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Cover Page Footnote

Betty Cardona https://orcid.org/0000-0002-7674-7800 Robinder Bedi https://orcid.org/0000-0001-5353-7264 Betty Cardona is now retired from the University of Northern Colorado. We have no known conflicts of interest to disclose. Correspondence concerning this article should be addressed to Betty Cardona, Department of Counselor Education and Supervision, University of Northern Colorado, Campus Box 131, Greeley, CO 80639, USA. Email: dr.betty.cardona@gmail.com

Can a Course on Sexuality Counseling Increase Empathy when Working with Sex- and Gender-Minoritized Individuals?

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This study examined whether a sexuality counseling course could increase self-perceived empathy for working with Sex and Gender minoritized (SGM) individuals. Forty-two students enrolled in a sexuality counseling course completed empathy assessments prior to starting the course and after completing it. Statistically significant increases in empathy towards gay/lesbian, bisexual, and transgender individuals were found (moderate to a large effect sizes). Results indicate that, at least under some circumstances, empathy levels for SGM individuals in counselors-in-training (CITs) could be increased through coursework. Increases in practitioner empathy for SGM individuals can translate into lower uniliteral termination rates and better counseling and psychotherapy outcomes.

Keywords: Sexuality course, counselors-in-training, sexual and gender minoritized empathy

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Introduction

It has long been known that sexual and gender minoritized (SGM; gay, lesbian, bisexual, transgender, two-spirited, intersex, etc.) individuals report higher than average rates of mental health disorders as well as higher rates of counseling/psychotherapy usage (Bieschke et al., 2007; Cochran et al., 2003). During their professional careers, it is expected that nearly all mental health professionals will encounter at least one SGM client (Garnets et al., 1991). Despite this, when SGM individuals do participate in counseling or psychotherapy, they frequently report experiencing judgmental attitudes and microaggressions (Israel et al., 2008; Shelton et al., 2011), both of which can signify a lack of practitioner effectiveness in communicating empathy. Judgmental attitudes, microaggressions, and lack of empathy undoubtedly contribute to the reduced effectiveness of counseling and psychotherapy with SGM individuals (Panchal et al., 2021).

Although there is no consensual definition of empathy as relevant to mental health professionals (for example, see the three definitions in Elliot et al., 2018), therapeutic empathy can be taken to refer to the professional's ability to suspend judgment and effectively recognize and work within the client's idiosyncratic emotional experiences and subjective perceptions of reality (Elliot et al., 2011). Put simply, empathy refers to a deep understanding of another person's experience and the ability to communicate it to that person (Rogers, 1957). Practitioner empathy is considered both a facilitative therapeutic intervention and directly therapeutic in itself (Rogers, 1957) not only with the general population (Nienhuis et al., 2018) but also specifically with SGM individuals (Brooks & Inman, 2013; Love et al., 2015). Based on a recent meta-analysis, empathy is a moderately strong predictor of therapeutic outcome ($d = 0.58$; Elliot et al., 2018).

Empathy seems very relevant to effective counseling and psychotherapy practice with SGM individuals. Love et al. (2015) found that the level of empathy experienced by clients significantly predicted whether the professional would engage in gay-affirmative practice with gay and lesbian clients. Brooks and Inman (2013) also found a correlation between empathy and quality of the professional's case conceptualization with bisexual clients. There are also some unexpected findings. For example, Brooks and Inman (2013) found that when counseling bisexual clients, empathy did not significantly predict counselor competence; but they also concluded that their measure of empathy performed psychometrically poorly in this context. The authors questioned whether their selected standardized measure of empathy caused their unexpected findings that contradicted past research. Nevertheless, the importance of empathy in working with SGM clients is still accentuated by (a) empathy being associated with a counselor's ability to effectively conceptualize a minoritized culture client and (b) empathy being a significant predictor of multicultural counseling competence (Constantine, 2000; 2001), a framework that can be applied to working with individuals who belong to the SGM culture. It has become mainstream to adopt

a multicultural competence framework in working with SGM individuals, viewing SGM individuals as having a relatively distinct culture that mental health professionals need to be responsive to (Israel & Sevidge, 2003). As a result, cultural competence training to work with SGM individuals has become a mainstay in counselor and psychologist training programs (Diambra et al., 2016; Sanabria & Murray Jr., 2018).

Despite repeated calls for greater culturally competent practice with the SGM population, and the existence of specific practice guidelines for psychological practice with them (e.g., APA, 2012), most research on culturally competent practice has continued to focus on ethnoracial or national culture. Data continues to be quite limited for SGM individuals (Love et al., 2015). As a result, significant gaps in the literature remain; which impairs the ability of mental health professionals to engage in maximally effective, evidence-based and culturally competent practices with SGM individuals. One example of a gap relates to whether empathy for SGM individuals can be successfully taught or if pre-existing attitudes could prevent such a training outcome (Love et al., 2015).

The importance of mental health professionals to be able to empathize with SGM clients cannot be understated, and thus there are calls for continued research on the role of empathy in effective, culturally competent and ethical practices with SGM individuals (e.g., Brooks & Inman, 2013). We join a growing community of researchers (e.g., Brooks & Inman, 2013) in calling for increased research on therapeutic process variables, such as empathy, and their role in multicultural competence and successful counseling and psychotherapy when working with SGM individuals. This call is in light of most training programs continuing to invest heavily in training on specific theoretical orientations and therapeutic interventions, despite theory and therapeutic techniques accounting for such a small amount of the effectiveness of counseling and psychotherapy. The lion's share can be attributed to process variables and factors common across all theoretical orientations, such as the therapeutic alliance and the practitioner's empathy for the client (Wampold, 2015).

Coursework and Preparation in Training Programs

Given the above, it is imperative that mental health professionals (and those in training) become comfortable, emotionally responsive, and ultimately effective with SGM individuals. The foundations for competent practice with SGM individuals begin in training programs. Inadequate preparation and skill development during training has the strong potential to harm SGM clients (Grove, 2009; Harris & Hays, 2008; Herek et al., 2009). As a result, there has been a growing interest in assessing and improving human sexuality training in counselor education and psychologist training programs (e.g., Dermer & Bachenberg, 2015; Diambra et al., 2016; Sanabria & Murray Jr., 2018).

Yet, there is a dearth of research on the effectiveness of counselor and psychologist training programs, particularly coursework, in developing empathy, multicultural competence and maximal effectiveness in working with SGM individuals.

While participating in a sexuality course improves trainee case conceptualization skills, sexuality knowledge, and self-awareness (e.g., Bidell, 2013; Murray et al., 2017), research substantiating an increase (real or perceived) in clinical and counseling intervention and process skills, including basic therapeutic skills such as empathy, remains scarce. In addition, past research on human sexuality courses in counselor education programs (which extensively cover working with SGM individuals) have generally relied on single-point assessments, usually self-report surveys at course-end in a one-group posttest design (e.g., Diambra et al., 2016). Given this, there is an important need to directly assess for actual changes in experienced empathy. Without an initial assessment prior to the start of the course, there is no way of knowing the empathy levels for the trainees at the beginning, and therefore we cannot confidently comment on the actual impact of the course on empathy levels for the trainees (i.e., how much empathy levels changed). We can only say how much empathy the trainees had at the end of the course. It is possible that trainees began the course with comparable levels of what is assessed (empathy) and gained little from the course. Therefore, with a posttest only design, there is less basis for concluding that the course itself significantly contributed to trainee outcomes, such as increasing their empathy. Research employing pretest-posttest designs are needed to better substantiate the measurable benefits of courses on variables, such as empathy, that make a difference in SGM client outcomes in counseling and psychotherapy.

Purpose of Study

The purpose of this study was to examine if a sexuality counseling course can lead to increased self-perceived empathy (i.e., the lived experience of empathy) for working with SGM individuals, using a one-group pretest-posttest design to account for some of the limitations of past research. Doing so assesses two competing hypotheses. Those who believe empathy cannot be taught would opine that no significant differences would be found in this study and those who believe empathy can be taught would be more likely to opine that such differences would be found.

<div align="center">Method</div>

Participants

The participants were a self-selected sample of 42 students enrolled in a sexuality counseling course (out of approximately 50 total students enrolled). The course was offered by a CACREP-accredited counselor education program at a mid-sized public doctoral research university located in the Rocky Mountain region in the US (please email the first author for a copy of the syllabus). The average age of participants was 31.1 (*SD* = 9.1, Mdn = 27.0). In terms of racial identity, 85.7% of the participants self-identified as White/Caucasian, 9.6% were biracial/bi-ethnic and 4.8% were Latinx (numbers add to 100.1% due to rounding). In terms of religious affiliation, 38.1% reported Christianity or one of its specific forms, 31.0%

stated "none," 9.5% stated "spiritual," and the remainder answered as one of "agnostic," "atheist," "Jewish," "Mormon" or "Latter Day Saints", or "secular humanist."

Measures

Two face-valid brief surveys were created for this study. The measures were first pilot tested on two research assistants, who were both CITs. No significant revisions were made after piloting and discussion of the questions. For the pretest measure, the questionnaire contained three rating scale questions anchored from 1 indicating "no empathy" to 10 indicating "a lot of empathy." These questions asked about how much empathy the individual had for (a) gay/lesbian individuals, (b) bisexual individuals, and (c) transgender individuals (e.g., "How much empathy do think you have for bisexual clients?"). The post-test measure included the same three questions with the addition of the phrase "after completing the Sexuality course." Internal consistency for the measures was excellent at pre-test (Cronbach's alpha = .93) and acceptable at post-test (Cronbach's alpha = .63). In looking at the formula for its calculation, it is apparent that internal consistency reliability is partially a function of number of items on the measure, so it should also be considered that the internal consistency obtained was achieved quite efficiently with only 3 items (and this form of reliability could simply be increased by adding more test items).

The Course (Intervention)

The course that the students participated in was called "Sexuality Counseling." All three course offerings included in this study were taught be the same instructor. The course was a single semester, three-credit course only offered in the summer in a two-weekend format. It was required for students in the couples and family specialization track of the department's CACREP-accredited master's counseling program (who would take it at the end of their first or second year in the program) and was an elective course for students in other counselor education specialization tracks. The course was also open to Master's and PhD students in other graduate programs who had appropriate background knowledge related to counseling.

Although the course was not exclusively focused on working with SGM individuals (i.e., it was a general course on counseling couples with sexual issues) information about SGM individuals and their issues was a central component of the course weaved into most topics presented in the course. Methods of instruction included lectures, discussions, group work, role plays, and multimedia presentations. The textbook used was called "Sexuality Counseling" (Long et al., 2006). Course evaluation included participation and professionalism, an experiential activity (e.g., interview a LGBTQ person, explore a local community service for LGBTQ individuals) with a reaction paper, a personal sexual history and reflection paper, and a hypothetical case study and treatment plan.

Procedures

Recruitment

This study received research ethics approval from the university of the first author. Participants were recruited from three consecutive offerings of the course over three years. A research assistant invited the students to participate in the study by distributing study information and an informed consent form at the start of the course.

Data Collection and Analysis

Those who agreed to participate were asked to use a pseudonym on all research forms to better protect their confidentiality but still enable the research assistant to match pretest and posttest responses. Participants were then administered a rating scale at the start of the course and upon its completion. Data was not entered until the following semester and after grades were submitted. The means of participant scores for all three questions at pre-test and post-test were each statistically compared with paired-sample (repeated measures), two-way t-tests using SPSS version 27. Like all t-tests, a paired t-test is generally robust to assumptions of normality. For example, in a simulation study, Chaffin and Rhiel ([1993](#)) investigated the effect of skewness and kurtosis on the Type I error rate of the one-sample t-test. These authors concluded that two-tailed tests are more appropriate than one-tailed tests and that, for moderate skewness, two-tailed tests have adequate robustness of validity at the .05 level even if the sample size is small.

Results

There was no missing data. All 42 participants who provided pre-course survey data completed the course and provided post-course survey data. The means and SD of self-perceived empathy ratings prior to the course and after completion are presented in Table 1. For all three comparisons, mean empathy ratings were significantly higher after completion of the course. CIT participants felt more empathic towards gay/lesbian individuals after the course (mean difference = 1.05, t_{41} = 3.79, $p < 0.001$, $d = 0.59$). The effect size was moderate ([Cohen, 1992](#)). They felt more empathic towards bisexual individuals after the course (mean difference = 1.12, t_{41} = 4.55, $p < 0.001$, $d = 0.70$). The effect size was moderate. They also felt more empathic towards transgender individuals after the course (mean difference = 1.48, t_{41} = 5.63, $p < 0.001$, $d = 0.87$). This effect size was large.

Discussion

SGM individuals have high rates of initiating counseling and psychotherapy yet often report dehumanizing experiences that contribute to higher dropout and lower effectiveness rates ([Bieschke et al., 2007](#); [Cochran et al., 2003](#); [Israel et al., 2008](#); [Panchal et al., 2021](#); [Shelton et al., 2011](#)). Increasing practitioner's empathy appears to be an evidence-based avenue to improve the experiences and outcomes of individuals in general who seek mental health treatment ([Constantine, 2000](#);

Constantine, 2001; Elliot et al., 2018), with slowly growing research emerging specific to SGM individuals (e.g., Brooks & Inman, 2013; Love et al., 2015). Given the dearth of this latter literature base, gaps in our knowledge remain. One unanswered question for which calls for future research exist (e.g., Love et al., 2015) is if empathy for SGM individuals can be successfully taught to individuals in counselor training programs. Past research in this area has generally been limited to single-point assessments at the end of a course (posttest only designs), which prevent justifiable conclusions that empathy levels actually increased during the course, let alone due to the course. Therefore, the purpose of the current study was to examine if self-perceived empathy when working with SGM individuals can increase after completion of a sexuality counseling course. This speaks to whether empathy for SGM individuals can be successfully taught or if pre-existing characteristics and beliefs can prevent such an outcome.

Results indicated that CITs who participated in the course increased their level of self-perceived empathy for all three groups being investigated (gay/lesbian, bisexual, transgender) in a statistically significant manner. Two differences were of moderate size (gay/lesbian, bisexual) and one was large (transgender). In other words, practitioner coursework can lead to an increase in empathy for SGM individuals. The increase in empathy was largest for working with transgendered individuals. This could be because the base rates of clients who identify as transgender are far below the rates of client who self-identify as bisexual or gay. (Jones, 2021) and therefore CITs were less likely to come across, befriend, or be exposed to a large number of transgender individuals (compared to bisexual and gay/lesbian individuals) and so there could have been a greater deficit in knowledge and experience that the course addressed.

The results of this study are promising and should encourage increasing curricular investment in training for general process skills, such as empathy, in practitioner training programs. Because it appears that empathy for working with SGM individuals can be increased through proper instruction, including for CITs, overall increases in practitioner empathy should translate into lower drop out rates for SGM individuals seeking counseling or psychotherapy and better therapeutic outcomes.

Limitations

This study used a non-standardized measure of empathy created particularly for this study. While this appears like a significant limitation of the study, the state of the literature supports this decision. It has long been recognized that quantitative research with SGM individuals, including studies of counseling/psychotherapy practice and training, often rely on measures that have not been normed or validated on SGM individuals or otherwise lack direct psychometric support with this population (Bieschke et al., 2007). Therefore, any idiosyncrasies in the construct or performance of empathy distinct to SGM individuals are unlikely to be represented on existing measures. Thus, there are questions about using most

available empathy measures with SGM individuals and, by extension, with other individuals when reporting on empathy for SGM individuals. The use of such measures could explain the non-intuitive findings in some research on empathy for SGM individuals. For example, Bayne et al. (2020) and Brooks and Inman (2013) both stated that their findings with counselors' empathy levels for LGTQ and bisexual clients, respectively, were questionable due the poor performance of the psychometric measures used in their studies. This was despite them employing well-established empathy measures with sound evidence of reliability and validity in general populations. Therefore, until standardized empathy measures are developed, validated or normed specifically for SGM individuals (which we believe there is a strong need for), non-normed measures that tap into the subjective experience of individuals' experiences, such as face valid questionnaires, are very appropriate to use.

It is possible that some of the CITs' responses are partially subject to social desirability bias as is common in self-report research. CITs know that instructors want them to develop empathy for their clients and some of them may have inflated their scores to be seen as "good" CITs. Unfortunately, because experienced empathy is a subjective phenomenon, there is no other way to access how empathic counselors-in-training feel in their lived experience. However, because the CITs' responses to the scale were anonymous, their specific answers and scores were not known to the instructor or research team and thus we believe this tendency was minimized.

Because of the absence of random sampling, the results of this study should be limited to the particular self-selected students who participated in this study, the single instructor who provided the course, in the particular type of training program (professional counseling) at this particular university. Nevertheless, the results of this study indicate that it is possible, under at least some circumstances, to increase empathy for SGM individuals for CITs through a sexuality counseling course, which answers the research question of this study.

Future Research

There is a need to replicate this study to increase confidence in its findings across different samples, instructors, program types, and universities. Successful and failed replication attempts then call for research to determine mediators and moderators of the course instruction-CIT empathy relationship in training programs. These could be related to trainee characteristics, instructor characteristics, training program characteristics, university characteristics, or discipline/profession characteristics.

While using a single group pretest-posttest design is defensible for initial stage research, such as the current study, the positive results obtained now justify investment with higher levels of rigor for the next stage in research. Therefore, future research should employ a randomized control experimental design, if this could be ethically arranged. The use of random assignment to a particular course focused on Sexuality

Counseling or to a passive or active control group (e.g., no course, waitlist control, a different training course) will allow the researchers to not only state that empathy levels increased after successful completion in the particular course being investigated, and quantify the extent to which such improvement could exceed the control condition; but overall further validate that a sexuality course can increase empathy levels.

Conclusion

This study provides promising evidence that course instruction can be used to increase empathy levels for SGM individuals in counselors-in-training. Given the centrality of empathy to multicultural counseling and psychotherapy competence and the contribution of empathy to therapeutic outcomes, an overall increase in empathy levels for SGM should translate into lower dropout rates and increased effectiveness of counseling and psychotherapy for SGM individuals. This, in turn, should translate into improved mental health for SGM individuals for clients who elect to visit a mental health professional to access counseling or psychotherapy.

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<div align="center">**Appendix**</div>

Table 1

Pre-Course and Post-Course Mean Empathy Ratings and Standard Deviations

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Variable	N	Mean	SD
Pre-Course Empathy for Gay/Lesbian	42	8.64	1.50
Post-Course Empathy for Gay/Lesbian	42	9.69	1.60
Pre-Course Empathy for Bisexual	42	8.10	1.89
Post-Course Empathy for Bisexual	42	9.21	0.90
Pre-Course Empathy for Transgender	42	8.02	1.98
Post-Course Empathy for Transgender	42	9.50	0.74

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Note. Rating scale for empathy scores ranged from 1 = "no empathy" to 10 = "a lot of empathy"