling Today, 14*–15.
- Worthington, R. L. (2004). Sexual identity, sexual orientation, religious identity, and change: Is it possible to depolarize the debate? *The Counseling Psychologist, 32*, 741–749.
- Yarhouse, M. A., & Throckmorton, W. (2002). Ethical issues in attempts to ban reorientation therapies. *Psychotherapy: Theory, Research, Practice, Training, 39*, 66–75.