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Exploring the relationships among practitioners' consultation skills, competence to counsel lesbian, gay, and bisexual clients, and attitudes toward transgender people

Jeff Moe, Dilani Perera-Diltz, and Narketta Sparkman-Key

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Exploring the relationships among practitioners' consultation skills, competence to counsel lesbian, gay, and bisexual clients, and attitudes toward transgender people

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ABSTRACT

Consultation is an intervention that can diffuse expertise in lesbian, gay, bisexual, transgender, and questioning (LGBTQ) issues throughout systems of care. Practitioners ($N = 145$) were surveyed on their lesbian, gay, and bisexual (LGB) counseling competence, attitudes toward transgender people, and consultation skills. Hierarchical multiple regression analysis identified that consultation competence significantly influenced ($p \leq .01$) LGB counseling skills over and above LGB knowledge and awareness, attitudes toward transgender people, and participant demographic characteristics. The domains of LGB competence and attitudes toward transgender people were also significantly correlated within the participant sample. Implications for practice, training, and future research are discussed.

KEYWORDS

LGB competence; transgender people; consultation; regression

The affirmation of lesbian, gay, bisexual, and transgender (LGBT) clients is widely supported as the standard of care across therapeutic professions, with counselors (Association for Lesbian, Gay, Bi-sexual, & Transgender Issues in Counseling [ALGBTIC] Task Force, 2013; Burnes et al., 2010), social workers (National Association of Social Workers [NASW], 2015), and psychologists (American Psychological Association [APA], 2012, 2015) supporting this standard for practice and training. Members of LGBT populations utilize mental health care services at higher rates than those identifying as heterosexual (Institute of Medicine [IOM], 2011). Reasons for which LGBT individuals seek out mental health counseling include coping with rejection from family and friends, suicidal ideation, depression, anxiety, and discrimination (LaMantia, Wagner, & Bohecker, 2015). Clients from LGBT populations are more likely to experience interpersonal hostility, violence, poverty, and job insecurity related to their LGBT status (IOM, 2011; Mink, Lindley, & Weinstein, 2014). Factors relating to coping with

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alcohol or drug abuse, intimate partner violence, and discrimination due to other marginalized minority identities, such as culture or immigration status, intersect with the stress of coping with societal heterosexism and transgender prejudice (LaMantia et al., 2015).

Investigations of LGBT physical and mental health emphasize the role of social environments (Mink et al., 2014), minority stress (Meyer, 2010), and internalized prejudice when conceptualizing LGBT development (Moe, 2016; O'Hara, Dispenza, Brack, & Blood, 2013). Minority stress involves how sociocultural minority groups experience stress reactions related to experiences of overt or subtle discrimination as they negotiate their development in an oppressive environment (Meyer, 2010; LaMantia et al., 2015). Internalized prejudice, often referred to as internalized homophobia or transphobia, is self-directed loathing and shame arising from negative appraisal of same-sex sexual and relational experiences or modes of gender expression contravening gender binary norms (ALGBTIC Task Force, 2013; APA 2012). Clinicians working with LGBT clients should recognize the impact of intersecting identities, a supportive or hostile environment, and stress resulting from discrimination when conceptualizing treatment plans and related interventions (Mink et al., 2014). Addressing the impact of the social environment upon the health and well-being of LGBT people, as members of as-yet stigmatized groups, requires providers to advocate for the standard of care to be adhered to within social service organizations, and to promote acceptance and inclusion of LGBT individuals in society (ALGBTIC Task Force, 2013; APA 2012, 2015; NASW, 2015). Providers practicing from the affirming standard of care are expected to (a) be aware of their own attitudes and potential biases related to LGBTQ individuals, (b) accept that the higher rates of distress evidenced by LGBTQ people are artifacts of oppression and concomitant minority stress, and (c) promote the valuing of LGBTQ people's experiences as normative manifestations of human diversity at the micro and macro levels of society (Love, Smith, Lyall, Mullins, & Cohn, 2015).

LGBT competence

Given the scope and maturity of the knowledge base supporting affirmation as the LGBT standard of care, provider competency with and attitudes toward LGBT people are important factors in the service utilization experience of these populations (Furman, Barata, Wilson, & Fante-Coleman, 2017; Love et al., 2015). Clients identifying as LGBT continue to report fear of rejection by practitioners as a chief concern when accessing services such as counseling or case management (Moe & Sparkman, 2015). Greater interest in the lived experiences and social inclusion of LGBT people

increases the need for competent practitioners, as LGBT clients become more comfortable disclosing their gender and sexual orientation diversity needs (Bidell, 2014; Furman et al., 2017). Formerly operating as a de facto practice specialty, LGBT competence has now developed into a core aspect of basic cultural competency applied to the needs of LGBT individuals (Moe & Sparkman, 2015). Building from the knowledge, awareness, and skills model (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015), the Association for LGBT Issues in Counseling (ALGBTIC) endorsed a competency framework for counselors working with lesbian, gay, and bisexual people (ALGBTIC Task Force, 2013) and a separate set of competencies for counseling transgender people (Burnes et al., 2010) that has some validity for adaptation to other social service disciplines. Specific curricula or training protocols based on the LGB competencies and transgender competencies have not been directly assessed.

It should be noted that the difference between sexual orientation/identity competence and transgender identity competence remains underresearched. Transgender and other gender-non-binary individuals face issues unrelated to those LGB individuals experience (O'Hara et al., 2013). Other domains of transgender competence to consider include assessing for gender dysphoria, the emotional, psychological, and medical issues associated with transitioning, and the distinct nature of the transgender coming-out process (e.g., pronouns, parents losing a son or daughter, the inability to hide this aspect from others; Singh, 2016). Training in LGB issues does not prepare providers for work with transgender and gender-nonbinary clients (O'Hara et al., 2013). Thus, it is important to assess competence in transgender client issues as a separate competency domain (Hill & Willoughby, 2005; Tebbe, Moradi, & Ege, 2014).

There are few studies based on researching the effect of training on promoting practitioners' LGBT competence. Rutter, Estrada, Ferguson, and Diggs (2008) report that student trainees in a counselor education master's program self-rated their skills with LGB clients as improved after receiving direct training in LGB issues using a pre- and posttest design. O'Hara and colleagues (2013) found that counselors-in-training struggled with identifying plans for action relative to counseling transgender individuals but agreed on the importance of self-awareness relative to anti-transgender bias. Neither Rutter and colleagues' (2008) study nor O'Hara and colleagues' (2013) study addressed the need to ensure that experienced providers, and not only trainees, are exposed to LGBT competence training. In a study of social service providers working in geriatric services settings, Leyva, Breshears, and Ringstad (2014) found that workshops helped increase providers' knowledge and awareness related to LGBT issues. The content of these workshops was not specified, however, and whether the

impact of the workshop was variable across different professional groups was not directly assessed (Leyva et al., 2014). The preferred method for ensuring that experienced practitioners realize LGBT competence remains under-theorized and under-researched. The goal of the present study was to explore the viability of consultation as an intervention for diffusing LGBT competence throughout existing systems of care, and thereby help address the gap in the literature on how to ensure that experienced social service providers develop skills for work with LGBT clients.

In summary, competence to provide services to LGBT individuals is a multidimensional and interdisciplinary framework. Competent providers respect within-group differences between populations of LGBT individuals, and respect that gender identity and sexual orientation are distinct aspects of human development (ALGBTIC Task Force, 2013). Awareness of common concerns, especially the experience of minority stress and social marginalization, should also be informed by an intersectional and systemic perspective that facilitates client empowerment (Mink et al., 2014). Providers with experience serving one group of LGBT people still need support, guidance, and accountability when attempting to serve other groups; this is especially evident as providers attempt to service trans-people of color (Singh, 2016), LGBT youths (Moe, Perera-Diltz, & Sepulveda, 2014), and LGBT senior citizens (Leyvas et al., 2015). Given the still emerging knowledge base on the complex and dynamic needs of LGBT people, the paradigm of collaborative consultation may serve as a preferred intervention for promoting competent and accountable services across health care, education, and social service systems.

LGBT competence and consultation

Consultation is supported conceptually as an important component of LGBT competence (ALGBTIC Task Force, 2013; Burnes et al., 2010). The practice of consultation involves action to benefit an identified client in collaboration with a consultee who works directly with the client (Sangganjanavanich & Lenz, 2012). Consultation as a practice for mental health services emerged when Gerald Caplan, a psychiatrist, became involved in improving mental health treatment in Israel shortly after this country was founded (Erchul, 2009). Unable to provide direct, individualized care to satisfy the needs of all clients, he sought an alternative to maximize his expert knowledge and discovered the impact of improving the capabilities of other mental health care providers through consultation as a solution to effectively serve a larger number of clients (Erchul, 2009). Similarly, practitioners with LGBT competence can provide consultation to

other service providers with limited expertise but the responsibility to serve LGBT clients.

Models of consultation share common process elements, including (a) joining with consultees to collaboratively define problems and implement solutions, (b) fostering, assessing, and terminating the consultation relationship, (c) ensuring the consultation relationship does not stand as a proxy for a consultee's own mental health needs, and (d) awareness of how to influence consultees and their local systems so as to maximum the benefit of the consultation relationship (Scott, Royal, & Kissinger, 2014). Consultation is a voluntary, nonhierarchical process that is adaptable to different social service organizations (Scott et al., 2014) and to relationships between different provider types (Sangganjanavanich & Lenz, 2012). With the increased emphasis on collaboration and integrated care extant in modern social service and health care systems (Sangganjanavanich & Lenz, 2012), consultation can extend practitioners' areas of respective competence outside of direct service provision (Erchul, 2009). Whether external or internal to a specific social service organization, consultants can coach providers to address different professional roles. For example, consultants can act as authoritative experts, process observers, and evaluators depending on the needs of consultees and their clients (Scott et al., 2014). Consultants can improve diagnostic assessment protocols for therapists working with transgender clients for the first time, encourage awareness of personal attitudes and biases for case managers who may not realize they are working with LGBT clients, or provide direct instruction to organizations on current issues and emerging nomenclature (ALGBTIC Task Force, 2013). Despite broad conceptual support for utilizing consultation to promote multicultural competence with LGBT individuals and communities, there is a dearth of empirical support linking consultation practice to LGBT competence. This is partially due to the lack of a measure operationalizing the practice of consultation skill or competence.

The under-theorized and under-researched link between consultation theory and LGBT competence is the focus of the present research study. To address this gap in the literature, the authors sought to address two goals: the first was to pilot a derived measure of theory-based consultation skills for practitioners, and the second was to assess whether scores on this piloted measure were related statistically to measures of LGBT competence. One measure was the LGB counseling competence scale developed by Bidell (2005, 2014). As this measure does not assess transgender competence, a separate measure was identified to assess anti-transgender bias. Like early work with attitudes toward lesbian, gay, and bisexual people (Hill & Willoughby, 2005), assessing providers' attitudes toward transgender people is an important step in researching ways to improve

competency when serving this highly stigmatized population. O'Hara and colleagues (2013) utilized the Genderism and Transphobia Scale (GTS: Hill & Willoughby, 2005) in a mixed-method study, reporting acceptable validity and reliability evidence with this measure in terms of assessing participants' negative biases toward transgender people. A revised version of the GTS was utilized for the present study to directly assess how attitudes toward transgender people were related to theory-based consultation skills separately from LGB counseling competence. Therefore, the acronym LGB will be used to describe the construct measured by the SOCCS, and the acronym LGBT will be used when discussing principles applicable to counseling and development issues common across sexual minority and gender diverse populations.

Based on the conceptual literature supporting consultation as an intervention in LGBT-affirmative practice, the authors hypothesized that participants' scores on the SOCCS and on the revised GTS would be positively related to scores on the derived measure of theory-based consultation skills. It was also hypothesized that scores on the awareness subscale of the SOCCS would be positively related to scores on the revised GTS. The hypothesis for the exploratory factor analysis of the theory-based consultation skills scale (CSS) is that a unitary factor structure would be stable. The guiding research question for the present study was, What are the relationships among providers' LGB counseling competence, attitudes toward transgender people, and theory-based consultation skills?

Method

Participants

A Web-based convenience sample of counseling providers was recruited for the present study. Of the 145 study participants, 86 (59%) identified as cisgender females, 46 (32%) as cisgender males, seven (5%) as gender nonbinary, two (1.5%) as transgender females, two (1.5%) as gender queer, one (.7%) as a transgender male, and 1 (.7%) as intergender. In terms of race/ethnicity, 115 (79%) indicated European/European-American, nine (6%) as African/African-American, nine (6%) as Latino/Latina, eight (5.5%) as multiple heritage, three (2%) as East Asian/East Asian-American, and one (.7%) as South Asian/South Asian-American. For sexual, relational, and affective orientation, 75 (52%) of participants identified as heterosexual, 28 (19%) as gay, 17 (12%) as lesbian, 14 (10%) as bisexual, six (4%) as pansexual, two (1.4%) as polyamorous, two (1.4%) as queer, and one (.7%) as asexual. For professional discipline, 72 (49%) identified as mental health counselors, 14 (9.05%) as college counselors, 15 (10.3%) as school counselors, 14 (12%) as counseling psychologists, 11 (9%) as substance abuse

therapists, and 19 (13.1%) as human service practitioners. For education, 79 (55%) of participants indicated holding a masters' degree, 47 (32%) a doctorate, 16 (11%) a bachelor's, and three (2%) an education specialist degree. Participant mean age was $M = 41.56$ ($SD = 13.18$), ranging from 22 to 92, and mean years of professional experience was $M = 9.8$ ($SD = 10.2$) ranging from 0 to 50.

Procedure

Upon approval from the human subjects review committee from the lead author's home institution, electronic versions of all measures (i.e., SOCCS, revised GTS, and CSS) as well as a demographic variables questionnaire (i.e., gender, counseling specialty, race/ethnicity, current age, years of professional experience, their highest educational degree, and sexual, relational, and affective orientation) were entered into www.SurveyMonkey.com for distribution. Participants were recruited through LISTSERVs dedicated to counseling professionals, and through e-mails, when available, to officers for professional associations. Informed consent was obtained electronically, with those indicating non-consent automatically directed to the end page of the survey. An incentive raffle to win one of three $25.00 electronic gift cards was offered to survey completers who voluntarily provided a reliable e-mail address. Of the 195 people who consented and began the survey, 145 (74%) completed all instruments sufficiently to be included in the data analysis. Due to the recruitment method, it is not possible to determine a response rate for counselors recruited from the e-mail LISTSERVs. Of the 383 e-mails generated to counselors who are officers of professional associations, 50 participants (13%) completed the survey.

Instruments

Demographic questions

A brief checklist was used to collect information about respondent gender identity, cultural background, sexual orientation, age, and years of experience. Previous research indicates that gender identity (Nagoshi et al., 2008), culture of origin (Newman, Dannenfelser, & Benishek, 2002), and sexual orientation (Bidell, 2005, 2014) each correlate with attitudes toward LGBTQ people and may influence practitioners' competence to work with LGBTQ clients. Each of these specific variables was recoded using a null-value constant coding scheme, where the dominant position (i.e., identifying as cisgender male versus other gender identities, identifying as heterosexual versus non-heterosexual, and identifying as European-American versus other cultural backgrounds) was coded as the referent group.

This coding scheme facilitated statistical adjustment of the influence of these variables on the relationship between the predictor of interest (i.e., consultation skills) and the criterion variable (LGB counseling skills).

Sexual Orientation Counseling Competence Scale (SOCCS)

The SOCCS consists of 29 items rated on a seven-point Likert-type scale with1 corresponding to "not at all true" and 7 corresponding to "totally true" (Bidell, 2005, p. 270). The SOCCS assesses a counselor's competence in working with LGB populations using a knowledge, attitude, and skills framework based on the Multicultural Counseling Competence Model (Bidell, 2005, 2014). In the initial SOCCS validation study, the internal consistency coefficient alpha reported was .90 for the entire scale and .76 for the knowledge subscale, .88 for the attitude subscale, and .91 for the skills subscale (Bidell, 2005). Furthermore, a one-week test-retest reliability correlation coefficient of .84 was reported (Bidell, 2005). There are two items with specific relevance to the present study. The first is item 3 of the skills subscale: "I check up on my LGB counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education" (Bidell, 2005, p. 279). The second is item 22 of the skills subscale, which is, "Currently, I do not have the skills or training to do a case presentation or a consultation if my client were LGB" (Bidell, 2005, p. 279). Identifying as LGB and completing more formal education were both positively correlated with SOCCS scores (Bidell, 2005).

The subscales for knowledge, attitude, and skills demonstrated convergent validity, respectively, with the Multicultural Counseling Knowledge Scale, Attitudes Towards Lesbians and Gay Men Scale, and Counselor Self-Efficacy Scale (Bidell, 2005). Internal consistency Cronbach alpha value for the present study participants' SOCCS total score was .85, with .66 for the knowledge, .77 for the awareness, and .86 for the skills subscales. It is important to note that the knowledge subscale internal consistency estimate of .66 is below the recommended cutoff of .7 for scale reliability, but that estimates of .6 or higher can be considered acceptable when research is considered exploratory as is the case in the present study (Loewenthal, 2004).

Genderism and Transphobia Scale – Revised (GTS-R)

The GTS-R is designed to assess a broad range of subtle and overt anti-trans attitudes, and is comprised of 22 Likert-type items rated on a seven-point scale where 1 indicates strongly agree and 7 indicates strongly disagree. Ratings on all items except for items 4 and 16 are reversed before scoring. The GTS (Hill & Willoughby, 2005) was revised to address

inconsistencies reported by scholars concerning the internal structure of the original GTS. The GTS-R was confirmed to have a stable two-factor solution in a sample of 314 undergraduate college students (Tebbe et al., 2014). The first factor of the scale assesses genderism and transphobia, or the degree to which respondents have internalized negative biases toward individuals not conforming to patriarchal gender binary roles (Hill & Willoughby, 2005). This factor contains 17 items in the GTS-R scale, all loading at .57 or higher (Tebbe et al., 2014). The second factor, gender-bashing, contains five items and assesses the propensity to commit overt acts of aggression toward transgender people (Tebbe et al., 2014). The GTS-R demonstrated acceptable convergent validity with other measures of prejudice including sexism, anti-LGB attitudes, and ethnocentrism (Tebbe et al., 2014). Scores on the GTS-R can be totaled or analyzed as subscales representing the two factors (Tebbe et al., 2014). The present study used participants' total scores on the GTS-R. Internal consistency Cronbach's alpha for the total scores in the current participant sample was .71, which is considered acceptable (Tabachnik & Fidell, 2013).

Theory-based Consultation Skills Scale (CSS)

The CSS was developed using a rational-empirical approach to item construction. Items were generated after review of: (a) literature on consultation in professional counseling journals, (b) the Consultation Self-Efficacy Scale (Guiney et al., 2014) designed to assess school psychologists' consultation abilities, and (c) several popular textbooks on consultation for helping professionals. The goal of assessing practices that distinguish consultation from other professional helping services (e.g., use of advanced attending skills) guided item construction. To maximize the likelihood that respondents were familiar with the skills and interventions common across models of consultation practice, items targeted a broad base of consultations skills. A pool of 25 items was generated using the focus described earlier, and these items were shared with five counselor educators considered experts on consultation. Feedback from this process facilitated elimination of several items deemed too complex or as having poor validity.

The resulting 19 Likert-type items CSS, rated on a four-point scale ranging from 0 corresponding to strongly disagree to 3 corresponding to strongly agree, were piloted. Exploratory factor analysis (EFA), using maximum likelihood extraction with direct oblimin rotation, converged after four iterations, with two factors corresponding to eigenvalues greater than 1.0. The first factor accounted for 64% of variance in the data set, and a second factor comprised only two items and accounted for 5% of variance. Examination of the scree test, and consideration of the guideline that factors should contain at least three items (Field, 2013), supported

Q13 **Table 1.** Factor loadings for the 19-item CKSS with direct oblimin rotation.

Item	Factors: 1	2
1. I am familiar with the tenets of mental health consultation.	.559	−.160
2. I know how to address consultees' skill deficits for work with their identified clients.	.669	−.160
3. I know how to tap into and rely upon expert power.	.058	−.872
4. I know how to tap into and rely upon referent power.	.149	−.839
5. I know how to help consultees improve programming issues for work with identified clients.	.662	−.244
6. I can create and maintain triadic helping relationships among consultees, identified clients, and myself.	.695	−.230
7. I know how to develop a consultation contract.	.825	.102
8. I am familiar with the tenets of behavioral consultation.	.728	.034
9. I know how to apply established problem-solving models to address consultee concerns.	.752	−.102
10. I am familiar with the tenets of systems consultation.	.843	.070
11. I know how to operate as an external consultant.	.849	.016
12. I know how to operate as an internal consultant.	.854	.013
13. I know how to assess the culture and climate of consultee organizations.	.946	.160
14. I can conceptualize consultee issues in terms of multicausality and systemic relationships.	.844	.098
15. I am effective at joining with consultees, whether individuals or organizations.	.814	−.027
16. I can help consultees see the function of their identified clients' problem behaviors.	.861	−.025
17. I can address theme interference effectively with consultees.	.804	−.037
18. I conceptualize the consultation process in terms of joining, problem definition, assessment, intervention, evaluation, termination, and follow-up.	.738	−.157
19. I create coordinate relationships with consultees.	.721	−.126

conceptualizing the CSS as a single factor measure of consultation skills. After eliminating the two items loading on the second factor, the EFA was re-computed. This re-computation identified a single factor with an eigenvalue greater than 1.0. The Kaiser-Meyer-Olkin (KMO) index for determining sampling adequacy was reviewed. The KMO measure of the 17 items' EFA was .95, which is considered acceptable for factor analysis (Tabachnik & Fidell, 2013). The CSS administered to the participant sample included these final 17 items (see Table 1). The internal consistency Cronbach's alpha value for the 17-item CSS from the present sample was .97. Q12

Power analysis

An *a priori* power analysis was completed using the G*Power (Faul, Erdfelder, Buchner, & Lang, 2009) computer program to determine the minimum sample size necessary to ensure a power level of .8 or higher. The input for the program included a significance level of $p < .01$ to interpret results and one predictor of interest (consultation skills). Other predictors included the dichotomized culture, gender, and sexual orientation variables. Respondent years of experience, along with scores on the knowledge and awareness subscales, were also input as predictors to adjust for

their influence on the relationship between the predictor of the interest and the criterion. The power analysis relied on estimation of a moderate effect size between the predictor of interest and the criterion. With these parameters, a minimum sample size of 82 was identified to realize Cohen's (1988) target of an acceptable power level of .8.

Results

Descriptive statistics

Means and standard deviations were computed for the SOCCS subscales, the GTS-R total score, the CSS, and years of experience. Participants' mean score on the SOCCS knowledge subscale was $M = 41.5$ ($SD = 6.5$), the SOCCS awareness subscale was $M = 67.9$ ($SD = 4.6$), and the SOCCS skills subscale was $M = 57.5$ ($SD = 13.8$). The mean from the GTS-R total scale (non-transformed) was $M = 38.1$ ($SD = 7.6$). Finally, the participants' mean scores on the CSS was $M = 34.3$ ($SD = 12.9$). The variables entered into the regression equation, including SOCCS subscales, GTS-R total score, the CSS scores, and years of experience, were assessed for normalcy, skewness, kurtosis, linearity, independence, and homoscedasticity; all except the GTS-R scores were within acceptable parameters. Scores on the GTS-R were positively skewed and leptokurtotic, clustering in the lower range. The GTS-R scores were transformed so that their inverse was used in the regression equation; the inverse scores had more acceptable skewness and kurtosis levels. Collinearity diagnostics computed in SPSS were reviewed, and no tolerance levels at or near zero were identified.

Correlations

The Pearson correlation coefficients between study variables were computed to assess multicollinearity assumptions for the hierarchical multiple linear regression analysis (see Table 2). For the correlational and regression analyses, gender was re-coded as cisgender male (or not), sexual-relational orientation was re-coded as non-heterosexual (or not), and race/ethnicity was re-coded as European heritage (or not) to analyze the dominant culture data, specifically heterosexual White male data. Only the significant correlational relationships are reported here. Higher consultation skills scores were associated with higher SOCCS skills, and this relationship was positive and moderate. Correlations between participants' scores on the subscales of the SOCCS were positive (see Table 2), evidencing small correlation coefficients between LGB counseling knowledge, awareness, and skills that are consistent with previous research (Bidell, 2005). Scores on GTS-R and the SOCCS awareness subscale evidenced a moderate,

Table 2. Intercorrelations for dummy-coded and continuous variables ($N = 145$).

	1	2	3	4	5	6	7	8	9
1. Gender	–	.17*	.19*	.19*	.14	.02	.00	.08	.23**
2. Culture		–	.19*	.08	.20*	.29**	.09	.08	.22**
3. Orientation			–	.01	.40**	.25**	.34**	−.11	.33**
4. Experience				–	.04	.05	.10	.34**	.29**
5. LGB Know					–	.30**	.19*	.04	.32**
6. LGB Aware						–	.58**	.16	.21*
7. Anti-Trans Bias							–	.16	.33**
8. Consultation								–	.45**
9. LGB Skills									–

Note. Gender =1 for male, 0 for all other genders; Culture =1 for majority culture, 0 for all other cultures; Orientation =1 for non-heterosexual, 0 for heterosexual; Experience = years of professional experience as a counselor; LGB Know = the Knowledge subscale of the Sexual Orientation Counselor Competency Scale; LGB Aware = the Awareness subscale of the Sexual Orientation Counselor Competency Scale; Anti-Trans Bias = the transformed score of the Genderism and Transphobia Scale-Revised; Consultation = the 17-item Theory-Based Consultation Skills Scale; LGB Skills = the Skills subscale of the LGB Counselor Competency Scale.
*$p < .05$., **$p < .01$.

positive relationship. Recalling that the transformed GTS-R was inverted to reduce skewness and kurtosis, the correlations should be interpreted to mean that lower ratings of anti-transgender bias were associated with higher ratings of SOCCS scores on all subscales and were more strongly correlated to the SOCCS awareness sub-scale scores. Correlations between participants' transformed scores on the GTS-R, whether participants identified as non-heterosexual, and participant scores on the SOCCS knowledge and skills subscales were significant, positive, and in the small range. Identifying as cisgender male, as of European heritage, and as heterosexual were all significantly associated with lower scores on the SOCCS skills subscale. Finally, experience demonstrated positive, small relationships to consultation competency and to the SOCCS skills scale.

Hierarchical multiple regression

A hierarchical multiple regression analysis was conducted to assess if participants' professional consultation skills predicted their LGB counseling skills. All variables were entered into steps based on conceptual similarities to each other and *a priori* theorized relationships to variables in later steps. The first step (see Table 3) consisted of the dichotomized gender, culture, and sexual-relational orientation variables along with years of experience; these represent individual differences traits found to be correlated in the present study with the criterion variable. Variables entered at the second step included participants' SOCCS knowledge and awareness scores, representing moderately correlated domains of LGB competence that were also correlated with the criterion. The third step consisted of the transformed GTS-R scores, and the fourth and final step consisted of scores from the measure of consultation skills. Recalling that the skills subscale of the SOCCS contained an item directly addressing consultation, this regression

Table 3. Hierarchical multiple regression for consultation skills on LGB competency skills, adjusting for anti-transgender bias, LGB awareness and knowledge, professional experience, and participant demographic variables.

Variables	B	SEB	β	R^2	$R^2\Delta$
Step 1				.22	.22***
Culture	3.1	2.4	.09		
Gender	2.1	2.1	.07		
Orientation	7.6	2.1	.28***		
Experience		.15	.10	.11	
Step 2				.25	.03
LGB Awareness	.04	.22	−.01		
LGB Knowledge	.33	.16	.16***		
Step 3				.26	.01
Anti-Trans Bias	−.98	1.5	−.05		
Step 4					
Consultation Skills	.42	.07	.43***	.41	.15***

***$p < .001$.

model was used to clarify the relationship between this subscale and the CSS scores over and above awareness and knowledge variables. The prediction model incorporates the emphasis in the revised multicultural counseling competencies (Ratts et al., 2015) and the LGBT competency literature that stress the importance of skills and action when working with members of oppressed populations (ALGBTIC Task Force, 2013). It also permits examination of how each separate variable contributed to the prediction of LGB counseling skills (Tabachnik & Fidell, 2013).

Participants' consultation skills scores did significantly predict LGB counseling skills (see Table 3), accounting statistically for the effects of identifying as cisgender male, European heritage, non-heterosexual, years of experience, LGB knowledge, LGB awareness, and attitudes toward transgender people, $F(8, 136) = 11.83$, $p < .001$, 99% CI [.246, .651]. The beta weight for the effect of consultation skills was t (5.77) = .41. The unique influence of consultation skills in the prediction of variance in LGB counseling skills was R^2 $\Delta = .15$ or 15%, indicating an effect size in the moderate range according to Cohen's (1988) cutoff of .15 for moderate effect sizes. As part of the regression model, participants' anti-transgender bias did not predict their LGB counseling skills at the level of $p < .01$. The results of the regression analysis support tentative rejection of the null hypothesis and acceptance of the research hypothesis.

Discussion

Guidelines typically place the emphasis on clinicians to seek consultation when they become aware of competency deficits; however, best practices in providing LGBT-affirming consultation have not been articulated.

This study focused on whether the capability to provide consultation is itself related to the knowledge, awareness, and skills comprising competence with counseling LGBT clients. Findings from this study suggest that LGB counseling skills are related to consultation skills. We found a significant predictive relationship between participant scores on a derived measure of consultation skills and their LGB counseling competence skills, as measured with the SOCCS skills subscale. This result provides initial evidence for the models in the literature that emphasize consultation as essential for competent counseling with LGBT clients. The lack of significant relationships between the GTS-R scores and consultation skills is inconclusive, as the GTS-R is a measure of anti-transgender bias operationalized as attitudes and beliefs and not necessarily counseling skill.

The GTS-R demonstrated validity evidence for awareness of anti-transgender bias. The moderate relationship between participants' anti-transgender bias (measured with the GTS-R) and the awareness subscale scores of the SOCCS demonstrates validity evidence for both measures. The SOCCS awareness subscale has previously been associated with overall multicultural counseling awareness (Bidell, 2005). The distribution of scores on the GTS-R data implies that the participant sample demonstrated low anti-transgender bias as a group. However, literature indicates that helping professionals with advanced levels of educational achievement often struggle with subtle biases related to transgender individuals, while rejecting more overt examples of bias (O'Hara et al., 2013). It is possible that as providers are increasingly expected to demonstrate competence in affirming practice, instruments capable of assessing for subtle and unconscious biases are more valuable when researching social services practitioners. Currently, no tool is designed or calibrated to assess biases that are largely outside of respondents' awareness. Direct observation as a training protocol may also be called for to better evaluate providers' attitude towards working with LGBT people. For the present sample, anti-transgender bias was more strongly related to LGB counseling awareness than to knowledge or skills. This finding provides further empirical support for development of a transgender counseling competence measure that assesses all three domains of competency in a manner similar to the SOCCS. A measure based on assessing subtle anti-transgender biases, as well as transgender counseling skills (and not only attitudes), would help fill the knowledge gap on counselors' transgender counseling competence. Personal demographic variables also indicated differing LGB counseling skills levels. While experience increased the LGB counseling skill level, those identifying as cisgender male, as of European heritage, and as heterosexual were all significantly associated with lower scores on the SOCCS skills subscale.

Implications for practice and training

The association of consultation skill with LGB competence is promising for the development of instruction to produce more LGB-competent practitioners. Specialists in LGBT issues may be encouraged to strengthen their own theory-based consultation skills, as doing so could help facilitate implementation of counseling practice in comportment with the LGBT-affirming standard of care. For addressing individual practitioner skill deficits related to work with LGBT, we recommend that specialists in LGBT issues consider the consultee-centered mental health consultation (Erchul, 2009) framework developed by Gerald Caplan. Caplan's framework emphasizes a collaborative approach leading to the practitioner becoming effective not only in serving the current client, but also providing effective services for similar problems to future clients (Erchul, 2009; Scott et al., 2014). Models of systemic/organizational consultation may supplement training in mental health consultation by supporting the abilities of LGBT specialists to act as agents of social change in keeping with competency frameworks, including the ALGBTIC Task Force (2013) competencies and the revised multicultural and social justice advocacy competencies (Ratts et al., 2015).

Limitations

The focus of the present research was to establish a link between consultation skills and LGBT competence. Hence, this study is best viewed as an exploratory research approach due to its use of a cross-sectional survey where results were analyzed *ex post facto*. Causal assumptions were not assessed and cannot be determined. The question of whether engagement in LGBT consultation improves counseling practice, or LGBT client outcomes, was not assessed in this study. The sample size and sampling method used limit the generalizability of findings beyond population samples closely matching the present one. Furthermore, relationships between all variables of interest to the study are best seen as mutually influential. The relationships evidenced between variables in the present study may be due to factors not assessed and not included in the demographic questionnaire. The CSS as a measure shows potential, but more validity evidence supporting its use needs to be collected. The skill-oriented nature of the CSS may have increased the likelihood that participants' SOCCS skills subscale scores and their CSS scores would correlate.

Future directions

The relationship of interest to the present study linking consultation skills to LGB counseling competence should be replicated. Further lines of

inquiry could expand to include religious and spiritual beliefs as a potential mediating or moderating factor in future studies; Bidell (2014) found that conservative religious views and conservative political beliefs were inversely related to LGB competence. Future validation studies could investigate how the CSS assesses practitioners' consultation skills in relation to closely related competency domains such as clinical supervision. Deeper inquiry based on qualitative traditions into the lived experience of counselors who are LGBT specialists, and how they provide consultation in their specialty to other counselors, may help identify other components of LGBT-affirming consultation besides model-based skills. The association between LGB counseling awareness and anti-transgender bias should also be a source of continued investigation. Awareness of anti-transgender bias should be viewed as one component of transgender counseling competence, to be assessed with other facets including transgender counseling knowledge and skills. Development of a valid assessment of transgender counseling skill competence is also needed.

Along with training in classic models of consultation, the association between consultation skills and LGB counseling competence suggests that development of a LGBT-specific consultation model may be warranted. Such a model could integrate elements of classic consultation models (e.g., consultee-centered mental health consultation) with principles from queer theory, LGBT-affirming counseling practice, and the multicultural-social justice counseling framework. Premises such as viewing the role of the consultant as that of an ally to historically marginalized groups, viewing individuals as embedded in social systems and contexts, and that social change interventions are equally important to interpersonal support would all seem like logical elements of such an LGBT consultation model. A measure specifically designed to assess LGBT consultation competence may also more accurately assess the relationships identified in the present study.

Conclusion

Counseling practice that is affirming of LGBT individuals is now recognized as the standard of therapeutic care (American Counseling Association [ACA], 2014; ALGBTIC Task Force, 2013; Burnes et al., 2010). Consultation is widely recognized in conceptual scholarship as a path to help individual counselors augment their own competence with LGBT populations (ALGBTIC Task Force, 2013; Burnes et al., 2010), although to date no empirical study had assessed the relationship between competent counseling skills with LGBT clients and consultation skills. Our findings indicate consultation skills and competent LGB counseling skills have a significant predictive relationship. The lack of relationship between anti-transgender

bias and LGB counseling skill provides evidence for viewing these two areas as separate domains of competent and affirming practice. Based on our results, we recommend that counselors seeking to augment their own LGBT competence should engage in consultation with LGBT specialists. Further research is needed to support our findings and to confirm the relationship between expertise in consultation and competency working with LGBT clients.

References

American Counseling Association. (2014). *ACA 2014 code of ethics*. Alexandria, VA: Author. Retrieved from http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4

American Psychological Association. (2012). Guidelines for psychological practice with lesbian, gay, and bisexual clients. *American Psychologist*, *67*(1), 10–42. doi:10.1037/a0024659

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, *70*(9), 832–864. doi:10.1037/a0039906

Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling Task Force. (2013). Competencies for counseling with lesbian, gay, bisexual, queer, questioning, intersex and ally individuals. *Journal of LGBT in Counseling*, *7*, 2–43. doi:10.1080/15538605.2013.755444

Bidell, M. (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*(4), 267–279. doi:10.1002/j.1556-6978.2005.tb01755.x

Bidell, M. P. (2014). Personal and professional discord: Examining religious conservatism and lesbian-, gay-, and bisexual-affirmative counselor competence. *Journal of Counseling & Development*, *92*(2), 170–179. doi:10.1002/j.1556-6676.2014.00145.x

Burnes, T., Singh, A., Harper, A., Harper, B., Maxon-Kann, W., Pickering, P., … Hosea, J. (2010). American Counseling Association competencies for counseling with transgender clients. *Journal of LGBT Issues in Counseling*, *4*(3-4), 135–159. doi:10.1080/15538605.2010.524839

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.

Erchul, W. P. (2009). Gerald Caplan: A tribute to the originator of mental health consultation. *Journal of Educational and Psychological Consultation*, *19*(2), 95–105. doi:10.1080/10474410902888418

Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, *41*(4), 1149–1160. doi:doi:10.3758/BRM.41.4.1149

Field, A. (2013). *Discovering statistics using IBM SPSS statistics* (4th ed.). Thousand Oaks, CA: Sage Publications.

Furman, E., Barata, P., Wilson, C., & Fante-Coleman, T. (2017). "It's a gap in awareness": Exploring service provision for LGBTQ2S survivors of intimate partner violence in Ontario, Canada. *Journal of Gay & Lesbian Social Services*, *29*(4), 362–377. doi:10.1080/10538720.2017.1365672

Guiney, M. C., Harris, A., Zusho, A., & Cancelli, A. (2014). School psychologists' sense of self-efficacy for consultation. *Journal of Educational and Psychological Consultation*, *24*(1), 28–54. doi:10.1080/10474412.2014.870486

Hill, D., & Willoughby, B. (2005). The development and validation of the Genderism and Transphobia Scale. *Sex Roles*, *53*(7–8), 531–544. doi:10.1007/s11199-005-7140-x.

Institute of Medicine. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, D.C.: The National Academy.

LaMantia, K., Wagner, H., & Bohecker, L. (2015). Ally development through feminist pedagogy: A systemic focus on intersectionality. *Journal of Lesbian, Gay, Bisexual, & Transgender Issues in Counseling*, *9*(2), 136–153. doi:10.1080/15538605.2015.10292015.

Loewenthal, K. M. (2004). *An introduction to psychological tests and scales* (2nd ed.). Hove, UK: Psychology Press.

Love, M., Smith, A., Lyall, S., Mullins, J., & Cohn, T. (2015). Exploring the relationship between gay affirmative practice and empathy among mental health professionals. *Journal of Multicultural Counseling & Development*, *43*(2), 83–96. doi:10.1002/j.2161-1912.2015.00066.x

Meyer, I. (2010). Identity, stress, and resilience in lesbian, gay men, and bisexuals of color. *Counseling Psychologist*, *38*(3), 442–454. doi:10.1177/0011000009351601

Mink, M., Lindley, L., & Weinstein, A. (2014). Stress, stigma, and sexual minority status: The intersectional ecology model of LGBTQ health. *Journal of Gay & Lesbian, Social Services*, *26*(4), 502–521. doi:10.1080/10533720.2014.953660

Moe, J. (2016). Wellness and distress in LGBTQ populations: A meta-analysis. *Journal of Lesbian, Gay, Bisexual, & Transgender Issues in Counseling*, *10*(2), 112–129. doi:10.1080/15538605.2016.1163520

Moe, J., Perera-Diltz, D., & Sepulveda, V. (2014). Beyond competence: Fostering LGBTQQI ally development through supervision. *The Journal of Lesbian, Gay, Bisexual, & Transgender Issues in Counseling*, *8*(4), 389–401. doi:10.1080/15538605.2014.960129

Moe, J., Perera-Diltz, D., Sepulveda, V., & Finnerty, P. (2014). Salience, valence, context, and integration: A collaborative consultation model for promoting wellness and resiliency in LGBTQ Youth. *Journal of Homosexuality*, *61*(3), 435–451. doi:10.1080/00918369.2013.842437

Moe, J., & Sparkman, N. (2015). Assessing providers at LGBTQ-affirming agencies on their perceptions of training needs & barriers to service. *Journal of Gay & Lesbian Social Services*, *27* (3), 350–370. doi:10.1080/10538720.2015.1051687

Nagoshi, J., Adams, K., Terrell, H., Hill, E., Brzuzy, S., & Nagoshi, C. (2008). Gender differences in correlates of homophobia and transphobia. *Sex Roles*, *59*(7–8), 521–531. doi:10.1007/s11199-008-9458-7

National Association of Social Workers. (2015). *National Committee on Lesbian, Gay, Bisexual, and Transgender Issues position statement: Sexual orientation change efforts and conversion therapy with lesbian, gay, bisexual, and transgender persons*. Retrieved November 1, 2017 from https://www.socialworkers.org/practice/LGBT

Newman, B., Dannenfelser, P., & Benishek, L. (2002). Assessing beginning social work and counseling students' acceptance of lesbians and gay men. *Journal of Social Work Education*, *38*(2), 273–288. doi:10.1080/10437797.2002.10779097

O'Hara, C., Dispenza, F., Brack, G., & Blood, R. A. (2013). The preparedness of counselors-in-training to work with transgender clients: A mixed-methods investigation. *Journal of LGBT in Counseling*, *7*(3), 236–256. doi:10.1080/15538605.2013.812929

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2015). *Multicultural and social justice counseling competencies.* Retrieved from http://www.multiculturalcounseling.org/index.php?option=com_content&view=article&id=205:amcd-endorses-multicultural-and-social-justice-counseling-competencies&catid=1:latest&Itemid=123

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*(2), 109–125. doi:10.1080/15538600802125472

Sangganjanavanich, V. F., & Lenz, A. S. (2012). The experiential consultation training model. *Counselor Education and Supervision*, *51*(4), 296–307. doi:10.1002/j.1556-6978.2012.00022.x

Scott, D. A., Royal, C. W., & Kissinger, D. B. (2014). *Counselor as consultant.* Thousand Oaks, CV: Sage Publications.

Singh, A. (2016). Moving from affirmation to liberation in psychological practice with transgender and gender non-conforming clients. *American Psychologist*, *71*(8), 755–762. doi:10.1037/amp0000106

Tabachnik, B., & Fidell, L. (2013). *Using Multivariate Statistics* (6th ed.). Boston, MA: Allyn & Bacon.

Tebbe, E. A., Moradi, B., & Ege, E. (2014). Revised and abbreviated forms of the genderism and transphobia scale: Tools for assessing anti-trans prejudice. *Journal of Counseling Psychology*, *61*(4), 581–592. doi:10.1037/cou0000043