

UNIVERSITY OF EDUCATION, WINNEBA

**Trainee-counsellors preparedness to support lgbtqi clients: the case of
counselling students at the University of Education, Winneba**



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**TRAINEE-COUNSELLORS PREPAREDNESS TO SUPPORT LGBTQI
CLIENTS: THE CASE OF COUNSELLING STUDENTS AT THE
UNIVERSITY OF EDUCATION, WINNEBA**



**A thesis in the Department of Counselling Psychology, Faculty of
Applied Behavioural Sciences in Education, submitted to the School of
Graduate Studies in partial fulfillment
of the requirement for the award of the degree of
Master of philosophy
(Counselling Psychology)
in the University of Education, Winneba**

APRIL, 2024

DECLARATION

Student's Declaration

I, DIVINE DAVOR, declare that this thesis, with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work, and it has not been submitted, either in part or whole, for another degree elsewhere.

Signature:

Date:



Supervisor's Declaration

I hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines for supervision of thesis as laid down by the University of Education, Winneba.

Mr. Richard Samuel Ziggah (Supervisor)

Signature:

Date:

DEDICATION

I dedicate this thesis to my loving family, whose unwavering support and encouragement have been the foundation of my academic journey.



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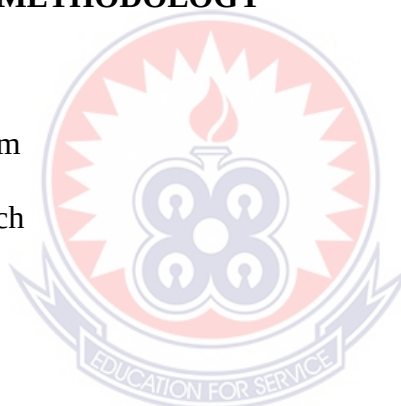
I also want to acknowledge the contributions of my friends and colleagues who have provided valuable discussions, feedback, and moral support during challenging times.

Lastly, I acknowledge the participants of this study whose involvement made this research possible. Their willingness to share their experiences and insights has been instrumental in shaping the findings and conclusions of this thesis.

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ABSTRACT

This study explored the preparedness of trainee counsellors at the University of Education, Winneba (UEW) to work effectively with LGBTQI clients. The study employed phenomenological research design. The population of this study comprised 2021/2022 academic year Mphil Counselling Psychology students at the Winneba campus. Homogeneous purposive sampling technique was employed to select 8 participants for the study. A semi-structured interview guide was the data collection instrument. Data was analyzed using thematic analysis procedures. It was found that, trainee counsellors held varying views about LGBTQI individuals with majority of them demonstrating negative attitudes. Trainee counsellors largely demonstrated their unpreparedness to work with LGBTQI clients. Adaptation of empathetic skills and understanding of client's needs were among the means to ensure ethical bracketing in working with LGBTQI clients. Trainees' cultural and religious values were threatened in their work with LGBTQI clients. Therefore it is recommended that, UEW counsellor education program at the graduate level incorporate affirmative therapy into their training module. In addition the, government of Ghana must support stakeholders within the counsellor training institutions by allocating research funding specifically dedicated to LGBTQI mental health.



CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The LGBTQI community is more likely to be affected by mental health issues such as depression, anxiety, eating disorders, and suicidality than the general population (Ledbetter, 2017). Homophobia-related stress, or minority stress, has been linked to negative psychological and physiological effects, including higher HIV-risk behaviours among the LGBTQI community.

People often turn to psychologists for help with sexual issues, but little is known about their preparedness and how they are specifically educated in this area. According to (Mollen et al., 2020), few graduate-level applied psychology programmes offer sexuality training, as well as multicultural competencies and much less is known about the precise topics taught by those that do. The emergence of strong advocacy and recognition of LGBTQI individuals coupled with its strong resistance by many countries in the world has contributed immensely to psychological turbulences among individuals within this spectrum of life. According to Lim et al., (2021) poor perceptions against LGBTQI individuals, as well as the fear of discrimination by helping professionals, and the worry that these professionals would lack sufficient understanding of LGBTQI-specific concerns, were cited as reasons for the low rate of overall engagement of LGBTQI individuals in seeking psychological help in Australia. In a similar research (Cronin et al., 2021) argued that financial difficulties, time limits, and minority stress borne out of stigmatization and discrimination were all factors in the LGBTQI community's inability to seek out psychological services. Healthcare providers and psychologists have been described as holding a wide range of homophobic and discriminating views, sometimes due to

their sociocultural background and a lack of specialized professional training on LGBTQI mental health concerns (Taskiran Eskici et al., 2021).

Despite the high demands of multicultural competent psychologists, school counsellors and counsellors under supervision continue to report feeling unprepared to competently work with LGBTQ students due to the lack of LGBTQI-specific training in their school counselling graduate education programs (Kull et al., 2017). Further studies also suggested that Counsellor education programmes should incorporate instruction on working with sexual minorities (McCormick et al., 2017). The aforementioned works are all pointing to the fact that students in counselling lack a deep understanding of LGBTQI concerns. It is therefore important that future school counsellors should have the opportunity to gain experience working with sexual minorities through courses and programmes that address these issues. Another recent study conducted by Kull et al. (2017), examining the role of graduate-level education towards the preparedness of school counsellors to serve LGBTQ students found that exposure to LGBTQ competency and training among counsellors in training was limited.

In the African context, even though a lot of works on perception towards LGBTQI was less focused on counselling practitioners as well as counsellors-in-training, a significant number of available literature has exposed some high level of prejudice against LGBTQI individuals resulting in some psychological distress. Mukwevho & Fhumulani, (2018) in their study on South African students' perception of LGBTQI, revealed that the anti-homosexual sentiment among these students was found to correlate strongly with their religious values and denominational affiliation as well as participants not having accurate knowledge and information on the LGBTQI

community which is not different from similar research conducted by Omodara & Idowu (2020) in Nigeria. The phenomena of negative perception and discrimination towards the LGBTQI community in Africa as a continent are the same in Ghana. Gyasi-Gyamerah et al.,(2019) analyzed data from University students in Ghana to see whether or not religious commitment moderated students' homophobic views. They further looked at how stereotypical ideas, symbolic beliefs, and emotions affected Ghanaians' perception towards homosexuals. According to their findings, more people held negative views of gays. Furthermore, stereotyped beliefs and religious commitment were revealed as important determinants of biased perspectives.

Trainee counselors at the University of Education, Winneba (UEW) are students enrolled in counselling psychology and related programs, preparing to become professional counsellors. Their training combines theoretical knowledge and practical experience to equip them with the necessary skills to provide psychological support to diverse client populations. However, as societal conversations around LGBTQI identities continue to evolve, the preparedness of these trainee counselors to work effectively with LGBTQI clients remains uncertain. The University of Education Winneba, being one of Ghana's leading institutions for counselor education, plays a crucial role in shaping future mental health professionals. While its curriculum covers various aspects of psychological support, it is unclear whether issues related to LGBTQI counseling are adequately addressed in their training. This study, therefore, seeks to explore the level of preparedness of UEW trainee counselors in working with LGBTQI clients, examining their attitudes, perceived competencies, and potential gaps in their training. Therefore, to augment the effort of the Ghana Psychological Council in fulfilling its mandate of providing sound mental health services to all manner of people regardless of their sexual, ethnic and religious orientation, it is

imperative to establish the perception and preparedness of trainee counselors to work with LGBTQI individuals.

1.2 Theoretical Framework

This study was guided by the integration of Person-Centered theory and Feminist theory. Adikwu (2020) established that, when it comes to therapy, Rogers is of the view that, no one else's thoughts could hold a candle to the client's own, and that doing so in a safe, judgment-free space was essential for growth. The therapy is based on Rogers's belief that every human being strives for and can fulfil his or her potential. According to Rogers as stated by Adikwu (2020), "self-actualization" occurs when an individual is allowed to develop to his or her fullest potential. Everyone has the potential to go through this process of self-actualization. The goal of the person-centered therapist is to help clients realize their full potentials. The theory was established on the following tenets which the proponent termed as the six core conditions. They include: therapist-client psychological contact, client incongruence or vulnerability, therapist congruence or genuineness, therapist unconditional positive regard (UPR), therapist empathy and client perception (Greene, 2018).

Despite the significant impact created by the Rogerian theory within the confines of psychotherapy, many are those who criticized his works on the grounds of making the therapist redundant within the counselling relationship as well as leading many clients to make some uninformed decisions thus, it influenced many modern Rogerian therapists to ascribe to a more directive approach, particularly under the pressure of time (Renger, 2023).

The person-centred theory was adopted for this study to establish a good therapeutic relationship between trainee counsellors and their possible preparedness towards

LGBTQI clients within their counselling centres using the six Rogerian core conditions as a driving force. Again this theory was incorporated into my study because of its global applicability regardless of the differences in race, culture and sexual orientation. There are many aspects of existential philosophy as represented by Rogerian practitioners that make it a good fit for multicultural counselling practice, particularly its emphasis on the client's own interpretation of their experiences (Greene, 2018).

This study again is anchored in Intersectional Feminism, a concept introduced by Kimberlé Crenshaw (1991) to explain how multiple forms of oppression such as gender, race, class, and sexuality intersect to create unique experiences of marginalization. Initially developed to highlight the double discrimination faced by Black women, intersectionality has since been expanded to analyze how individuals with multiple marginalized identities, including LGBTQI persons, navigate social structures like education, healthcare, and employment.

In the context of this study, Intersectional Feminism provides a critical lens for examining the preparedness of trainee counselors to work with LGBTQI clients. Many LGBTQI individuals experience discrimination not only due to their sexual orientation or gender identity but also based on cultural, religious, or societal norms that shape public attitudes toward them. Counselling services are meant to be inclusive and affirming, yet if trainee counselors lack training that acknowledges these intersecting identities, they may unconsciously reinforce biases or fail to provide effective support.

Furthermore, counselling education in Ghana, including at the University of Education, Winneba (UEW), may still be influenced by heteronormative and

cisnormative perspectives, which do not fully consider the diverse challenges faced by LGBTQI clients. Intersectional Feminism helps unpack these systemic gaps, encouraging a more inclusive counselling approach that recognizes how multiple layers of identity impact mental health and well-being.

By applying Intersectional Feminism, this study seeks to:

1. Assess whether trainee counsellors are aware of the intersecting challenges faced by LGBTQI clients.
2. Explore gaps in their training that may limit their ability to provide affirming support.
3. Advocate for a more inclusive counselling curriculum that prepares trainees to work with diverse populations.

Ultimately, Intersectional Feminism reinforces the need for a counselling framework that does not treat LGBTQI identity in isolation but rather considers the broader socio-cultural and systemic factors that shape mental health experiences. This perspective is essential in ensuring that trainee counsellors are adequately prepared to offer competent and affirming psychological support to LGBTQI individuals.

Intersectional Feminism and Person-Centered Therapy (PCT) converge in their emphasis on human dignity and individual experiences, as both recognize the unique challenges people face in their personal and social contexts. While Intersectional Feminism highlights how overlapping social identities such as gender, sexuality, and class shape a person's lived reality, PCT focuses on the subjective experiences of clients, valuing their internal perspectives without judgment. Their shared commitment to non-judgmental approaches further strengthens their connection, as Intersectional Feminism promotes respect for marginalized identities, aligning with

PCT's core condition of Unconditional Positive Regard, which requires therapists to accept clients without imposing societal biases. Additionally, both frameworks emphasize empowerment, with Intersectional Feminism advocating for the dismantling of oppressive structures, while PCT fosters personal growth and self-actualization through a supportive therapeutic environment.

However, despite these points of convergence, the two theories diverge in their focus, as Intersectional Feminism is primarily concerned with systemic structures and power dynamics that shape a person's lived experiences, whereas PCT is centered on the individual's internal process of self-discovery and healing. Furthermore, the role of the therapist differs, since PCT adopts a non-directive approach, allowing clients to lead their therapeutic journey, whereas Intersectional Feminism encourages therapists to actively recognize and challenge societal inequalities that may affect clients' well-being. Another key difference is the nature of change they advocate, with PCT prioritizing personal transformation within the therapeutic relationship, while Intersectional Feminism calls for both personal and structural change to create more inclusive and just environments.

Together, these theories provide a well-rounded framework for understanding the preparedness of trainee counselors to work with LGBTQI clients, as Intersectional Feminism offers a lens for analyzing societal biases and institutional gaps in counseling education, while PCT provides a foundation for fostering genuine, empathetic, and affirming therapeutic relationships. Their integration allows for a holistic exploration of both the systemic and personal dimensions of counsellor preparedness, ensuring that future professionals are equipped to offer inclusive and competent support to LGBTQI individuals

1.3 Conceptual Framework

The conceptual framework for this study is grounded in understanding the interplay between attitudes, competence, ethical considerations, and value conflicts that shape trainee counsellors' preparedness to work with LGBTQI clients. It integrates key constructs relevant to counselling psychology, multicultural competence, and ethical decision-making.

Trainee counsellors' attitudes toward LGBTQI clients significantly influence their willingness and effectiveness in providing counseling services. These attitudes are shaped by personal beliefs and biases influenced by cultural, religious, and societal norms, as well as the level of exposure and training they receive on LGBTQI issues. While some trainee counsellors may view LGBTQI individuals as engaged in self-exploration and deserving of affirming care, others may see them through a lens of disapproval, discomfort, or even resistance. These varying perspectives directly impact whether counsellors approach LGBTQI clients with acceptance, neutrality, or reluctance.

Preparedness to work with LGBTQI clients is largely dependent on multicultural competence, which refers to the ability to work effectively with clients from diverse backgrounds. This includes knowledge about LGBTQI identities, their specific mental health concerns, and the societal challenges they face. Additionally, familiarity and comfort levels with LGBTQI individuals play a crucial role in how confident trainee counselors feel in working with them. Those with prior interactions or affirmative training are more likely to feel competent and prepared, while those without such experiences may experience discomfort or avoidance. The study also considers the importance of skills in LGBTQI-affirmative therapy, such as the use of inclusive

language, the ability to create a safe therapeutic space, and practical counselling techniques tailored to the unique experiences of LGBTQI clients. A lack of multicultural competence may result in microaggressions, implicit biases, or even harmful therapeutic practices.

Ethical considerations are another crucial aspect of trainee counsellors' preparedness to work with LGBTQI clients. Ethical competence ensures that even counselors who struggle with personal reservations can still provide unbiased and professional support. The ability to engage in ethical bracketing thus setting aside personal beliefs to uphold professional standards is a critical skill in this context. Furthermore, ethical principles such as client confidentiality, autonomy, and non-discrimination are essential in providing a safe and affirming therapeutic environment. When trainee counsellors lack a solid ethical foundation, they may struggle to navigate value conflicts or may inadvertently compromise the well-being of LGBTQI clients.

One of the most significant challenges explored in this framework is the potential conflict between personal values and professional obligations. Many trainee counsellors, particularly those from religious or culturally conservative backgrounds, may experience cognitive dissonance when their deeply held beliefs are at odds with the ethical requirement to provide unbiased and nonjudgmental support. This study acknowledges that such value conflicts can lead to emotional distress, resistance, or outright refusal to work with LGBTQI clients. It also considers coping strategies such as professional supervision, mentorship, and self-reflection, which may help trainee counselors reconcile their values with their professional responsibilities.

Overall, this conceptual framework posits that attitudes, multicultural competence, ethical considerations, and value conflicts interact to shape trainee counsellors'

preparedness to work with LGBTQI clients. Counsellor training institutions, professional ethical guidelines, and personal experiences serve as key moderating factors that either enhance or hinder their ability to provide inclusive and effective mental health support. Addressing gaps in training, increasing exposure to LGBTQI issues, and strengthening ethical education are crucial in fostering a counseling workforce that is both competent and culturally sensitive.

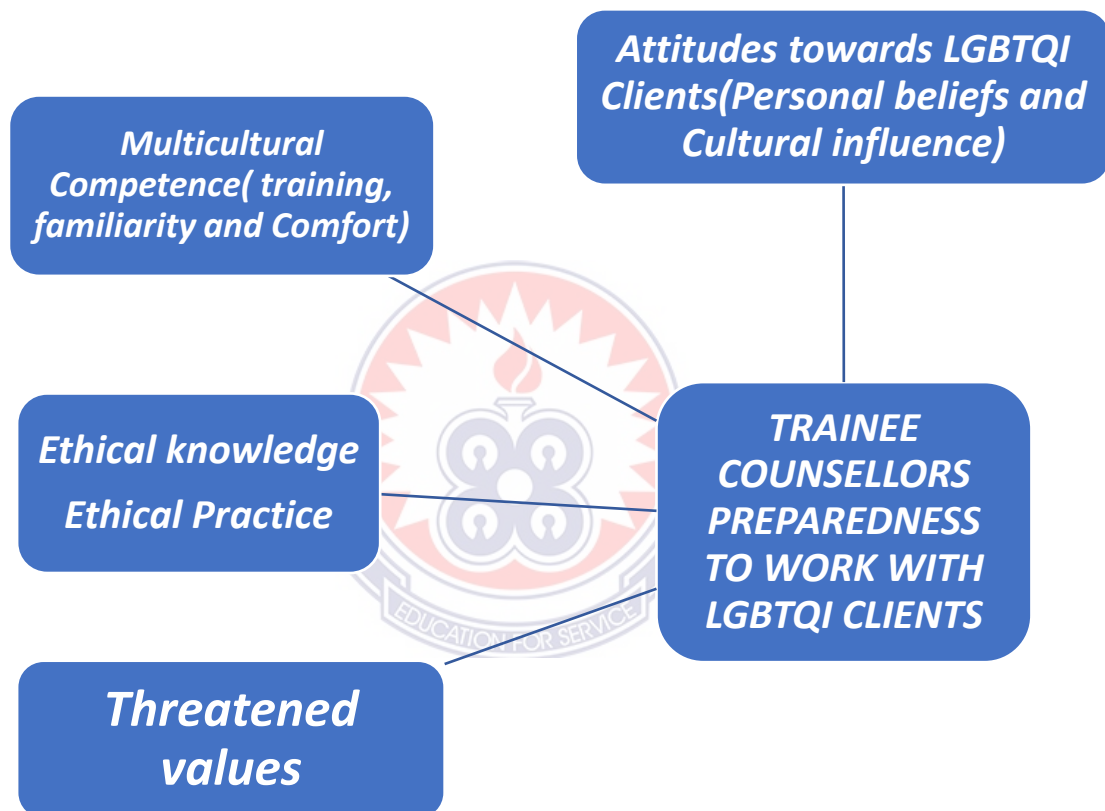


Figure 2.1: Conceptual Framework *Source: Researcher's Construct*

1.4 Statement of the Problem

LGBTQI individuals face significant mental health challenges due to discrimination, rejection, and societal stigma (Gaur et al., 2023). Despite increasing awareness, many trainee counsellors remain unprepared to support LGBTQI clients, as counsellor education programs often lack LGBTQI-affirmative training (Carney & Kahn, 1984).

This gap hinders their ability to build therapeutic relationships, provide culturally competent care, and address the unique mental health concerns of LGBTQI individuals. Additionally, biases and misconceptions among trainee counselors can lead to ineffective or even harmful counseling practices .

Although global bodies like the WHO, APA, and ACA advocate for LGBTQI-inclusive mental health policies according to Ahrens & Woodward (2020), implementation remains weak in Africa, including Ghana. While South African counsellors show more affirmative attitudes (Muller, 2017), research in Ghana highlights structural barriers preventing LGBTQI individuals from accessing quality care (Kushwaha et al., 2017). Societal hostility further complicates psychological support, with some advocating conversion therapy, despite its harm (Coleman et al., 2023; American Psychiatric Association, 2022).

Research in Africa and Ghana suggests that many students, including counsellor trainees, hold negative perceptions of LGBTQI individuals due to personal, cultural, and religious values (Gyasi-Gyamrah et al., 2019; Yi et al., 2022). Ethical bracketing is essential in preventing value imposition in therapy, yet its emphasis in training remains limited (Grunhaus et al., 2018). While studies have explored professional counselors' attitudes (Canvin et al., 2022; Pachankis et al., 2021), few have examined the preparedness of trainee counselors, particularly in Ghana. Moreover, previous research has been predominantly quantitative (Brammer & Goodrich, 2022; McCormick et al., 2017), leaving methodological gaps.

Given these gaps in knowledge, geography, and methodology, this study focuses on counselor trainees at the University of Education, Winneba (UEW) to assess their preparedness in working with LGBTQI clients. The choice of UEW is crucial as it

serves as a leading institution for training Ghana's future counsellors. Exploring their readiness through a qualitative lens will provide in-depth insights into the challenges and potential interventions needed to enhance LGBTQI-inclusive counseling education in Ghana.

1.5 Purpose of the Study

The purpose of the study was to explore University of Education Winneba trainee counsellors' preparedness to work with LGBTQI clients.

1.6 Research Objectives

The objectives of the study are to:

1. Explore UEW trainee-counsellors' attitudes towards LGBTQI clients and understand how these attitudes influence their counselling approach.
2. Explore the perceived competence of UEW trainee counsellors regarding their experiences and preparation to provide counselling to LGBTQI clients.
3. Understand how UEW trainee counsellors intend to practice ethical bracketing in their interactions with LGBTQI clients.
4. Explore some values of UEW trainee counsellors that could be threatened in their professional line of duty with LGBTQI clients.

1.7 Research Questions

1. What are the attitudes of UEW trainee counsellors towards LGBTQI individuals?
2. How do UEW trainee counsellors perceive their competence regarding their experiences and training to provide counseling to LGBTQI clients?

3. How do UEW trainee counsellors intend to practice ethical bracketing in their interactions with LGBTQI clients?
4. What values are held by UEW trainee counsellors that may be at risk of being challenged or threatened when working with LGBTQI clients in their professional roles?

1.8 Significance of the Study

The findings of this study hold significant implications across theoretical, practical, and methodological domains, reflecting the study's comprehensive impact. This study contributes to the theoretical understanding of counselor education by integrating multicultural competence frameworks within the Ghanaian context. By examining how these frameworks address the unique mental health needs of LGBTQI individuals, the study expands existing theories on cultural competence and inclusivity in counseling practices. This theoretical advancement offers a nuanced perspective that enriches the global discourse on effective counselor training.

Practically, the study's findings inform the enhancement of counselor education programs' curricula, emphasizing the integration of best practices and increased exposure to diverse populations during practicum and internship experiences. This alignment with the Ghana Psychological Council's efforts ensures the provision of equitable mental health services to all individuals, irrespective of sexual orientation or gender identity. The study's insights are instrumental in triggering curricular reforms that better prepare trainee counselors to address the mental health conditions of marginalized groups like the LGBTQI community without discrimination or prejudice.

Methodologically, the study employs robust research designs and data collection strategies that can serve as a model for future research in counselor education and multicultural competence. By addressing potential biases and ensuring the reliability and validity of findings, the study sets a precedent for conducting ethically sound and impactful research in this field.

In summary, this study's findings offer a comprehensive contribution to the theoretical frameworks, practical applications, and methodological approaches in counselor education, particularly concerning the mental health needs of LGBTQI individuals in Ghana.

1.9 Delimitation

The study focused on the 2021/2022 Master of Philosophy (MPhil) year group of trainee-counsellors within the Department of Counselling Psychology at the University of Education, Winneba (UEW). Students of this specific academic were chosen because, at the time of the research, they had completed their coursework and were actively engaged in practicum placements, aligning with the American Psychological Association's definition of trainee-counsellors as individuals undergoing practical training after completing theoretical studies. Consequently, the findings from this research are not contextually bound to the entire trainee-counsellors and also this may not be generalized to all trainee-counsellors in Ghana

1.10 Definition of Terms

Attitude: In psychology, an attitude is a set of emotions, beliefs, and behaviors toward a particular object, person, thing, or event. In the context of this study, 'attitude' refers to the predispositions and evaluative judgments encompassing beliefs, feelings, and behavioral intentions that trainee counselors hold toward their LGBTQI

clients. These attitudes can significantly influence the therapeutic relationship and the effectiveness of counseling interventions. Understanding these attitudes is crucial, as they can impact the counselor's ability to provide unbiased and supportive services to clients from diverse sexual orientations and gender identities.

Trainee-Counsellors: Individuals enrolled in formal counselor education programs, such as the Master of Philosophy (MPhil) in Counselling Psychology at the University of Education, Winneba (UEW). These programs encompass academic coursework, supervised practicums, and internships designed to develop the competencies necessary for providing effective counseling services.

Therapy: A collaborative process between a trained counselor and a client, aimed at addressing emotional, psychological, and behavioral concerns. Within this study, therapy refers to the interventions employed by trainee counselors to support clients, including those from marginalized groups like the LGBTQI community, in achieving mental well-being.

Mental Health: The state of emotional and psychological well-being that enables individuals to cope with the normal stresses of life and function effectively. This study focuses on the mental health of LGBTQI individuals, examining how trainee counselors address the unique challenges faced by this population.

LGBTQI: An acronym representing:

- **Lesbian:** Women who are romantically or sexually attracted to other women.
- **Gay:** Individuals, particularly men, who are romantically or sexually attracted to members of the same gender.

- **Bisexual:** Individuals who are romantically or sexually attracted to more than one gender.
- **Transgender:** Individuals whose gender identity differs from the sex they were assigned at birth.
- **Queer/Questioning:** 'Queer' is a term used by individuals who identify outside traditional norms of gender and sexuality; 'Questioning' refers to those exploring their sexual orientation or gender identity.
- **Intersex:** Individuals born with physical sex characteristics that do not fit typical definitions of male or female.

In this study, LGBTQI refers to individuals whose sexual orientations or gender identities fall within these categories.

Multicultural Competence: The ability of trainee counselors to understand, respect, and effectively work with clients from diverse cultural backgrounds, including those identifying as LGBTQI. This competence involves recognizing one's own biases and adapting counseling approaches to meet the unique needs of each client.

Ethical Bracketing: The practice by counselors of setting aside their personal values and biases to maintain objectivity and provide nonjudgmental support to clients. In this study, it pertains to how trainee counselors manage their beliefs when working with LGBTQI clients to ensure ethical and effective counseling.

Preparedness: The extent to which trainee counselors feel ready and adequately equipped to address the mental health needs of LGBTQI clients. This includes having the necessary knowledge, skills, and attitudes to provide competent and sensitive counseling services.

Counsellor Education: The formal training and educational experiences designed to prepare individuals for the practice of counseling. Within the context of this study, it refers to the curriculum and training provided by UEW to develop competencies in addressing the needs of diverse populations, including LGBTQI individuals.

Empathy: The ability of trainee counselors to understand and share the feelings of their clients, demonstrating compassion and sensitivity towards their experiences. This study examines the role of empathy in effectively supporting LGBTQI clients.

Supervision: The process by which experienced counseling professionals provide guidance and support to trainee counselors. In this study, supervision involves overseeing trainee counselors' work with LGBTQI clients to enhance their skills and professional development.

Affirmative Therapy: A therapeutic approach that validates and supports the identities and experiences of LGBTQI individuals, promoting acceptance and empowerment. This study explores the extent to which trainee counselors are trained in and apply affirmative therapy practices.

Competence: The ability of trainee counselors to perform counseling tasks effectively, demonstrating the necessary knowledge, skills, and understanding in working with diverse populations, including LGBTQI clients.

Nonconformist: Individuals who do not conform to established norms, values, or expectations, often challenging societal conventions. In the context of this study, it may refer to LGBTQI individuals whose identities or lifestyles differ from societal norms.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter deals with the review of the related literature under the following sub-headings

- The Concept of Counselling.
- The Concept of the LGBTQI menace (historical and cultural contexts of LGBTQI identities).
- Discrimination against LGBTQI Individuals
- Mental Health among LGBTQI Individuals
- Counsellor trainees' Attitudes towards LGBTQI Clients.
- Counsellor Education Programs
- Multicultural Competence
- Ethical Bracketing
- Value Threats in Counselling LGBTQI Clients
- Summary of the Related Literature.

2.1 The Concept of Counselling

Counselling has been shaped by various societal changes, such as the increasing diversity of clients, the rise of technology, and the need for evidence-based practices. The concept of diversity is fundamental to comprehending what counselling is all about (Koç & Kafa, 2019).

Counselling is a sort of assistance that strives to accommodate its clients' unique needs and learning styles. Due to the fact that counselling is a frontline service, counsellors are not experts in a specific therapeutic style. Instead, counsellors must be

able to work with anyone who walks through the door or contact them via phone or other methods. Historically, the concept of counselling arose during World War II, when soldiers suffered severe emotional trauma (Nor, 2020). Moreover, Nor further argued that counselling services have become increasingly important as the number of people suffering from psychological problems, such as stress, depression, and anxiety, increases at an alarming rate due to the rapid development that has a negative impact on the physical and mental health of the people. There are many different ways that counselling might be seen. Some people believe that this approach to wellness, what they call "care of the soul" goes all the way back to ancient Greece. Counselling has given some people language to describe their own experiences, which has led to entirely new ways of thinking about who they are and what it means to be alive. Brown et al., (2013) intimated that still, others see counselling as nothing more than a covert religious practice couched in scientific terms. Several theories and approaches have been developed to explain the counselling process and help clients with different types of issues. One of the most widely used theories is the person-centered approach, which emphasizes the importance of empathy, unconditional positive regard, and congruence in the therapeutic relationship (Campbell, 2017). Cognitive-behavioral therapy (CBT) is another popular approach that focuses on changing maladaptive thoughts and behaviors through a structured and goal-oriented process (Ong et al., 2022). Other theories, such as psychodynamic, existential, and feminist, offer different perspectives on the therapeutic process and address various aspects of human experience. Apart from theoretical perspectives, several approaches to counselling have been developed to address different client needs and contexts. For instance, group counselling has been used to help clients who share common experiences or issues, such as substance abuse or grief (Thimm & Antonsen, 2014).

Online counselling, also known as e-therapy, has emerged as a convenient and accessible way to provide mental health services to clients who cannot attend traditional face-to-face sessions. Other approaches, such as solution-focused brief therapy and motivational interviewing, offer specific techniques and strategies to address particular issues.

Several studies have examined the effectiveness of counselling for various psychological issues, such as depression, anxiety, trauma, and relationship problems. Overall, the literature suggests that counselling is an effective intervention for many clients, with effect sizes ranging from moderate to large. However, the effectiveness of counselling may depend on various factors, such as the client's motivation, the therapeutic alliance, the therapist's skills and experience, and the type and severity of the problem (Yii-Nii, 2016). Additionally, some studies have found that certain types of counselling, such as CBT, are more effective than others for specific issues (David et al., 2018). Theoretical perspectives, approaches, and techniques have been developed to address different client needs and contexts, and several studies have examined the effectiveness of counselling for various psychological issues. While counselling is generally considered an effective intervention, its effectiveness may depend on various client, therapist, and contextual factors. Further research is needed to determine the optimal approach to counselling for specific client populations and issues

2.2 Concept of LGBTQI

The concept of LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and Intersex) refers to a diverse group of individuals who identify as having a sexual orientation or gender identity that is different from the norm (West-Livingston et al.,

2021.). Over the past few decades, there has been a growing body of research on LGBTQI issues, including the experiences of individuals who identify as LGBTQI, the social and cultural context in which they live, and the various challenges they face (Harper et al., 2003). One of the key issues faced by LGBTQI individuals is discrimination and prejudice. A study by the Williams Institute found that LGBTQI individuals are more likely to experience discrimination in various areas of their lives, including employment, housing, and health care (Romero et al., 2020). In addition, LGBTQI individuals are often subjected to violence and hate crimes, with transgender individuals being particularly vulnerable. Another important issue for the LGBTQI community is mental health. Research has shown that LGBTQI individuals are at a higher risk of mental health problems, such as depression and anxiety, compared to their non-LGBTQI peers (Espelage et al., 2018). This may be due to the stress and discrimination they face as well as the lack of social support and acceptance they receive. There is also a growing body of research on the experiences of transgender individuals, who face unique challenges in a society that often views gender as binary and fixed. Studies have shown that transgender individuals are at a higher risk of experiencing discrimination, violence, and poverty, and are also more likely to face barriers to accessing health care.

In terms of the broader social and cultural context, there is evidence that attitudes towards LGBTQI individuals are becoming more accepting in many parts of the world. However, there are still significant disparities between countries and regions, and many individuals continue to face discrimination and prejudice. Despite the challenges faced by LGBTQI individuals, there are also signs of acceptance and change in other cultures. For example, the legalization of same-sex marriage in many countries has been a significant step forward for LGBTQI rights. In addition, there

has been a growing movement for greater visibility and representation of LGBTQI individuals in media and popular culture. Research on LGBTQI issues has grown significantly in recent years, and there is now a better understanding of the experiences and challenges faced by LGBTQI individuals. However, there is still much work to be done to ensure that all individuals, regardless of their sexual orientation or gender identity, are treated with dignity and respect.

2.2.1 Various Identities within the LGBTQI Community

One of the challenges facing the LGBTQI community is the use of appropriate terminology. The terms used to describe gender and sexuality are often complex and can vary between different cultures and communities. In a study by Steele (2022), the author reviewed the history and definitions of LGBTQI terminology, focusing on the use of the term 'queer'. She found that the term has a complex history and has been reclaimed by some members of the LGBTQI community as a positive self-identifier, while others continue to view it as a slur. Another study by Bockting et al., (2020) reviewed the use of terminology related to gender identity, including terms such as transgender, genderqueer, and nonbinary. The authors found that there is often confusion and misunderstandings around these terms, and that it is important for healthcare providers to understand the nuances of each identity. Another study by Reynish et al., (2023) explored the definitions of LGBTQI identities within rural communities in Australia. The authors found that these identities are often invisible and marginalized in rural areas, and that there is a need for greater support and resources to address the unique challenges faced by LGBTQI individuals in these settings.

In terms of sexual desire, the acronym LGBTQI represents a diverse group of individuals who identify as lesbian, gay, bisexual, transgender, queer, and intersex. Each letter in the acronym represents a unique aspect of identity, and the LGBTQI community as a whole is united in the fight for equality, acceptance, and the right to be themselves without fear of discrimination or prejudice.

2.2.2 Lesbian

The "L" in LGBTQI stands for lesbian, which refers to a woman who is romantically and/or sexually attracted to other women. Lesbian identity encompasses a diverse range of experiences and behaviors, and research in recent years has highlighted the complexity of lesbian sexual identity (Averett et al., 2012). Scholars have explored various aspects of lesbian identity, including sexual desire, romantic attraction, gender expression, and social relationships (Diamond, 2021). Lesbians have long been a part of the LGBTQI community and have played a significant role in the fight for LGBTQI rights and visibility. Research suggests that lesbian women experience a wide range of sexual attractions, including attraction to women who identify as either masculine or feminine (Pachankis et al., 2020). Research has also explored the relationship between lesbian identity and gender expression in which Petruzzella et al., (2019) established that lesbian women who identified as more masculine reported experiencing greater discrimination and harassment than those who identified as more feminine. In terms of social relationships, research has highlighted the importance of social support for the mental well-being of lesbian women. A study by McConnell et al., (2016) found that social support from family, friends, and peers was a significant protective factor against mental health problems for lesbian women. Regarding sexual activities, research has examined the diverse range of sexual behaviors engaged in by lesbian women. A study by Frederick et al., (2021) found that lesbian women reported

engaging in a variety of sexual behaviors, including kissing, touching, oral sex, and vaginal penetration with either fingers or sex toys.

2.2.3 Gay

The "G" in LGBTQI stands for gay, which refers to a man who is romantically and/or sexually attracted to other men. Gay men have faced discrimination and persecution throughout history, and the LGBTQI rights movement owes much of its progress to the bravery and activism of gay men. According to Flores et al., (2015), the term "gay" originated in the 20th century as a way for homosexual men to identify themselves within their own communities. However, gay men have faced discrimination and persecution throughout history, including criminalization, institutionalization, and even execution.

Today, gay men continue to face discrimination and stigma in various aspects of their lives, including employment, housing, and healthcare (Addis et al., 2009). Furthermore, the intersection of being both gay and a member of another marginalized group, such as being a person of color or transgender, can compound the discrimination and oppression experienced by gay men (Swann et al., 2020).

Despite these challenges, gay men have also made significant contributions to society, including in the arts, politics, and science. It is important to recognize the challenges, the diversity and resilience of the gay community, while also acknowledging and addressing the ongoing issues of discrimination and mental health inequalities faced by gay men today (Flores et al., 2015).

2.2.4 Bisexual

The "B" in LGBTQI stands for bisexual, which refers to a person who is attracted to both men and women. Bisexual people may face unique challenges within the LGBTQI community, including erasure and stereotypes that perpetuate harmful myths about bisexuality. Bisexual individuals are often erased within the LGBTQI community, as they may be perceived as being either "too gay" or "not gay enough"(Vicars & Van Toledo, 2021). Bisexual individuals may also face bi-phobia, which is the fear or hatred of bisexual individuals. These challenges contribute to the invisibility of bisexual individuals within the LGBTQI community and can lead to feelings of isolation and marginalization.

Stereotypes and myths about bisexuality can also contribute to the challenges faced by bisexual individuals within the LGBTQI community. For example, bisexual individuals may be stereotyped as being sexually promiscuous or unable to commit to a monogamous relationship. These stereotypes can perpetuate harmful myths about bisexuality and contribute to the erasure and marginalization of bisexual individuals within the LGBTQI community. Intersectionality is an important consideration when examining the challenges faced by bisexual individuals within the LGBTQI community. For example, bisexual individuals who are also members of other marginalized groups, such as people of color, may experience compounded discrimination and face additional challenges within the LGBTQI community (Goldsmith & Bell, 2022). This intersectionality highlights the importance of understanding the unique experiences of bisexual individuals within the larger LGBTQI community.

2.2.5 Transgender

Transgender is an umbrella term that encompasses people whose gender identity or expression does not conform to traditional gender norms. Transgender individuals according to Lobato et al., (2019) may identify as male, female, both, neither, or something else entirely. They further argued that gender dysphoria is the psychological distress that some transgender people experience when their gender identity does not match their assigned sex at birth. Transgender individuals face significant challenges, including discrimination in healthcare, employment, and housing. Research has shown that transgender individuals are more likely to experience mental health issues such as depression, anxiety, and suicidal ideation (O’Leary, 2022). Stigma and lack of understanding contribute to these mental health issues. Transgender individuals also experience high levels of victimization and violence. Furthermore, transgender individuals face barriers to accessing healthcare, including lack of insurance coverage, denial of care, and negative attitudes from healthcare providers (Glick et al., 2018).

2.2.6 Queer

People interpret their sexual orientation and identity in such a way that any two individuals with the same sexual identity may differ markedly in terms of whom they are sexually attracted to, mate with, and engage in romantic relationships with (Goldberg et al., 2020). Nonetheless, lesbian, homosexual, bisexual, and heterosexual identities have traditionally been characterized by gendered sexual interest and relationship patterns (Hammack et al., 2018). Thus, heterosexual men and women are assumed to be exclusively attracted to women and men, lesbians are assumed to be attracted to women, homosexual men to men, and bisexual men and women to both men and women (Suen et al., 2020). During the late 19th and early 20th centuries, the

derogatory term "queer" was applied to individuals with same-sex inclinations or relationships. In the late 20th century, both intellectuals and activists reclaimed the term "queer." For some academics, the term queer represented a critique of the mainstream lesbian, homosexual, and bisexual (LGBTQI) community (Berliner, 2018). For instance, queer theory developed from feminist and LGBTQI studies viewed sex and gender as non-essentialist, fluid, and non-binary (Richter-Montpetit, 2018). Queer emerged as a social and personal identity for some within the context of these community and academic discourses, characterized by the rejection of binary categories of gender and sexuality and the inclusion of any non-normative sexual or gender identity (Burford & Allen, 2018). Bryan (2018), stated that Queer is a term that has been reclaimed by many LGBTQI communities as an umbrella term for all sexual and gender minorities. Similarly, Bradford et al., (2019), argue that Queer has become an umbrella term for sexual and gender minorities that challenges the notion of fixed or binary identities. Furthermore, Queer is a term that reflects the diversity and complexity of non-normative sexual and gender identities and is inclusive of individuals who do not identify with traditional LGBTQI labels. This sentiment was also echoed by Cooper et al., (2020), who argue that Queer serves as an inclusive umbrella term for individuals who do not identify as heterosexual or cisgender. In recent years, "queer" has also become an umbrella term for a range of non-traditional sexual and gender minority identities that go beyond the categories of gay, lesbian, bisexual, and transgender (Lev & Sennott, 2021). An example of these non-traditional identities is asexual, which refers to individuals who do not experience sexual attraction to any gender. Asexuality has gained greater recognition in recent years, with studies estimating that 1% of the population identifies as asexual (Brown et al.,

2021). Also pansexuality refers to individuals who are attracted to people of all genders, rather than being limited to a specific gender identity (Galupo et al., 2017).

2.2.7 Intersex

Intersex is a term used to describe individuals born with biological characteristics that do not fit typical male or female definitions (Lundberg et al., 2018). It is estimated that intersex individuals make up around 1% of the population (Kreukels et al., 2018). Despite their existence, intersex people have faced significant stigmatization, discrimination, and marginalization throughout history. Intersex individuals have historically been subject to medical interventions aimed at conforming their bodies to binary male or female norms. These interventions are often performed without the informed consent of the individual or their parents and can have harmful physical and psychological consequences (Carpenter, 2018). Additionally, intersex individuals face significant stigma and discrimination, including being denied legal recognition of their gender and being subject to violence and harassment (Srikummoon et al., 2022). Intersex individuals also experience high rates of mental health issues, such as anxiety and depression, which are often linked to the shame and isolation caused by their experiences (Rosenwohl-Mack et al., 2020). Finally, there has been increased attention to the importance of providing intersex individuals with mental health support and resources (Rosenwohl-Mack et al., 2020).

2.3 Historical and Cultural Contexts of LGBTQI Identities

Same-sex relationships have a complex history that spans many cultures and societies throughout history with varied attitudes towards homosexuality widely, there are significant examples of same-sex relationships and even acceptance of these relationships in many cultures (Kirkpatrick, 2000).

In ancient Greece, same-sex relationships were accepted and even celebrated. The poet Sappho wrote openly about her love for other women, and same-sex relationships between men were depicted in art and literature, however, in ancient Rome, same-sex relationships were often frowned upon and even criminalized due to the emergence of Abrahamic laws (Arimoro, 2021).

In some cultures, same-sex relationships were viewed as a spiritual practice. In pre-colonial Africa, there were examples of same-sex relationships being part of religious rituals (Ananyev & Poyker, 2021). The question of same-sex sexual attraction and expression in African societies has been a topic of much debate in recent years. While some scholars such as Msibi (2011), argues that homosexuality is a Western import and therefore not part of African culture, Dankwa (2023), suggest that same-sex sexual attraction and expression have existed in Africa for centuries, albeit often in hidden or marginalized ways.

One of the key arguments made by scholars such as Amory (1997), who disputed the existence of homosexuality in African societies, is that there is no historical evidence of a “gay” identity or a pathologized “homosexual” category. This is certainly true, insofar as modern Western concepts of homosexuality and sexual identity did not exist in precolonial African societies. However, this does not mean that same-sex sexual attraction and expression were unknown or nonexistent.

In fact, many African societies had their own systems of sexual and gender identity that allowed for a range of non-heterosexual behaviors and relationships (Wandere, 2021). For example, in many West African societies, there were third gender categories, such as the Hausa term “yan daudu,” which referred to men who dressed and acted like women and were often involved in same-sex relationships (Dankwa,

2023). Although same-sex sexuality is practiced in some African countries, it is difficult to find high-quality research on this topic in the social sciences and humanities. Of course, it is important to recognize that not all African societies accept or even acknowledge same-sex sexual attraction and expression. Many societies had strict taboos against homosexuality and viewed it as a sin or a form of moral corruption. In some cases, same-sex relationships were punished with ostracism, violence, or even death. Nevertheless, it is clear that there was a great deal of diversity in how African societies understood and dealt with non-heterosexual behaviors and relationships (Ahuja, 2017; Arimoro, 2021; Hoad, 2016).

It is also worth noting that the arrival of European colonial powers in Africa had a profound impact on attitudes towards same-sex sexual attraction and expression. Many European powers imposed strict anti-sodomy laws on their African colonies, which criminalized same-sex behavior and led to increased persecution of LGBTQI individuals. This legacy of colonialism continues to influence attitudes towards homosexuality in many African countries today, where same-sex behavior remains illegal and stigmatized (Brimmer, 2020).

The emergence of LGBTQI identities as distinct social categories can be traced back to the late 19th and early 20th centuries (Weeks, 2017). Urbanization, industrialization, and the rise of consumer culture created new opportunities for social interaction and led to the development of subcultures that included LGBTQI individuals. The emergence of LGBTQI identities was also influenced by changing attitudes towards sexuality, gender, and identity in the context of the feminist and civil rights movements (Bernstein, 2002). The groundbreaking investigations carried out by Kinsey and his team (1948, 1953) on male and female sexuality caused

controversial discussions when showing that homosexual behaviour was more common than assumed (Brown & Fee, 2003). These results continued to be influential for several years after, especially in debates on the depathologization of homosexuality by the World Health Organization .

Since the emergence of LGBTQI identities, these identities have undergone significant changes. One of the most notable changes has been the increasing visibility of LGBTQI individuals in mainstream culture. This visibility has been facilitated by the media and social media platforms (Berger et al., 2022). As a result, LGBTQI identities have become more diverse and complex, with individuals identifying with a range of gender and sexual identities.

The issue of LGBTQI rights in Ghana has been shaped by historical, cultural, and legal perspectives. Historically, Ghanaian society, like many African communities, has largely adhered to heteronormative values rooted in traditional customs and religious beliefs. Pre-colonial Ghanaian societies had varying perceptions of same-sex relationships, with some historical accounts suggesting the existence of non-heteronormative behaviors in indigenous communities, though often unspoken or ritualistic (Epprecht, 2008).

During the colonial era, British-imposed sodomy laws under the Criminal Offences Act, 1960 (Act 29) criminalized same-sex relations, reinforcing the societal rejection of LGBTQI identities (Quashigah, 2020). Post-independence Ghana maintained these colonial-era laws, with Section 104 of the Criminal Code continuing to criminalize "unnatural carnal knowledge," which is widely interpreted as targeting LGBTQI individuals (Human Rights Watch, 2018).

Public sentiment towards LGBTQI individuals remains largely negative, with religious and cultural groups vehemently opposing any form of recognition or rights for sexual minorities. A study by Yeboa-Mensa (2017) revealed that many Ghanaians associate LGBTQI identities with Western influence and moral decadence, leading to widespread calls for criminalization and punitive measures. In recent years, the anti-LGBTQI rhetoric has intensified with the introduction of the Promotion of Proper Human Sexual Rights and Ghanaian Family Values Bill, 2021, which seeks to further criminalize LGBTQI activities and advocacy while mandating psychological interventions for LGBTQI individuals (Coleman et al., 2023).

Despite the hostile environment, there have been sporadic efforts by human rights organizations to advocate for the protection of LGBTQI individuals against violence and discrimination. However, the intersection of legal, religious, and socio-cultural factors continues to marginalize this population, making access to mental health services a critical but overlooked necessity (Kushwaha et al., 2017).

This historical trajectory underscores the urgent need to examine the preparedness of trainee counsellors to work with LGBTQI clients, as existing biases and legal frameworks may hinder the provision of inclusive mental health support.

2.4 Historical Account of Evolution of LGBTQI issues in Ghana

The history of LGBTQI identities in Ghana is complex, shaped by a mixture of indigenous cultural practices, colonial legacies, religious influences, and evolving socio-political attitudes. Contrary to widespread belief that LGBTQI identities are a Western import, anthropological records indicate that non-heteronormative behaviors and gender variance existed in precolonial African societies, including regions that make up modern-day Ghana (Epprecht, 2008). These expressions, however, were

often embedded in traditional and spiritual roles and were not categorized in the same terms as Western constructs of sexuality.

The advent of colonialism marked a turning point, as British rule imposed Victorian moral values on Ghanaian society. Homosexual acts were criminalized under colonial legal frameworks, particularly through the introduction of sodomy laws that were retained in Ghana's post-independence legal system. Section 104(1)(b) of the Ghanaian Criminal Offences Act, 1960 (Act 29) criminalizes “unnatural carnal knowledge,” which is widely interpreted to include same-sex sexual activities, although it does not explicitly use the term “homosexuality.”

Post-independence Ghana continued to view homosexuality through a conservative lens, influenced by deeply entrenched religious and cultural beliefs. While LGBTQI individuals have always existed in Ghanaian society, they have largely remained invisible due to fear of stigma, persecution, and social ostracism. Public discourse on LGBTQI issues remained relatively muted until the early 2000s, when increasing global advocacy for LGBTQI rights began to draw attention locally. However, this international pressure often triggered backlash, with political, religious, and traditional leaders reaffirming anti-LGBTQI sentiments as a defense of Ghanaian cultural values.

In the last two decades, Ghana has witnessed growing visibility and activism around LGBTQI rights, largely led by civil society organizations such as the Centre for Popular Education and Human Rights, Ghana (CEPEHRG), and the Human Rights Advocacy Centre (HRAC). These groups have worked to provide support services and challenge human rights abuses against LGBTQI+ individuals. However, their efforts have been met with significant resistance.

A critical moment occurred in 2021 with the introduction of the Promotion of Proper Human Sexual Rights and Ghanaian Family Values Bill, popularly known as the anti-LGBTQ Bill. The Bill, if passed, would criminalize LGBTQI advocacy, associations, and expressions of identity, imposing severe penalties on individuals and organizations that support LGBTQI rights (Coleman et al., 2023). This development has intensified national and international debate about the rights and recognition of LGBTQI persons in Ghana.

Despite increasing awareness, LGBTQI individuals in Ghana continue to face discrimination, violence, and exclusion from health and mental health services. Studies by Kushwaha et al. (2017) and Human Rights Watch (2018) have documented widespread abuse and systemic neglect. As such, the historical trajectory of LGBTQI issues in Ghana reflects a long-standing tension between traditional, colonial, and global forces that continue to shape the lived experiences and rights of LGBTQI individuals in the country

2.5 Discrimination against LGBTQI Individuals

Discrimination against individuals who identify as LGBTQI has been a significant concern in the field of counselling and education. Despite the legal and social progress towards LGBTQ acceptance and inclusion, there are still reports of discrimination against LGBTQ individuals in educational and therapy settings, including bullying, harassment, and lack of support (Chan et al., 2022).

LGBTQI individuals in schools are vulnerable to discrimination from their peers, which can lead to negative psychological outcomes such as depression, anxiety, and suicidal ideation. Studies have found that LGBTQI students experience higher rates of bullying, harassment, and victimization compared to their heterosexual peers (Russell

et al., 2018). LGBTQI students have reported being verbally harassed, physically assaulted, and excluded from social activities due to their sexual orientation or gender identity (C. M. Clark & Kosciw, 2022). Furthermore, discrimination by students can lead to feelings of isolation and social exclusion, which can affect their academic performance and future opportunities. In a study, Clark & Kosciw (2022), found that 70.1% of LGBTQI students reported being verbally harassed because of their sexual orientation, while 59.5% reported feeling unsafe at school. Additionally, 12.4% of LGBTQI students reported being physically assaulted because of their sexual orientation. The study also found that transgender students reported higher rates of victimization compared to cisgender students. Thus discrimination against LGBTQI students can take various forms, including verbal harassment, physical assault, exclusion from social activities, and cyberbullying (Devís-Devís et al., 2022). Verbal harassment can include name-calling, slurs, and homophobic or transphobic comments. Physical assault can involve hitting, kicking, or pushing. Exclusion from social activities can involve being left out of groups or events because of sexual orientation or gender identity. Cyberbullying can involve the use of technology to harass or intimidate, such as spreading rumors or sharing inappropriate photos. Abreu & Kenny, (2018) after conducting a systematic review of 27 empirical studies that investigate the effects of cyberbullying on LGBTQI youth, established that cyberbullying affects a significant percentage of this population, ranging from 10.5% to 71.3% across studies. The review also found that LGBTQI youth who experience cyberbullying commonly suffer from negative psychological and emotional consequences, such as suicidal thoughts and attempts, depression, and lower self-esteem. They may also experience behavioral problems, including physical

aggression, body image issues, and social isolation. Additionally, their academic performance may suffer, resulting in lower GPAs.

Discrimination against LGBTQI students can have negative psychological outcomes, such as depression, anxiety, and suicidal ideation (Devís-Devís et al., 2022). In a study, Russell et al. (2018) found that LGBTQI students were more likely to report suicidal thoughts and suicide attempts compared to their heterosexual peers. For example, 35% of LGBTQI students reported attempting suicide compared to 7% of heterosexual students. Discrimination can also lead to feelings of isolation and social exclusion, which can affect their academic performance and future opportunities (Devís-Devís et al., 2022).

2.6 Mental Health among LGBTQI Individuals

Mental health is an essential aspect of overall well-being that affects individuals' cognitive, emotional, and social functioning. A mental health according to WHO as cited by Fusar-Poli et al., (2020) can be defined as a state of well-being that allows individuals to cope with the normal stresses of life and function productively. LGBTQI individuals face several challenges related to mental health due to discrimination, prejudice, and stigma, which can lead to psychological distress, anxiety, depression, and other mental health disorders.

According to Klein (2017), LGBTQI individuals are at a higher risk of experiencing mental health disorders due to discrimination and stigma. The study found that LGBTQI individuals were more likely to experience depression, anxiety, and suicidal ideation than their heterosexual counterparts.

Similarly, a study by Gaur et al., (2023) found that LGBTQI youth are at a higher risk of experiencing mental health disorders due to social and familial rejection, bullying, and discrimination. The study found that LGBTQI youth were more likely to experience depression, anxiety, and substance abuse disorders than their heterosexual peers. LGBTQI youth often face mental health challenges and a higher risk of suicide than non-LGBTQI youth due to various factors such as discrimination, bullying, and rejection from family and peers. They are also more likely to engage in risky sexual behaviors and substance use (Madireddy & Madireddy, 2022). To address these disparities, it is essential to understand their root causes and implement prevention strategies, policies, and community programs that are tailored to LGBTQI youth.

The World Health Organization (WHO) as cited in Moagi et al., (2021), recognizes the mental health challenges faced by LGBTQI individuals and has made provisions to address these challenges. Maintaining good mental health is crucial for healthy relationships and a satisfying life. It is important to promote, protect, and restore mental health for individuals, communities, and societies globally. To achieve this, programs aimed at vulnerable populations, including minority groups, are essential in improving the response to mental health issues worldwide, according to the World Health Organization (2017). The WHO (2017), advocates for the elimination of discrimination against LGBTQI individuals and encourages the provision of appropriate mental health services and further recommends that mental health professionals should be trained in LGBTQI cultural competence to provide appropriate care.

The American Psychological Association (APA) as cited by Crapanzano & Mixon (2022), has also made provisions to address the mental health challenges faced by

LGBTQI individuals. The APA advocates for the elimination of discrimination and prejudice against LGBTQI individuals and encourages mental health professionals to provide affirmative therapy which is a type of therapy that validates LGBTQI individuals' experiences and supports their mental health needs (O'Shaughnessy & Speir, 2018).

The study conducted by Sanabria & Homrich (2018), on social advocacy in counsellor education programmes established that, the American Counseling Association (ACA) recognizes the mental health challenges faced by LGBTQI individuals and has made provisions to address these challenges. The ACA advocates for the elimination of discrimination and prejudice against LGBTQI individuals and encourages counselors to provide culturally sensitive therapy. Culturally sensitive therapy involves understanding the unique cultural experiences of LGBTQI individuals and providing appropriate care. This includes understanding the different challenges that LGBTQI individuals may encounter due to their sexual orientation, gender identity, or expression, and recognizing how cultural and societal attitudes may impact their mental health (Tomicic et al., 2020). For example, a culturally sensitive therapist may understand the fear, anxiety, and social isolation that an LGBTQI person may experience as a result of stigma and discrimination. They may also recognize the unique challenges faced by LGBTQI youth, such as bullying and harassment, which can lead to mental health issues like depression and anxiety. A culturally sensitive therapist would then work with the individual to provide support and guidance in managing these issues in a safe and affirming environment.

2.7 Trainee Counsellors' Attitude Towards LGBTQI Clients

LGBTQI clients have unique needs and concerns that require a specialized approach by counsellors. Trainee counsellors' attitudes and perceptions towards LGBTQI clients can significantly influence the effectiveness of counselling sessions (Barrett & McWhirter, 2002). Research indicates that trainee counsellors' attitudes towards LGBTQI clients can vary significantly, with some expressing discomfort or negative attitudes towards LGBTQI individuals (Hamtzani et al., 2022). For example, in a study conducted by Farmer (2017), found that trainee counsellors' religious beliefs and cultural background can impact their attitudes towards LGBTQI clients. In contrast, other studies found that education and training on LGBTQI issues can significantly improve trainee counsellors' attitudes and perceptions (Bidell & Whitman, 2013; Rutter et al., 2008; Sekoni et al., 2017). Negative attitudes towards LGBTQI individuals can have implications for equality if they result in discriminatory practices in counselling service delivery. In the UK, discrimination on the basis of protected characteristics, including sexual orientation and gender identity, is prohibited under the Equality Act 2010 and is mandated by professional standards in healthcare and social work. Similar standards exist internationally, such as the Global Social Work Statement of Ethical Principles, which emphasizes the importance of non-discriminatory practices in social work (Westwood, 2022).

Some studies have explored attitudes towards homosexuality in general. Westwood (2022), examines the challenges and gaps in the provision of healthcare and social services to LGBTQI individuals by religious organizations and practitioners who hold faith-based objections towards LGBTQI individuals and their lives. The review highlights four key themes. Firstly, there is a strong correlation between religious affiliation and negative attitudes towards LGBTQI people among professionals and

students. Secondly, religiosity appears to intensify these negative attitudes, especially among Christian and Muslim practitioners and students. Thirdly, educators' religious beliefs often shape curriculum design and delivery, with highly religious students often resisting or feeling oppressed by LGBTQI-inclusivity. Finally, there are examples of practice issues raised by LGBTQI individuals and professionals. Taegtmeyer et al., (2013) in their study to examine the attitudes and experiences of healthcare providers towards counselling men who have sex with men (MSM) in Kenya, with the focus on HIV prevention among gay men. Thirteen counsellors and three clinicians were interviewed to understand their values, attitudes, and cognitive and social constructs. The providers believed that targeted training would have been beneficial to enhance their effectiveness in MSM-specific risk reduction counselling, despite their increasing experience. They also expressed a desire for greater knowledge about MSM in Kenya to better comprehend the underlying causes of MSM risk-taking, such as poverty, sex work, substance abuse, misconceptions about transmission, stigma, and sexual desire. Providers were frustrated with the complexity of some clients' issues. Furthermore, they identified a need for training on how to inquire about specific risk behaviors, better strategies for negotiating risk reduction with clients, and more support and supervision from senior counsellors. In contrast, a study by Müller, (2017) found that South African counsellors had more positive attitudes towards homosexuality and were more likely to provide support to LGBTQI individuals. The study examines the healthcare experiences of sexual and gender minority individuals in South Africa, who are guaranteed non-discrimination and access to healthcare under the constitution. However, there is evidence of homophobia and transphobia in society, which may create barriers to accessing healthcare. The study of Muller, (2017) uses the UN International Covenant on

Economic, Social and Cultural Rights General Comment 14 Framework to analyze the experiences of LGBTQI individuals accessing public sector healthcare in South Africa, particularly regarding HIV counselling, testing, and treatment. The study found that participants reported experiences that violated all four elements of the UN General Comment 14 Framework. Firstly, there was a lack of public health facilities and services for both general and LGBTQI-specific concerns, which relates to the element of availability. Secondly, healthcare providers refused to provide care to LGBTQI patients, which violates the element of accessibility. Thirdly, there were instances of moral judgment and disapproval of LGBTQI patients' identity, as well as forced adherence to religious practices, which goes against the element of acceptability. Finally, healthcare providers lacked knowledge about LGBTQI identities and health needs, resulting in poor-quality care, which relates to the element of quality.

Similarly, there is a lack of research on trainee counsellors' attitudes towards LGBTQI clients in Ghana. However, some studies have explored attitudes towards homosexuality in Ghana. A study by Kushwaha et al., (2017), found out that the main healthcare climate prevented gay men to be themselves, and further established that gay men were not understood by healthcare providers and did not feel that healthcare providers cared about them, with some even endorsing violence towards LGBTQI individuals. Another study done by (Norman et al., 2016), established that, pornography and other forms of sexual media were considered a normal part of sexual behavior in Ghanaian society. However, the overall cultural discomfort with sexuality in Ghana can lead to distorted beliefs and fear about sexual identity. This can complicate efforts to address sexually transmitted infections or mental health issues related to sexuality.

Research indicates that trainee counsellors' attitudes and perceptions towards LGBTQI clients can vary significantly, with some expressing negative attitudes towards LGBTQI individuals (Grove, 2009). There is also a lack of research on trainee counsellors' attitudes towards LGBTQI clients in Africa, particularly in Ghana. Future research should explore attitudes towards LGBTQI clients among trainee counsellors in Africa and Ghana specifically, to inform the development of culturally sensitive counselling practices for LGBTQI individuals in these regions.

2.8 Counsellor Education Programs

Counselor education programs play a crucial role in preparing future counselors to work with diverse populations, including lesbian, gay, bisexual, transgender, and queer (LGBTQI) clients (Lloyd-Hazlett & Foster, 2013). With a surge in the population of the number of people identifying as LGBTQI, new counselors are likely to encounter many clients from this community. However, research indicates that many counselor education programs are not adequately preparing their students to work with LGBTQI clients (Grove, 2009). LGBTQI individuals experience significant mental health disparities compared to their heterosexual counterparts, including higher rates of depression, anxiety, substance use disorders, and suicidal ideation (Meyer, 2003). Given these disparities, it is essential that counselor education programs prepare their students to work with LGBTQI clients competently and effectively. The issue of counsellor incompetence in working with LGBTQI clients has been a topic of concern in the field of counselling for many years. Salpietro et al., (2019), suggest that a lack of rigorous training for counsellors that attends to family systems, intersectionality, and medical issues through gender-affirming therapies can contribute to counselor incompetence in this area.

Dessel & Rodenborg, (2017), also highlighted the importance of counselor training in working with LGBTQI clients. They found that counselling students who received training on LGBTQI issues were more likely to feel comfortable working with this population and had more positive attitudes towards them. This highlights the importance of including LGBTQI issues in counsellor training programs to increase the competency of counsellors in working with these clients.

Similarly, Hegblom (2021), found that counsellor training on transgender and gender non-conforming issues was related to increased self-efficacy and preparedness in working with these clients. They also found that training on this topic was related to more positive attitudes towards transgender and gender non-conforming individuals.

In terms of family systems, intersectionality, and medical issues, a study by Lewis et al., (2021) suggests that it is important for counsellors to be aware of the potential impact of family dynamics on the mental health of LGBTQI individuals. They found that LGBTQ+ individuals who experienced family rejection had higher levels of depression, anxiety, and suicidal ideation compared to those who did not experience rejection. This highlights the need for counsellors to be trained in family systems theory and practice, so they can help clients navigate these issues. Research again has established that access to gender-affirming medical treatments can improve the mental health outcomes of transgender individuals (Tordoff et al., 2022). Counselors who are trained in these medical issues can play a critical role in supporting their clients in accessing these treatments and navigating any potential challenges that may arise.

Hirschtritt et al., (2019), surveyed counsellor education program directors about the LGBTQI-related coursework offered in their programs. The results indicated that only

55% of programs included a course specifically focused on working with LGBTQ clients, and only 30% included LGBTQI-related content in other courses. Additionally, many programs did not require students to complete any LGBTQI-related coursework or training.

In another study, Bolding et al., (2020) surveyed counselling students about their attitudes towards working with LGBTQI clients and found that many students reported feeling underprepared to work with this population. The study evaluated the readiness of 435 occupational therapy students and recent graduates to work with LGBTQI clients using the LGBT-DOCSS scale. Results showed that participants rated themselves low on clinical preparedness questions, indicating inadequate training to work with LGBT clients. Participants' basic knowledge and clinical preparedness were positively influenced by hours of curriculum content related to LGBTQI populations. However, 21% of participants reported that the topic was not covered in their curriculum, while 68% reported less than two hours of instruction on LGBTQI topics.

In a study on counsellor education programs' roles on preparing trainee counsellors to work with LGBTQI clients, Sprik & Gentile, (2020), identified several key factors that contribute to effective LGBTQI competency training. These factors included exposure to LGBTQI clients, opportunities to engage in self-reflection and personal growth, experiential learning opportunities, and training on cultural humility and intersectionality.

At the faculty level of counsellor education programs, McGeorge et al., (2015) conducted a study which aimed to validate and define the factor structure of the Affirmative Training Inventory - Faculty Version (ATI-F), which evaluates the

perceptions of faculty members regarding the extent of LGBTQI affirmative training that is incorporated into clinical programs. The research results suggest that there is a connection between the inclusion of LGBTQI affirmative therapy content in classroom instruction and the beliefs of faculty members regarding LGBTQI individuals and relationships. The findings indicate that faculty members who hold more positive views towards LGBTQI clients are more inclined to integrate LGBTQI affirmative therapy content into their teaching.

In a study by Mollen et al., (2020) in Canada surveyed counseling students and faculty members about their perceptions of LGBTQI competency training in counsellor education programs. Results indicated that students and faculty members had differing perceptions of the adequacy of LGBTQI-related coursework and training. Faculty members reported higher levels of LGBTQI competency than students, suggesting a need for more effective training for students.

The American Counselling Association's (ACA) Code of Ethics 2014, requires that counselors provide culturally sensitive and competent services to all clients, including those who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQI). However, research indicates that many counselor education programs are not adequately preparing their students to work with LGBTQI clients (O'Hara et al., 2013).

The importance of counsellor education programs in preparing counsellors to work with LGBTQI clients cannot be overstated. CACREP (Council for Accreditation of Counseling and Related Educational Programs) is a recognized accreditation body that sets standards for counselling programs and ensures that they meet the needs of diverse clients, including LGBTQI individuals.

CACREP has taken a strong stance on the need for counsellor education programs to include training on working with LGBTQI clients. According to CACREP's 2016 Standards, programs must provide education on working with diverse clients, including those who identify as LGBTQI (CACREP, 2016). This education must include knowledge of LGBTQI culture and experience, as well as an understanding of the unique challenges and barriers that LGBTQI clients may face. According to the standards set by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), there is no clear instruction on how counselors should address issues related to sexual or gender identity in a culturally inclusive manner (CACREP, 2016). As a result, many counsellors may allow their personal biases or religious beliefs to interfere with their ability to provide effective counseling to individuals who identify as LGBTQI. That notwithstanding, CACREP has issued a position statement on counseling LGBTQI clients. The statement emphasizes the need for counselor education programs to provide comprehensive training on working with this population, including the development of attitudes and skills that will enable counsellors to provide culturally responsive and affirming care.

The available literature supports CACREP's stance on the importance of counselor education programs in preparing counsellors to work with LGBTQI clients. Studies such as that of Beauregard et al., (2016), have shown that counselors who receive training on working with this population are more likely to provide effective and affirming care. In addition, research has shown that LGBTQI clients who receive care from culturally competent counsellors are more likely to have positive outcomes and to feel comfortable seeking help (Cole, 2021).

However, despite the growing recognition of the importance of LGBTQI-inclusive training in counselor education programs, there are still significant gaps in training. Many counsellors report feeling unprepared to work with LGBTQI clients, and research suggests that there is a need for ongoing training and professional development to ensure that counsellors are equipped to provide affirming care.

CACREP's stance on the importance of counsellor education programs in preparing counselors to work with LGBTQI clients is supported by research and reflects a growing recognition of the importance of culturally responsive care. However, there is still work to be done to ensure that all counsellors receive the necessary training to work with this population effectively. Ongoing training and professional development, as well as continued advocacy and awareness-raising, are essential to promote LGBTQI-inclusive counselling and to ensure that all clients receive the care they need and deserve. It is, therefore, crucial for counsellor education programs to emphasize the importance of addressing awareness, knowledge, skills, and action related to LGBTQI competency.

Awareness is the first step in developing LGBTQI competency in counsellor education programs. A study conducted by Rhoten et al., (2022) found that awareness of LGBTQI issues was positively associated with counsellor self-efficacy in working with LGBTQI clients. It was therefore revealed that increasing awareness of LGBTQI issues in counsellor education was associated with increased cultural humility among counselling students.

Knowledge is another important component of LGBTQI competency in counsellor education programs. Hirschtritt et al., (2019) surveyed counselor education program directors about the LGBTQ-related coursework offered in their programs and found

that only 55% of programs included a course specifically focused on working with LGBTQI clients. However, research suggests that incorporating LGBTQI-related content into existing courses can be effective in increasing students' knowledge and skills since students who completed LGBTQI-related coursework may exhibit higher levels of cultural competence.

Developing skills for working with LGBTQI clients is a critical aspect of LGBTQI competency in counsellor education programs. One study by Kull et al., (2017) found that counselling students who participated in a training program focused on LGBTQI issues reported increased self-efficacy and skills in working with LGBTQI clients , their finding was similar to a related study by Morris et al., (2019), they established that, counselling students who participated in a clinical training program focused on LGBTQI issues had significantly higher levels of LGBTQI competency than those who did not participate in the program.

The final component is action, which refers to the application of awareness, knowledge, and skills in practice. One study by Pepping et al., (2018) examined the effectiveness of an LGBTQI-focused counsellor education program that included coursework, supervised clinical experiences, and mentorship from LGBTQI-affirming professionals. Results indicated that after participating in training on working with LGBTQI clients, therapists reported increased knowledge and skills, as well as a reduction in negative attitudes towards this population. Interestingly, the therapists' personal characteristics, such as their level of clinical experience, religiosity, and psychological flexibility, did not impact the degree to which they benefited from the training. These findings suggest that training in LGBTQI-affirmative psychotherapy

can enhance therapists' attitudes, knowledge, and skills, regardless of their individual characteristics.

Incorporating the idea of awareness, knowledge, skills and action into counsellor education programs can be an effective way to promote LGBTQI competency. A study by Morris et al., (2019) found that a curriculum that included awareness, knowledge, skills, and action related to LGBTQI competency was associated with increased counseling students' LGBTQI cultural competency. The aforementioned framework will be essential in developing LGBTQI competency in counsellor education programs since research indicates that awareness, knowledge, skills, and action are all critical components of LGBTQI competency. Incorporating LGBTQI-related content into existing courses, providing specialized training programs, and offering supervised clinical experiences can all be effective in promoting LGBTQI competency. As the ACA Code of Ethics requires counselors to provide culturally sensitive and competent services to all clients, it is essential that counsellor education programs prioritize the development of LGBTQI competency among their students

In examining the preparedness of trainee counsellors in Ghana to work effectively with LGBTQI clients, it is essential to consider the roles of the Ghana Psychological Association (GPA) and the Ghana Psychology Council (GPC) within the Ghanaian context.

The Ghana Psychological Association (GPA) is dedicated to promoting the development of robust, inclusive, and relevant psychological support systems in Ghana. Its mission encompasses creating a supportive environment for ethical psychological practice and research. However, specific guidelines or training modules

addressing LGBTQI issues are not prominently featured in the GPA's publicly available resources.

The Ghana Psychology Council (GPC), established under the Health Professions Regulatory Bodies Act 2013 (Act 857), is mandated to regulate the training and practice of psychology professionals in Ghana. The GPC has developed comprehensive standards for providers of psychological services, outlining the educational and professional requirements for psychologists and counsellors. These standards emphasize ethical practice, continuous professional development, and the maintenance of high standards in psychological services.

Additionally, the GPC has published the "Ethical Principles of Psychologists and Code of Conduct," which serves as a framework for ethical decision-making among practitioners. While this document addresses various aspects of ethical practice, it does not explicitly mention competencies related to working with LGBTQI clients. The absence of explicit guidelines or training modules on LGBTQI issues within both the GPA and GPC frameworks suggests a potential gap in the preparedness of trainee counsellors to work effectively with LGBTQI clients. This gap underscores the need for integrating LGBTQI cultural competence into counselling training programs in Ghana to ensure that future counsellors are equipped to provide inclusive and affirming services. In addition to the roles of the Ghana Psychological Association (GPA) and the Ghana Psychology Council (GPC), several studies and initiatives in Ghana provide insight into the preparedness of trainee counsellors to work with LGBTQI clients.

A study by Shamrock et al. (2024) explored community stigma, victimization, and coping strategies among gay, bisexual, and other men who have sex with men

(GBMSM) in Ghana. The findings indicate that GBMSM face negative attitudes from the community due to their sexual orientation, leading to the development of coping strategies such as hiding their identities and avoiding gender non-conforming men. This underscores the need for counsellors to be trained in cultural competence to effectively support LGBTQI clients.

Conversely, some training programs in Ghana have promoted anti-LGBTQI "conversion therapy." For instance, a workshop in Accra trained nurses in providing "treatment, care, and support" for LGBTQI individuals, reflecting the prevalence of conversion therapy practices in the country.

Additionally, clergy counselors in Ghanaian high schools have been reported to stoke fears about LGBTQI issues, leading to the expulsion of LGBTQI students for "sexual misconduct" or silencing them due to fear of demonization by school counsellors who also serve as religious leaders.

These findings highlight the critical need for integrating LGBTQI cultural competence into counselling training programs in Ghana. Such integration would ensure that future counsellors are equipped to provide inclusive and affirming services, addressing the unique challenges faced by LGBTQI individuals in the Ghanaian context.

In sum, literature suggests that many counsellor education programs are not adequately preparing their students to work with LGBTQI clients. However, effective LGBTQI competency training can include exposure to LGBTQI clients, opportunities for self-reflection and personal growth, experiential learning, and training on cultural humility and intersectionality. Programs that include these components have been

shown to be effective in increasing students' LGBTQI cultural competency and improving attitudes towards working with LGBTQI clients.

2.9 Multicultural Competence

Multicultural competency has become a crucial aspect in providing effective counseling services to clients from diverse cultural backgrounds (Ratts et al., 2016). According to Sue, (2001), multicultural competency involves three dimensions: awareness, knowledge, and skills. Awareness is the ability to recognize the cultural biases and assumptions that may affect counselling. Knowledge refers to the understanding of the culture, values, beliefs, and traditions of clients from diverse cultural backgrounds. Skills are the ability to utilize culturally appropriate counselling techniques to meet the needs of clients effectively.

Research shows that trainee counsellors often lack the necessary multicultural competencies to work effectively with LGBTQI clients (Grove, 2009). A study by Benuto et al., (2019) found that trainee counsellors had low levels of awareness, knowledge, and skills in working with LGBTQI clients. The study found that trainee counsellors often lacked an understanding of LGBTQI culture, norms, and values, which affected their ability to provide effective counselling.

In another study Barrett & McWhirter, (2002) found that trainee counsellors often hold negative attitudes towards LGBTQI individuals, which affects their ability to provide effective counselling. The study found that trainee counsellors often held negative stereotypes and biases towards LGBTQI individuals, which affected their ability to provide culturally competent counselling.

Training has been identified as a crucial factor in the development of multicultural competencies among trainee counselors (Ami et al., 2019; Ridley & Kleiner, 2003) . According to Ami et al., (2019), training programs that focus on increasing awareness, knowledge, and skills in working with LGBTQI clients are crucial in developing multicultural competencies among trainee counselors.

Mensah, (2019) on the other hand conducted a study which sought to evaluate the level of multicultural competence among counsellors in public universities in Ghana. The study revealed that the sampled counsellors considered their cultural competence to be low in all three areas assessed - Knowledge, Skills, and Awareness. The study suggests that training programs that focus on developing multicultural competencies are crucial in improving counsellors' ability to work effectively with diverse clients.

Multicultural counselling competence (MCC) has become an important area of focus in counsellor training due to the increasing diversity of the populations they serve. Counselling trainees' MCC is critical in ensuring clients from diverse backgrounds receive appropriate and effective services.

Studies have identified several factors that contribute to the development of MCC in counselling trainees. One of these factors is multicultural training. For example, Martinez & Dong, (2020) found that counselling trainees who received multicultural training reported higher levels of MCC than those who did not. Similarly, Hays, (2008) found that multicultural training significantly predicted MCC among counselling trainees.

Another factor that influences the development of MCC is personal characteristics. Researchers have found that personal characteristics such as openness to experience,

empathy, and cultural self-awareness are positively associated with MCC (Alston, 2021). For example, counselling trainees who are more open to experiencing different cultures are more likely to develop the necessary skills and attitudes required for MCC. Despite the importance of MCC in counselling training, several challenges exist in its development. For example, counselling trainees may experience anxiety or discomfort when working with clients from cultures different from their own (Saki & Şahin, 2021). Furthermore, inadequate multicultural training and limited exposure to diverse populations can hinder the development of MCC (Robinson-Wood, 2017). In the field of counselling, multicultural competence is essential for effectively engaging with clients from diverse backgrounds. This competence ensures that counsellors can navigate cultural nuances, fostering therapeutic relationships built on understanding and respect. Scholars and professional bodies such as the American Counselling Association (ACA) and the Association for Multicultural Counselling and Development (AMCD) have identified key components of multicultural competence. Sue et al. (1992) initially conceptualized multicultural competence as involving awareness, knowledge, and skills, and more recent frameworks, such as the Multicultural and Social Justice Counselling Competencies (MSJCC), have expanded these foundations (Ratts et al., 2016). The six pillars of multicultural counselling competence self-awareness, understanding the client's worldview, culturally appropriate interventions, cultural humility, cultural comfort, and advocacy provide a comprehensive framework for counsellors to effectively support clients from diverse backgrounds. Touching on Awareness of Personal Assumptions, Values, and Biases, the journey toward multicultural competence begins with counsellors' self-awareness. This involves recognizing one's own cultural background, assumptions, values, and potential biases. According to the AMCD, culturally skilled counsellors must possess

knowledge of how oppression, racism, discrimination, and stereotyping affect them personally and professionally (Sue et al., 1992). By acknowledging personal biases and assumptions, counsellors can mitigate their influence on therapeutic interactions, thereby fostering a more inclusive and equitable counselling environment (Ratts et al., 2016). Beyond self-awareness, counsellors must actively seek an understanding of their clients' cultural backgrounds and worldviews. This includes gaining knowledge about clients' cultural experiences, values, and belief systems. The MSJCC framework emphasizes that counsellors should be attuned to clients' assumptions, attitudes, values, biases, and experiences with power, privilege, and oppression (Ratts et al., 2016). A deep understanding of the client's cultural context allows counsellors to provide more effective and empathetic interventions (Arredondo et al., 1996). Developing Culturally Appropriate Intervention Strategies is another pillar of multicultural counselling competence. With a strong foundation in self-awareness and cultural knowledge, counsellors can design and implement intervention strategies that are culturally appropriate. Effective counselling techniques must be adapted to align with the cultural contexts of clients, ensuring that interventions are both respectful and relevant. The AMCD competencies stress the importance of counsellors possessing knowledge of how systemic oppression and discrimination shape clients' experiences, which in turn informs culturally responsive counselling practices (Sue et al., 1992). This approach ensures that interventions are not only effective but also affirming of clients' cultural identities (Chao et al., 2011). An essential pillar of multicultural competence is cultural humility, which involves maintaining an openness to learning from clients about their cultural identities and experiences. Cultural humility requires counsellors to acknowledge that they do not possess complete knowledge of their clients' cultures and must continually engage in self-

reflection and learning (Hook et al., 2013). The MSJCC framework underscores the importance of counsellors taking proactive steps to understand their biases and cultural assumptions to provide more effective therapeutic support (Ratts et al., 2016). Closely related to cultural humility is the cultivation of cultural comfort, which refers to counsellors' ability to comfortably engage in discussions about cultural topics during counselling sessions. Developing this comfort allows for open and honest dialogue about cultural issues, facilitating a deeper understanding between counsellor and client (Sue et al., 2009). The MSJCC framework encourages counsellors to immerse themselves in their communities to better understand how power, privilege, and oppression influence their experiences, thereby enhancing their cultural comfort in counselling settings (Ratts et al., 2016). The final pillar of multicultural competence involves advocacy and social justice. Culturally competent counsellors must actively engage in advocacy efforts to challenge systemic barriers affecting marginalized communities (Ratts & Greenleaf, 2018). This includes advocating for policies that promote equity and inclusion, as well as empowering clients to navigate societal challenges related to discrimination and oppression. The MSJCC framework highlights that counsellors have a responsibility not only to address clients' individual concerns but also to engage in systemic change efforts to improve mental health outcomes for marginalized populations (Ratts et al., 2016).

Multicultural competence in counselling is a multidimensional construct that encompasses self-awareness, understanding the client's worldview, developing culturally appropriate interventions, engaging in cultural humility, cultivating cultural comfort, and advocating for social justice. These six pillars provide a structured approach for counsellors to effectively support diverse clients while fostering inclusive and culturally affirming therapeutic relationships. As counselling continues

to evolve, the integration of multicultural competencies remains crucial for addressing the needs of increasingly diverse populations

2.10 Ethical Bracketing

Ethical bracketing is a concept that has gained significant attention in counselling literature in recent years (Kocet & Herlihy, 2014). The term 'bracketing' refers to the process of setting aside personal biases, preconceptions, and values to enable counsellors to be fully present and engaged with their clients (Kocet & Herlihy, 2014).

According to Lloyd-Hazlett et al., (2017), ethical bracketing involves acknowledging one's personal biases and setting them aside to avoid interfering with the counselling process. The study emphasizes that ethical bracketing is a critical aspect of effective counselling, as it enables counsellors to remain neutral and objective when dealing with clients

One of the key themes that emerged from the literature on ethical bracketing is the importance of self-awareness. In his study on minority counsellor multicultural competence in the current sociopolitical climate, Brown, (2020) found that counselors who were more aware of their cultural biases and assumptions were better able to bracket those biases and provide culturally sensitive counselling to their clients. Similarly, Cooper-Sadlo et al., (2019) argued that ethical bracketing requires counsellors to be aware of their own values and biases, and to be able to recognize when those biases are interfering with their ability to provide effective counselling.

Another important theme that emerged from the literature is the impact of ethical bracketing on the therapeutic relationship. Ethical bracketing plays a significant role

in trauma counselling, since available studies established that clients who perceived their counsellors as being non-judgmental and open-minded were more likely to report positive therapeutic outcomes. To buttress this argument, McWhorter, (2019) argued that ethical bracketing is essential for building trust and rapport with clients, which is critical for effective counselling.

A third theme that emerged from the literature is the role of supervision in supporting ethical bracketing. In their study on the use of supervision to promote ethical bracketing in multicultural counselling, Pompeo & Levitt, (2014), found that supervision that focused on self-reflection and self-awareness was effective in helping counsellors to identify and address their biases. Similarly, Lindblad, (2021) argued that supervision can help counsellors to identify ethical challenges and develop strategies for managing those challenges in a way that supports ethical bracketing.

Similarly, Chan et al., (2018) highlights the importance of ethical bracketing in cross-cultural counselling in their study privileges and oppression in counsellor education. The study notes that counsellors may have preconceived notions about clients from different cultural backgrounds, which can negatively affect the counselling process. Ethical bracketing can help counsellors set aside their preconceptions and provide culturally-sensitive counselling.

Furthermore, according to Prasko et al., (2012), ethical bracketing is a continuous process that requires ongoing self-reflection and self-awareness. They argued that self-reflection is a vital process in therapy that allows therapists to understand their own emotions and use this understanding to make informed decisions during sessions. When therapists are able to recognize their own emotions during client interactions, they can better understand and manage transference and countertransference,

distinguish their own needs from those of their clients, and respond optimally to any given situation. This ability to self-reflect also enhances a therapist's capacity to perceive the emotions of others, be more attuned to their needs, and develop a greater sense of altruism (Irani, 2018). Therapists can learn self-reflection through traditional cognitive behavioral therapy techniques or through supervision. However, if therapists are unable to recognize the impact of their attitudes and emotions during therapy sessions, they may be at risk of letting these factors control their behavior to the detriment of both themselves and their clients (Prasko et al., 2012).

Ethical bracketing is a crucial aspect of the counselling profession that enables counsellors to remain objective and provide their clients with the best possible care (Grunhaus et al., 2018). The available literature highlights the importance of ethical bracketing in cross-cultural counselling and notes that it works in conjunction with other counselling techniques such as empathy and self-awareness (McLeod, 2013). Ongoing training and education in ethical bracketing are critical to ensure that counsellors maintain objectivity and provide their clients with the best possible care.

Several studies have focused on ethical bracketing in the context of trainee counsellors and LGBTQI clients, highlighting its importance in ensuring effective and ethical counselling. According to Kocet & Herlihy, (2014), trainee counsellors must be aware of their personal biases and values when working with LGBTQI clients. Ethical bracketing can help trainee counsellors set aside their biases and provide non-judgmental counselling.

Similarly, Vera et al., (2020) espoused that trainee counsellors must receive training in ethical bracketing and cultural competence to work effectively with LGBTQI clients. The study emphasizes the importance of ongoing education and training in

ethical bracketing to ensure that trainee counsellors maintain objectivity and provide their LGBTQI clients with the best possible care.

Furthermore, according to Rose et al., (2019), ethical bracketing is essential when working with LGBTQI clients, particularly those who have experienced discrimination and stigma. The study notes that trainee counsellors must be aware of their personal biases and beliefs to avoid further stigmatizing their clients. The study highlights the importance of ongoing education and training in ethical bracketing to ensure that trainee counsellors provide their LGBTQI clients with culturally-sensitive and effective care.

In sum, the literature on ethical bracketing highlights the importance of self-awareness, the impact of ethical bracketing on the therapeutic relationship, and the role of supervision in supporting ethical bracketing. While there is a growing body of literature on this topic, there is still much that we do not know about the most effective strategies for promoting ethical bracketing in counselling. Future research should focus on developing evidence-based interventions and training programs that can help counselors to develop and maintain the skills needed to engage in ethical bracketing.

2.11 Value Threats

According to the literature, value threats are common among trainee counsellors who work with LGBTQI clients. Value threats refer to situations where the counsellors' values and beliefs conflict with those of the client, which can negatively affect the therapeutic relationship and outcomes (Paprocki, 2014). The personal values of trainee counsellors can be threatened when working with LGBTQI clients, which can

negatively impact the therapeutic relationship and the outcomes of the counselling process.

For counsellors dealing with LGBTQI clients, personal prejudices and stereotypes have been noted as potential dangers (Smith et al., 2012). Due to their own cultural, religious, or personal values, counsellors may have unfavorable opinions about LGBTQ people. This could hinder capacity to deliver good counselling (Brown et al., 2018; Westwood, 2022). According to a study by Ahn et al., (2020), some therapists indicated uneasiness with the subject and felt unprepared and incompetent while working with LGBTQ clients. These findings emphasized the importance of LGBTQI counsellor education and training to reduce the negative effects of personal prejudices and improve cultural competency.

Risks for counsellors include a lack of knowledge and comprehension of LGBTQI problems. Counsellors could not be familiar with LGBTQI identities, experiences, and difficulties, which could lead to miscommunications or inefficient treatment (Bass & Nagy, 2021; Merino et al., 2018). Counsellors who received training on LGBTQI topics in a study by Craig et al. (2022), said they felt more competent and confident working with the LGBTQI community. The study also discovered that trained counsellors were more likely to use affirmative and inclusive language, which is crucial for fostering a welcoming environment for LGBTQI clients.

Counsellors who work with LGBTQI clients may face ethical challenges, particularly when it comes to confidentiality and personal values. It may be difficult for counsellors to balance their personal values and beliefs with the requirements of their clients, which could have an effect on the therapeutic relationship (Westwood, 2022). When working with LGBTQI clients, therapists in a research by Bishop et al., (2022),

said they felt torn between their personal convictions and their professional obligations. The study contends that in order to effectively engage with LGBTQ clients, counsellors must be conscious of their own attitudes and biases.

The counselling relationship may be impacted by discrimination and stigma against LGBTQI people. Counsellors could come with prejudice and bias from clients or coworkers, which might affect their capacity to offer effective treatment (Craig et al., 2022b). LGBTQI individuals reported suffering bias and discrimination from healthcare professionals, including therapists, in a research by (Medina-Martínez et al., 2021). According to the study, healthcare professionals should consider how stigma affects LGBTQI patients and establish a friendly environment.

In conclusion, there are a number of ethical hazards that counsellors who work with LGBTQI clients must be aware of, such as personal prejudices, a lack of knowledge and understanding, moral quandaries, and discrimination and stigma. Education and training for counsellors on LGBTQI topics can reduce these dangers and improve cultural competency. Counsellors should also be conscious of their own biases and attitudes and how these could affect how they deal with LGBTQI clients. Counsellors can support successful therapeutic results for LGBTQI clients by fostering a safe and encouraging environment.

A study by Fallon et al. (2013), identified several personal values that trainee counsellors may hold that could be threatened when working with LGBTQI clients, including religious beliefs, heteronormative attitudes, and biases against non-binary gender identities. The study found that these values could result in discomfort, anxiety, and ethical concerns for trainee counsellors, which could negatively affect the therapeutic relationship with their clients

One study by Kocet & Herlihy (2014) examined value based conflicts within the counselling relationship, especially the experiences of trainee counsellors working with LGBTQI clients and found that value threats were a significant concern. The study suggested that trainee counsellors can manage value threats by engaging in self-reflection, seeking supervision, and being open to learning about LGBTQI issues. The authors recommend that training programs include experiential learning opportunities, such as role-playing exercises, to help trainees develop their skills in managing value threats.

Another study by Farrell (2018), explored the experiences of transgender individuals in counselling, he established the prevalence of personal values and biases of counsellors when working with transgender clients. The study found that counsellors often held assumptions and biases about gender identity and expression, which could lead to value conflicts and negatively impact the therapeutic relationship. The study found that some professionals and trainees often experienced value threats related to their understanding of gender identity and their own biases. The author suggested that trainees can manage these biases by seeking supervision, educating themselves about transgender issues, and engaging in self-reflection.

Furthermore, a study by Minnix (2018), was to find out how 15 Christian heterosexual counsellors dealt with the apparent tension between affirming the rights of lesbian, gay, bisexual, and transgender (LGBT) people and their religious convictions. It was established that Counsellor educators and supervisors working with non-affirming or conflicted Christian trainees counsellors to develop LGBTQI-affirming attitudes and practices can benefit from the study's grounded theory (the Relational Equilibrium Model) of religious-based value conflict reconciliation, which

incorporates barriers to reconciliation, helpful factors, states, and participant characteristics. The study found that trainees often held traditional values and beliefs about gender and sexuality that were inconsistent with the experiences of their LGBTQI clients. This resulted in discomfort and a lack of confidence in working with LGBTQI clients. The author recommended that training programs provide trainees with education and exposure to diverse populations to help them overcome their biases and develop cultural humility.

Another study by Guy et al., (2023), identified some strategies that trainee counsellors and professionals can use to manage value threats when working with LGBTQI clients. These strategies include developing cultural humility, building rapport with the client, using open-ended questions, and avoiding assumptions. The study found that these strategies helped trainee counsellors to build trust and establish a strong therapeutic relationship with LGBTQI clients as well as clients from diverse backgrounds, which in turn improved client outcomes.

To better mediate and balance these value threats counsellors and trainee counsellors experienced during their work with LGBTQI clients, a study by Lytle et al., (2014) proposes didactic training for these professionals, the study emphasizes how important it is to select readings that recognize both anti-LGBTQI bias and minority stress, as well as cultural strengths such as love, integrity, fairness, spirituality, and resilience. This will allow for a more balanced perspective in terms of value threats. It is also recommended to include readings on heterosexual identity development, as well as homosexual identity development and the coming out process, to promote open-mindedness and social intelligence among heterosexual trainees.

Similarly, a study by Rosati et al., (2022) explored the experiences of non-binary individuals in psychotherapy, the personal values of counsellors when working with transgender clients was one revelation from this study. The study found that counsellors often held rigid views about gender and struggled to understand the experiences of their transgender clients. This resulted in a lack of empathy and difficulty building a therapeutic relationship. The authors recommended that training programs provide trainees with education and experiential learning opportunities to help them develop cultural competence and empathy for diverse populations, which will minimize their threatened personal values.

Finally, a study by Donohue et al. (2021) examined the personal experiences of LGBTQI clients in a correctional setting. The study identified and surveyed LGBTQI individuals, focusing on their perspectives and experiences regarding their psychosocial requirements while incarcerated. The study found that counsellors often held negative attitudes towards LGBTQI individuals due to their personal beliefs or the culture of the correctional system. This resulted in a lack of trust and difficulty in establishing a therapeutic relationship with LGBTQI clients. The author recommended that training programs provide trainees with education and training on working with diverse populations, as well as opportunities for self-reflection and cultural humility

In sum, value threats are a common concern for trainee counsellors working with LGBTQI clients. However, by engaging in self-reflection, seeking supervision, developing cultural humility, building rapport, and educating themselves about LGBTQI issues, trainees can manage value threats effectively and establish a strong therapeutic relationship with their clients.

2.12 Summary of Related Literature Review

The literature review highlights the challenges faced by LGBTQI individuals, including discrimination and disparities, particularly in educational and therapeutic settings. Mental health concerns such as depression, anxiety, and suicidal ideation are prevalent due to stigma and prejudice. Recognized bodies like WHO, APA, ACA and GPA emphasize the need for culturally competent mental health services. The review identifies multicultural competence as essential for trainee counsellors, influenced by training, openness to experience, and supervision. Ethical bracketing is crucial to maintaining professional boundaries, as conflicts between counsellors' personal values and LGBTQI clients can hinder effective therapy. Further research is needed to develop evidence-based training programs to enhance cultural competence and ethical practice.



CHAPTER THREE

METHODOLOGY

3.0 Introduction

The goal of this research is to explore trainee counsellors' preparedness to deal with LGBTQI clients. This chapter deals with the methodology of the study which includes, research paradigm, research approach, research design, population, sample and sampling techniques, instruments, data collection procedures, data analysis procedures, Issues of trustworthiness and ethical considerations.

3.1 Research Paradigm

This study is situated within the paradigm of Social Constructivism. According to (Cresswell & Cresswell, 2018), individuals desire comprehension of the world in which they live and work hence they construct subjective meanings of their experiences aimed toward certain objects or things. These meanings are various and multiple, leading the researcher to hunt for the variety of views rather than reducing meanings into a few categories or ideas. Constructivism provides the theoretical foundation for social constructivism. Both positivism and social constructivism rely on observation for their data collection. The researcher plays an active role in the phenomena under study, which is not the case with positivism (Kivunja & Kuyini, 2017). The concept of what constitutes knowledge is presented in the epistemology of social constructivism. To contrast, constructivism holds that reality is a social construction, they argue that everyone constructs has its own reality. It's not possible to narrow down a single reality, while positivism emphasizes that, knowledge should be attained by observable and measurable facts. With a constructivist worldview, people create their own realities through social interaction. According to Campbell

(2018), knowledge is created by humans and is shaped by their interactions with one another and their environment. The social and physical worlds in which people engage in meaningful exchanges are crucial to the development of their identities. This paradigm was chosen for the study

3.2 Research Approach

Researchers utilizing qualitative approaches try to make sense of the world by witnessing it firsthand and then analyzing the results. According to Denzin & Lincoln cited by Daher, et al, (2017), when conducting qualitative research, it is important to consider the researcher's context. Qualitative studies take a more open and naturalistic view of the world. That is to say, qualitative researchers examine events in their natural contexts, looking for patterns and trying to make sense of them based on the meanings individuals ascribe to those patterns. Qualitative research is in some ways uncontrolled, in contrast to quantitative research which attempts to reduce the impact of the researcher's subjective judgements by controlling aspects that might affect the research outcome. When conducting research, qualitative experts like to examine topics of interest in their "natural" environments (Creswell & Cresswell, 2018). A qualitative approach was utilized for this study, because qualitative research looks at experiences as they exist in the world, it is particularly well-suited to exploratory research, where lack of information makes it difficult to know what to look at or measure. While several research studies have investigated perceptions towards LGBTQI individuals, there is a lack of research on counsellor trainees' preparedness to work with LGBTQI clients. Qualitative methodology allowed the researcher the flexibility to pursue variables that were significant to participants, as they arose during interviews.

3.3 Research Design

Phenomenological design was used for the study. The design was used based on the assumptions that phenomenologists get to the heart of what people see or feel when they watch or experience a phenomenon from multiple perspectives (Tomaszewski et al., 2020). The basic purpose of phenomenology design is to capture, as nearly as possible, the way a phenomena was lived by persons who participated in the event. This study utilized a phenomenology research design that explores participants' experiences, familiarity and their level of comfort towards a given phenomenon (in this case, counsellor trainees' preparedness to work with LGBTQI clients). They aim is to describe experiences as they are lived in the moment. Phenomenological theorists propose that the moment, the now of lived experience, is always inaccessible because as soon as it is reflected upon, it is altered. Phenomenological methods are therefore guided by an attitude of uncovering, of seeking to clear away the theories, presuppositions, and reflections that distract us from seeing experience as it is lived. Phenomenologists desire to capture the moment of lived experience prior to reflection, the “pre-reflective experience” of the now (Frechette et al., 2020). For this study, a specific type of phenomenological inquiry was utilized, interpretive phenomenological analysis. Interpretative phenomenological analysis (IPA) adds to the exploration of phenomena and emphasize on interpretation of experiences which is influenced by the field of hermeneutics, a body of theories about textual interpretation (Frechette et al., 2020). Researchers examine each case individually, compare interview data, and place participants' lived experiences in the context of existing bodies of knowledge by evaluating manifest and latent meanings participants' expressions revealed (Neubauer et al., 2019). According to Smith et al., as cited by Chambers & Poidomani (2022), IPA methods are distinct from other

phenomenological approaches because of the interpretive character of the analysis process, which enables researchers to probe for hidden or unconscious meanings of which participants may be unaware and to develop conceptual interpretations of their experiences. IPA was selected for this research because it allowed an exploration of how participants interpret their own experiences with regard to the LGBTQI menace rather than focusing solely on their experiences as they are lived in the moment.

3.4 Setting

This study was conducted within the Department of Counselling Psychology at the University of Education, Winneba (UEW), located in the Central Region of Ghana. UEW is one of the leading institutions for teacher and counsellor education in the country, offering postgraduate training programs that prepare professionals in educational and psychological services. The Department of Counselling Psychology specifically provides advanced training to students pursuing Master of Philosophy (MPhil) degrees in Counselling Psychology, combining academic coursework with supervised practicum experiences.

The choice of UEW as the setting for this study was strategic and relevant. As a major institution responsible for shaping the next generation of professional counsellors in Ghana, UEW provides an appropriate context for exploring trainee counsellors' preparedness to work with clients from diverse backgrounds, including those from the LGBTQI community. The university's multicultural and academic environment, coupled with its emphasis on ethical and culturally competent practice, offers a rich ground for examining trainee counsellors' attitudes, perceived competence, and ethical readiness.

Furthermore, the setting reflects the broader Ghanaian socio-cultural landscape where discussions about LGBTQI issues are often sensitive and influenced by legal, religious, and cultural norms. Studying trainee counselors in this environment helps to shed light on how such contextual factors influence professional development and service delivery, particularly in working with marginalized populations.

3.5 Population

This study was conducted within the Department of Counselling Psychology at the University of Education, Winneba (UEW), Ghana, which offers postgraduate programs in counseling psychology. The research targeted postgraduate students enrolled in the Master of Philosophy (MPhil) program in Counselling Psychology during the 2021/2022 academic year. Selection criteria included official enrollment in the specified academic year, completion of coursework, active engagement in practicum placements aligning with the American Psychological Association's definition of trainee-counsellors as individuals undergoing practical training after completing theoretical studies and willingness to participate with informed consent. Departmental records indicated that 63 MPhil students met these criteria at the time of the study.

3. 6 Sample and Sampling Procedures

In qualitative research, determining an appropriate sample size is influenced by factors such as the research design, objectives, and the concept of data saturation thus the point at which no new information or themes emerge from the data. Cresswell & Cresswell, (2018), suggests that qualitative studies typically involve sample sizes ranging from 3 to 10 participants when employing a phenomenological approach,

which focuses on exploring the lived experiences of individuals. This range is considered sufficient to achieve depth and richness in data collection.

In this study, a sample size of eight participants was selected using a homogeneous purposive sampling technique. This approach aligns with Creswell's guidelines and is appropriate for in-depth exploration of the specific phenomenon under investigation. The selection of participants continued until data saturation was achieved, ensuring that the data collected was comprehensive and reflective of the participants' experiences.

Purposive sampling takes the form of homogeneous sampling when the goal is to provide a solution in which all of the respondents have the same traits and characteristics (Robinson, 2014). The researcher carefully chose homogenous purposive sampling technique respondents practicum site proximity was also considered before enrolling them unto the study in order for the researcher to reached out to all of them within the specified time of the study. Initially 15 of the respondents from the accessible population were deliberately approached by the researcher to discuss the intentions of enrolling them unto this study which they obliged to. All the 15 people were asked to join the study using google form through whatsapp platform. Participants were encouraged to contact the study's investigator by whatsapp in the recruitment google form. The first 10 people to respond to the google form through phone contact expressing interest in taking part in the study were chosen as the potential participants. To gain access to their respective practicum sites, the researcher arranged to meet with each student individually and presented to their gatekeepers an introductory letter from the Head of of the Department of Counselling Psychology of the University of Education Winneba. The researcher reviewed the informed consent

form and conducted an interview with the respondents (if they so desired). While the researcher and respondents were together, the researcher emailed to everyone a copy of the consent form and went over its contents with the respondents in detailed. Before the researcher asked the potential participant for their agreement, the opportunity was used to answer any questions or addressed any concerns of the respondents. Participants were informed that their participation in the study would be considered consent if they continued with the interview.

3.7 Instrumentation

This study utilized an adapted version of the Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS) by Markus Bidell (2017), originally designed as a quantitative instrument for assessing counselors' attitudes, knowledge, and clinical preparedness in working with LGBTQI clients. Given the qualitative nature of this study, specific components of the LGBT-DOCSS that assessed attitudes and preparedness were modified into open-ended questions to allow for a more in-depth exploration of respondents' perspectives and experiences.

In addition to this adaptation, questions were carefully crafted under the guidance of existing literature and input from my supervisor to ensure they comprehensively addressed the study's objectives. This approach ensured that the instrument captured relevant insights beyond those covered by the LGBT-DOCSS, aligning with the broader aims of the research. The qualitative modification provided participants the flexibility to articulate their views and experiences in detail, allowing for a richer understanding of their preparedness and attitudes toward counseling LGBTQI clients.

The conceptual framework further informed the subsequent interview questions of this research by looking at trainee counsellors' attitudes, multicultural counselling

competence, their ability to be comfortable around clients from LGBTQI community, ethical knowledge and practice as well as emerging value conflicts in tandem for clinical practice in a professional counselling setting with LGBTQI clients. The questions were sufficient to establish trainee-counsellors in the University of Education Winneba preparedness to serve LGBTQI clients. Questions were crafted in an open-ended format to allow participants opportunity to provide individualized answers regarding LGBTQI attitude knowledge, multicultural competence, ethical knowledge and practice with respect to LGBTQI clients and issues of value conflict. Individual interviews allowed participants to demonstrate their understanding and preparedness to serve LGBTQI clients based on their responses to open-ended questions. Participants delivered responses, which were audio-recorded in order to facilitate adequate coding and analysis following the conclusion of individual interviews. Prior to the individual interview, participants were emailed a 7-item demographic questionnaire via a Google Form link to complete. The responses were then accessible for the researcher to establish demographic information. Questions identified their age, gender, sexual orientation, religion and practicum site. The researcher collected this information to help better establish themes at the conclusion of the individual interview for reporting purposes in this study.

3.8 Data Collection Procedures

Data was collected via one on one interview with participants after they are done providing the researcher with their demographic information and assenting to the informed consent through participants' individual mails. Seidman cited in Tomko et al., (2022) explains that in phenomenological interviews, the respondent is tasked with helping the subject recapture the experience as they remembered it at the time. Meanings participants ascribe to their experiences are also elicited. To achieve these

goals, according to Seidman, researchers should conduct three separate interviews. Initial interviews often consist of the researcher asking detailed questions about background and experiences of respondents. In the second interview, the researcher asks the participant to recapture their experience of the phenomenon of interest. In the final interview, the researcher invites participants to reflect on the meaning of their experiences. The researcher modified this format to include two phases of data collection. In the first phase, the researcher conducted one interview with each participant, using a semi-structured interview guide. The interview began by asking participants how they understand and perceived the LGBTQI menace, and how they came to the knowledge and understanding about the LGBTQI activities. It next explored trainee counsellors' overall experiences in their program in relation to their multicultural competence as well as familiarity and comfort around LGBTQI individuals, to provide context for their preparedness to serve the LGBTQI community in terms of their psychological and mental health needs. The trainee counsellors' ethical competence was then examined, with participants being prompted to show both their theoretical and practical understanding of ethical issues in the helping profession in relation to the LGBTQI community. Participants were then invited to share experiences of when they had to make difficult choices between being culturally competent, being comfortable around LGBTQI clients and their personal values and cultural beliefs. Questions like this laid the groundwork for determining whether or not respondents were comfortable working with LGBTQI clients. In-depth explanations were drawn out through the use of follow-up questions and suggestions. Then, they were asked to reflect on how they felt generally prepared to work with LGBTQI clients. To achieve the aim of phenomenological research by reflecting participants' lived experiences as accurately as possible, the interviews followed what

participants underlined as important in order to open up further areas for research, Smith et al., as cited by Peat et al., (2019). Audio recordings of individual interviews were made using an electronic recording device with an installed recording and transcribing software app called Otter. Recorded files were immediately transferred to an encrypted, password-protected external hard drive after completion of the interview, and erased from the recording software's storage system. All audio recordings were transcribed verbatim with the help of Otter recording app. After the interview, the researcher conducted a second phase of data collection. Each participant was invited to read the transcript of their interview, add anything they would like to be added to the transcript, and then journal about the meaning of their experiences. This member-checking provided additional data about how participants made sense of their preparedness to serve LGBTQI clients.

3.9 Data Analysis Procedures

The researcher earlier had a total of 10 respondents scheduled for interview for the study. Reviewing the data from earlier interviews revealed that after the 8th respondent, there was not much more the researcher could discover, so the researcher concluded that the limit of data saturation was reached. Methods for data analysis were adapted slightly from those described by Smith et al., cited in Chambers & Poidomani (2022) for interpretive phenomenological analysis (IPA) studies. First, the researcher conducted a comprehensive analysis of a single case, fully immersing himself in the study by reading the relevant transcript multiple times. After that, the researcher made notes on initial thoughts and noted down descriptive remarks regarding the transcript's content, linguistic perceptions (i.e., how researcher perceived the respondent utilized language), and conceptual comments (possible interpretations of the participant's experience). After completing these processes, the

researcher decided to code each transcript so that themes could quickly be compared with the data. After organizing the codes first into themes, the researcher used the preliminary notes to create a preliminary set of emerging themes and subthemes. Then, in order to compare themes to the data and see if they truly reflected the participant's experience, the researcher went back and assigned each code to the appropriate theme or subtheme. During this phase, the researcher adjusted the themes and subthemes as necessary to better reflect the data. The researcher then tried to graphically represent the relationships between themes by finding connections between them. In order to focus on the new information offered in each interview, this approach was repeated for each respondent's data, making an effort to set aside perceptions and ideas developed while evaluating the other cases. The lists of themes created from each transcript were then used to search for trends among the instances. As recommended by Smith et al. in the work of Chambers & Poidomani (2022), an effort was made to interpret the data throughout the process by carefully examining the text's meanings and potential conceptual explanations, then comparing the researcher's interpretation to the actual data. Once the researcher had a preliminary list of overarching themes and subthemes for the entire group, there was allocation codes from each interview to the most pertinent overarching themes and subthemes. Along the way, the researcher made adjustments to the initial set of themes and subthemes to ensure they were an accurate reflection of the data. The researcher ensured to save every step and iteration of the data analysis process in its entirety.

3.9.1 The coding Process deployed

Axial coding is a pivotal process in qualitative research. It involves the reassembling of data that was fractured during the initial open coding phase. This method allows researchers to identify relationships among the codes, forming categories and

subcategories that offer a deeper understanding of the data. Charmaz (2008), cited Strauss and Corbin describing axial coding as the process of relating codes to each other, both at the micro and macro levels, to form a coherent narrative. This phase is crucial for building a robust theoretical framework, as it moves the analysis from simple data categorization to a more integrated and conceptual level.

The importance of axial coding is further highlighted by Bedu-Addo (2010), who emphasized its role in enhancing the explanatory power of qualitative research. According to Bedu-Addo, axial coding facilitates the connection between the identified phenomena and the context, conditions, actions, and consequences that surround them. This comprehensive approach helps in understanding the dynamics within the data, enabling researchers to construct meaningful patterns and relationships. For instance, in studying perceptions towards LGBTQI individuals, axial coding can help uncover the underlying societal norms and legal frameworks influencing these perceptions. By linking individual attitudes to broader societal contexts, researchers can provide a more nuanced interpretation of their findings.

Additionally, Charmaz (2008) contributes to the discussion by suggesting that axial coding aids in refining and categorizing data into more sophisticated constructs, which are essential for developing grounded theories. This process involves constant comparison and iterative analysis, ensuring that emerging categories are well-supported by the data. The emphasis on relational and contextual understanding in axial coding aligns well with the theoretical underpinnings of both Person-Centered Theory and Feminist Theory. While Person-Centered Theory focuses on individual experiences and congruence, Feminist Theory stresses the importance of societal structures and power dynamics. Thus, axial coding serves as a bridge, linking

personal experiences with broader social phenomena, and enabling a comprehensive analysis that is both grounded in empirical data and informed by theoretical insights.

3.10 Trustworthiness

The validity of qualitative research is founded on the notion of assessing the veracity of the findings from the perspective of the researcher and the participants (Creswell & Cresswell, 2018). The validation strategies which were used during this study are discussed as follows.

3.10.1 Credibility

Credibility is the degree to which one may be confident that the research findings are true (Xie et al., 2022), the researcher made an effort to establish it by extensive participation in the field and member checking. The researcher invested significant time with the study community to learn about the group's culture and establish trust in an effort to ensure the reliability of the research. For instance, the researcher participated in social gathering events hosted by the respondents' administration, each of which drew a total of ten participants. After the one on one interview was transcribed, the researcher took the transcribed notes back to the participants to verify whether the data was captured correctly and it reflected truthfully their experiences. According to Anney, cited in Xie et al., (2022), this technique is known as "member checking," and it gave participants a chance to assess the researcher's interpretations of their data and make adjustments if necessary.

3.10.2 Transferability

The researcher ensured the degree to which the results of the study can be transferred to other contexts by providing a rich, thick, robust and detailed account of his experiences during the data collection process. A detailed description of the purposive

sampling technique employed to recruit the study participants was provided, while the study participants as well as the setting were well described in the report in order to allow the reader to have a full picture of the study and in case someone want to reproduce the study.

3.10.3 Dependability

The main goal of this study was to make sure that the outcomes would be identical if all of the research were done again using the same procedures and individuals (Korstjens & Moser, 2018). Similar to credibility, its concentration was on study design, research implementation, operational details of data collection, and project evaluation through reflection. The strategy for dependability was to guarantee an audit trail through the use of a research journal to track daily operations, to track analysis as well as providing transparency and a description of the steps taken during the research process from the start of the study to the reporting of the findings (Korstjens & Moser, 2018). Additionally, many practicum settings have specific work role expectations in a particular practicum site that may vary from trainee counsellors doing their practicum at another practicum site, which might have impacted participant experience of familiarity with LGBTQI operations in their responses based on those job expectations.

3.10.4 Confirmability

The main goal of confirmability was to make sure that participant experiences and thoughts, not those of the researcher were directly responsible for the research's findings. It was crucial that the researcher was honest about any preconceived notions or ideas he had about the subject in this step (Korstjens & Moser, 2018). By doing this, it was possible to assess how investigator bias affected the subject. Additionally,

the researcher allayed worries about confirmability by being thorough in the descriptions of the methodology the researcher used to carry out every aspect of the research. Recording study sessions in a journal and saving the audio files allowed participants' experiences to be verified. After the individual interview was over, giving participants the chance to listen to the audio recording gave them the chance to give feedback and offer clarity on any thoughts that had been presented there. This process gave the participant the chance to review the messages they had sent during a one-on-one interview and provide pertinent details that helped to corroborate the messages they had intended to send.

3.11 Ethical Considerations

The ethical issues to be considered are: Informed consent, Confidentiality, Anonymity as well as gate keepers. The concept of vulnerability of the participants was taken with considerable interest in this study because the researcher was cognizant of the ethical considerations required in expressing one's view on sexuality in a society that frowned on LGBTQI activities. The researcher submitted an application for ethical approval to the UEW Department of Counseling Psychology Ethics Committee before beginning fieldwork.

3.11.1 Confidentiality

The researcher took every precaution to protect the confidentiality of the respondents by not asking for personally identifying information (names, dates of birth, etc.) and by not using participants' real names at any point. The researcher upheld this standard further by keeping the finalized field notes and digital recordings in his custody, locked away in a cabinet, until the data transcription and analysis had been completed.

The interviews were recorded digitally and the data was transcribed into a Word document. The recordings were destroyed after the study was completed.

3.11.2 Informed Consent

An informed consent form was provided to each participant prior to conducting the field work. Permission to audio-record the interviews was also obtained during the informed consent process. The researcher presented an information sheet to each participant and explained the research prior to conducting the informed consent process. This process assisted participants to make an informed decision about participating in the study. It was made clear to all study participants that their participation was entirely voluntary and that they might stop at any time without any repercussions. The researcher took great care to ensure that all participants realized that their participation was entirely voluntary, given the sensitive nature of the study and the widespread prejudice and discrimination against the LGBTQI community.

3.11.3 Clarifying Researcher Bias

As indicated before, the qualitative researcher is integral to the data generation process and must remain immersed throughout the study. The researcher kept a reflective journal in which the researcher commented on personal preconceptions and prejudices throughout the study process in order to gain clarity on these issues. The researcher adopted an emic perspective and wanted to describe the experiences of participants from their own perspectives. As a member of the trainee counsellors' community, the researcher had to continually reflect his own biases and had to observe from the outside in order to maintain an objective view of what was said

3.11.4 Debriefing

After the interview, participants were given the opportunity for a debriefing session where they could express their thoughts on the topic and offer suggestions for future discussions.



CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 Introduction

This Chapter deals with the data analysis and the discussion of the results

4.2 Participants Demographic Characteristics

The participants of this current study were all MPhil 2 Counseling Psychology students. The total number of the participants was eight.

Table 1: Socio-Demographic Information of Participants

Participants	Gender	Age	Ethnicity	Religious denomination	Role in denomination
Respondent 1	Female	36	Ewe	Pentecostal	Pastor's wife
Respondent 2	Male	32	Akan	Presbyterian	Youth leader
Respondent 3	Female	38	Ewe	Pentecostal	Sunday school teacher
Respondent 4	Male	34	Akan	Pentecostal	Youth leader
Respondent 5	Female	38	Akan	Pentecostal	No role
Respondent 6	Female	33	Kasena	Catholic	Choir member
Respondent 7	Male	40	Akan	Methodist	Pastor
Respondent 8	Male	42	Akan	Catholic	Priest

Source: Data from fieldwork (2023)

4.3 Organization of Themes

The analysis of data from this study produced varying main themes and sub-themes (see Table 2). Three themes; nonconformist, normal people and people with problems were noted to explain trainee counsellors' perception about LGBTQI people. Exploring the competence of trainee counsellors with regard to their experiences and education in working with LGBTQI people also yielded themes including; competent to help, condition determined help and incapable of helping LGBTQI clients due to limited confidence in competence. Moreover, in identifying the means trainee counsellors will ensure ethical bracketing within their practice when engaged with LGBTQI clients, the following themes; adaptation of empathetic skill and guarding of personal values were found. The trainee counsellors also highlighted their cultural values and religious beliefs as themes that denotes their values that could be threatened in the counselling profession when they work with LGBTQ clients.

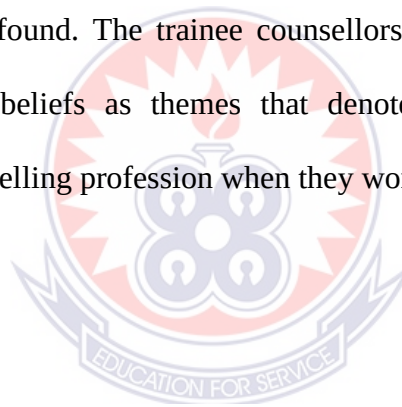


Table 2: Summary of the Coding Process used in generating the Themes

Meaning Unit	Condensed Meaning Unit (Description close to the text)	Condensed Meaning (Unit interpretation of Underlying meaning)	Sub-theme	Theme
“So, these are people with different sexual orientations who do not believe in what the general society practice, they don’t want to obey what is generally agreed on by the entire society, they break rules in the aspect of natural canal knowledge, you know that our laws do not permit unnatural canal knowledge right?”	People with different sexual orientations who do not follow societal norms and laws regarding natural canal knowledge.	LGBTQI individuals diverge from societal norms and legal standards.	Social Deviant(Attitudes towards LGBTQI Individuals)	Nonconformist (Negative Attitudes)

Source:*Adapted from Bedu-Addo (2010)*



Table 3: Organization of Themes

Subject	Themes	Sub-themes
Trainee counsellors attitudes towards LGBTQI clients	Normal people	Journey of self-identification
		Individuals of unvarying practice
		Self-exploration
	Nonconformist	Awkward sexual preference
	People with problems	Social deviants
Individuals facing difficulties		
Individuals with mental health issues		
Trainee counsellors perceived competence to work with LGBTQI clients	Competent to help	Learning LGBTQI phenomenon
		Multicultural competence
		Training informed willingness
		Previous encounter with LGBTQI clients
	Condition determined help	Legal permission
		Presenting concern
	Incapable of helping	Sense of discomfort
Uncertainty of capability		
Sense of unwillingness related to gender status		
Application of ethical bracketing when working with LGBTQI clients	Adaptation of empathetic skill	Leveling-up with client
	Guarding of personal values	Understanding of client
		Understanding of work ethics
View of threatened values in working with LGBTQ clients?	Cultural value	Values confinement
		Ethnic principle
	Religious beliefs	Faith in religion

4.4 Analysis of Research Questions

4.4.1 Trainee-counsellors' attitudes towards LGBTQI clients

The trainee counsellors expressed varying views they have about LGBTQI clients. Their views were contained in themes that described LGBTQI clients as normal people on a journey of self-identification, nonconformist and people with problems.

4.4.1.1 Normal people

This theme was produced from two sub-themes namely; individuals on a journey of self-identification, individuals of varying practice and here, trainee counsellors stated that, LGBTQI people have interest and understand what they do just as any individual, and for that matter see them as normal people. With regards to this, a participant explained that;

“People say they are not mentally sound but well, until you diagnose the person you cannot say this person has a mental health issue or not. But what I can say is that they are normal people with a practices different from you and I, and among their own community too they are not the same. They do have their interest areas, just like any normal person in quote, would have” (Respondent 5).

A trainee counsellor in describing LGBTQI individuals as normal people stated that

“but then those (LGBTQI people) who are into this know what they are doing I believe they are not different but just that their preferences are not related to ours” (Respondent 6).

This theme highlights trainees comparing interest among people and basing on individuals acting on things they tend to understand as a justification to view LGBTQI people as normal.

The description of LGBTQI people as normal individuals on a journey of self-identification was explained as individuals who are on the quest for self-satisfaction

and self-exploration. The trainee counsellors in explaining themselves said LGBTQI activities are means of finding satisfaction, to demonstrate this, a respondent said about

“...they have unfinished businesses they want to complete, so there are trying to find ways to satisfy that gap in their lives even though people have their own ways of doing things, I think these individuals are just focused on their childhood lacking and they may wish to do other things to fulfilled those unfinished business in their lives, I have seen many people who think their current life is not what they supposed to be so they churn out other avenues to come out from their shells ” (Respondent 2)

This point can be further understood by considering the broader context, with another student indicating that:

“...they wished to do something out of the norm or something extraordinary so that they can feel good. Meeting people from the LGBTQI community can tell you that they are very adventurous, that is always doing things that are extra ordinary , things myself and you cannot ever imagined of doing is what they will do but in the ral sense they are normal” (Respondent 4).

Again, one trainee counsellor believed LGBTQI was way of life that these individuals prefer and had this to say;

“ooh I see that there are no mental health issues but it’s their way of life that they have chosen to live, again these people because mental health is a complicated issue we can’t say they are not well because these people are excelling in their fields of practice, we can talk of engineering , academia, business and even in the school where I am working I met a lot of LGBTQI individuals and they are sound” (Respondent 1).

A trainee counsellor who also believes LGBTQI people like the way they are explained that; *“some may be bold, they will be proud of belonging to this group”*, (Respondent 3). For these trainee counsellors, being LGBTQI was a means to identifying oneself.

4.4.1.2 Nonconformist

The trainee counsellors also based their view of LGBTQI as people who are nonconformist to the generally accepted norm. This theme was represented by two sub-themes which described LGBTQI people as social deviants and different people. A trainee counsellor in describing how LGBTQI people vary said; “... *the society do not accept them, they see them to be abnormal*” (Respondent 5). Also, in describing LGBTQI people as deviant, one student indicated that;

“So, these are people with awkward sexual preferences who do not believe in what the general society practice, they don’t want to obey what is generally agreed on by the entire society, they break rules in the aspect of natural canal knowledge, you know that our laws do not permit unnatural canal knowledge right?” (Respondent 7) while another added that; “...*they are people with varying forms of sexual orientation different from the agreed or God ordained means of having sex*” (Respondent 3).

It is worth noting that trainee counsellors who saw LGBTQI people as nonconformist did so because they felt their practice did not fit into the widely societal acceptable practices.

4.4.1.3 People with problems

Some trainee counsellors believe LGBTQI people are individuals with problems and they emphasized on their belief that LGBTQI people have some difficulty or mental health issues. The themes had two sub-themes that describe LGBTQI people as facing some sort of difficulty and as individuals with mental health issues. A trainee counsellor indicated that, for LGBTQI people

“they are people with varying forms of distress and psychological issues because of the wrong thinking they are having about their own selves. This are people I wil say are having eeerrrrr some mental health issues because if you are well and ok why will you be calling for same sex partner? So I think they have many many many issues...” (Respondent 3),

Another participant added that the personal struggles of LGBTQI individuals often go unnoticed or misunderstood by those around them. They emphasized that beneath the surface of what may appear as normal behavior, there are often deep psychological and emotional battles being fought. This respondent pointed out that some LGBTQI persons may exhibit fixated behaviors, repetitive or rigid ways of thinking and acting that are easily misinterpreted by society as simply odd or eccentric. However, these behaviors could be reflective of internal distress or unresolved mental health issues stemming from years of social rejection, identity suppression, and stigma.

“...issues some of them might have been going through is that, some are fixated, when people feel fixated they behaved in a way you may think they are normal but in real sense they are not normal. They are having challenges with the way they think that is eeerrr they have mental issues because it is just not normal to think this way” (Respondent 2).

In describing LGBTQI people as having mental health issues, a trainee counsellor stated that

“to me, they (LGBTQI people) having mental issues is paramount. Because, it becomes a problem to them as they go by their daily duties. They begin to worry about their acts, so it can be a mental challenge to them by affecting their wellbeing” (Respondent 4).

Another trainee counsellor opined that *“... some, knowing where they originated from, and I know majority will have mental health problems” (Respondent 3)*, with one participant also stating that *“so with mental health to my understanding, they have a lot of mental health issues” (Respondent 7)*. The participants reflection illustrates the extent to which mental health challenges among LGBTQI individuals are misjudged or poorly understood, with such fixations being perceived as “abnormal” rather than as expressions of deeper emotional pain or psychological

trauma. This misunderstanding can further isolate LGBTQI persons and deny them the empathetic care they need.

4.4.2 Trainee counsellors' perceived competence in working with LGBTQI people

In determining trainee counsellors' perceived competence with regards to experiences and training in working with LGBTQI clients, three themes emerged describing the source or kind of preparation the trainees had. The following themes, incapable of helping LGBTQI clients, competent to help and condition determined help emanated from the findings.

4.4.2.1 Incapable of helping LGBTQI clients

Some participants described themselves as individuals who are incapable of helping LGBTQI people in therapy. This theme had three sub-themes; limited confidence sense of discomfort and sense of unwillingness related to gender status. In explaining their level of preparedness to see LGBTI clients in their practice one participants indicated that,

“well, I'm not prepared and comfortable, but then with time, ... I'll get used to them and I think I'll be comfortable if the need arises, my reason for this is that I am different from them and I don't support what they do, how can I support a man marrying a man?” (Respondent 5).

This trainee portrays the sense of unreadiness to work with LGBTI clients in his immediate period. Trainee counsellors also demonstrated their incapability in working with LGBTI clients through the discomfort they believe to have towards LGBTQI people. This was illustrated as, *“frankly, speaking, I wouldn't be comfortable working with them. Yes, I wouldn't”* (Respondent 6) with another trainee counsellor adding that

“as for been comfortable I am not really comfortable but sometimes they may not necessarily bring issues concerning their sexual relationship but if you bring an issue concerning sexual orientation, I would have to look at it again but if it is something else, I would have to listen to you first, even with different issues that name tag alone on you as lgbtqi it will be difficult” (Respondent 2).

Moreover, other trainee counsellors also demonstrated their inability to work with LGBTQI people through their sense of unwillingness when they know a person is LGBTQI. To illustrate this, a trainee said;

“if I know the person to be LGBTQI person, or practicing that, I don't think I'll be too comfortable. But if I don't know their status, I can flow freely with them” (Respondent 4). Again, a trainee had this to say; *“honestly, I wouldn't be comfortable working with them. Except that I don't know”* (Respondents 5).

This theme denotes that, some trainee counsellors feel incapable of helping LGBTQI individuals, thus they are not prepared to handle LGBTI clients.

Again some participants demonstrated their incapability to provide help due to the sense of limited confidence in their competence. This represented trainee counsellors' uncertainty in their own capabilities to help LGBTQI people. This was demonstrated by a trainee counsellor who was describing his preparedness to see LGBTQI people;

“I cannot say yes to some extent but when the worst comes and I've seen that I cannot cope, I think I will refer because I don't believe I can help them knowing myself and what I can do, I am doing other things all in the name of helping them so for now I am not able to help them although I had a little of training and this is just personal” (Respondent 3).

A similar explanation was given by a different trainee counsellor, who expressed a degree of uncertainty and hesitation regarding their readiness to work effectively with LGBTQI clients. While acknowledging some level of preparedness, the respondent emphasized that their current capacity is limited and still developing. Their sense of

preparedness is rooted more in personal intention and attitude than in actual competence or training. Specifically, the respondent highlighted a commitment to avoid being judgmental or allowing personal prejudices to interfere with the therapeutic relationship. They also stressed the importance of creating a safe and non-threatening space by steering clear of language or comments that could provoke guilt or shame in clients.

“for now I cannot say I am fully prepared to work with them but I am prepared somehow with one thing on my mind not to be judgmental, and prejudices, and also not to talk about things that will make them feel guilty” (Respondent 7).

This response reflects a common dilemma among trainee counsellors who may possess the right attitudes but lack the requisite skills and exposure to confidently and competently support LGBTQI clients. It suggests that while personal values like non-judgment and empathy are foundational, they are not substitutes for structured training and supervised experience. The statement thus reinforces the need for intentional, LGBTQI-inclusive education in counselling programs to bridge the gap between willingness and actual readiness.

It is important to note at this point that, some trainee counsellors saw themselves as competent to see LGBTQI people in therapy but was not confident enough in the competence they have built.

4.4.2.3 Condition determined help

It was identified that some trainees' level of preparedness to help LGBTQI people was related to some social conditions. This derived one sub-themes thus, condition determined help which is linked to social situations. In explaining this kind of preparedness to help LGBTQI people, one trainee counsellor said,

“yes I am comfortable dealing with them but sometimes as human as I am, and with my biases sometimes my religious beliefs play some key roles in dealing with them and I am also a law abiding citizen in Ghana but if they walk in with other issues and I have people around me, I can provide counselling to them but to have me alone and them , I wont be able to help them”
(Respondent 1).

In addition to this, one participant offered a perspective that revealed how societal norms and legal frameworks significantly shape their willingness to support LGBTQI clients. The trainee counsellor emphasized a professional stance rooted in non-judgment and acceptance, recognizing the ethical obligation of counsellors to avoid condemning clients based on personal beliefs or societal stigma. However, the respondent also revealed a conditional attitude toward helping, suggesting that their full support would be contingent upon national endorsement or legal recognition of LGBTQI identities and rights in Ghana.

“as a counsellor, I need not to condemn or be judgmental. So, if it is endorsed in Ghana, then I will take it to be part of our society and as culture demands, I will flow with them”
(Respondent 4).

This statement highlights a tension between personal ethics and sociocultural influences. While the respondent acknowledges the need for non-judgmental support in theory, their ability to fully integrate LGBTQI concerns into practice appears dependent on broader societal acceptance. It reflects how legal and cultural validation can influence the professional readiness and confidence of counsellors in addressing sensitive issues. The response underscores the importance of preparing trainee counsellors to provide competent support regardless of prevailing societal attitudes, emphasizing that ethical counselling must transcend conditional acceptance based on cultural or political endorsement.

4.4.2.4 Competent to help

This theme describes how trainee counsellors based their preparedness to work with LGBTQI people on their competence that stemmed from their previous encounter with LGBTQI people, understanding of work ethics, and training received in school, being open and learning about LGBTQI people. The theme had five sub-themes. A trainee counsellor demonstrating his preparedness due to his previous experience stated that;

“Oh, I'm fully prepared. As it stands now, with the little experience (encountering LGBTQI person) and training I've gained from psychopathology and multicultural competence, I can vividly work with them.” (Respondent 4)

While some trainee counsellors expressed hesitation or conditional readiness, others confidently indicated their perceived competence and comfort in working with LGBTQI clients, often drawing from personal experience to support their position. One such participant recounted a prior encounter that significantly shaped their confidence and willingness to help. The individual reflected on a case they handled during their stay in Accra, involving a client who identified as a lesbian

“Oh, yes. I feel comfortable because I've dealt with some before, when I was in Accra and initially, it was cool. There was this lady who came to me as a man of God and she was into lesbianism, even though I encountered many challenges from my association with her, I was able to help her out of her problem. This experience alone made me more comfortable to work with them, it was not easy from the beginning but I tried my best” (Respondent 8).

This response points to how direct, real-world interactions with LGBTQI clients can significantly enhance a counsellor's preparedness and confidence. It suggests that experiential learning, even in the face of initial discomfort and social challenges, can foster growth in competence and a more empathetic stance. The reference to helping

the client “out of her problem” may also reflect a personal or religious framing of the issue, which could indicate underlying biases, yet the overall tone of the response shows a developing capacity to engage without overt judgment. Such reflections highlight the importance of both exposure and supervised experience in training programs, as they provide critical opportunities for personal reflection, learning, and the development of multicultural counselling competencies.

Some trainees also described their competence to work with LGBTQI people through the knowledge they have obtained about LGBTQI and demonstrating multicultural competence respectively stated that,

“for the little knowledge that I have received, it makes me more comfortable..., I am a little comfortable because I know I need to listen to them (LGBTQI people) at least since people just want to talk for somebody to accept them a little and they will be relieved” (Respondent 3) and the other added that “as I speak, I'm comfortable working with them, I really want to learn more about them. So, I am even praying to get a client like that to engage” (Respondent 7).

Also, a participant stated their readiness with conviction, emphasizing a professional and ethical obligation to assist all individuals regardless of their identity or background. The respondent highlighted the core values of counselling thus non-judgmental, acceptance, and inclusivity as guiding principles that inform their approach to working with LGBTQI clients.

“yes, I am prepared because, it's my job, it's my way to assist people, irrespective of their cultural background or what they do. And as a counsellor too you need not to be judgmental. And you need to accept everybody, the way the person is so I am prepared to work with them” (Respondent 6).

This demonstrates preparedness to work with LGBTQI clients based on ones understanding of his professional work ethics that provides their competence. To

continue, some trainee counsellors demonstrated their preparedness to see LGBTQI clients through the school training they have obtained. For instance, a respondent explained that *“well, in my studies as a student, I have been taught how to be neutral, so that even those in the minority groups, I will be able to help them”* (Respondent 2). Another trainee counsellor highlighted the relevance of their educational and training background in preparing them for work with diverse populations. The mention of multicultural counselling training underscores the emphasis placed on understanding, respecting, and working effectively with individuals from varied cultural, social, and identity groups. By stating that they have to accept people from different backgrounds and perceptions, the respondent demonstrates an awareness of the core values of inclusivity and nonjudgmental support that are essential in counselling practice. This implies a readiness to approach clients, including those from the LGBTQI community, with openness and empathy, recognizing that their personal beliefs must not interfere with professional responsibilities. The trainee counsellor's perspective suggests a strong alignment with the ethical standards of counselling, which advocate for cultural competence and sensitivity to clients' unique experiences and worldviews

“I have gone through a lot of training, talk of multicultural counselling training. I have to accept people from different background and people with different perceptions and help them resolve their problems” (Respondent 1).

This theme denotes trainee counsellors who believe they were competent enough and adequately prepared to render therapeutic services to LGBTQI people.

4.4.5 Application of ethical bracketing among trainee counsellors in practice with LGBTQI clients

The findings identified two themes that explained how trainee counsellors will use ethical bracketing when seeing LGBTQI clients. The trainee counsellors demonstrated

their application of ethical bracketing through the adaptation of empathetic skill and guarding of their personal values.

4.4.5.1 Adaptation of empathetic skill

The adaptation of empathetic skill was used as a way to apply ethical bracketing when seeing LGBTQI clients in therapy. Sub-themes such as leveling-up with client and understanding the client formed this main theme. These trainee counsellors who adapted empathetic skill believed it will help them act professionally in therapy. One trainee counsellor expressed this;

“Oh, so allow them to talk about their feelings, understand them from where they are coming from. You will be able to gain more knowledge and insights on whatever brought them into therapy and based on that you can help, you will be able to help them”
(Respondent 7)

In addition to this, another trainee counsellor emphasized the importance of humility and adaptability in the therapeutic relationship. They explained that effective counselling requires meeting clients where they are emotionally, psychologically, and socially:

“if you are at top, and the client is down, come to the client’s level...you need to demonstrate to your client that you are up to task and you are ready for the task at hand, there shouldn’t be a time where counsellors should feel they are above their clients and also we must always prepare to meet clients that are above us” (Respondent 8).

The phrase *“if you are at top, and the client is down, come to the client’s level”* metaphorically captures the trainee counsellor's belief in the need to create an egalitarian relationship in which the client feels understood and respected. This perspective reflects a deep appreciation for empathetic engagement, where the trainee counsellor is not only attuned to the client’s emotions but also adjusts their

communication and approach to ensure the client feels safe and valued. The trainee counsellor further noted that practitioners should not perceive themselves as superior, highlighting that power dynamics must be balanced in therapy. Furthermore, they acknowledged that some clients may even surpass the counsellor in terms of knowledge, experience, or social status, and thus, the counsellor must remain open, humble, and prepared to learn from such interactions. This insight is a strong indication of the trainee's readiness to adopt an empathetic stance in counselling, particularly with clients from diverse or marginalized backgrounds such as the LGBTQI community.

4.4.5.2 Guarding of personal values

Guarding of personal values also emerged as a theme with sub-themes including understanding of work ethics and values confinement, all describing trainee counsellors' application of ethical bracketing when seeing LGBTQI clients. Some trainee used the understanding of their professional work ethics as a guard of themselves to enable them apply ethical bracketing. This was seen when one participant indicated that;

“yes, it is very essential (ethical bracketing) because when you look at my culture beliefs that says there should be a male-female, my cultural beliefs tells me that there are some things I am not supposed to do, my religious beliefs tells me that there some things I am not supposed to do but now because I am in the helping profession, I have to put those things aside and help those LGBTQI individuals” (Respondent 1).

In making a similar explanation, one trainee counsellor indicated that; *“So far as I'm conscious about my ethics, I will also be careful dealing with them (LGBTQI people)”* (Respondent 4). Other trainee counsellors also demonstrated confining their values to prevent it from interrupting their therapeutic process as a way of ensuring ethical

bracketing. For example, a trainee narrated how he was going to separate his beliefs from what an LGBTQI client believe,

“I understand that I need to separate what I believe in from what they believe in. Because they are coming in for counselling, they're not coming for me to assess what they believe in and what they don't believe in. They should be that kind of separation between our beliefs. And the main goal is for me to assist them in whatever situation they are in” (Respondent 5).

For another trainee counsellor, knowing your beliefs is enough for you to guard it in therapy to ensure ethical bracketing. The trainee counsellor had this to say;

“So like I said if you know your ethical values and beliefs well, you don't have to allow those values to influence the kinds of people you work with, so counselling is a professional thing and I think you have to put your values aside and then you work with those people irrespective of your differences, you work with them” (Respondent 6).

4.4.6 Trainee counsellors view on values that could be threatened when seeing LGBTQI clients in their practice

In assessing trainee counsellors' view on their specific values that they believe could be threatened when they see LGBTQI clients in therapy, two values were identified. Cultural values and religious beliefs were all reported as threatened values which represented themes.

4.4.6.1 Cultural value

It was noted that some trainee counsellors felt strongly that their cultural beliefs which was contrary to the practice of LGBTQI people will be much impacted when they see LGBTQI people in therapy. A trainee counsellor expressed a concerned about how LGBTQI is against her culture;

“In our culture especially with sexual issues like this LGBTQI gender issues, you know, in our culture, we have taboos and then forbidding things, and this LGBTQI practice is strictly against

my culture and somebody found in that act will be banished from the community” (Respondent 3).

Also, a participant shared how her cultural value will be threatened in seeing LGBTQI people in therapy and she said;

“I come from an indigenous northern descent, so my religious and cultural values will be at stake and not only that, but my personal values as well” (Respondent 6).

It is important to note that culture seems to be a sensitive area to the trainee counsellors and they seem to be much concerned that their cultural value might be impacted.

4.4.6.2 Religious beliefs

The religious beliefs of respondents were also a key value that the trainee counsellors reported could be under threat if they work with LGBTQI people in therapy. One trainee counsellor explained how the disparity in beliefs he shares with LGBTQI people can affect his faith;

“I do not share the believe of the LGBTQI people and so I think working with them in a way will shake my faith, especially as I made mentioned that I am a Christian and a clergy man. So, my religious belief will be under threat, I believe” (Respondent 7).

Moreover, another participant also added that; the

“... religious values of mine will be threatened, because as a Christian, we don’t support such acts (being LGBTQI) and biblically it is abhorred” (Respondent 2).

Again, a trainee counsellor who also believed her religious values could be threatened when she sees LGBTQI people in therapy said; *“let me say my belief, as in religious values, the bible frowns upon that and is not part of creation” (Respondent 4).* Similarly, a respondent also added that; *“so, I think their (LGBTQI people) activities are strictly against my religious values, because I am a Christian” (Respondent 3).*

4.5 Discussions

4.5.1 Trainee-counsellors' attitudes about LGBTQI clients

This present study identified trainee counsellors to view and relate towards LGBTQI people as individuals who are nonconformist, people with problems and normal people. Comparably in a study conducted among dance/movement therapists' who were mainly females or cisgender females from US, majority of them reported being open and affirming of LGBTQI people, with fifty-two percent of them reporting that their clients' sexual orientation had no influence on their choice of music, movement, or other interventions in therapy (Kawano et al., 2018). It can be noted that Kawano et al. (2018) study had many of the therapist expressing positive views about LGBTQI people unlike this current study participants where much of their attitudes towards LGBTQI people are negative. This variation in results could be linked to the dominance of females as participants in the previous reported study relative to the equal number of female and male participants in this current study. This is existing because females naturally tend to have a more agreeable personality than males which may have influenced the therapist in Kawano et al. (2018) study to develop positive views LGBTQI people than trainee counsellors in this current study.

Moreover, in a study conducted by Barrett and McWhirter (2002) among trainee counsellors, they revealed that, a client's sexual orientation, counselor trainee gender, and counselor trainee sense of homophobia were significant predictors of counsellor trainees' perceptions of clients. This implies that counsellor trainees' perceptions whether positive or negative of their clients including LGBTQI people were dependent on their client's sexual orientation, counsellors' gender and sense of being homophobic. It could be said that these factors may breed negative perceptions about LGBTQI clients in therapy since these counsellors' perceptions are much dependent

on factors which should not be considered by counsellors who will be providing therapy. Even though Barrett and McWhirter (2002) study identified factors that influenced trainee counsellors' perception about their clients, the findings they identified implies that their trainee counsellor participants could be harbouring negative perceptions about LGBTQI people which was quite similar to the views of trainee counsellors in this present study about LGBTQI people.

Among a sample of drama therapist practicing in the US and Canada, majority of them were identified to hold an open and affirming attitude towards gender diversity and sexual orientation (Beauregard et al., 2016). Relatively, this present study identified positive perceptions about LGBTQI people such as trainee counsellors describing them as normal individuals on a journey of self-identification despite other negative ones like people with problems and being nonconformist to norms. The positive perceptions seen in these studies could be due to the training provided to therapists during their training to be open and acceptable to all.

Likewise, a sample of trainee counsellors showing positive perceptions like LGBTQI people being normal individuals, Primeau et al. (2023) identified majority of their physiotherapy students to show positive attitudes towards working with people identifying as two-Spirit, lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual and additional identities not considered heterosexual (2SLGBTQIA+). noting that the respondents in these studies are all students within this present generation, there is a likelihood of them becoming more accepting to LGBTQI people because of the knowledge they are exposed to or have acquired about these emerging gender identities which in a long run influence their development of positive perception towards LGBTQI people.

Besides the perception therapists directly express about their LGBTQI clients, the LGBTQI clients themselves perceive for instance that the public, institutions, therapists and others to have certain views about themselves. These perceptions of LGBTQI people themselves are in turn influenced by the perceptions of others towards them. To illustrate, a national survey in the UK among LGBTQI people identified that they have the perception that there was a continued heteronormativity in rendered public services, despite positive shifts in their rights as LGBTQI people (Government Equalities Office, 2018). This could mean that LGBTQI people in the UK generally combat negative perceptions about their sexuality in their access of public services just as some participants in this present study having poor perceptions about LGBTQI people such as people with problems and being nonconformist to norms. This similarity in results is associated with the conservative view (thus, being either a male or female) about sexual orientations which the settings for both the previous reported study and this current study shares.

Again, among LGBTQI people, more women than men reported their healthcare practitioner's attitude toward their non-heterosexuality identity as important when deciding on a primary healthcare provider (Neville & Henrickson, 2006). This implies that the perception and behaviour of healthcare providers including counsellors would determine whether LGBTQI person will choose to seek healthcare from such a healthcare provider. Therefore, if therapists perceive LGBTQI people as normal people and individuals on a self-identification journey as indicated by some participants in this current study then, psychotherapists and counsellors will have many clients from the LGBTQI community.

To add up, Esteban et al. (2023) identified a significant positive association between LGBTQI participants' perception that their therapist demonstrated knowledge and positive attitudes towards them, and their satisfaction with the therapy provided. This also supports the idea that a positive perception expressed by a therapist or counsellor towards LGBTQI clients will possibly reciprocate a positive view of therapist or counsellor by LGBTQI clients and vice versa.

Specifically with some participants in this current study perceiving LGBTQI people to be individuals with problems, this perception represents a negative view of LGBTQI people that the trainee counsellors are expressing due to the general narrative about LGBTQI people in their society. This perception by the trainee counsellors could imply that LGBTQI people are basically individuals facing some form of distress or mental illness because they identify as LGBTQI people. However, this view of LGBTQI people have been opposed by others stating that the stressors (including discrimination, responding to harassment or physical violence, beginning or continuing a gender transition for transgender persons, conflicts with families of origin, spiritual concerns and others) imposed or experienced by LGBTQI people rather causes them to be depressed, suicidal, abuse substances and experience other forms of distress (Cabral & Pinto, 2023).

Empathy and non-judgmental support are fundamental aspects of effective counselling, emphasized by various theoretical frameworks. Person-Centered Theory and Feminist Theory, while sharing common ground in these areas, also diverge in their approaches to incorporating social contexts and systemic issues. By examining both the convergences and divergences of these theories in light of the findings from research question one, which revealed that most respondents demonstrated negative

perceptions towards LGBTQI clients, we can better understand their implications for counselling practice. Both Person-Centered Theory and Feminist Theory converge on the importance of empathy and understanding in counselling. Person-Centered Theory emphasizes individual empathy, focusing on understanding the client's internal experience and emotions. This approach prioritizes creating a safe and supportive therapeutic environment where clients feel genuinely heard and understood. In the context of the findings, this suggests that despite negative perceptions, counsellors are encouraged to engage empathetically with LGBTQI clients to foster trust and openness. Similarly, Feminist Theory values empathy but extends it to include a critical understanding of societal influences. It encourages counsellors to consider how social, cultural, and systemic factors impact the client's experiences and challenges. Given the respondents' negative perceptions, Feminist Theory highlights the need for counsellors to actively work against societal biases and support LGBTQI clients within their broader social contexts. While both theories converge on the importance of empathy and non-judgmental support, they diverge significantly in their focus on social context. Person-Centered Theory primarily concentrates on the individual's internal experience and the therapeutic relationship. It emphasizes personal growth and self-actualization within the safe confines of the counselling environment, often without explicitly addressing external social factors. In contrast, Feminist Theory extends its focus to include social and cultural contexts. It emphasizes the impact of systemic oppression and advocates for social change, encouraging counsellors to be aware of and address broader societal issues that affect clients. This approach integrates social advocacy into counselling practice, promoting not only individual healing but also collective empowerment and societal transformation. Given the negative perceptions towards LGBTQI clients found in the

study, Feminist Theory's call for social change becomes even more pertinent, as it highlights the need for counsellors to challenge oppressive values and advocate for the rights and well-being of LGBTQI clients.

4.5.2 Trainee counsellors' perceived competence with regards to their experiences and training to work with LGBTQI people

Trainee counsellors in this present study demonstrated their perceived competence with regards to experience and training to work with LGBTQI people through their sense of competence to help LGBTQI people, incapable of helping LGBTQI clients and conditioned determined help. Relative to the results of this present study, Simons et al., (2021), found a significant relationship between attending a workshop dedicated to counseling LGBTQI clients and a general training session on LGB issues, and the self-perceived competency levels of trainees in counselor education, counseling psychology programme at the graduate level. Simons et al., (2021), results are similar to the findings of this present study where some trainee counsellors expressed their competence to work with LGBTQI clients due to the training and knowledge they have attained regarding LGBTQI people.

Again, as part of the training process of trainee counsellors, Gavin (2021) reported an association between how counsellors in training see their own counseling self-efficacy to work with LGBTQI+ clients and their believe about how they are perceived by their supervisors. This adds up to the idea of trainee counsellors seeing themselves as competent to handle LGBTQI clients if their supervisors perceived them as such. Therefore, being seen as competent by ones' supervisor could mean the acquisition of adequate knowledge and skills through their training to help LGBTQI clients as also seen in this present study. The knowledge about LGBTQI people provided to the

trainee counsellors in their training through the study of courses in psychopathology and multicultural competence may have increase their understanding about LGBTQI clients, thus making them feel capable to work with LGBTQI people.

With regards to some trainee counsellors from this current study demonstrating their competence to work with LGBTQI clients through their personal encounter with LGBTQI people, Grove, (2009) study also found that trainee and newly qualified counsellors personal experience with LGBTQI people affected their perceived competence to work with LGBTQI clients. Also, the number of LGBTQI clients seen in therapy by counselling students was found to be significantly related to their self-perceived competency levels in working with LGBTQI people, with counsellors' knowledge, skills, and awareness increasing as the number of LGBTQI people they saw in increases (Simons et al., 2021). The personal experience with LGBTQI people is possibly affecting the competence of counsellors because, their meeting with LGBTQI people may be providing them with much insight, understanding and some sense comfort to work with LGBTQI clients, which were possibly absent in them prior to their engagement with LGBTQI people.

Viewing therapeutic competence from the perspective of LGBTQI clients, they have been identified to perceived counsellors and psychologists as more culturally competent if they were younger, were LGBTQI themselves, and demonstrated inclusive intention, knowledge about issues impacting LGB people, awareness of heteronormativity, and openness to diversity (Bishop et al., 2022). These traits required of counsellors by LGBTQI clients was demonstrated by a sample of respondents from this current study that expressed learning about the LGBTQI phenomenon, being multicultural competent and understanding of their work ethics as

counsellors. This signifies that, beyond counsellors perceiving themselves as competent to work with LGBTQI clients, the clients themselves assess the counsellor to determine their perceived competence of the counsellor in helping them.

In a study among mental health providers who have worked in high school settings, they reported to have had minimal instructional training on LGBTQI people during their time in graduate school (Eley, 2009). This admission could imply that they were incompetent in working with LGBTQI clients at the period of completing their education. This sense of incompetence to work with LGBTQI clients can be seen in some participants of this present study who demonstrated that they were incapable of helping LGBTQI clients, had limited confidence in their competence and would help LGBTQI clients based on certain conditions. Even though both studies identified students who were incompetent to work with LGBTQI clients, it must be noted that the period within which the studies were conducted significantly varies. It could be said that the incompetence to work with LGBTQI clients reported in Eley (2009) study could be due to a lack or limited training for the counsellors at that period while, the incompetence expressed by participants in this current study could be related to counsellors believe to preserve their personal, religious and societal values but not the absence of training on working with LGBTQI clients. This is said because the trainee counsellors in this present study stated to have been provided training on working with LGBTQI clients.

Since varying level of competencies in working with LGBTQI clients are expressed by counsellors in this present and other previous studies, there is evidence to show that sexuality courses for counsellors aided their growth and respect for sexuality

(Brammer & Goodrich, 2021) and it should be intensified to increase trainee counsellors' competence in working with LGBTQI clients.

In aligning the findings under the current research question with the two theories used, both Person-Centered Theory and Feminist Theory converge on the importance of empathy and understanding in counselling, which are critical for effectively working with LGBTQI clients. Person-Centered Theory promotes empathy as a foundational element, where counsellors are encouraged to deeply understand their clients' experiences and emotions. This aligns with the findings of this study, where trainee counsellors' competence was bolstered by training and personal experiences that enhanced their understanding of LGBTQI clients. Similarly, Feminist Theory extends empathy to include an awareness of societal and cultural influences on clients' lives, advocating for a comprehensive understanding of the systemic issues affecting LGBTQI individuals. The study's results reflect this as well, where counsellors who had greater exposure to training on multicultural competence and the psychopathology of LGBTQI clients felt more prepared and competent. Despite these convergences, the theories diverge in their focus on social context and advocacy. Person-Centered Theory primarily focuses on the individual's internal experience and the therapeutic relationship, emphasizing personal growth and self-actualization within a safe therapeutic environment. This was seen in the study where trainee counsellors felt more competent due to personal experiences and supportive training environments that enhanced their understanding and empathy towards LGBTQI clients. In contrast, Feminist Theory extends the focus to include the social and cultural contexts, emphasizing the impact of systemic oppression and advocating for social change. This theory's emphasis on challenging societal norms and advocating for marginalized groups suggests that counsellors should not only understand but also

actively oppose the societal biases that affect LGBTQI clients. The study's findings that some counsellors felt incapable or conditionally capable of helping LGBTQI clients may indicate a need for a more robust integration of feminist principles in training programs to address these gaps in competence and confidence.

4.5.3 Application of ethical bracketing among trainee counsellors in practice with LGBTQI clients

Counsellors and therapist in the helping profession are required to prevent the imposition of their values unto clients or harming their clients in the process of providing therapy. Therefore, to prevent the occurrence of this issue when working with clients like LGBTQI people where counsellors may face value conflict, Elliott (2011) suggested that counsellors should use a client-centered approach. She explained that this approach demands counsellors to portray unconditional positive empathy toward their clients and accept both their own views as well as that of the clients' as real (Elliott, 2011). This indicates that counsellors need to be accepting of both their values and that of their clients even though they may contradict each other. Comparably, findings from this present study showed that trainee counsellors hoped to use empathetic skill and guarding of their personal values as ways to apply ethical bracketing when seeing LGBTQI clients. These reported studies share some similarities in their identified approaches, since both the person-centered approach prescribed by Elliott (2011) and the means of applying ethical bracketing by counsellors in this current all emphasized on the use of empathy among clients like LGBTQI people where there may be values and ethics conflict.

In a study that assessed the experiences of cisgender (people with an aligning birth sex and gender) professional counsellors working with Trans clients, the counsellors

reported self-awareness as a vital practice when working with this group (Salpietro et al., 2019). The cisgender counsellors explained that the awareness of counsellor cisgender privilege, the power dynamics between counselor and client, awareness of biases, and counselor humility, involving acknowledging and correcting mistakes within the counseling session as key (Salpietro et al., 2019).

Moreover, trainee counsellors have also been identified to described reflexive thinking and self-awareness as components of therapeutic competence (Muellenbach, 2015). They explained reflexive thinking and self-awareness, to include awareness of self in the therapeutic process, personal values and professional ethics (Muellenbach, 2015). Here, the trainee counsellors believed that they have to express the skill of reflexive thinking and self-awareness to be seen as competent counsellors. It could be said that, a counsellor can guard his or her personal values after being aware of these values first. Therefore, Salpietro et al. (2019) and Muellenbach (2015) study's findings are consistent with that of this present study, when it demonstrated that trainee counsellors believed that the guarding of their personal values is a way to apply ethical bracketing when seeing LGBTQI clients. This similarity could be emerging due to the idea of counsellors' self-realization about the significance the awareness about their own value plays on the therapeutic process.

Again, Televantos (2019) study reported gay individuals to have perceived their therapist as dismissive in matters related to how being gay impacted their individual experiences. This indicates that the therapist's in this situation may have ignored the values of their gay clients and not recognizing its impact in the therapeutic process. Hence, in this situation, counsellors cannot be said to have been applying their empathetic skills and guarding of their personal values within the remit of ethical

bracketing as shown by trainee counsellors in this present study in attending to the gay clients. The disparity witnessed between Televantos (2019) study and this present study can be associated to limited multicultural competence among counsellors in the previous as compared to that of this present one. Furthermore, It must be noted that counsellors from Televantos (2019) study are actually practicing whiles trainee counselors were used in this current study. This implies that trainee counselors from this present study are reporting how they intend to see LGBTQI clients in therapy whiles those in Televantos (2019) study are actually practicing. An argument could therefore be made that, intentions as shown in this current study may not always reflect into practice when attending to LGBTQI clients.

Applying ethical bracketing when seeing LGBTQI clients is undoubtedly necessary to counsellors, yet other ways have been proposed. For instance, Rose et al. (2019) opined that counsellors' having good background on diversity issues will aid in the growth of the counseling profession, since they will be exposed to concepts like social class and inherent social values whiles also providing them understanding of the differences among people. Levitt et al. (2019) also recommended the teaching of ethical decision making to trainee counsellors to help them make sound decisions regarding their personal values, principle and virtue ethics, and self-reflection in therapy. Teaching of ethical decision making to trainee counsellors is indeed required to help them deal appropriately with value conflicts that will arise in their work with LGBTQI clients.

Both Person-Centered Theory and Feminist Theory converge on the necessity for counsellors to effectively manage their personal values to provide efficacious counselling services. Person-Centered Theory underscores the importance of

congruence and authenticity in the therapeutic relationship, advocating that counsellors maintain awareness of their inherent biases and strive for genuine interactions with clients. Similarly, Feminist Theory emphasizes the critical role of self-reflection, encouraging counsellors to examine how their personal and societal values influence their practice. This reflective process is vital for recognizing and addressing potential power imbalances and ensuring that counselling interventions are both ethically sound and culturally competent. While both Person-Centered Theory and Feminist Theory acknowledge the importance of managing personal values, they diverge significantly in their approach to advocacy within the counselling process. Feminist Theory places a pronounced emphasis on the counsellor's role in advocating for social change, addressing systemic inequalities, and empowering marginalized clients. This perspective extends beyond the traditional scope of ethical bracketing as conceptualized in Person-Centered Theory, which primarily focuses on maintaining congruence and authenticity within the therapeutic relationship. Consequently, Feminist Theory integrates a broader social justice orientation, advocating for active engagement in societal transformation as an essential component of ethical counselling practice.

4.5.4 Trainee counsellors view on values that could be threatened when seeing LGBTQI clients in their practice

Depending on a counsellors' perspective about LGBTQI people, the counsellor could be very competent and open to see LGBTQI clients or may not provide the appropriate care to LGBTQI clients if they feel it opposes their values. With regards to views on LGBTQI people, a review of studies focusing on how the Indonesia education system addresses the topic of LGBTQI identified that, some people saw LGBTQI as a sin or a condition that goes against religious values while others

viewed LGBTQI as a phenomenon that incites disruption and removes harmony due to its incompatibility with Indonesian ideologies and values (Winardy & Septiana, 2023). The threat of values expressed by individuals in (Winardy & Septiana, 2023) study is consistent with this current study reporting trainee counsellors to perceive a threat in their cultural values and religious beliefs, if they see LGBTQI clients in therapy. These portrays individuals who hold in high esteem their religious and cultural values also see the concept of LGBTQI to be a violation to their cherished values. As explained by Fallon et al. (2013) counselors from some religious groups may resist working with gay and lesbian clients, since they may perceive their beliefs regarding their moral principles and significantly their relationship with their God as threatened when they see LGBTQI clients in therapy.

Moreover, among Christian counsellors, Evans (2003) found that counsellors who took a fundamentalist position in their interpretation of the Bible believed that homosexual practice (being gay or lesbian) was wrong and contradicts their biblical beliefs. This is comparable to the results of this current study where all trainee counsellors identified themselves as religious and also reported a possible threat to their religious values if they attend to LGBTQI clients in therapy. It is possible to say here that, the similarity of counsellors in these studies being religious is playing a significant role about whether they perceive a threat to their religious value. However, it is important to also acknowledge that a counsellor could still be religious but may not report seeing LGBTQI clients in therapy as a threat or contradiction to his or her religious values. This development could arise depending on the interpretation a counsellor gives to his or religious doctrines. For instances, McHarg (2013) reported no correlation between religiosity and attitudes towards LGBTQI people among a sample of graduate trainee counsellors from a university in Florida, USA. Trainee

counsellors in McHarg (2013) study may not be recording a correlation between their religiosity and attitude towards LGBTQI people likely due to their acceptance of LGBTQI people and due to this do not perceive them to pose a threat to their values. This view is however contrary to the findings of this current study which reported trainee counsellors to perceive their encounter with LGBTQI people in therapy as a threat to their cultural values, religious beliefs, romantic principles and individual principles.

Therapists have also been found to indicate that they would challenge their clients' values only when they feel that such values would hinder therapeutic progress or when the clients' values differed sharply from their views of positive mental health (Williams & Levitt, 2007). This approach reported by Williams and Levitt (2007) seems to be a good justification for counsellors to challenge their clients in therapy and as such could be a reflection of perceived minimal or conditional threat to counsellors' values, which differ from views expressed by trainee counsellors in this current study. The variation seen here is likely a result of therapists in Williams and Levitt (2007) study focusing on values that could hinder the therapeutic journey of their clients on the other hand, the trainee counsellors seen in this present study are much more concerned about values that will boarder the counsellors themselves but not the ones that can impede the growth of their clients.

Knowing that, counsellors just as every individual will have their values, but with the idea of preventing counsellors from harming LGBTQI and other clients with their values, then there is the need for appropriate measures to be taken. For instance, it is suggested that trainee counsellors may need assistance to recognize continuity and incongruity between their religious or spiritual beliefs and professional values which

are required for practising in the helping profession (Fallon, 2013). Ginicola et al. (2017) also opined that when practising from a religious perspective, counsellors should prescreen individual counselling or support groups through faith-based organizations to ensure that they will not further harm LGBTQI+ clients.

Both Person-Centered Theory and Feminist Theory converge on the necessity for counsellors to effectively manage their personal values to provide efficacious counselling services. Person-Centered Theory underscores the importance of congruence and authenticity in the therapeutic relationship, advocating that counsellors maintain awareness of their inherent biases and strive for genuine interactions with clients. Similarly, Feminist Theory emphasizes the critical role of self-reflection, encouraging counsellors to examine how their personal and societal values influence their practice. This reflective process is vital for recognizing and addressing potential power imbalances and ensuring that counselling interventions are both ethically sound and culturally competent. While both theories support the need for managing personal values, they diverge in their approach to addressing oppressive values within the counselling process. Feminist Theory places a stronger emphasis on actively challenging and transforming oppressive values and societal norms, advocating for social change and empowerment of marginalized groups. This perspective extends beyond the traditional scope of ethical bracketing as conceptualized in Person-Centered Theory, which primarily focuses on maintaining congruence and authenticity within the therapeutic relationship. Consequently, Feminist Theory integrates a broader social justice orientation, advocating for active engagement in societal transformation as an essential component of ethical counselling practice.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter deals with the summary , conclusion and the recommendation for the study.

5.2 Summary of the Findings of the Study

1. The study's findings revealed that respondents exhibited varying attitudes toward LGBTQI individuals, with the majority holding or harboring negative or ambivalent attitudes toward LGBTQI clients. However, a subset of trainee counselors maintained positive attitudes toward LGBTQI clients, viewing them as individuals engaged in self-exploration.
2. In exploring respondents perceived competence regarding their experiences and training to work with LGBTQI clients in counselling sessions, most of the respondents were emphatic about their unwillingness to work with clients from other sexualities apart from heterosexual clients due to their sense of unwillingness and the discomfort that will accompany engaging with LGBTQI individuals. A few of the respondents in this study have expressed their readiness to work with LGBTQI clients through their sense of competence.
3. It was again revealed that trainee counsellors may need to accept and respect the values of their clients through empathetic skills and guarding of personal values in addressing emerging value conflict issues.
4. All the respondents agreed to the fact that working with LGBTQI clients will pose some levels of threats to their values hence the need to have seasoned psychologists who will be their guide in mitigating some of these threats that are imminent in navigating their career pathways.

5.3 Conclusion

Based on the study's findings, several key conclusions are drawn regarding trainee counselors' preparedness to work with LGBTQI clients:

1. **Diverse Attitudes Toward LGBTQI Individuals:** The majority of trainee counselors exhibited negative or ambivalent attitudes toward LGBTQI clients, which may impede the delivery of effective counseling services. However, a subset of trainees demonstrated positive attitudes, viewing LGBTQI individuals as clients engaged in self-exploration.
2. **Perceived Competence and Willingness to Engage:** Many respondents expressed reluctance to counsel LGBTQI clients, citing discomfort and a lack of preparedness. This reluctance underscores the need for enhanced training and exposure to LGBTQI issues within counselor education programs.
3. **Navigating Personal Values and Ethical Practice:** Trainee counselors recognized the importance of setting aside personal biases and employing empathetic skills to effectively support clients from diverse backgrounds. This highlights the necessity for training that emphasizes ethical bracketing and cultural competence.
4. **Need for Supervision and Support:** All respondents acknowledged that working with LGBTQI clients could challenge their personal values, indicating a need for guidance from experienced psychologists. This suggests that supervision and mentorship are crucial components in preparing trainees to navigate potential value conflicts in their professional practice.

These conclusions emphasize the importance of integrating comprehensive LGBTQI-related content into counselor education curricula, fostering self-awareness, and

providing robust supervision to equip future counselors with the competencies necessary to serve LGBTQI clients effectively.

5.6 Recommendations

Based on the findings of the research, it was recommended that:

1. The University of Education, Winneba (UEW) and other counselor training institutions should integrate structured awareness programs on LGBTQI issues into their curriculum. These programs should focus on reducing biases, addressing stereotypes, and fostering an inclusive counseling approach. Additionally, regular workshops facilitated by mental health professionals and LGBTQI advocates should be organized to help trainee counselors develop a more professional and client-centered attitude.
2. The Ghana Psychological Council and UEW should enhance the counseling training curriculum by incorporating LGBTQI-affirmative therapy and multicultural competence training. This should include practical exposure through case studies, supervised practicum sessions, and mentorship programs where trainees can gain firsthand experience in working with diverse clients. Allocating research grants for trainee counselors to explore LGBTQI mental health issues will further strengthen their competence.
3. The Ghana Psychological Association, in collaboration with UEW, should introduce targeted training sessions on ethical bracketing and professional boundaries. This can be achieved through experiential learning methods such as role-playing exercises, real-life case analyses, and increased supervised internships where trainee counselors can practice setting aside personal beliefs while maintaining ethical standards in counseling sessions.

4. The Ministry of Health, Ghana Psychological Association, and counselor training institutions should establish structured supervision and peer support systems for trainee counsellors to help them navigate value conflicts. These platforms should provide a safe space where trainees can discuss ethical dilemmas, seek guidance from seasoned professionals, and receive counseling support to process personal and professional challenges when working with LGBTQI clients.

5.4 Implication for Counselling

The study findings have some implications for counselling as follows:

Counselling programs should provide priority to developing the skills and self-assurance of trainee counsellors in working with LGBTQI clients, with a focus on improving their competence and confidence. One can accomplish this by undergoing specialized training, engaging in supervised practice, and participating in experiential learning opportunities that specifically focus on LGBTQI-affirmative counselling methods such as further training modules, workshops, or supervision specifically centered on LGBTQI matters and affirmative counselling methodologies.

Counselling programs should actively promote and facilitate trainees in examining and questioning their hidden prejudices and reservations, while also advocating for unwavering support and validation of the identities and experiences of LGBTQI clients.

Counselling programs should integrate training in LGBTQI affirmative counselling approaches, such as affirmative therapy models and techniques. This includes understanding the unique challenges faced by LGBTQI individuals, addressing internalized homophobia/transphobia, and supporting clients.

Supervisors and mentors play a crucial role in shaping the attitudes and skills of trainee counsellors. Supervisors need to provide ongoing support and guidance in working with LGBTQI clients, including opportunities for supervision focused specifically on LGBTQI-affirmative counselling competencies. In conclusion, counseling is an evolving field, and trainee counsellors should be encouraged to engage in continued professional development in LGBTQI-affirmative counselling throughout their careers.

5.5 Limitations of the Study

The study was among only Mphil 2 Trainee Counsellors in the University of Education Winneba. An additional limitation was that some trainee counsellors felt they must provide academically correct or socially enlightened answers which do not reflect their true perspective. Also, some respondents were more conservative, traditional and religious and avoided answering certain questions because of their potential to be too personal even though anonymity was ensured.

5.7 Suggestions for Further Studies

Based on the limitations mentioned earlier, future research on this research area should consider the following suggestions:

- Similar research should be replicated in other counsellor training institutions in Ghana to explore the diverse experiences of trainee counsellors
- Eight participants allowed the researcher to obtain in-depth data, however, a larger sample should be considered for future research in the quantitative domain as this would be more reflective of the counsellor trainees' population in Ghana.

- Similar research should be conducted among the already practicing counsellors in Ghana in order to validate their competence on helping trainee counsellors to thrive in the context of helping LGBTQI clients.



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APPENDIX A

RESEARCH PARTICIPANT CONSENT FORM PREPAREDNESS OF TRAINEE COUNSELLORS TO WORK WITH LGBTQI CLIENTS: THE CASE OF MPHIL COUNSELLING STUDENTS AT THE UNIVERSITY OF EDUCATION WINNEBA

Consent to take part in research

- I..... voluntarily agree to participate in this research study.
- I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.
- I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted.
- I have had the purpose and nature of the study explained to me both in writing and face-to-face and I have had the opportunity to ask questions about the study.
- I understand that participation involves.....
 - ✓ **Informed Consent:** A process where you will be given information about the research study, including the purpose, procedures, risks, and benefits, and you will have the opportunity to ask questions before deciding whether or not to participate.
 - ✓ **Confidentiality:** Your personal information, data, and responses will be kept private and secure, and only accessible to authorized individuals involved in the study.
 - ✓ **Voluntary Participation:** Your decision to participate or not is entirely up to you, and you can withdraw from the study at any time without penalty or consequences.
 - ✓ **Risk and Benefits:** The potential risks and benefits associated with the research study will be explained to you in advance, allowing you to make an informed decision about whether or not to participate.
 - ✓ **Compensation:** You may not receive compensation for participating in the research study, and the details of any compensation will be clearly explained to you beforehand.
 - ✓ **Debriefing:** After the research study is completed, you will be given information about the study's results and any additional information that may be helpful to you.
 - ✓ **Right to ask questions:** You have the right to ask questions at any point during the research study, and the researchers will do their best to answer your questions to the best of their ability.
- I understand that I will not benefit directly from participating in this research.
- I agree to my interview being audio-recorded.

- I understand that all information I provide for this study will be treated confidentially.
- I understand that in any report on the results of this research my identity will remain anonymous.
 - ✓ This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about.
- I understand that disguised extracts from my interview may be quoted in dissertations, conference presentations, published papers etc.
- I understand that if I inform the researcher that myself or someone else is at risk of harm, they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.
- I understand that signed consent forms and original audio recordings will be retained in University of Education, Winneba until the School of Graduate Studies confirms the results of the researcher's dissertation.
- I understand that under freedom of information legalisation I am entitled to access the information I have provided at any time while it is in storage as specified above.
- I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

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Signature of participant

Date

I believe the participant is giving informed consent to participate in this study

Signature of researcher
Da

APPENDIX B

APPENDIX B

RESEARCH INTERVIEW GUIDE

Section 1: Demographic information

Age:.....Ethnicity:.....Religion:.....Year of Enrolment:.....

Name of Practicum Site:..... Gender:.....

Section 2: Attitudes towards LGBTQI Individuals

1. Attitudes towards LGBTQI Individuals

- How would you describe your personal attitude towards LGBTQI individuals?
- Can you describe any specific beliefs or attitudes you have about LGBTQI individuals?
- What factors have shaped your attitude toward LGBTQI clients?

Section 3: Perceived Competence through experiences and training to Counsel LGBTQI Clients

- How would you describe the training you have received regarding counseling LGBTQI clients?
- Do you feel adequately prepared to provide counseling services to LGBTQI clients? Why or why not?
- Can you give examples of any specific courses, workshops, or experiences that have contributed to your preparedness?
- How has your personal experience and exposure to LGBTQI individuals influenced your competence and confidence in counseling them?
- Can you describe any personal experiences that have shaped your views on LGBTQI issues?
- How confident do you feel in your ability to counsel LGBTQI clients?
- What aspects of your training have contributed most to your sense of competence?

Section 4: Ethical Bracketing

- What does ethical bracketing mean to you in the context of counseling LGBTQI clients?
- How do you manage your personal values and beliefs when working with clients who may have different values, such as LGBTQI clients?
- How do societal and legal perspectives on LGBTQI issues in Ghana impact your counseling practice?
- In what ways do you think the counseling profession can better support trainees in overcoming these challenges?
- How has your personal experience and exposure to LGBTQI individuals influenced your competence and confidence in counseling them?
- Can you describe any personal experiences that have shaped your views on LGBTQI issues?

Section 5: Threatened values

- Can you describe any values you hold that you feel might be challenged when working with LGBTQI clients?
- How do you think these values might impact your ability to provide effective counseling to LGBTQI clients?

Conclusion

1. Wrap-Up

- Is there anything else you would like to add or feel is important to discuss regarding your training and experiences with counseling LGBTQI clients?
- Do you have any questions or concerns about this interview or the research project?

APPENDIX C

LGBT-DOCSS

Instructions: Items on this scale are intended to examine clinical preparedness, attitudes, and basic knowledge regarding lesbian, gay, bisexual, and transgender (LGBT) clients/patients. Please use the provided scale to rate your level of agreement or disagreement for each item. Please note, items on this scale primarily inquire about either sexual orientation (LGB = lesbian, gay, and bisexual) or gender identity (transgender). Two questions are inclusive and refer collectively to lesbian, gay, bisexual, and transgender (LGBT) clients/ patients.

1. I am aware of institutional barriers that may inhibit transgender people from using health care services.

Strongly Disagree			Somewhat Agree/Disagree		Strongly agree	
1	2	3	4	5	6	7

1. I am aware of institutional barriers that may inhibit LGB people from using health services.

Strongly Disagree			Somewhat Agree/Disagree		Strongly agree	
1	2	3	4	5	6	7

2. I think being transgender is a mental disorder.

Strongly Disagree			Somewhat Agree/Disagree		Strongly agree	
1	2	3	4	5	6	7

3. I would feel unprepared talking with a LGBT client/patient about issues related to their sexual orientation or gender identity.

Strongly Disagree			Somewhat Agree/Disagree		Strongly agree	
1	2	3	4	5	6	7

4. A same sex relationship between two men or two women is not as strong and committed as one between a man and a woman.

Strongly Disagree			Somewhat Agree/Disagree		Strongly agree	
1	2	3	4	5	6	7

6. I am aware of research indicating that LGB individuals experience disproportionate levels of health and mental health problems compared to heterosexual individuals.

Strongly Disagree			Somewhat Agree/Disagree		Strongly agree	
1	2	3	4	5	6	7

5. LGB individuals must be discreet about their sexual orientation around children.

Strongly Disagree	Somewhat Agree/Disagree				Strongly agree	
1	2	3	4	5	6	7

6. I am aware of research indicating that transgender individuals experience disproportionate levels of health and mental health problems compared to cisgender individuals.

Strongly Disagree	Somewhat Agree/Disagree				Strongly agree	
1	2	3	4	5	6	7

7. When it comes to transgender individuals, I believe they are morally deviant.

Strongly Disagree	Somewhat Agree/Disagree				Strongly agree	
1	2	3	4	5	6	7

8. I have received adequate clinical training and supervision to work with transgender clients/ patients.

Strongly Disagree	Somewhat Agree/Disagree				Strongly agree	
1	2	3	4	5	6	7

9. I have received adequate clinical training and supervision to work with lesbian, gay, and bisexual (LGB) clients/patients

Strongly Disagree	Somewhat Agree/Disagree				Strongly agree	
1	2	3	4	5	6	7

10. The lifestyle of a LGB individual is unnatural or immoral.

Strongly Disagree	Somewhat Agree/Disagree				Strongly agree	
1	2	3	4	5	6	7

11. I have experience working with LGB clients/patients.

Strongly Disagree	Somewhat Agree/Disagree				Strongly agree	
1	2	3	4	5	6	7

12. I feel competent to assess a person who is LGB in a therapeutic setting.

Strongly Disagree	Somewhat Agree/Disagree				Strongly agree	
1	2	3	4	5	6	7

13. I feel competent to assess a person who is transgender in a therapeutic setting.

Strongly Disagree	Somewhat Agree/Disagree				Strongly agree	
1	2	3	4	5	6	7

14. I have experience working with transgender clients/patients.

Strongly Disagree			Somewhat Agree/Disagree		Strongly agree	
1	2	3	4	5	6	7

15. People who dress opposite to their biological sex have a perversion.

Strongly Disagree			Somewhat Agree/Disagree		Strongly agree	
1	2	3	4	5	6	7

16. I would be morally uncomfortable working with a LGBT client/patient.

Strongly Disagree			Somewhat Agree/Disagree		Strongly agree	
1	2	3	4	5	6	7

Scoring Instruction for the LGBT-DOCSS

- Reverse score all 8 questions in parentheses: (3), (4), (5), (7), (9), (12), (17), and (18). Use the reverse scoring Likert scale (1 = 7, 2 = 6, 3 = 5, 4 = 4, 5 = 3, 6 = 2, 7 = 1).
- Calculate total LGBT-DOCSS mean score: Add all test items (using the reverse score for items in parentheses) and divide by 18.
The total LGBT-DOCSS mean score is equal to: $1 + 2 + (3) + (4) + (5) + 6 + (7) + 8 + (9) + 10 + 11 + (12) + 13 + 14 + 15 + 16 + (17) + (18)$ = LGBT-DOCSS Total Raw Score. Divide by 18 to obtain mean score.
- Calculate Subscale scores: For each subscale, add up the scores of the questions listed (using the reverse score for items in parentheses) and divide by the number of questions in each subscale.
Clinical Preparedness subscale: $(4) + 10 + 11 + 13 + 14 + 15 + 16$ = LGBT-DOCSS Clinical Preparedness subscale Total Raw Score. Divide by 7 to obtain mean score.
Attitudes subscale: $(3) + (5) + (7) + (9) + (12) + (17) + (18)$ = LGBT-DOCSS Attitudes subscale Total Raw Score. Divide by 7 to obtain mean score.
Knowledge: $1 + 2 + 6 + 8$ = LGBT-DOCSS Knowledge subscale Total Raw Score. Divide by 4 to obtain mean score.
- Higher scores are indicative of higher levels of clinical preparedness and rudimentary knowledge and less prejudicial attitudinal awareness regarding LGBT clients/patients. Scoring instructions are not initially provided to potential respondents and typically not provided to research participants.

LGBT-DOCSS was created by Markus P. Bidell (2017) The Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS): Establishing a New Interdisciplinary Self- Assessment for Health Providers, Journal of Homosexuality, 64:10, 1432-1460, DOI: 10.1080/00918369.2017.1321389