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The Relationship Between Licensed Mental Health Counselors' Political Ideology and Counseling Theory Preference

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Given the current political climate in the United States, it is ever more important to understand the role political ideology plays in the counseling profession. Our study examined the role of political ideologies in 467 licensed mental health counselors' preferred counseling theories in clinical practice. We found (a) most participants reported liberal political ideologies; (b) the participants preferred cognitive-behavior therapy (CBT), humanistic/constructivist/existentialist, and mindfulness-based theories over systemic, psychodynamic, and experiential theories; and (c) self-identification as conservative, registration with the Republican Party, and endorsement of Libertarian beliefs predicted a preference for CBT, self-identified liberal ideology predicted a preference for psychodynamic theory, and lower levels of libertarian beliefs predicted a preference for humanistic theories. Implications for research, practice, and education are discussed.

Public Policy Relevance Statement
Mental health professionals' political ideologies have implications for their clinical practices through the preferences for and utilizations of different counseling theories. Understanding the link between mental health professionals' political ideology and their theory preference has the potential to improve quality of care for the vulnerable.

Research has shown that mental health professionals are more likely to self-identify as liberals than as conservatives (Bilgrave & Deluty, 2002; Parikh, Post, & Flowers, 2011; Rosenwald, 2006; Steele, Bischof, & Craig, 2014). Typically, over one half of mental health professionals describe themselves as liberal, and only 10% to 25% describe themselves as conservative (Parikh et al., 2011; Rosenwald, 2006; Steele et al., 2014). For instance, Steele et al. (2014) found that in a sample of 263 members of the American Counseling Association (ACA), 53.6% of counselors identified as liberal, and 20.5% of counselors identified as conservative. Rosenwald (2006) found that among a sample of 294 licensed social workers in Maryland, 55.2% described themselves as liberals, whereas only 10.4% described themselves as conservatives. However, there remains a large gap in the literature on how political ideology may be associated with a preference for using certain counseling theories in clinical practice. In the current study, we examined this relationship among a sample of licensed mental health counselors (LMHCs) with three questions:

Question 1: What were the political ideologies of the licensed mental health counselors?
Question 2: Did the licensed mental health counselors have preferences for different counseling theories?
Question 3: How were the licensed mental health counselors' political ideologies associated with their preference for different counseling theories?

Literature Review

In the absence of a sufficiently large body of literature on this topic to guide the current inquiry, we reviewed proximal studies on personal, social, and religious beliefs and mental health professionals' clinical practices in order to build a foundation for the current study. These beliefs play an integral part in the formation of political ideology (Feldman & Johnston, 2014).

Political Ideology and Counseling Practice

Although political ideology has been linked to counselors' attitudes toward advocacy (Parikh et al., 2011), to the best of our

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knowledge, within the mental health field, only one study by Bilgrave and Deluty (2002) has investigated mental health professionals' beliefs in different political ideologies and their preferred therapeutic orientations in clinical practice. Specifically, their survey data on 233 clinical and counseling psychologists showed that those with a liberal political ideology were more likely to prefer humanistic and psychodynamic counseling theories than those with a conservative political ideology. Within the medical field, health care providers' political affiliation has been linked to the type of medical advice given to patients regarding politicized medical issues such as drug abuse and abortion (Hersh & Goldenberg, 2016).

Personal, Social, and Religious Beliefs and Counseling Practices

Extensive research has shown that mental health professionals' personal, social, and religious beliefs influence their interactions with clients (see the review by Cummings, Ivan, Carson, Stanley, & Pargament, 2014). For instance, mental health service providers who regard homosexuality as pathological are less willing to provide homosexual individuals with clinical services (Barrett et al., 2002; Kilgore, Sideman, Amin, Baca, & Bohanske, 2005). Bloom, Gutierrez, Lambie, and Ali (2016) found that mental health counselors and marriage and family therapists who believed that pornography was harmful were more likely to assess and provide treatment for problems related to pornography. Parikh et al. (2011) found that school counselors who held a stronger belief that the world was just (i.e., people get what they deserve and deserve what they get) were less likely to engage in advocacy behaviors than counselors who held a stronger belief that there was injustice in the world.

Research has also demonstrated that counselors' personal beliefs in social issues influence their sense of competency in working with specific client populations. Henke, Carlson, and McGeorge (2009) found that marriage and family therapists with higher levels of homophobia reported lower levels of competency in working with lesbian, gay, and bisexual clients. Similarly, Bidell (2014) established an inverse relationship between counselors' religious fundamentalist beliefs and self-reported competency working with lesbian, gay, and bisexual clients. McBride and Hays (2012) found a significant and negative correlation between ageist attitudes of counselors and self-reported level of multicultural competency.

Several studies have specifically examined relationships between religious and spiritual beliefs of mental health professionals and their interactions with clients. In two quantitative studies, 63% to 72% of psychologists reported that their religious beliefs moderately or significantly influenced their practice of therapy (Bilgrave & Deluty, 1998, 2002). In a review of 29 quantitative studies on the religious and spiritual beliefs of psychotherapists, Cummings et al. (2014) concluded that religious and spiritual beliefs positively correlated with favorable attitudes toward integrating spirituality and religiosity in psychotherapy and with perceived competence in doing so. They also concluded that psychotherapists tend to prefer working with clients with similar spiritual and religious beliefs, and psychotherapists who endorse conservative social values are less likely to support unconventional sexual behavior (Cummings et al., 2014). Qualitative research has yielded additional and relevant findings that religious and spiritual beliefs of counselors are related to their ability to empathize with clients (e.g., Blair, 2015; Morrison & Borgen, 2010).

Political Ideology and Patient Interactions in Other Health Professions

Because beliefs in social issues and religion are likely reflected in one's political beliefs and the broader construct of one's worldview (Bilgrave & Deluty, 2002; LaMothe, 2012), it would be reasonable to argue that mental health practitioners' political beliefs should matter in their counseling practice. Although only one of the studies (i.e., Bilgrave & Deluty, 2002) mentioned earlier has specifically examined how political beliefs were related to mental health professionals' direct client care, our argument is further buttressed by a recent study on primary health care physicians' (PCPs) political affiliations and their clinical practice behaviors. Specifically, Hersh and Goldenberg (2016) provided PCPs with nine clinical vignettes and asked PCPs to rate how serious they considered each presenting problem and what treatment plan they would favor. Overall, PCPs who were registered Republicans were more likely to discuss health risks associated with controversial and politicized behaviors (e.g., marijuana use, abortion, prostitution) than PCPs who were registered as Democrats. In addition, there were notable differences in advice offered by Republican and Democratic PCPs. For example, in a vignette related to the storage of a firearm in a patient's home, Republican PCPs were more likely to encourage safe storage of firearms, whereas their Democratic colleagues were more likely to discourage the patient from storing a firearm anywhere in the home (Hersh & Goldenberg, 2016). This study strongly suggests that political beliefs of PCPs influence their treatment approaches. If political beliefs can impact interactions between primary care physicians and their patients, perhaps the same is true for mental health counselors.

Political Ideology, Worldview, and Preferred Counseling Theories

Given that the beliefs of mental health counselors and physicians have been demonstrated to impact client care, combined with the finding that mental health counselors are more likely to identify as liberal than conservative, the question of whether there is a relationship between mental health counselors' political ideologies and their preference for counseling theories is an important one. We believe that Murdock, Duan, and Nilsson (2012) put it well when they opine that "Theories vary radically in their philosophical underpinnings, which surely influence the choices made by students of psychotherapy as they begin to work with clients" (p. 971). If (a) a counselor's political ideology is related to his or her worldview, (b) the counselor's worldview contributes to his or her counseling theory, and (c) the counselor's theory informs his or her practice in session with clients, then (d) we would expect a relationship between a counselor's political ideology and his or her clinical practice.

Murdock (2017) related that counseling theories explain "why people behave as they do, how to help them grow, and how to change aspects of their lives if they wish to do so" (pp. 3–4). In clinical practice, counselors may be attracted to theories that offer

explanations of human behavior and growth that fit into their political ideology and, more broadly, their worldview. For example, it is possible that the emphasis on individual responsibility and internal locus of control in cognitive-behavioral therapy (CBT) may appeal to counselors who identify as conservatives, Republicans, and Libertarians given that the Republican and Libertarian platforms emphasize individual responsibility and self-reliance (Libertarian Party, 2016; Republican National Convention, 2016). Liberal- and socialist-leaning counselors may identify with psychodynamic and systemic theories given their emphases on the impact of social and environmental experiences in platforms of the Democratic, Socialist, and Green parties (Democratic Platform Committee, 2016; Green Party, 2016; Socialist Party, 2016). Mindfulness-based theories may be more attractive to counselors who identify as liberals rather than conservatives because of an emphasis on nonjudgmental acceptance.

Method

Research Design

This study (University of South Florida IRB#Pro00024200) was designed with two goals in mind: (1) to replicate and expand the study by Bilgrave and Deluty (2002) on clinical and counseling psychologists in a sample of LMHCs and (2) to test the utility of a shorter measure of political beliefs (detail in measures section). In presenting counseling theories to the participants, we modified the categories used by Bilgrave and Deluty (2002) to include mindfulness-based theories, which are increasingly represented in counseling theory texts (e.g., Corey, 2017; Murdock, 2017), and systemic theories, which have been included in counseling theory texts for decades. We used an anonymous online survey design to allow participants to respond more freely on their thoughts and beliefs that might be deemed sensitive (e.g., party affiliation).

Sampling and Participants

The target participants for the current study were LMHCs in a southern state. An e-mail containing the survey link was sent to the 800 members of the state's mental health counselors association as well as the 8,598 current LMHCs in the state's Department of Health, Healthcare Practitioner Database. The e-mails were undeliverable for 132 recipients. Because it was not possible to determine how many potential participants actually read the e-mail containing the survey link, and the possibility that some e-mails may have ended up in the recipients' spam folders, we were unable to determine the exact response rate. Overall, however, 483 individuals on the mailing lists accessed the survey link, 478 consented to participate, and 469 met the inclusion criterion (i.e., currently licensed in the state as a mental health counselor). Complete or partial data were obtained from 467 participants. The sample size was larger than that of most existing studies of similar topics (e.g., Bilgrave & Deluty, 2002; Parikh et al., 2011; Rosenwald, 2006; Steele et al., 2014).

Measures

Demographics. We gathered data on LMHCs' gender, age (e.g., 20 to 29, 30 to 39, 40 to 49), race/ethnicity (e.g., White/Caucasian, Hispanic, Black/African American), number of years licensed (e.g., 0 to 5 years, 6 to 10 years, 11 to 15 years), and primary work setting (e.g., independent practice, school, hospital).

Preference for counseling theories. The participants were asked to indicate their preference on a 6-point Likert scale (1 = *least preferred* to 6 = *most preferred*) for four categories of counseling theories, including (1) cognitive-behavioral, (2) psychodynamic–psychoanalytic, (3) humanistic–constructivist-existential, (4) mindfulness-based, (5) experiential, and (6) systemic. Note that existential and humanistic theories were grouped together based on common theoretical assumptions, as they are portrayed in many counseling texts that place these theories in the same section or in proximal sections (e.g., Corey, 2017; Murdock, 2017; Nugent & Jones, 2009). We separated experiential theory because of its unique emphasis on experiential methods over traditional talk therapy. Responses to the six counseling theories served two purposes: (1) the average rating of each theory was used to create a rank order of counseling theory preference across the six theories and (2) within each theory, variations in the ratings created a continuous dependent variable for statistical analyses on its associations with different measures of the participants' political views.

Political ideology. We used three different methods to assess the participants' political ideology:

Political party affiliation. Participants were asked to report their current registered political party affiliation. Options were provided for each official registration option within the state: Republican Party, Democratic Party, American's Party, Constitution Party, Ecology Party, Green Party, Independence Party, Independent Party, Libertarian Party, Party for Socialism and Liberation, Reform Party, no party affiliation, and N/A (i.e., "I am not registered to vote").

Political ideology label. Participants were asked to identify their political ideology: liberal/progressive, conservative, moderate/centrist, libertarian, socialist, communist, anarchist, and other.

Political beliefs. Participants were asked to rate their level of agreement with a 14-item political statements, such as "It should be legal for adults to use drugs as long as they are not harming anyone else," using a Likert scale (1 = *strongly disagree*, 2 = *disagree*, 3 = *neither agree nor disagree*, 4 = *agree*, 5 = *strongly agree*). These items were developed following three steps: item generation (Step 1), item reduction (Step 2), and factor analysis (Step 3). Step 1 generated nearly 60 items from an extensive investigation of multiple sources, including theoretical models (e.g., Bryson & McDill, 1968; Jost, Federico, & Napier, 2009; Kerlinger, 1984; Treier & Hillygus, 2009), key political issues detailed in political party platforms in the United States (e.g., Libertarian Party), items included in existing political belief surveys, and items included in Bilgrave and Deluty's (2002) questionnaire derived from the sixth version of Kerlinger's (1984) Referents Scale and from the modified Professional Opinions Scale utilized in Rosenwald's (2006) study on the political beliefs of social workers. Step 2 involve a consultation with a highly regarded political science professor to reduce the number of items to 14 with good face validity that measure belief in individual freedom. As such, it can be viewed as a measure of belief in libertarianism, a political ideology associated with high levels of

economic and social freedom (Block, 2015; Feldman & Johnston, 2014). Step 3 involved an exploratory factor analysis that showed a two-factor solution for the items (see Table 1). To determine the discriminant validity of the two factors, we compared the means of each factor in participants who self-reported different party affiliations, and participants with different political ideology. Participants who self-identified as Republicans ($n = 100$) scored significantly higher than those who self-identified as Democrats ($n = 230$) on Factor 1, $t(328) = 3.42$, $p < .001$) and Factor 2, $t(328) = 13.28$, $p < .001$. These results provided support for the validity of the two factors. However, because Factor 1 had a low internal consistency ($\alpha = .55$), we excluded it from further analysis. Factor 2 (termed *political beliefs*) had an adequate internal consistency ($\alpha = .77$). In data analysis, the mean of the six items in Factor 2 was used to reflect the participant's political beliefs. Higher scores indicate a stronger endorsement for libertarian political ideology.

Belief in the influence of political ideology on clinical practice. The participants were asked to indicate how much they believed that their political ideology influenced their preference for counseling theories (0 = *not at all*, 1 = *a little*, 2 = *moderately*, 3 = *substantially*).

Results

Descriptive Statistics

Most participants were White (78.9%) and female (74.3%) in their 30s through 60s. One out of 5 (21.8%) were licensed for less than 5 years, and 1 out 4 (25.2%) were licensed for over 20 years. In terms of gender and race, the demographic composition of participants was comparable to that of the membership of the ACA, the largest counseling association in the United States, which reports that 83% of its membership is White and 74% of its membership is female (R. A. Sites, personal communication, March 9, 2018). Half of the LMHCs work in independent practice, and the other half work in schools, colleges, universities, community mental health centers, hospitals, substance abuse treatment programs, and employee assistance programs. Forty-one LMHCs (9.21%) reported that their political ideology had a substantial influence, 120 (26.97%) reported a moderate influence, 149 (33.48%) reported a little influence, and the rest of the sample ($n = 135$; 30.34%) reported that their political ideology had no influence on their preference for different counseling theories.

Question 1: What Were the Political Ideologies of the Licensed Mental Health Counselors?

Of the 467 LMHCs, 241 (54.28%) were registered with the Democratic Party, 102 (22.97%) were registered with the Republican Party, 63 (14.19%) registered with no party affiliation, 11 (2.48%) were not registered to vote, and the remaining 27 (6.08%) registered with other parties. In terms of political ideology labels, 232 (50.99%) LMHCs self-identified as liberal or progressive, 96 (21.10%) as moderate/centrist, 89 (19.56%) as conservative, 18 (3.96%) as libertarian, 10 (2.20%) as socialist, 2 (.44%) as communist, and 8 (1.76%) identified their political ideology as "other or unknown." Finally, in terms of political belief, the participants' average was 1.50 ($SD = .81$; range = 0–4), suggesting that the participants as a group were leaning toward the liberal end of their political ideology spectrum.

Question 2: Did the Licensed Mental Health Counselors Have Preferences for Different Counseling Theories?

Our survey data showed that the LMHCs had preferences: The most preferred theory was CBT ($M = 5.1$, $SD = 1.4$), followed by humanistic/constructivist/existential ($M = 4.5$, $SD = 1.3$), mindfulness-based ($M = 4.1$, $SD = 1.2$), systemic ($M = 2.6$, $SD = 1.4$), psychodynamic ($M = 2.6$, $SD = 1.5$), and experiential theories ($M = 2.2$, $SD = 1.2$). The participants' preferences were significantly correlated (see Table 2).

Table 1. *Item Description and Factor Loading From Exploratory Factor Analysis (N = 467)*

Item	Description	Factor 1 ($\alpha = .55$)	Factor 2 ($\alpha = .77$)
1	Speech, press, media, and internet should not be censored by the government.	.07	**.41**
2	Under no circumstances should the military employ the draft.	−.12	**.30**
3	Politicians should not pass laws regulating sex between consenting adults.	−.10	**.58**
4	It should be legal for adults to use drugs as long as they are not harming anyone else.	−.05	**.47**
5	The federal government should not require citizens to obtain a national identification card.	−.07	**.36**
6	Public monies should not be used to bail out businesses.	.30	**.34**
7	The government should not regulate products imported from other countries and exported to other countries.	.22	.06
8	The Social Security program should be privatized.	**.58**	−.35
9	Replace government welfare with private charity.	**.71**	−.34
10	Both taxes and government spending should be reduced by 50% or more.	**.67**	−.16
11	The government should not interfere with the rights of its citizens to own and possess firearms.	**.61**	−.17
12	The income tax should be replaced by a national sales tax.	**.57**	.07
13	Abolish the IRS and Federal Reserve.	**.69**	.11
14	Healthcare is a service that can be bought, traded, sold, or donated by consenting citizens rather than a right guaranteed by government.	**.69**	−.23

Note. Boldface values indicate factor loadings.

Table 2. *Pearson Correlation Coefficients Among LMHC's Preference for Counseling Theories (N = 444)*

Theory	1	2	3	4	5	6
1. CBT	—	−.35***	−.25***	−.05	−.28***	−.11*
2. Dynamic		—	−.15**	−.19***	−.14**	−.29***
3. Humanistic			—	−.18***	−.15**	−.23***
4. Mindfulness				—	−.20***	−.30***
5. Experiential					—	−.12***
6. Systemic						—

Note. LMHC = licensed mental health counselor.
* $p < .05$. ** $p < .01$. *** $p < .001$.

Question 3: How Were the Licensed Mental Health Counselors' Party Affiliation, Political Ideologies, and Political Beliefs Associated With Their Preference for Different Counseling Theories?

To determine the associations between the participants' party affiliation, political ideologies, and political beliefs and their preferences for each of the six counseling theories, we ran general linear modeling (GLM) analyses. In each GLM, we focused on one of the four main predictors (i.e., political party affiliation, political ideology, political beliefs, and participants' report on how much their political ideology influenced their clinical practice). We decided to include the participants' report on the influence of political ideology on their clinical practice due to that they acknowledged that their political ideology had varying degrees of influence on their preference for counseling theories. The participants' gender, ethnicity, age, and number of years with license were included as covariates. Results are summarized in Table 3.

Party affiliation and preference for counseling theories. GLM results showed that compared with participants who were affiliated with the Republican Party, those affiliated with the Democrat Party, on average, scored .34 points lower on their preference for CBT, those affiliated with the Independent Party, on average, scored .26 points lower on preference for CBT. Post hoc analysis showed no other differences across different party affiliations and preference for CBT. The participants' party affiliation was not associated with difference in the participants' preferences for other counseling theories.

Political ideology and preference for counseling theories. In conducting data analysis, the participants' self-reported political ideology was recoded to include four categories: conservative, liberal/progressive, moderate/centrist, and other (i.e., Libertarian, Socialist and Communist). Compared with LMHCs who hold conservative political ideology, those who hold liberal/progressive political ideology scored, on average, .73 points ($p < .001$) lower on their preference for CBT but, on average, .44 points ($p < .01$) higher on their preference for psychodynamic theories. There were no other differences between those with conservative ideology and those with liberal/progressive ideology. Post hoc analyses reviewed that LMHCs with moderate/centrist ideology

Table 3. *Summary of General Linear Modeling Results With Different Party Affiliation, Political Ideality, Political Belief, and Belief on the Influence of Political View on Practice as Separate Predictors (N = 443–444)*

	LMHC preference for counseling theories					
Predictors	CBT	Dynamic	Humanistic/Constructivist/ Existential	Mindfulness	Experiential	Systemic
Political party affiliation						
Other (No party, not registered, other types)	−.61**	.31	.04	.11	.05	.10
Democrat	−.34*	.30	−.18	.16	.17	−.11
Independent	−.26	.30	−.12	−.31	.02	.37
Republican	Ref.(0)	Ref.(0)	Ref.(0)	Ref.(0)	Ref.(0)	Ref.(0)
R^2	3.19%	3.89%	3.09%	3.78%	1.20%	3.90%
Political ideology						
Moderate/centrist	−.25	.39	0	.08	.02	−.24
Liberal/progressive	−.73***	.44*	.16	.21	.13	−.21
Libertarian, socialist/communist	−1.40***	.56	.36	.09	.27	.11
Conservative	Ref.(0)	Ref.(0)	Ref.(0)	Ref.(0)	Ref.(0)	Ref.(0)
R^2	8.75%	4.64%	3.11%	3.32%	1.17%	3.73%
Political beliefs	.20*	.04	−.22**	−.07	−.03	.08
R^2	2.60%	3.09%	4.76%	2.99%	.78%	3.09%
Influence of political view on clinical practice						
No influence	.82***	−.64*	−.23	.26	−.35	.14
Little influence	.75**	−.65*	−.13	.11	−.22	.15
Moderate influence	.81**	−.79**	−.03	.19	−.22	.03
Substantial influence	Ref.(0)	Ref.(0)	Ref.(0)	Ref.(0)	Ref.(0)	Ref.(0)
R^2	3.85%	5.13%	2.82%	3.28%	1.41%	3.21%

Note. Higher scores in political beliefs indicate a stronger endorsement for libertarian political ideology. For each type of political ideology, we controlled for the participant's age, sex, years with license, and ethnicity in data analysis. LMHC = licensed mental health counselor; CBT = cognitive-behavioral therapy. Ref. = Referent.
* $p < .05$. ** $p < .01$. *** $p < .001$.

and those with conservative ideology were not different on their preference for CBT ($p = .19$) but scored higher than those with liberal/progressive ideology ($p < .01$) and those with other types of political ideology (e.g., Libertarian; $p < .001$). Those with liberal/progressive ideology scored higher than those with other types of political ideology ($p < .01$) on preference for CBT. Overall, those holding conservative ideology scored the highest on preference for CBT, followed by moderate/centrist, liberal/progressive and other types.

Political beliefs and counseling theories. GLM showed that a stronger endorsement of libertarian political beliefs was associated with a higher score in preference for CBT ($B = .20$, $p < .05$) but lower scores in preference for humanistic theories ($B = -.22$, $p < .01$). In other words, a stronger libertarian political belief was associated with a stronger preference for CBT theories and a stronger libertarian belief was associated with a weaker preference for humanistic theories.

Self-report on the influence of political view on clinical practice. GLM showed that compared with those who reported that their political view had substantial influence on their practice, those who reported no influence scored, on average, .82 ($p < .001$) higher on preference for CBT; those who reported little influence scored, on average, .75 ($p < .01$) points higher on preference for CBT; those who reported moderate influence scored, on average, .81 ($p < .01$) points higher on preference for CBT. On the contrary, compared with those who reported that their beliefs had substantial influence on their clinical practice, those who reported that their political views had no influence scored, on average, .64 ($p < .05$) lower on their preference for psychodynamic theories; those who reported little influence scored, on average, .65 points ($p < .05$) lower on their preference for psychodynamic theories, and those who reported moderate influence scored, on average, .79 points ($p < .01$) lower on preference for psychodynamic theories. Post hoc analysis showed no difference in the preference for CBT or psychodynamics across the three groups who reported that their political views had no influence, little influence or moderate influence their practice.

Taken together, the data analyses using three different methods to reflect political ideologies converged on the finding that stronger conservative ideologies were associated with a stronger preference for CBT while stronger liberal ideologies were associated with a weaker preference for CBT. Identifications of political ideologies were not associated with preference for mindfulness, experiential and systemic theories. Finally, LMHCs with an identification with liberal ideology had a stronger preference for psychodynamic theories than their peers who were identified with a conservative ideology; a stronger conservative political belief was associated a lower preference for humanistic/existential theories.

Discussion

Our study sought to answer three questions about our sample of LMHCs: (1) What were the political beliefs of LMHCs? (2) Did the LMHCs have preferences for different counseling theories? (3) How were the LMHCs' political beliefs associated with their preference for different counseling theories? Regarding the first question, consistent with previous research, LMHCs in the current study were predominantly liberal in political ideology as evidenced by political party affiliation, self-identified political ideology label, and responses to 14 political statements. On the basis of research thus far, it appears likely that regardless of the discipline explored (i.e., mental health counselors, clinical and counseling psychologists, social workers), the mental health profession is disproportionately composed of practitioners with liberal political ideologies. This is consistent with existing studies (e.g., Bilgrave & Deluty, 2002; Parikh et al., 2011; Rosenwald, 2006; Steele et al., 2014). Possible explanations for this phenomenon include the following: (a) the mental health profession may attract individuals with a liberal political ideology; (b) professional gate-keeping in counselor education programs, internship and practicum sites, and/or clinical supervision may contribute to a reduction in counselors with a nonliberal political ideology; or (c) some combination of the preceding factors may be at play. At first glance, the first possibility appears reasonable in the sense that liberal political ideology emphasizes the role of social programs more than conservative political ideology, so individuals who assign a high level of importance to helping others may be attracted both to liberal political ideology and to the mental health profession, which is a "helper" profession for which 59% of funding is public (Substance Abuse and Mental Health Services Administration, 2016).

Regarding our second research question, LMHCs as a group preferred CBT, humanistic/constructivist/existentialist, and mindfulness-based theories over systemic, psychodynamic, and experiential theories. Given that as a group, the LMHCs in the current study are more liberal, the finding that they endorsed CBT is an interesting finding. We speculated that this may have to do with the fact that CBT is well-researched, evidence-based, and widely taught and emphasized in counselor education programs (Gaudiano, 2008), and person-centered theory is often regarded as a foundation for basic counseling skills and approaches that have been adopted in most, if not all, counseling theories. According to Shallcross (2012), leaders in the counseling field projected an increased emphasis in the counseling profession on holistic care and spirituality, which are key constructs of mindfulness. Mindfulness-based theory has been heavily covered in contemporary textbooks, journal articles, and professional magazines. For example, the *Journal of Mental Health Counseling* dedicated a special edition to mindfulness-based approaches in July 2012 (Ponton, 2012). Recent edition of popular texts in the counseling field, such as the second edition of *Beck's Cognitive Therapy: Basics and Beyond* (Beck, 2011), and commonly used counseling theory textbooks (e.g., Corey, 2017; Murdock, 2017) have added sections or chapters on mindfulness-based approaches, and mindfulness theory has been infused into many contemporary counseling theories referred to as the "third wave" of CBT (Gaudiano, 2008). It is therefore plausible that the three aforementioned theories are preferred in part because of familiarity.

Our findings regarding our third research question (i.e., how political party affiliation, political ideology and political beliefs are associated with counseling theory) warrant a more robust discussion. First, we found that nearly 70% of LMHCs reported a perception that their political ideologies at least partially influenced their preference for counseling theories, suggesting at least a moderate awareness of the relationship among LMHCs. We obtained mixed results in terms of relationship between the political views of LMHCs and their preferred counseling theories. Results from three types of operationalizations of the participants'

political views (i.e., political party affiliation, endorsement of political beliefs, and self-identified political ideology) suggest a significant relationship between some or all three operationalizations of political ideology and preference for CBT and humanistic/constructivist/existentialist theories, and, to a lesser extent, psychodynamic theories, but not for systemic and experiential theories. Specifically, conservative LMHCs, LMHCs who endorse higher levels of libertarian beliefs, and Republican LMHCs were more likely to prefer CBT than liberal LMHCs and Democratic LMHCs, and liberal LMHCs were more likely to prefer humanistic/constructivist/existentialist and psychodynamic theories than conservative LMHCs. These findings are similar to Bilgrave and Deluty's (2002) results with the exception that in their sample religious conservatism positively correlated with CBT but not political conservatism.

We stress that any explanation for why LMHCs of certain political ideologies might be more attracted to certain therapies is tentative and speculative at this time. Research on psychological differences between conservatives and liberals suggests that conservatives may be more attuned to threat than liberals and may prefer order and structure as a means of countering chaos, whereas liberals may have a greater preference for openness and novelty-seeking (Haidt, 2012; Jost, 2006). If these findings are accurate, then perhaps conservatives might be attracted to the structured, orderly, and methodical approach of CBT, in which cognitive distortions, irrational thoughts, and maladaptive behaviors can be identified, targeted, extracted, countered, restructured, and/or replaced. Also, as previously mentioned, CBT is well-researched, evidence-based, and widely taught (Gaudiano, 2008), which may appeal to conservative counselors as a "safe bet" in terms of an effective approach. Conversely, liberals may be somewhat more likely to spread their preferences out over a variety of counseling theories with less regimented approaches, such as humanistic/constructivist/experiential theories. Finally, as mentioned in the literature review, CBT's emphasis on individual responsibility and internal locus of control may be attractive to conservative and Republican counselors, as political conservatism emphasizes individual liberty and individual responsibility over systemic and environmental variables, whereas psychodynamic approaches may be more appealing to liberals due to emphasis on the impact of external variables, such as childhood experiences and family dynamics.

However, if the preceding explanations are valid, two findings may be somewhat perplexing: (1) no significant correlation was found between experiential and mindfulness-based approaches that might be more attractive to liberal LMHCs who are more open to experience, and (2) even among liberal LMHCs, CBT was the most preferred counseling theory. As noted earlier, the popularity of CBT across the board may be explained by a high level of representation in counselor education programs and mental health counseling research, which in turn may be explained by (a) CBT's heavy reliance on the scientific method, including collaborative empiricism, scaling and assessment that produces quantifiable data, making it easier to research and (b) the expanding role of third party payers in psychotherapy, including preference for time-limited, evidence-based interventions designed to directly address specific treatment plan objectives. Essentially, the expanding focus on CBT and mindfulness-based cognitive therapy may have resulted in a lessened focus on psychodynamic, experiential, and other approaches that are less well-researched.

To the extent that we found a relationship between political ideology and preference for different counseling theories, we speculate that rather than a causal relationship, counseling theory preference and political ideology are correlated as practical and cognitive manifestations of a broader concept of a counselor's beliefs, values, preferences, and a priori assumptions about people, society, and life in general. Nonetheless, given that preferred counseling theory is not nearly as important as the quality and nature of the therapeutic relationship between counselor and client (Duncan, Miller, Wampold, & Hubble, 2011), the role of counselors' political ideology in the development and sustainment of a therapeutic alliance is worth investigating. Findings may have the potential to shed light into whether client's fare better when matched with counselors of a similar political ideology (i.e., whether this match affects therapeutic alliance).

Limitations

The study has three primary limitations. First, as with all surveys administered to volunteers via e-mail, sampling biases may apply. There could be differences between LMHCs who chose to participate in the survey and those who chose not to. Thus, caution is warranted in generalizing the results to the entire population of LMHCs. Second, our measure of political belief was brief. Although the items were similar to those in lengthier questionnaires, more research on the validity of this measure would be helpful. Third, because our participants were from a southern State, the results need to be interpreted with the geographical limitation in mind.

Implications and Future Research

The ethical codes of the ACA and the AMHCA call upon counselors to be aware of their personal values, attitudes, and beliefs and to avoid imposing these beliefs on clients (see American Counseling Association, 2014; American Mental Health Counselors Association, 2015). Accordingly, we recommend that mental health clinicians strive to be mindful of their political beliefs and the potential impact of their political beliefs on their therapeutic approach with clients from all backgrounds.

Given that this study appears to be the only study to date that explores the relationship between political ideology and preference for counseling theories among LMHCs, additional studies using alternative sampling methods and measures would be valuable. Additionally, we propose research exploring the following issues related to political homogeneity within the counseling profession: (a) if and how the relationship between political ideology and counseling theory preference manifests in the therapy room (e.g., whether clients tend to have better outcomes when matched with a counselor with a similar political ideology or worldview, differences in decision making or case conceptualization by counselors with varying political ideologies); (b) whether political homogeneity negatively impacts research in mental health counseling (e.g., biased questionnaires or experimental research, lack of research in areas more likely to be appealing to conservative counselors and researchers, confirmation bias); (c) if and how political homoge-

neity impacts counselor training and education (e.g., intentional or unintentional gatekeeping by liberal educators, fear of genuine disclosure by counseling students with a minority political ideology, biased education on topics with a strong connection to liberal political issues); and (d) whether political homogeneity impacts the actions and positions of counseling associations.

Keywords: political ideology; licensed mental health counselors; counseling theory

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