Addictions Counselors’ Attitudes and Behaviors Toward Gay, Lesbian, and Bisexual Clients

Connie R. Matthews, Mary M. D. Selvidge, and Kent Fisher

This study surveyed addictions counselors to determine factors that predict affirmative attitudes and behaviors with all clients and with gay, lesbian, and bisexual clients (GLB) in particular. Three factors were predictive with regard to all clients, and 5 factors were predictive with regard to GLB clients. Nonheterosexist organizational climate was the only factor predictive in both situations. The implications of these results are discussed with regard to practice, research, and training.

It is difficult to determine the prevalence of addiction among the gay, lesbian, and bisexual population. Early studies (e.g., Fifield, 1975; Lewis, Saghir, & Robins, 1982; Saghir & Robins, 1973) suggested rates of alcoholism, or at least problematic drinking, to be around 30% or more for the lesbian and gay population, substantially higher than in the general population. These studies have, however, been widely criticized for methodological weaknesses (e.g., Beatty et al., 1999; Bux, 1996; Paul, Stall, & Bloomfield, 1991). These weaknesses included such problems as sampling primarily from patrons of gay bars, sampling only from large metropolitan areas, and inconsistent definitions of problem drinking. Later studies (McKirnan & Peterson, 1989; Skinner, 1994; Skinner & Otis, 1996) found less glaring differences in heavy alcohol and drug use between gay and lesbian and heterosexual populations; however, there were differences in patterns and consequences of use. Whether or not gay men, lesbians, and bisexual individuals are at increased risk for substance abuse, they seem to be at least using and abusing chemicals at rates comparable to those of heterosexual men and women.

Bux (1996) stressed the importance of recognizing the unique needs of gay men and lesbians who may be experiencing addiction, even if prevalence rates do not suggest that they are at higher risk for problems related to abuse. Likewise, a number of authors (Beatty et al., 1999; Bux, 1996; Cabaj, 1996; Paul et al., 1991; Schaefer, Evans, & Coleman, 1987; Ubell & Sumberg, 1992) have offered specific suggestions for chemical dependency treatment that is sensitive to these unique issues. Many of these suggestions echo general recommendations for counseling gay men, lesbians, and bisexual (GLB) individuals (e.g., Eldridge & Barnett, 1991; Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). These include such practices as adapting paperwork to allow clients the opportunity to indicate that they are GLB and to allow them to accurately identify the nature of intimate relationships (i.e., choice of life partner in addition to single, married, etc.); offering educational activities, groups, and outreach programs that are targeted toward this population; providing books and other literature specific to GLB individuals in waiting rooms and offices; and demonstrating attitudes that are not only tolerant but are affirming of GLB people. In addition, there are elements specific to addiction treatment such as familiarity with gay Alcoholics Anonymous and Narcotics Anonymous groups; assistance in connecting with sponsors who are lesbian, gay, or bisexual and recovering; staff members who are knowledgeable about the unique issues of addicted GLB people described above; understanding and assistance in striking a balance between an often very real need for secrecy regarding sexual orientation and the equally important need for honesty as part of a recovery program (and the importance of this discussion occurring in a setting in which it is safe for the individual to be fully open); and family programs that incorporate expanded definitions of family and recognize the complexities of relationships with families of origin around issues related to sexual orientation. The presence of openly GLB staff to serve as role models is also mentioned frequently. In addition, Bux (1996) stressed that it is important to be able to recognize that not all issues facing this population pertain to sexual orientation and that it is necessary to be able to differentiate when they do and when they do not.

Although there is growing literature that discusses the unique concerns of GLB alcoholics and addicts, as well as the importance of an affirmative approach toward working with this population, there remains a question as to the extent to which addictions counselors are indeed doing this.
Early reports (Bittle, 1982; Driscoll, 1982; Zigrang, 1982), largely anecdotal, addressed the lack of responsiveness of traditional substance abuse treatment programs to the gay, lesbian (and bisexual) population and the reluctance of this population to use them. Hellman, Stanton, Lee, Tytun, and Vachon (1989) offered some support for this in their study of government-funded treatment facilities in New York City. Participants reported a lack of information and insufficient training in working with this population and indicated that they frequently failed to address issues related to sexual orientation. Furthermore, the participants also were not inclined to refer these clients to other clinicians who did have more specialized background. In addition, Ratner (1993) reported that 53% of clients entering The Pride Institute, the only inpatient treatment facility specifically for GLB people, reported previous inpatient treatment experiences, often without any discussion of sexual orientation–related concerns. On the other hand, The Pride Institute found that 74% of clients in treatment for at least 5 days were abstinent from alcohol, and 67% were abstinent from other drugs at 14-month follow-up (Ratner, Kosten, & McLellan as cited in Cabaj, 1997).

Although there are a growing number of outpatient substance abuse treatment facilities and GLB-focused mental health centers, especially in urban areas, that are developing programs or tracks targeted to GLB alcoholics and addicts, they still represent a small portion of substance abuse treatment programs available to this population (Beatty et al., 1999; Cabaj, 1997). In addition, many GLB individuals remain hidden and may not be open about their sexual orientation when presenting for treatment. It is therefore important that all chemical dependency programs and counselors are sensitive to the needs of this population and affirmative in their approach. It is important to stress that an affirmative approach is proactive and goes beyond simply the absence of harmful and negative attitudes and behaviors (Bieschke & Matthews, 1996). For example, being affirmative means more than simply accepting that an individual is GLB but rather sincerely valuing this as an integral part of who the individual is. It also means engaging in behavior that conveys this. For example, affirmative counselors use language that does not assume that a client is heterosexual unless told otherwise, but rather language that is open to a range of possibilities for all clients.

In a previous study, Bieschke and Matthews (1996) examined career counselors in university counseling and career centers to learn more about factors predicting affirmative attitudes and behaviors with GLB clients and with all clients. That study looked at the influence of demographic variables, along with scales measuring counselor homophobia, nonheterosexist organizational climate, and the extent to which career counselors viewed a variety of populations as cultural minorities. Two experimental scales measuring affirmative counselor behavior with all clients and with GLB clients were the dependent variables. They found with both populations that the most predictive factors were counselor sexual orientation and working in a nonheterosexist organizational climate. In addition, the extent to which career counselors defined a broad diversity of populations as cultural minorities was predictive of affirmative behavior with all clients.

The present study extends the work of Bieschke and Matthews (1996) to examine factors that might predict more affirmative attitudes and behaviors toward GLB clients on the part of addictions counselors. The measures of nonheterosexist organizational climate; affirmative behavior with all clients; and affirmative behavior with GLB clients were adapted to be specific to substance abuse treatment. In addition, a measure of social desirability was added to control for potential response bias, and a more general measure of attitudes toward gay men and lesbians replaced the narrow and negatively focused measure of homophobia.

Method

Participants

Participants were 179 counselors (60.4% women, 37.4% men, and 2.2% missing data) who were either certified or licensed (as per procedure in state of practice) addictions counselors or working at a facility licensed to provide addictions counseling. Geographic regions represented included states in the Northeast, mid-Atlantic, mid-South, and Northwest. The sample was largely Caucasian (80.2%), with small percentages reporting other ethnicities, including 4.9% African American, 2.2% Native American, 1.6% Hispanic, 1.6% multiracial, and 4.9% individuals who chose not to respond to that item. The sample was also predominantly heterosexual (81.9%), with 6.0% reporting that they were bisexual, 9.3% indicating that they were gay or lesbian, and 2.7% who did not respond to that question. (Percentages have been rounded.) Responses to questions about recovery status indicated that 50.0% of the participants were in recovery from alcohol and/or other drugs for a mean of 17.9 years (range = 1 to 30 years), and 34.1% were in recovery from other addictions (e.g., sex, gambling, food). Reported experience as an addictions counselor ranged from 1 year to 30 years, with a mean of 10 years. Academic preparation was somewhat split, with almost half of the participants holding a master’s degree (48.4%), 23.6% holding a bachelor’s degree, 4.4% holding a doctorate, 19.8% holding less than a bachelor’s degree, and 3.3% not responding to that item. (Percentages have been rounded.)

Instruments

Background questionnaire. This was a questionnaire developed by the authors to gather information about demographics, clinical experience, and training. Requested information
included gender, ethnicity, age, sexual orientation, academic degree (high school diploma, associate degree, bachelor's degree, master's degree, doctorate), professional affiliations, recovery status, years of experience as an addictions counselor, experience working with minority clients, nature of work setting and work activities, and sexual orientation. Many of the items were used for descriptive purposes. In addition, selected items were entered into the regression equation.

Affirmative Counselor Behaviors Scale. This experimental scale was adapted from a scale originally developed and reported by Bieschke and Matthews (1996) in a study with career counselors. The scale is designed to assess the degree to which counselors report engaging in behaviors that would be affirmative toward GLB clients. The Affirmative Counselor Behaviors Scale consists of two subscales. One subscale assesses behavior with clients who they are aware are GLB and the other assesses behavior with all clients because sexual orientation is a “hidden” status and not all individuals who consider themselves to be GLB identify themselves as such. In the adaptation used in the present study, the Affirmative Behaviors With GLB Clients subscale contains 22 items and the Affirmative Behaviors With All Clients subscale contains 14 items.

The scale asks participants to rate the extent to which they engage in specific counseling behaviors with GLB clients or with all clients, depending on the subscale. A 5-point Likert scale is used, with responses ranging from 1 (almost never true) to 5 (almost always true). Items for the original version were drawn from the research literature addressing the career concerns of GLB individuals (Bieschke & Matthews, 1996). Although geared toward career counselors, many of the items have more general applicability. For the adapted version, a few items that pertained solely to career counseling were dropped, while others were altered slightly to reflect an addiction rather than career focus. A few new items were added that were drawn from the research and clinical literature on counseling addicted GLB individuals (e.g., Cabaj, 1996; Finnegan & Cook, 1984; Paul et al., 1991; Schaefer et al., 1987; Ubell & Sumberg, 1992). The coefficient alpha for the total Affirmative Counselor Behavior Scale was .94 for the present study.

Examples of items from the Affirmative Behaviors With All Clients subscale include “I use language that does not assume a client's heterosexuality” and “I find role models who share a client's cultural background or experience.” Bieschke and Matthews (1996) reported a coefficient alpha of .84 and item–total correlations ranging from .37 to .64 for this subscale. The coefficient alpha for this study was .83. Examples of items on the Affirmative Behaviors With GLB Clients subscale are “I discuss how homophobia and shame about sexual orientation can be relapse triggers for addiction” and “I find ‘out’ role models.” Participants were instructed not to complete the items on this subscale if they were unsure as to whether they had ever worked with a GLB client. Bieschke and Matthews reported a coefficient alpha of .95 and item–total correlations ranging from .38 to .81 for this subscale. The coefficient alpha for this study was .94.

Nonheterosexist Organizational Climate Scale (NHOC). This scale was also adapted from an experimental scale developed by Bieschke and Matthews (1996) for use with career counselors. Most items remained unchanged. In a few instances, modifications or additions were made to reflect a focus on addictions rather than career concerns. The scale consists of 19 items that assess the organizational climate in which the counselors work. Item development was strongly influenced by Eldridge and Barnett (1991) and Garnets et al. (1991), who stressed the importance of having the overall counseling environment be affirmative toward lesbian, gay, and bisexual clients, not simply the behavior of individual counselors. They offered numerous suggestions of proactive things that organizations can do to provide a climate that is affirmative.

Participants are asked to use a 5-point Likert scale, with responses ranging from 1 (almost never true) to 5 (almost always true), to rate the degree to which a series of statements is true about their organization. Participants are instructed to leave an item blank if it does not apply to their center. Total scores are obtained by summing the items and dividing by the number of responses. Examples of items include, “On the form our center uses to collect personal data from clients, it is possible for the client to indicate that they are in a same-sex relationship” and “Information about local recovery resources for GLB clients is routinely made available to counselors (e.g., gay Alcoholics Anonymous meetings).” Bieschke and Matthews (1996) reported a reliability coefficient alpha of .87 for a 15-item version of the scale, with item–total correlations ranging from .34 to .64. The coefficient alpha for the present study was .87.

Attitudes Toward Lesbians and Gay Men Scale (ATLG). This 20-item Likert-type scale was developed by Herek (1994) to assess attitudes that individuals hold toward lesbians and gay men. It consists of a series of statements regarding gay men or lesbians, to which participants respond from 1 (strongly disagree) to 9 (strongly agree), with 5 (neutral or unsure) as a midpoint. Ten of the items refer to attitudes toward gay men, and 10 refer to attitudes toward lesbians. Examples of items include “Male homosexuals should not be allowed to teach school” and “Female homosexuality is a threat to many of our basic social institutions.” Six items are reverse scored to control for response bias. An example of an item that is reverse scored is “Male homosexuality is just a different kind of lifestyle that should not be condemned.” Lower scores indicate more positive attitudes. Herek reported alpha coefficients of .90 and .95 in development studies. The coefficient alpha for this study was .86. Herek also reported that construct validity was demonstrated through significant correlations with other scales that were related conceptually to the ATLG and that discriminant validity was established.
by comparing scores from the general population with gay men and lesbians active in the gay community.

**Marlowe-Crowne Social Desirability Scale** (Crowne & Marlowe, 1960). The purpose of this scale is to assess the extent to which participants are motivated to appear as if they engage in culturally acceptable behaviors. Participants are asked to respond true or false to a series of 33 items that reflect common human weaknesses, which most people will readily admit. Some individuals who may wish to present themselves in a more socially desirable light may be inclined to deny those weaknesses and respond in a fashion perceived to be more socially acceptable. Items are scored when answered in a socially desirable way and not scored when answered in a manner that suggests human weakness. Higher scores are reflective of a tendency to portray oneself in a more positive light and can indicate that attitude scales completed at the same time may have been completed in a similar manner. Because the scales of interest in this study are self-report scales that reflect participants’ professional attitudes and behavior, this scale was used to control for any tendency they might have to respond in socially desirable ways rather than with complete candor. Sample items include “Before voting I thoroughly investigate the qualifications of all the candidates” and “I’m always willing to admit when I make a mistake.” The Marlowe-Crowne Social Desirability Scale is a well established true–false scale with a test–retest reliability ranging from .84 to .89 (Crino, Svoboda, Rubenfeld, & White, 1983; Fisher, 1967) and an internal consistency of .88 (Crowne & Marlowe, 1960). The coefficient alpha for this study was .85.

### Results

Prior to analysis, data were screened for missing values, outliers, and compatibility with the assumptions of regression analysis. Thirteen cases were deleted because participants failed to complete a substantial portion of one or more of the scales other than the Affirmative Behaviors With GLB Clients Scale (which they were instructed to skip if they were unsure if they had ever worked with such a client), leaving a total of 166 participants. When apparently random items were missing, each of these missing items was replaced with the mean for that item. One item was dropped from the Affirmative Behaviors With GLB Clients Scale because it accounted for a large number of individual missing values. This was a new item added when the scale was adapted for use specifically with addictions counselors, so eliminating it was not likely to affect the integrity of the scale.

A logarithmic transformation was done on the ATLG, which was quite positively skewed, in order to bring the distribution closer to meeting the normality assumption. The Broad View of Cultural Minorities Scale was moderately negatively skewed; therefore, it was reflected so that it would meet the normality assumption. Two univariate outliers on the ATLG and one on the Broad View of Cultural Minorities Scale were eliminated by the transformations. Using a p < .001 criterion for Mahalanobis distance, no multivariate outliers were identified. The ratio of independent variables to cases was sufficient for regression analysis (Tabachnick & Fidell, 2001). Data screening indicated that there was no evidence of participants’ responses being influenced by social desirability.

Table 1 displays the means, standard deviations, and intercorrelations of all of the variables in the study. Most of the correlations are low to moderate. There is a higher correlation between the Affirmative Behavior With All Clients and the Affirmative Behavior With GLB Clients subscales (r = .62) than between any of the other variables. This may be due to common method variance because they are two subscales of a common instrument, although there are no overlapping items. It may also come from a general tendency of counselors to behave affirmatively.

Two separate hierarchical regression analyses were computed to predict addictions counselors’ affirmative behaviors with all clients and with GLB clients. In each analysis, variables were entered sequentially into the equations in two blocks, with demographic variables entered first, followed by predictor variables. The following demographic variables were entered into each equation: gender, age, ethnicity, degree (high school, associate degree, bachelor’s, master’s, doctorate), and years of experience as an addictions counselor. Entering these variables first allowed us to control for their effects when examining the contributions of the predictor variables. Four predictor variables were entered into each equation in a second block. The predictor variables were counselor sexual orientation, the ATLG, the Broad View of Cultural Minorities Scale, and the Nonheterosexist Organizational Climate Scale. Table 2 shows the nonstandardized regression coefficients (B), the standardized regression coefficients (β), the R, R², Adjusted R², ΔR², and ΔF after the entry of each block of variables (demographic, then predictor) for each analysis.

In the first analysis, the Affirmative Behaviors With All Clients subscale was used as the dependent variable. All 166 cases were used in this analysis. In Step 1, the demographic variables accounted for a significant but small amount of the variance in addictions counselors’ affirmative behaviors, F(5, 160) = 2.70, p < .02, R² = .08, ΔR² = .08. One demographic variable, age, differed significantly from zero (95% confidence interval [CI] = 0.019 to 0.308, p = .027). In Step 2, the predictor variables accounted for a significant increase in the amount of the variance in counselors’ affirmative behaviors, F(9, 156) = 7.13, p < .001, R² = .29, ΔR² = .21. Two predictor variables differed significantly from zero, broad view of cultural minorities (95% CI = −2.095 to 0.328, p = .008) and nonheterosexist organizational climate (95% CI = 1.712 to 4.456, p = .001).

In the second analysis, the Affirmative Behaviors With GLB Clients subscale was used as the dependent variable.
Participants were told to skip this scale if they were unsure if they had ever worked with a GLB client, so this analysis included the 151 cases with completed scales. In Step 1, the demographic variables accounted for a significant amount of the variance in addictions counselors’ affirmative behaviors, *F*(5, 145) = 5.57, *p < .001, *R*² = .16, ∆*R*² = .16. Two demographic variables differed significantly from zero, gender (95% CI = −.12.372 to −.0.2.524, *p = .003) and years of experience as an addictions counselor (95% CI = .543 to 1.425, *p = .001). In Step 2, the predictor variables accounted for a significant increase in the amount of variance in counselors’ affirmative behaviors with GLB clients, *F*(9, 141) = 10.197, *p ≤ .001, *R*² = .39, ∆*R*² = .23. Three predictor variables differed significantly from zero: counselor sexual orientation (95% CI = −.007 to 2.272, *p = .051), attitudes toward lesbians and gays (95% CI = −31.832 to −7.209, *p = .002), and nonheterosexist organizational climate (95% CI = 2.397 to 7.578, *p = .001).

Discussion

Both the demographic variables and the predictor variables significantly predicted some level of variance in addictions counselors’ affirmative behaviors with all clients and with GLB clients, although in some instances the amount of variance accounted for was rather small. It is interesting that the variables within each block that were significant differed somewhat with respect to counselors’ behaviors with all clients and their behaviors with GLB clients in particular.

Although significant, the demographic block accounted for only 8% of the variance in counselors’ behavior with all clients. The only variable within the demographic block that was itself significant was counselor age, with older counselors responding more affirmatively. It appears that personal characteristics about counselors alone do not contribute substantially toward predicting the degree to which they behave affirmatively with all clients. The factor that seems to contribute the most in this regard is counselor age, even more than academic background or years of experience in the field. Perhaps there is something about life experience that opens counselors to the possibility of different perspectives.

The predictor variables accounted for an additional 21% of the variance in counselors’ affirmative behavior with all clients. The two variables within that block that were significant were broad view of cultural minorities and nonheterosexist organizational climate. Although neither of these instruments are direct measures of multicultural competence, they do say something about the frame of reference from which counselors work. Having a broader view of what constitutes a cultural minority may help counselors to be more aware of the subtleties of culture and to practice from a position that embraces the subtleties of that culture. In this situation, it may help them to recognize that there are aspects of culture that are or can be invisible and that it is important not to make

### TABLE 1

Means, Standard Deviations, and Intercorrelations of All Study Variables

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<tr>
<th>Variable</th>
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Note. ATLG = Attitudes Toward Lesbians and Gay Men Scale; BVCM = Broad View of Cultural Minorities Scale; NHOC = Nonheterosexist Organizational Climate Scale; GLB = gay, lesbian, and bisexual. Gender was coded 1 = female, 2 = male; ethnicity was coded 1 = Caucasian, 2 = non-Caucasian; degree was coded 1 = high school diploma, 2 = associate degree, 3 = bachelor’s degree, 4 = master’s degree, 5 = doctorate; experience = years of experience as an addictions counselor; sexual orientation ranged from 0 = exclusively heterosexual to 6 = exclusively homosexual.

*p ≤ .05. **p ≤ .01.
assumptions based only on what is immediately evident. Part of not making assumptions can include behaving “as if” something outside the dominant culture might be a possibility. Working in a nonheterosexist climate is contextual. It refers to the overall environment in which the counselor practices. It appears that when addiction treatment facilities take a proactive approach toward working with clients, the counselors who work there are more inclined to do so in their own work.

The demographic variables, as a block, accounted for more of the variance in predicting addictions counselors’ affirmative behavior with GLB clients than they did in predicting behavior with all clients. The block accounted for 16% of the variance. Two of the variables within the block were significant, years of experience as an addictions counselor and gender. The longer counselors worked in the field, the more they reported affirmative behavior. This intuitively makes sense. It seems logical that the longer a counselor has worked in the field, the greater the exposure to clients who are GLB. In addition, because intravenous drug users have been a population particularly affected by the HIV/AIDS epidemic, treatment facilities, and the counselors who work in them, have had to become knowledgeable about issues related to it. Because HIV/AIDS is also something that has been strongly associated with the gay community, it is possible that HIV/AIDS has been a vehicle through which counselors have become more informed about issues of particular concern to GLB clients, especially as they work in the field over time. Gender was the other demographic variable that showed significance. Women reported more affirmative behavior than men did, which is consistent with previous research indicating that women tend to be more affirmative with respect to GLB issues than men do (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000; Kite & Whitely, 1998).

The predictor variables accounted for an additional 23% of the variance in predicting counselors’ affirmative behavior with all clients. The three variables within the block that were significant were counselor sexual orientation, attitudes toward lesbians and gays, and nonheterosexist organizational climate. The degree to which counselors indicated that they were bisexual, lesbian, or gay positively influenced the degree to which they reported affirmative behaviors with GLB clients. Although not the strongest indicator in the block, this does nonetheless suggest that counselors who themselves identify as GLB might have something to offer their GLB clients. It may be an awareness that comes from lived experience or it may be a greater incentive toward professional development in this area.

As with affirmative behavior with all clients, a nonheterosexist organizational climate was predictive of

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<th>Step and Variable</th>
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<td>.54</td>
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<tr>
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<td>−0.237**</td>
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<td>Counselor sexual orientation</td>
<td>1.132</td>
<td>0.136*</td>
<td>.63</td>
<td>.39</td>
<td>.36</td>
<td>.23</td>
<td>13.57***</td>
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<tr>
<td>ATLG (trans)</td>
<td>−19.520</td>
<td>−0.238**</td>
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Note. ATLG (trans) = Attitudes Toward Lesbians and Gay Men Scale, transformed; BVCM (trans) = Broad View of Cultural Minorities Scale, transformed; NHOC = Nonheterosexist Organizational Climate Scale; GLB = gay, lesbian, and bisexual. *p ≤ .05. **p ≤ .01. ***p ≤ .001.
affirmative behavior with GLB clients—so too were counselor attitudes toward lesbians and gays. It does not seem surprising that those with more positive attitudes toward lesbians and gays reported more affirmative behavior. It should be noted, however, that overall responses to the ATLG were quite positive. The scale had to be logarithmically transformed due to its extreme positive skew; therefore, the relative weight of its predictive ability must be considered cautiously. The scale has high face validity and appeared last on the overall survey. It is possible that by then, respondents had figured out how they “should” respond. A scale that was more subtle in its assessment of attitudes might have generated greater variability in responses and perhaps been more useful in distinguishing those respondents with more positive and less positive attitudes. This is particularly relevant because the present results are consistent with the results in Bieschke and Matthews’s (1996) study, even though a different scale was used.

In looking at both analyses together, a few issues are worth considering. First, although the demographic variables were significant in both analyses, the predictor variables accounted for a larger portion of the variance in both cases. Thus, although there may be some personal characteristics of addictions counselors that increase or decrease their tendency to behave affirmatively, it appears that there are other factors that contribute more. Nonheterosexist organizational climate was significant across both analyses, both in this study and in the earlier Bieschke and Matthews (1996) study, with career counselors. The environment in which counselors practice does seem to make a difference. When counseling centers and treatment facilities create a climate of affirmation, the counselors employed there are more inclined to behave similarly in their work with clients. This is important because it stresses how significant seemingly insignificant things can be—things like how clients are asked for personal information on intake forms, magazines available in waiting areas, artwork and posters on the walls, and books on shelves. It is also encouraging because most of the items on the Nonheterosexist Organizational Climate Scale are rather easily implemented.

Creating such a climate can also involve hiring openly GLB staff members. Counselor sexual orientation was a significant predictor of affirmative behavior with GLB clients in both this study and the career counselor study (Bieschke & Matthews, 1996). This seems to speak to the importance of including openly GLB counselors as part of a diverse staff. Substance abuse treatment facilities are well aware of the value of having role models. For that reason, such programs have a long history of employing counselors who are themselves in recovery from addiction. Openly GLB staff members can likewise fill a vital role in helping create an open and affirming treatment environment for GLB clients.

It is interesting that one of the demographic variables that was not significant in either analysis was college degree. There was greater diversity in level of education in this sample than there might be in many samples of counselors (43.4% with less than a master’s degree), yet there were not substantive differences here in predicting level of affirmative behavior with all clients or with GLB clients. This suggests that whatever it is that moves counselors to practice affirmative behaviors with GLB clients (out or hidden) is not particularly coming from graduate, especially master’s-level, training. This is consistent with previous research that has found attention to GLB issues lacking in graduate training for counselors (Buhrke, 1989; Glenn & Russell, 1986; Iasenza, 1989; Phillips & Fischer, 1998; Thompson & Fishburn, 1977), but it is discouraging. It seems that in the same way that a nonheterosexist organizational climate contributes to employed counselors’ tendency to behave affirmatively, so too could a graduate school program that creates such a frame of reference during training. Phillips (2000) offered some useful suggestions for ways that training programs can accomplish this.

In addition to examining the formal analyses, it is also worth looking at some anecdotal material. It was evident that some participants struggled with this survey. There were handwritten comments on several of the surveys indicating that, although they held “traditional” or “orthodox” views, they did not believe in discrimination. Others commented on the “political” nature of the questions. Several of the discarded surveys lacked a completed NHOC, saying that it did not apply, yet they also indicated work settings in which it could apply. One participant (discarded survey) began completing the ATLG correctly, then switched to simply “T” or “F.” Although it is important to be cautious about reading things into such comments, it did appear that some participants seemed to wrestle with recognizing on some level that their beliefs were not congruent with what might have appeared to be the “correct” response.

As with any study, this one had its limitations. It was a sample of convenience. Although an effort was made to have some geographic diversity and randomization was used when large lists needed to be pared down, participant recruitment was still based on availability. In addition, in some instances, surveys were mailed directly to counselors, while in others they were mailed to facilities with a request to have them distributed to counselors. The sample was not large enough to make comparisons to see if this made a difference. Several of the instruments are still experimental, and some have high face validity. Although the experimental scales have been used previously and the reliability has been consistent across studies, it is still important to do more formal validation to assess their strength. Also, as previously mentioned, there is a need in this type of research for instruments that are more subtle, that tap into underlying belief systems without making participants uncomfortable.

Although both the demographic variables and the predictor variables were predictive of affirmative counselor...
behavior, together they only accounted for roughly a third of the variance in both analyses. Clearly, there are additional factors that are not accounted for that contribute to this. More research is needed to identify and assess these factors. More research may also be needed at the organizational level. If organizational climate can contribute to counselor behavior, what kinds of things can influence organizations to be affirmative? It is important to continue in these directions if we are to create counseling environments that are affirmative of all clients.

References


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