



The Impact of Client Sexual Orientation and Religious Affiliation on Counseling Outcomes



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Abstract

A burgeoning interest in intersectionality has led to increased research on the impact of religion and sexuality on experience. The current study seeks to understand how well counselors are meeting the needs of LGBQQ and religious clients. Data from 29,548 participants on the Standardized Data Set Questionnaire and CCAPS-34 was analyzed from the Collegiate Center of Mental Health 2012-2014 data set. Results from hierarchical linear modeling indicate lower baseline distress among religious clients and faster rates of change among non-religious clients. LGBQQ clients presented with higher initial distress, but there was no difference in rates of change between heterosexual and LGBQQ clients. Religiously affiliated centers had lower initial distress, and while there were differences in rates of change between centers, these differences were not accounted for by the center's religious affiliation. Counselors are encouraged to be mindful of these disparities in therapy.

Background

Experience of LGBQQ Individuals in Therapy

- Most counselors no longer practice sexual orientation change efforts (SOCE), but some continue to see SOCE as ethical (McGeorge, Carlson, & Toomey, 2015).
- Majority of therapists report having worked with LGB clients at some point in their career, but express not feeling properly prepared to work with this population (Garnets, Hancock, Cochran, Goodchild, & Peplau, 1991).

Experience of Religious Individuals in Therapy

- Religious individuals often express feeling hesitant to seek help from mental health professionals (Mayers, Leavey, Vallianatou, & Baker, 2007).
- When seeking therapy, many religious clients prefer religious therapists (Worthington & Gascoyne, 1985) as well as religious interventions (Schaffner & Dixon, 2003).

Interaction of Religion and Sexual Orientation

- Individuals navigating intersecting identities have experiences distinct from the individual identity groups (Greene, 2012).
- Religious LGBQQ individuals in psychotherapy may experience counseling uniquely different from individuals who share only one of the two identities, especially given that psychologists are largely seen as skeptical of religion but LGBQQ affirming (Bilgrave & Deluty, 2002).

Research Questions

How well are the needs of LGBQQ and religious clients being met by current counseling services?

- Q1: How well do LGBQQ clients fare in therapy?
- Q2: How well do religious clients fare in therapy?
- Q3: Is there any interaction between religion and sexuality in rates of change in therapy?
- Q4: Does the religious context of the place where clients receive therapy affect their therapeutic outcomes?

Methods

Participants

- 2012-2014 Center for Collegiate Mental Health (CCMH) data set.
- Total of 29,548 individuals met the inclusion criteria; clients were nested within 74 universities and colleg counseling centers.

Measures

- CCAPS-62 and -34 are multidimensional self-report instrument intended to measure psychological distress in college counseling centers (Locke et al., 2011).
- Standardized Data Set (SDS) to collect demographic, academic, and mental health history.

Procedure

- The distress index (DI) was included from both CCAPS-62 and -34 administrations.
- Client sexual identity (heterosexual and LGBQQ) and religious identity (Eastern, Judeo-Christian, and unaffiliated) variables were included as predictors.
- Schools coded as religiously affiliation or unaffiliated and whether or not the school required one or more religious classes (theology, religion, or scripture courses) for graduation.

Statistical Analysis

- Hierarchical linear modeling with three levels:
- Session level (Level 1): each client's DI score was modeled as a function of the log transformed session number.
- Client level (Level 2): modeled predictors of client initial severity (intercept) and client rate of change (slope).
- Center level (Level 3): modeled predictors of a center's religious affiliation and religious class requirements.

Demographics

Variable	Client N	Academic status	
Client N	29,693	Freshman/First year	21.0%
Gender identity		Sophomore	20.5%
Female	65.3%	Junior	21.9%
Male	33.8%	Senior	21.1%
Transgender	0.3%	Graduate/other	15.4%
Self-identify	0.4%	Sexuality	
Race/ethnicity		Heterosexual	87.1%
White	70.7%	Lesbian	1.7%
African		Gay	2.7%
American/Black	9.8%	Bisexual	4.2%
Hispanic/Latino/a	7.6%	Questioning	2.2%
Asian/Asian		Self-identify	2.1%
American	5.5%	Religious or spiritual preference	
Multiracial	4.3%	Agnostic	12.8%
American Indian or Alaskan Native	0.4%	Atheist	8.7%
Native Hawaiian or Pacific Islander	0.2%	Buddhist	1.1%
Self-identify	1.6%	Catholic	20.8%
		Christian	34.6%
		Hindu	0.7%
		Jewish	2.4%
		Muslim	1.2%
		No preference	17.6%

Results

Table 2

Parameters from a Random Intercepts and Slopes Model of Growth in Distress Index Scores

Fixed effect	Coefficient	SE	t
For intercept			
Intercept	1.854	0.018	103.72
Client religion- non-religious vs religious	-0.031	0.005	-6.08
Client religion- Eastern vs Judeo Christian	-0.087	0.013	-6.62
Client sexual identity	0.177	0.013	13.30
Center religious affiliation	-0.118	0.035	-3.39
For slope			
Intercept	-0.181	0.010	-17.46
Client religion- non-religious vs religious	0.005	0.002	2.86
Random effect			
Variance component			
Level 1 (Sessions within clients)			
Error		0.096	
Level 2 (clients within centers; N = 29,548)			
Intercept		0.610	
Slope		0.056	
Level 3 (between centers; N = 74)			
Intercept		0.015	
Slope		0.007	

Note. All parameters significant at $p < .01$.

Conclusion

Question 1

- LGBQQ clients presented with higher initial distress than heterosexual clients
- No significant difference between heterosexual and LGBQQ clients.

Question 2

- Religious clients presented with less distress than non-religious clients, with clients belonging to Judeo-Christian religions endorsing less distress than clients belonging to Eastern religions.
- Non-religious clients exhibited faster rates of change than religious clients.
- Rate of change didn't significantly differ between clients of Judeo-Christian religions and Eastern religions clients.

Question 3

- No significant interaction effect of sexual identity and religion.

Question 4

- Centers affiliated with a religion had lower mean distress scores than schools not affiliated with a religion.
- Average rates of change did not differ between centers at religious universities and those at non-religious universities or between those requiring religious classes and those that do not.

Implications

- As LGBQQ clients tend to present higher initial distress, increased understanding of the nature of the increased distress (e.g., prejudice, discrimination, and internalized homonegativity) may aid counselors in better serving this population.
- An increased understanding of the unique challenges faced by non-religious clients and may aid counselors to help address the increased levels of distress evidenced by non-religious clients.
- Further, recognizing potential worldview differences and the difficulty of many religious clients in trusting mental health professionals may enable counselors to better serve their religious clients.