



Multicultural Competences of Attitude, Knowledge and Skills in Counseling LGBT Clients among University Student Counselors in Langata Constituency, Nairobi County, Kenya

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ABSTRACT :

Despite of advocacy for counsellors' multicultural competence training in offering mental health services to sexual minority group, the clients who identify as LGBT continue report fear of rejection and discrimination when they seek counselling services from the mental health professionals due to inadequate of attitude, knowledge and skills. The current study aimed to examine the multicultural competences of attitude, knowledge and skills in counselling LGBT clients among university student counsellors in Langata Constituency, Nairobi County, Kenya. The study employed descriptive research design. The target population was 400 university students pursuing studies in the field of counselling psychology within Langata Constituency, Nairobi, Kenya. Through simple random sampling, the study utilized a sample size of 196 participants. The data was collected with demographic details of the participants and The Sexual Orientation Counsellor Competency Scale developed by Bidell in 2005. The collected data was analyzed using descriptive statistics and particularly frequencies and percentages with SPSS version 32. Results from descriptive statistics showed that half of the university student counsellors (50%) scored low in attitude towards counselling the LGBT clients. In addition, half of the university student counsellors (50%) scored moderate in attitude towards counselling the LGBT clients. Furthermore, the results showed that most university student counselors (68.4%) were at a moderate level, 19.4% at a low level, and 12.2% at a high level in counseling LGBT clients. Moreover, the results showed a vast majority (82.7%) of university student counselors scored low, with only 16.8% demonstrating moderate skills, and just 1% demonstrating high levels of skills in counseling LGBT Clients. Regarding overall multicultural competences of university student counselors, the results showed that over half (53.6%) of the counselors were rated as low, and 46.4% as moderate. The study recommends to institutions of higher learning to ensure they have multicultural competence training in terms of attitude, knowledge and skills in offering mental health services to sexual minority groups.

Key Words: Multicultural Competences, Attitude, Knowledge, Skills, Counselling, LGBT Clients, University Student Counsellors, Kenya

INTRODUCTION

There has been a risen need to train counsellors and psychologists in multicultural counselling with an aim of equipping them with attitudes, knowledge and skills that would enable them to serve the sexual minority groups (Whitman & Bidell, 2014). Sue Arredondo, and McDavis (1992) in their well-known model of multicultural competency identifies three dimension including awareness, knowledge and skills for a counsellor to develop competency in handling sexual minority groups. Awareness requires mental health providers to monitor their beliefs and attitudes by identifying their biases and assumptions when dealing with the LGBT persons. Knowledge refers to making efforts of getting the needed specific information of a cultural group in case it happens you do not share the same culture. On the other hand, skills refer to the ability of using interventions that are most suitable to a particular cultural group.

Though there has been a big milestone in accepting sexual minority groups, they still continue to face challenges raging from marginalization and oppressions which predisposes them to mental health problems including depression, suicidal ideation and extreme anxiety (Bostwick, Boyd, Hughes, West, & McCabe, 2014; Haas et al., 2010). Based on this mental health concerns among the sexual minority groups, there is urgent need to provide culturally responsive mental services. However, it has been difficult for LGBT clients to access quality mental health services that are culturally sensitive to their needs (Daulaire, 2014; Whitehead, Shaver, & Stephenson, 2016).

In order to address the mental health issues facing the sexual minority groups, professional bodies such as American Psychological Association and American Psychiatric Association (2013) have mandated the counsellors and psychologists to develop multicultural counselling competencies programs that will enable the counsellors to develop multicultural awareness, knowledge and skills necessary to offer quality services to sexual minority groups (ALGBTIC, 2013; APA, 2000). To attain multicultural competences, the counsellors have been mandated to develop multicultural competence assessment tools such as intake interview which can aid in gathering cultural information about the LGBT clients leading to culturally informed intervention plan (Pieterse & Miller, 2010; Sommers-Flanagan & Sommers-Flanagan, 2009). Multicultural competence intake interviews provides an opportunity for affirmative counselling where the LGBT clients feels accepted unconditionally in a therapeutic relationships. In addition, it helps in mitigating the worries of seeking mental health services considering the past experiences of discrimination by mental health professionals (Heck,

Flentie, & Cochran, 2013). In order to be able serve the mental health needs of sexual minority groups, counsellors are mandated to examine their socio-cultural factors and gain awareness on how they influence their experiences, behaviour and identity when working with the LGBT clients (ALGBTIC 2013; Goodrich et al., 2017). A multicultural competent intake interview provides the counsellors with culturally interventions that help them to meet the diverse mental health needs of their clients (ALGBTIC 2013; Goodrich et al., 2017).

Counsellors are encouraged to handle the mental health issues of their LGBT clients within their cultural context. Considering that sexual minority groups have been culturally marginalized, they may differ with other cultural groups in the society in terms of their values, norms and interpretation of the reality. For instance, if the LGBT clients values differ with the one of the family, community or institution, their mental health issues are likely to be misunderstood leading internal conflict and finding it difficulty in seeking counselling professional services (Seungbin et al., 2019). This calls for counsellors to handle the LGBT clients with unconditional acceptance and openness during the assessment process. Counsellors are encouraged to understand the language of LGBT persons and to be culturally sensitive when handling them (American Psychiatric Association, 2013; Heck et al., 2013). During the initial interview, the counsellors may encourage the LGBT clients to share their issues in the context of their cultures and preferred language they would consider in expressing their concerns (American Psychiatric Association, 2013). Counsellors are also encouraged to build resilience to their LGBT clients which acts as protective factor in dealing with internal and external challenges they encounter in the society compared to other populations (Luke et al., 2017; Poteat et al., 2015). Counsellors can evaluate the protective factors when exploring the demographic variables of their LGBT clients such as education history, legal history, family background, spiritual and religious background. The factors play a critical role in understanding how they influence their psychological well-being (American Psychiatric Association, 2013).

Culturally competent counsellors ought to be aware of their cultural differences with that of their LGBT clients in order to be able to offer quality services to them (American Psychiatric Association, 2013; ALGBTIC, 2013). For instance, when the counsellor's cultural background happens to be different with that of the LGBT clients in terms of race, gender identity, affection orientation, social status and language, it is likely to affect the therapeutic relationship (American Psychiatric Association, 2013; Sue & Sue, 2015). The counsellors who identify themselves with heterosexual groups may pose lack of trustworthiness and safety when working with LGBT clients given the advantage they have in the society (Sue & Sue, 2015). Scholars have reported that LGBT clients who have been historically discriminated by professional counsellors tend to find difficult in establishing counselling relationship with mental health professionals (ALGBTIC, 2013; Heck et al., 2013).

Furthermore, the LGBT clients may find it difficult in seeking counselling services based on their past experience of discrimination and use of culturally insensitive interventions by therapists. The LGBT clients continue to receive discrimination from counsellors as a result of lack of training in multicultural competence (ALGBTIC, 2013; Ginicola et al., 2017). A part from counsellors creating affirmation environment to reduce worries and tension among the LGBT clients, they are encouraged to address the client's perception of counselling relationship and any negative experiences they might have encountered with their previous therapists (American Psychiatric Association, 2013).

By fact that counsellors are likely to work with LGBT clients or students in their practice, it is paramount for institutions of higher learning to ensure counsellor training develop student counsellors' competence in handling LGBT clients and therefore, areas of clinical supervision and continued professional development should be given attention (Chui et al., 2018). The counsellors develop competence in working with LGBT through integrating and conceptualizing their needs in lens of minority stress theory (Avent Harris et al., 2017). When the LGBT clients are convinced that counsellors have affirmative and attitude towards them, it is likely to enhance the counselling relationship and their psychological well-being (McCullough et al., 2017). However, when counsellors have a negative attitude towards the LGBT clients, it is likely to affect the counselling relationship leading to psychological discomfort and feelings of discrimination (McCullough et al., 2017; Spengler et al., 2016).

Though there is evidence of training in LGBT competence counselling, counsellors continue express their challenges in working with sexual minority groups because of lack adequate standards in enhancing LGBT counselling competence (Avent Harris et al., 2017; Chui et al., 2018). Studies have shown that that trainee counsellors who are exposed to LGBT competence training, work effectively with them compared to those who are not exposed even when factoring the differences or prejudice attitude towards sexual minority groups (Alessi et al., 2016). A study conducted by Pepping et al. (2018) found that counsellors who had training in affirmative training practice regardless of their years of experience; religiosity and psychological autonomy had a positive attitude, knowledge and skills towards working with LGBT clients. Scholars have reported that continuing with education and clinical supervision enhances counselling competence towards working with LGBT clients (Moe et al., 2015; Chui et al., 2018). Correlational studies have reported that training based on safe space model improved school counsellors' LGBT counselling competence tend to create a positive attitude among the counsellors towards working with LGBT clients (Byrd & Hays, 2014).

Though sexual orientation and gender has been factored in The Council for the Accreditation of Counselling and Related Educational Programs (2016), the aspects of multicultural competence and gender identity has been left out on regard to LGBTQ issues that need to be addressed. In addition, the standards for ensuring LGBTQ competence has not been given attention by CACREP (2016) and also there is lack of guidelines on the competence levels of educators in providing training on issues of LGBTQ concerns. Two frameworks have been endorsed by the society for Sexual, affection, Intersex, and Gender Expansive Identities with an aim of helping counsellors to develop competence towards counselling LBGTQ clients. One of the framework in concerned with training standards for transgender, gender non-binary and Gender expansive (Burnes et al., 2010). On the other hand, the second framework is concerned with lesbians, gay, bisexual, queer, questioning, intersex and ally individuals (Harper et al., 2013). The two frameworks aim at supporting infusion of LGBTQ content in all levels of counsellors' education. Counsellors' competence has been linked to knowing LGBTQ people in one's private life, having coursework in multicultural counselling and years of working with LGBT clients in clinical settings. On the other hand, lack of competence in clinical skills has been associated with conservative or religious beliefs, and working in schools set up (Bidell, 2017).

Research on affirmative training practices has revealed that mental health professionals and especially the clinicians' lack knowledge on issues related to bisexuality and they end up dismissing or pathologizing LGBT clients on regard to their sexual orientation. For instance, some bisexual clients have reported therapists to be ignorant on the stigma experienced by bisexuals within the LG community (Eady et al., 2011; Qui-nones et al., 2017). A study by Smalley et al. (2015) showed those bisexual clients' reports feelings of less discomfort in disclosing issues of their sexual orientation to counsellors compared to lesbian gay clients. Moreover, bisexual men and women seeking counselling services have reported to have benefited less after seeking mental health services which has been attributed to lack of adequate counsellor training (Smalley et al., 2015). Scholars have reported bisexuality to be

under-represented in training of mental health professionals despite of bisexual clients been at the high risk of experiencing mental disorders (Fassinger et al., 2007; Mohr et al., 2001; Murphy et al., 2002; Worthington & Strathausen, 2017).

A study conducted by Graham et al. (2012) with graduate and doctoral students showed that students had high levels of awareness and knowledge but low levels of skills and experience in handling sexual minority clients. Likewise, a study carried out by Farmer et al. (2013) with different mental health professionals including counsellors in residence, graduate students and educators in the field of psychology showed that the participants had a positive attitude towards the LGBT persons but reported lowest scores in terms of skills and experience. Community agency counsellors have been found to have multicultural competence in handling LGBT clients compared to the school counsellors. School counsellors have reported to have low skills in counselling the sexual minority group clients (Bidell, 2012). That may mean that counsellors working in schools may not be a position to provide mental health services to students who identify themselves as sexual minority clients (Bidell, 2012; Farmer et al., 2013; Graham et al., 2012; Mahdi et al., 2014). The current study aimed to examine the multicultural competences of attitude, knowledge and skills in counselling LGBT clients among university students in Langata Constituency, Nairobi County, Kenya.

METHODOLOGY

The study employed descriptive research design. According to Orodho (2003) a research design is defined as the scheme, outline or plan that is used to generate answers to research problems. The design was suitable for the current study because it aimed at examining the levels of multicultural competencies of attitude, knowledge and skills in counselling the LGBT clients. The study targeted 400 university psychology students within higher institutions of learning in Langata constituency in Nairobi. Using Random sampling and Krejcie and Morgan (1970) sample size recommendation table, a sample size of 196 participants was selected to participate in the study.

The study employed a questionnaire to collect data. The questionnaire had two parts. The first part of the questionnaire collected data on the demographic details of the participants including: age, gender, denomination, level of education and marital status. The second part collected data on attitude, knowledge, and skills using The Sexual Orientation Counsellor Competency Scale. The scale was developed by Bidell in 2005 with an aim of measuring counsellors' levels of awareness, knowledge and skills in working with the LBGTQ clients. From earlier studies, the instrument has reported internal consistency of .90 and test-retest reliability of .84 (Gorsuch & McPherson, 1989; Judd, 2009; Tiliopoulos et al., 2007). The instrument contains 29 items, 10 items measuring attitude, 8 items measuring knowledge and 11 items measuring skills. In the instrument 11 items are reversed. The scores range from 1(Not at all true) to 7 (Totally true). The scale scores and for each sub-scale is calculated using the mean. Data collected was analyzed using descriptive statistics with Software Package for Social Sciences (SPSS) version 32. The results from descriptive statistics were presented with frequencies and percentages.

RESULTS AND DISCUSSION

The current study aimed to examine the multicultural competences of attitude, knowledge and skills in counselling LGBT clients among university students in Langata Constituency, Nairobi County, Kenya. The demographic of the participants were presented followed by the findings and discussions.

Demographic of the Participants

A descriptive statistics was run to understand the demographic details of the participants. The demographic characteristics of the participants were age, gender, denomination, level of education and marital status. The results of the demographic details are presented in table 1.

Table 1: Demographic Details of the Participants

Category	Response	Frequency	Percent
Age Range	18–30	48	24.5%
	31–40	65	33.2%
	41–55	64	32.7%
	56–64	18	9.2%
	65 above	1	0.5%
Gender	Male	50	25.5%
	Female	146	74.5%
Denomination	Catholic	141	71.9%
	Protestant	31	15.8%
	Evangelical	9	4.6%
	AIC	2	1.0%
	Anglican Church	9	4.6%
Education	Others	4	2.0%
	Diploma	9	4.6%
	BA	52	26.5%
	MA	106	54.1%
	PhD	29	14.8%

Category	Response	Frequency	Percent
Marital Status	Single	141	71.9%
	Married	49	25.0%
	Separated	4	2.0%
	Divorced	2	1%

Results from table 1 showed that most of the participants were between age of 31-40 representing 65 (33.2%) followed by participants who were aged between 41-55 years representing 64 (32.7%). It shows that counselling psychology career is likely to be pursued by students who are mature in age. In terms of gender majority of the participants were female 146 (74.5%) compared to their male counterparts 50 (25.5%). It shows that counselling psychology career is dominated by women which can be attributed to fall of the career in arts and social sciences. Women are likely to choose careers in arts and social sciences because of their emotional nature of nurturing people and societal values compared to their male counterparts. Majority of the participants were Catholics 141 (71.9%) followed by protestants 31 (15.8%). In terms of education, most of the participants had attained a master's degree 106 (54.1%) followed by those with a Bachelor's degree 52 (26.5%). Majority of the participants were single 141 (71.9%) followed by those who were married 49 (25.0%).

Levels of Multicultural Competences of Attitude, Knowledge, and Skills in Counselling LGBT Clients among University Student Counsellors

A descriptive statistics was conducted to examine the levels of multicultural competence of attitude, knowledge and skills in counselling LGBT clients among university student counsellors in Langata Constituency, Nairobi Kenya and the results are presented in table 2.

Table 1: Levels of Multicultural Competences of Attitude, Knowledge, and Skills in Counselling LGBT Clients

Levels	Attitude	Skills	Knowledge	Multicultural Competence
Low	98 (50%)	162 (82.7%)	38 (19.4%)	105(53.6%)
Moderate	96 (49.0)	33(16.8)	134 (68.4%)	91(46.4%)
High	2 (1%)	1(1%)	24 (12.2%)	0 (0%)
Totals	196	196	196	196

The results in table 2 showed that half of the counselors (50%) demonstrated low levels of attitude, while the other half (49%) fell into the moderate category; only 1% were categorized as high in attitude. In terms of skills, a vast majority (82.7%) of counselors fell into the low category, with only 16.8% demonstrating moderate skills, and just 1% demonstrating high levels of skills. For knowledge, the distribution showed that most counselors (68.4%) were at a moderate level, 19.4% at a low level, and 12.2% at a high level. Regarding overall multicultural competences, over half (53.6%) of the counselors were rated as low, and 46.4% as moderate. Notably, none of the counselors reached the high level of multicultural competence.

Overall results showed that half of the counselors participated in the current study had low levels of multicultural competence of attitude, knowledge and skills in counseling LGBT clients. The findings are consistent with previous studies that have been conducted globally on multicultural competences of counseling LGBT clients. Research has shown that counselors who approach LGBT clients with negative or prejudiced attitudes can significantly hinder the therapeutic relationship, leading to psychological discomfort and a lack of trust (McCullough et al., 2017; Spengler et al., 2016). The moderate and low levels of affirmative attitudes suggest that many counselors may still hold implicit biases or may lack awareness of the unique struggles faced by the LGBTQ+ community. This aligns with findings by Sue et al. (2015), who suggested that counselors often do not engage in critical self-reflection of their biases, which may affect their interactions with sexual minority clients. It is essential for counselor education programs to address the need for developing unconditional acceptance toward LGBTQ+ clients as part of their training in multicultural counseling. Without this foundational attitude, counselors may struggle to create a safe and supportive space for LGBTQ+ individuals, which could lead to clients feeling alienated and reluctant to seek help (Heck et al., 2013). The relatively low number of counselors exhibiting a high level of affirmative attitude emphasizes the need for ongoing professional development in this area.

In terms of skills, the majority of counselors (82.7%) scored at the low level, indicating that most counselors may not be equipped with the necessary tools to work effectively with LGBTQ+ clients. A small portion (16.8%) fell into the moderate skills category, and only 1% demonstrated high skill levels. These results highlight a significant gap in the training and development of counselors regarding the application of culturally responsive interventions for sexual minority clients. Skills in multicultural counseling require more than theoretical knowledge; they demand practical, evidence-based approaches tailored to meet the unique needs of LGBTQ+ clients (ALGBTIC, 2013). Counselors must be able to use appropriate interventions that promote affirmative counseling, such as recognizing and addressing internalized stigma or minority stress that LGBTQ+ clients may experience (Avent Harris et al., 2017). The low levels of skill also suggest that many counselors may not be receiving adequate training in handling the specific mental health challenges faced by sexual minority groups, such as depression, anxiety, and suicidal ideation (Bostwick et al., 2014; Haas et al., 2010). Without these skills, counselors are at risk of unintentionally providing culturally insensitive interventions, which can exacerbate the mental health issues of LGBTQ+ clients rather than offering relief. Given the prevalence of mental health disparities among LGBTQ+ individuals, it is critical for counselors to be trained in culturally relevant interventions that affirm the client's identity and experiences (Poteat et al., 2015).

When examining knowledge, the data shows that 68.4% of counselors fall into the moderate category, with only 19.4% exhibiting low levels of knowledge and 12.2% demonstrating high knowledge. These results indicate that while most counselors possess a baseline understanding of LGBTQ+ issues, significant gaps still exist. This is particularly evident in the low percentage of counselors possessing high knowledge in LGBTQ+ mental health concerns, which may hinder their ability to address issues like minority stress, discrimination, and internalized homophobia (Luke et al., 2017; Poteat et al., 2015). The moderate distribution of knowledge is promising in that it suggests counselors are beginning to recognize the importance of educating themselves about the unique needs of LGBTQ+ clients. However, it is concerning that only a small percentage of counselors have high levels of expertise in this area. As multicultural competence involves an ongoing process of learning, it is important for counselors to continuously expand their knowledge base and stay updated on current issues affecting sexual minority populations, such as changes in legal rights, gender identity issues, and emerging models of affirmative counseling (Burnes et al., 2010; Harper et al., 2013). Knowledge deficits in these areas could undermine the counselor's ability to provide effective and affirming care.

Lastly, the overall multicultural competence data reveals that 53.6% of counselors were categorized as having low multicultural competence, while 46.4% demonstrated moderate competence. Notably, no counselors achieved a high level of multicultural competence. This finding suggests that while some counselors may be able to recognize the importance of multicultural competence, many still struggle to integrate it into their practice in a meaningful way. Multicultural competence involves not only understanding and applying knowledge about different cultural backgrounds but also adapting one's therapeutic style and interventions to meet the specific needs of clients from diverse backgrounds (Sue & Sue, 2015). The absence of counselors rated at the high level of multicultural competence is troubling, as it suggests a need for a more structured and thorough approach to multicultural counseling education. Although counselors may demonstrate moderate knowledge or attitude, their overall competence is hindered by the lack of specific skills and the integration of these skills in real-world settings. This aligns with findings from Bidell (2012) and Farmer et al. (2013), who reported that school counselors, in particular, exhibit lower multicultural competencies in working with LGBTQ+ students.

CONCLUSION

The study concluded that half of the university student counselors participated in the study scored in low attitude towards counseling the LGBT clients. Majority of counselors fell into the low category, with only demonstrating moderate skills. For knowledge, the distribution showed that most counselors were at a moderate level. Overall half of the counselors participated in the study had low levels of multicultural competence of attitude, knowledge and skills in counseling LGBT clients. The findings underscore the urgent need for more comprehensive training in multicultural counseling competencies, particularly for sexual minority groups such as LGBTQ+ clients. While some counselors demonstrate awareness of LGBTQ+ issues, the low levels of skills, knowledge, and overall competence reflect a critical gap in counselor training. This findings suggests that training programs and professional development efforts must prioritize affirmative practices, culturally sensitive interventions, and a deeper understanding of LGBTQ+ mental health to ensure that counselors can provide the most effective support for this vulnerable population. Furthermore, clinical supervision and ongoing education in multicultural competence are vital to the development of counselors' ability to offer affirmative and culturally relevant services to LGBTQ+ clients. As counselors continue to engage with sexual minority clients, there is a clear need to bridge the gaps in attitude, skills, knowledge, and overall multicultural competence to promote better outcomes for these individuals.

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