1-1-2009

Validity and Reliability of the Lesbian, Gay, Bisexual Working Alliance Self-Efficacy Scales

Alan W. Burkard
Marquette University, alan.burkard@marquette.edu

Nathan Pruitt
Marquette University, nathan.pruitt@marquette.edu

Barbara R. Medler
Ball State University

Ann M. Stark-Booth
North Dakota State University

Accepted version. Training and Education in Professional Psychology, Vol. 3, No. 1 (2009): 37-46. DOI.

Training and Education in Professional Psychology, Vol. 3, No. 1 (February 2009): 37-46. DOI.

Validity and Reliability of the Lesbian, Gay, Bisexual Working Alliance Self-Efficacy Scales

Alan W. Burkard
Department of Counseling and Educational Psychology, Marquette University;
Nathan T. Pruitt
Department of Counseling and Educational Psychology, Marquette University
Barbara R. Medler
Private Practice, Ottawa, Ontario
Ann M. Stark-Booth
Educational Counseling and Chemical Dependency Counseling Services, North Dakota State University Counseling Center

Acknowledgement:

Promoting the development of counselors with an understanding of affirmative treatment of lesbian, gay, and bisexual (LGB) clients has been an important goal in applied psychology in general (American Psychological Association, 2000), and counseling psychology in particular (e.g., Fassinger & Richie, 1997; Perez, DeBord, & Bieschke, 2007). In fact, the vast majority of practitioners are likely to work with clients who identify as LGB. For example, a survey of 2,544 psychotherapists who were members of the American Psychological Association (APA) indicated that these therapists had seen at least one client who identified as lesbian or gay during their career, and that on average 6% of their current clients were gay men and 7% identified as lesbian (Garnets,

Hancock, Cochran, Goodchilds, & Peplau, 1991). More recent research has affirmed these findings (Murphy, Rawlings, & Howe, 2002). Given that practitioners are likely to provide services to LGB clients, efforts to understand and promote the development of counselor knowledge and skills with regard to LGB affirmative counseling are important.

The construct of self-efficacy within social–cognitive theory (i.e., Bandura, 1986, 1997) may be particularly useful to understanding the development of counselor abilities (Larson et al., 1992; Lent, Hill, & Hoffman, 2003). Self-efficacy refers to an individual's beliefs regarding their ability to perform an activity or set of behaviors (Bandura, 1986, 1993). Specific to counseling, Larson and Daniels (1998) suggest that counselor self-efficacy refers to a counselor's "beliefs or judgments about her or his capabilities to effectively counsel a client in the near future" (p. 180). Counselor self-efficacy perceptions are believed to affect counselors' affective, behavioral, and cognitive responses during counseling sessions (Larson & Daniels, 1998). These self-efficacy beliefs are also postulated to directly and indirectly affect counselor intentions, expected outcomes, level of anxiety during session, and their overall performance in counseling. It is the combination of counselor self-efficacy beliefs and actual counseling experience, then, that is assumed to explain counselor development and their intentions about their counseling practice and career. Relatedly, then, research has indicated that higher levels of counselor self-efficacy correlates with higher levels of counselor experience (Lent, Hill, & Hoffman, 2003), higher levels of counselor performance by evaluation of microcounseling skills and supervisor observation (Johnson, Baker, Kopala, Kiselica, & Thompson, 1989; Larson et al., 1992) and lower levels of counselor anxiety (as measured by the State–Trait Anxiety Inventory; Spielberger, 1983) in session (Daniels, 1997; Friedlander, Keller, Peca-Baker, & Olk, 1986). Thus, theory and research findings suggest that counselor self-efficacy beliefs are important to the development of counselors and their corresponding abilities.

Although it appears that positive counselor self-efficacy beliefs are important to counselor effectiveness during therapy sessions, there is reason to believe that many counselors may not have strong self-efficacy beliefs with regard to their work with LGB clients. For example, few graduate students in counseling training programs believe their training on LGB issues effectively prepared them for practice with clients who identify as LGB (Allison, Crawford, Echemendia, Robinson, & Knepp, 1994; Burkard, Knox, Hess, & Schultz, in press; Philips & Fischer, 1998). Even if LGB issues are integrated into coursework and training, the large majority of students believe this focus was a minor effort by faculty and/or supervisors, and that many faculty and supervisors were relatively uninformed about such issues in counseling practice (Burkard et al., in press; Philips & Fischer, 1998). Although these studies do not provide direct evidence of counselor skill development, the evidence indirectly suggests that students' training experiences were unsupportive of the development of LGB-affirming counseling skills. Given the relationship between self-efficacy and in-session counselor performance, this study sought to construct a reliable and valid measure designed to assess counselors' LGB-affirmative self-efficacy beliefs with regard to their ability to form a working alliance with an LGB client.

Theoretical Background of the Instrument

In addition to the use of social–cognitive theory for the development of the current counselor self-efficacy measure, we also relied on conceptualizations of LGB-affirmative counseling and client-therapist working alliance. In the discussion below, we will provide a definition of LGB-affirmative counseling and show how the working alliance may be applicable to counselor's LGB-affirmative self-efficacy beliefs.

LGB-Affirmative Counseling

A comprehensive model of LGB-affirmative counseling has yet to emerge in the literature (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000). Some models have encouraged general guidelines that can be used to guide affirmative practices, such as self awareness of biases toward LGB-identified clients, seeking to eliminate pathologizing attitudes, helping clients address their own internalized homophobia and heterosexism,

working with LGB client's experiences of oppression and discrimination, and encouraging LGB clients to develop an affirmative support system (Clark, 1987). The APA guidelines recommend that clinicians who treat LGB clients seek education and training with regard to LGB issues in four areas: (a) attitudes toward homosexuality and bisexuality, (b) families and relationships, (c) issues of diversity, and (d) continuing education, training, consultation, and supervision (APA, 2000). More recently, Tozer and McClanahan (1999) defined LGB-affirmative counseling as an approach that… celebrates and advocates the validity of lesbian, gay, and bisexual persons and their relationships. Such a therapist goes beyond a neutral or null environment to counteract the lifelong messages of homophobia and heterosexism that lesbian, gay, and bisexual individuals have experienced and often internalized (pp. 736).

This definition appears to address potential negative consequences of therapist's intentional or unintentional acts of oppression as well as the importance of developing a therapeutic alliance that is actively supportive of LGB clients' lives. The Tozer and McClanahan definition was used as a foundation for the development of individual scale items that reflected this affirmative perspective.

Working Alliance

As suggested earlier, graduate students and practicing professionals do not believe they have been trained well to productively work with LGB clients (Allison et al., 1994; Buhrke, 1989; Burkard et al., in press; Philips & Fischer, 1998). Typically, if LGB issues are addressed, the trainee must take the responsibility for initiating discussions (Burkard et al., in press; Philips & Fischer, 1998). Additionally, it is quite common for trainees to be exposed to biased information about or oppressive attitudes toward LGB people by both faculty (Pilkington & Cantor, 1996) and clinical supervisors (Burkard et al., in press). Interestingly, trainees' exposure to LGB-nonaffirming training and supervision caused them to question their ability to form effective counseling relationships with their LGB-identified clients (Burkard et al., in press).

Theorists believe that positive therapeutic outcomes are achieved in part from the development of a positive client-counselor working alliance, and empirical research appears to support this position (e.g., Horvath & Symonds, 1991; Orlinsky & Howard, 1986). Bordin has postulated that a positive working alliance is not a sufficient condition to produce client change, but rather is the context that makes it possible for the client to engage and follow treatment (Bordin, 1979, 1980, 1994). As such, the working alliance does not represent the entire counseling relationship, but rather the “attachment that exists to further the work of therapy and contains participants' role expectations regarding the work of therapy” (Gelso & Carter, 1994, p. 300). Bordin (1979, 1994) indicated the working alliance is comprised of three primary components: agreement on the tasks of therapy, agreement on the goals of therapy, and the emotional bond between counselor and client. Research on the working alliance has demonstrated that poorly developed alliances are correlated with noncompliance in clients (Eisenthal, Emery, Lazare, & Udin, 1979), poor client outcomes (Alexander & Luborsky, 1986), and premature termination (Tracey & Kokotovic, 1989). Additionally, the working alliance has also been rather robustly related to positive client outcomes and client satisfaction with treatment outcome (Horvath, 2000; Horvath & Symonds, 1990). Given the strong connection between client outcomes in counseling and therapy and the quality of the client-counselor working alliance, perhaps the conceptualization of the working alliance could serve as an important foundation for understanding the formation of therapeutic alliances with LGB clients.

Measurement of LGB-Affirmative Counselor Self-Efficacy Beliefs

A few prior investigations have attempted to conceptualize and measure LGB-affirmative counselor self-efficacy or counselor competency (Bidell, 2005; Flores, O'Brien, & McDermott, 1995). Until recently, however, these measures relied upon Sue and Sue's (2003) conceptualization of multicultural counseling competencies, which focuses on awareness, knowledge, and skills relative to counseling practices with culturally diverse clients. Dillon

and Worthington (2003) presented the Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory (LGB-CSI), which appears to be fairly reliable and demonstrates initial validity evidence that is consistent with their hypothesized five-factor structure. Although the LGB-CSI was developed based on a content analysis of literature related to LGB-affirmative counseling, many of the dimensions identified in the literature review and later found during a scale development study parallel the Sue and Sue multicultural counseling competency model, with the exception of a nontheoretical subscale based on relationship formation with LGB clients. Perhaps, then, a theory related to client-counselor relationship formation with LGB clients, particularly Bordin's (1979, 1994) working alliance theory may further our understanding of the nature of LGB-affirmative counselor self-efficacy beliefs. Consequently, a theoretically grounded (e.g., Bordin, 1979, 1994) scale assessing the strength of the working alliance between therapists and LGB clients would add to our understanding of how to effectively work with the LGB population. For example, do trainees and therapists struggle or succeed in developing emotional bonds with their LGB clients or are the identification of appropriate counseling goals and corresponding therapy tasks more of concern? Currently the answers remain unclear, and further research based on the working alliance may help illuminate these questions.

The present studies, then, sought to respond to the conceptual issues identified above and to expand the research with regard to LGB-affirmative counseling. The goal of the first study was to develop a measure of LGB-affirmative counselor self-efficacy beliefs that assessed counselor's perceived ability to develop a working alliance (using Bordin's tripartite model of alliance) with an LGB client, and to examine the subsequent factor structure of the measure using exploratory factor analysis. The goal of the second study was to examine the measure's initial reliability and validity estimates and to confirm the emergent factor structure. As such, we examined the measure's convergent validity relative to counselor self-efficacy and multicultural counseling competency and divergent validity in regards to the measure's relationships to attitudes toward gays and lesbians and social desirability. Additionally, we examined the test–retest reliability estimates over a 3-week period.

Study 1: Scale Development, and Exploratory Factor Analysis

Method

Development of the Lesbian, Gay, Bisexual Working Alliance Self-Efficacy Scales

The development of the Lesbian, Gay, Bisexual Working Alliance Self-Efficacy Scales (LGB-WASES) was based on a synthesis of theory on the working alliance (Bordin, 1979, 1994) and LGB-affirmative counseling (APA, 2000; Fassinger, 1991; Fassinger & Richie, 1997; Perez et al., 2000). Items were developed by the authors for each of the three theorized components of the working alliance (i.e., goals, tasks, bond). An initial pool of 90 items was written for the experimental form of the LGB-WASES.

After generating the initial pool of 90 items, we asked three doctoral-level counseling psychology graduate students and three licensed mental health professionals (one psychologist and two professional counselors who had significant experience working clinically with LGB clients) to review and then rate each item for fit with the hypothesized subscale. Additionally, graduate students and the mental health professionals provided feedback on the clarity of items, and indicated if items reflected the types of concerns that students may experience when learning to work with and form a working alliance with an LGB client. These procedures resulted in 19 items being rewritten and the deletion of six items.

This item development process resulted in 84-items for the experimental version of LGB-WASES. For Study 1 participants were asked to respond to the items on an 11-point scale ranging from 0 to 10 (0 = *cannot do at all*, 5 = *moderately certain can do*, 10 = *certain can do*).

Participants

Participants for this study were 303 students (52 men, 249 women, two did not identify) enrolled in group counseling courses (*n* = 51), multicultural counseling courses (*n* = 75), or master's (*n* = 149) and doctoral level (*n* = 28) practicum. The students attended graduate counseling, counselor education and counseling psychology programs at one of 11 different universities: seven state universities (*n*= 144) in the Midwest, a private Midwest university (*n* = 51), and three private universities on the East coast (*n* = 103). Participants were between the ages of 21and 55 years old (*M* = 28.31; *SD* = 7.15). Most participants were European American (83%; *n* = 252), and 15% were ethnic minorities: African Americans (*n* = 19), Asian Americans (*n* = 6), Hispanic/Latino (a) (*n* = 7), Native American (*n* = 3), international origin (*n* = 6), biracial or multiracial (*n* = 5), and 1.7% (*n* = 5) did not identify their ethnic or racial heritage. The vast majority of our participants, 93%, identified as heterosexual (*n* = 285), and 5% identified as gay (*n* = 3), lesbian (*n* = 4), bisexual (*n* = 4), and 2% of the participants did not indicate their sexual orientation (*n* = 7). Seventy-four percent (*n* = 225) of our participants were attending master's level programs in counseling or counselor education, 23% (*n* = 68) were enrolled in a doctoral program in counseling psychology, and data was missing on educational attainment for 3% (*n* = 10) of the participants. In regard to counseling experience, student participants indicated between 1 to 36 years of experience (*M* = 1.91; *SD* = 4.10). Of the students who indicated prior counseling experience, 72% (*n* = 218) reported never having worked with an LGB client, and 33% (*n* = 99) indicated having worked with 1 to 30 LGB clients (*M* = 3.68; *SD* = 7.04). Data was missing for 2% (*n* = 6) of the participants for number of LGB clients seen in therapy.

Procedure

The participants completed the LGB-WASES along with a demographic questionnaire that requested information on age, sex, race, sexual orientation, highest educational degree completed, years of counseling practice, and number of LGB clients seen in counseling. To maintain consistency, we distributed survey packets to students at the end of the first semester or in the beginning of the second semester to ensure that participants had relevant counseling experiences upon which they could base their assessments. Participants completed the instruments in a group-testing situation in class. There were 343 measures distributed in this setting with 307 surveys returned, yielding a response rate of 90%. For ethical reasons, students were informed that instructors would not have access to their individual responses to survey items. Additionally, it was emphasized that responses or a decision to not participate would have no influence on participants' final course grades. Four surveys were not included in the final sample because a significant number of items had not been completed.

Results

First, we tested whether our distribution values were adequate for conducting a factor analysis with the Kaiser-Meyer-Olkin (KMO) measure (Kaiser, 1974) and Bartlett's (1954) Test of Sphericity. A KMO value of .98 was found, indicating that the sample size and distribution of values were appropriate for a factor analysis. The Test of Sphericity was also significant ($p < .01$), indicating multivariate normality and suggesting that the data set was appropriate for a factor analysis.

Exploratory Factor Analysis

For the first analysis, a principal-axis factoring procedure was used with a *promax*rotation to examine the factor structure of the experimental version of the 84-item LGB-WASES. The oblique rotation was used because such procedures are recommended when factors are theoretically related and likely to be empirically correlated (Gorsuch, 1997; Thompson, 2004). An examination of the eigenvalues indicated that seven factors met the retention criterion as greater than 1.00 (Kaiser, 1958); however, an examination of the scree plot (Catell, 1966) indicated that only three of these factors were interpretable.

Based on these preliminary findings, we conducted a second factor analysis specifically examining one through three-factor solutions. Again, we used principal-axis factoring procedures with an oblique (i.e., *promax*) rotation for each analysis because of the theoretical relationship hypothesized between factors. Here again, we examined eigenvalues, percentage of variance, and theoretical criteria to identify the most parsimonious factor solution. An examination of these data and the items retained indicated that a three-factor solution yielded the conceptually and empirically most interpretable factor solution. It is common practice in factor analysis to set item selection criterion a priori (Dawis, 1987; Thompson, 2004); our criteria were that items load at .60 or higher on at least one of the three-factors, and did not load higher than .30 on another factor. The resulting factor structure, items, factor coefficients, means and standard deviations, and communalities are presented in Table 1. These procedures resulted in the retention of 32 items for the final measure, and a three-factor solution accounted for 73% of the total variance.

Table 1. Items: Factor Loading, Communalities, Means, SDs for the Three-Factor Lesbian, Gay, Bisexual Working Alliance Self-Efficacy Scale (N = 303)

		Factor				
Item	1	2	3	*h2*	*M*	*SD*
Factor 1: *Emotional Bond*						
5. I can express feelings of compassion about an LBG client's disadvantaged status in society	**.64**	.08	.14	.65	8.41	1.93
6. I can feel comfortable in the presence of a same-sex couple who are holding hands in a counseling session	**.84**	.11	-.12	.70	8.06	2.59
8. I can overcome negative feelings that I might experience when working with an LGB client.	**.67**	.04	.16	.67	8.15	2.14
9. I can be as close to an LGB client as I can with a heterosexual client	**.76**	.01	.08	.67	8.28	2.27
12. I am able to experience feelings of warmth for an LGB client.	**.92**	-.22	.15	.79	8.64	1.88
13. I am able to show great respect for an LGB person.	**.82**	-.01	.02	.67	8.52	2.08
15. I can express support for an LGB client's decision to *come out* to friends and family members.	**.68**	.17	.03	.69	8.12	2.36
16. I can feel joy about the possibility of an LGB client entering into a committed relationship with a same-sex partner.	**.88**	.21	-.28	.73	7.84	2.55
18. I can empathize with an LGB client who expresses pride in his/her sexual orientation.	**.75**	.28	-.14	.75	7.84	2.43
19. I am able to express how I appreciate an LGB client as a person in counseling her/him.	**.67**	.01	.22	.71	8.47	1.92
23. I am able to feel compassion for the struggle that an LGB client might experience in the *coming out* process.	**.82**	.04	.03	.76	8.49	1.99
25. I can express empathy for an LGB client.	**.94**	-.12	.06	.80	8.76	1.87
26. I am able to express care toward an LGB client.	**.88**	-.16	.14	.76	8.79	1.83
Factor 2: *Task*						
2. I am able to identify activities in counseling that would be helpful to an LGB person.	-.20	**.77**	.23	.66	5.68	2.65
3. I can discuss specific sexual concerns that an LGB client brings to counseling.	.14	**.67**	.02	.62	6.32	2.69
7. I can identify appropriate counseling activities in working with an LGB client.	-.09	**.69**	.24	.67	6.43	2.67

11. I can provide an LBG client with appropriate and positive LGBrelated educational materials and community resources.	-.12	**.87**	**-**.01	.63	6.29	2.83
17. I can help an LGB client with the *coming out* process.	.07	**.82**	.03	.79	6.63	2.57
20. I am able to offer appropriate medical and legal referrals to LBG clients who feel that they are not receiving appropriate medical or legal care.	-.22	**.81**	.08	.52	5.74	2.98
21. I can help to normalize some of the experiences of an LGB client's report.	.18	**.63**	.10	.71	7.03	2.54
24. I can offer a counseling approach that will help an LGB client to affirm her/his LGB identity	.12	**.71**	.11	.77	6.92	2.60
27. I can offer appropriate LBG affirmative referrals for an LGB client whose presenting concern is related to discrimination.	-.26	**.88**	.10	.61	5.96	2.91
28. I can assist an LBG client in connecting with openly LBG or *out* role models.	.07	**.89**	**-**.17	.68	6.32	2.84
30. I can help LGB clients to establish social relationships in the gay community.	.09	**.86**	**-**.17	.66	6.05	2.76
31. I can identify actions that would be beneficial in counseling a person who identifies as LGB.	-.02	**.73**	.21	.76	6.79	2.51
32. I can help an LGB client to cope with conflicts between his/her religious beliefs and sexual orientation.	.07	**.61**	.08	.51	6.52	2.57
Factor 3: *Goal*						
1. I can work closely with an LGB client to establish goals for counseling.	-.01	.20	**.65**	.63	7.63	2.35
4. When working with an LGB client, I am certain that we could agree on appropriate goals for counseling.	.09	.15	**.66**	.71	7.54	2.20
10. I can assist an LGB client in developing counseling goals appropriate for his/her presenting problem.	-.08	.29	**.68**	.72	7.93	2.02
14. I can identify a purpose for counseling with an LGB person	.16	.18	**.61**	.76	8.08	1.98
22. I can work collaboratively with an LGB client to meet his/her specific counseling goals.	-.05	.16	**.72**	.65	7.72	2.24
29. An LGB client and I can mutually agree on an important purpose for counseling.	.07	.01	**.80**	.72	8.09	2.16

Note. Highest factor loadings are indicated with boldface type.

Table 1
Items, Factor Loading, Communalities, Means, SDs for the Three-Factor Lesbian, Gay, Bisexual Working Alliance Self-Efficacy Scale (N = 303)

Item	Factor 1	Factor 2	Factor 3	h^2	*M*	*SD*
Factor 1: *Emotional Bond*						
5. I can express feelings of compassion about an LBG client's disadvantaged status in society.	**.64**	.08	.14	.65	8.41	1.93
6. I can feel comfortable in the presence of a same-sex couple who are holding hands in a counseling session.	**.84**	.11	−.12	.70	8.06	2.59
8. I can overcome negative feelings that I might experience when working with an LGB client.	**.67**	.04	.16	.67	8.15	2.14
9. I can be as close to an LGB client as I can with a heterosexual client.	**.76**	.01	.08	.67	8.28	2.27
12. I am able to experience feelings of warmth for an LGB client.	**.92**	−.22	.15	.79	8.64	1.88
13. I am able to show great respect for an LGB person.	**.82**	−.01	.02	.67	8.52	2.08
15. I can express support for an LGB client's decision to *come out* to friends and family members.	**.68**	.17	.03	.69	8.12	2.36
16. I can feel joy about the possibility of an LGB client entering into a committed relationship with a same-sex partner.	**.88**	.21	−.28	.73	7.84	2.55
18. I can empathize with an LGB client who expresses pride in his/her sexual orientation.	**.75**	.28	−.14	.75	7.84	2.43
19. I am able to express how I appreciate an LGB client as a person in counseling her/him.	**.67**	.01	.22	.71	8.47	1.92
23. I am able to feel compassion for the struggle that an LGB client might experience in the *coming out* process.	**.82**	.04	.03	.76	8.49	1.99
25. I can express empathy for an LGB client.	**.94**	−.12	.06	.80	8.76	1.87
26. I am able to express care toward an LGB client.	**.88**	−.16	.14	.76	8.79	1.83
Factor 2: *Task*						
2. I am able to identify activities in counseling that would be helpful to an LGB person.	−.20	**.77**	.23	.66	5.68	2.65
3. I can discuss specific sexual concerns that an LGB client brings to counseling.	.14	**.67**	.02	.62	6.32	2.69
7. I can identify appropriate counseling activities in working with an LGB client.	−.09	**.69**	.24	.67	6.43	2.67
11. I can provide an LBG client with appropriate and positive LGB-related educational materials and community resources.	−.12	**.87**	−.01	.63	6.29	2.83
17. I can help an LGB client with the *coming out* process.	.07	**.82**	.03	.79	6.63	2.57
20. I am able to offer appropriate medical and legal referrals to LBG clients who feel that they are not receiving appropriate medical or legal care.	−.22	**.81**	.08	.52	5.74	2.98
21. I can help to normalize some of the experiences of an LGB client's report.	.18	**.63**	.10	.71	7.03	2.54
24. I can offer a counseling approach that will help an LGB client to affirm her/his LGB identity.	.12	**.71**	.11	.77	6.92	2.60
27. I can offer appropriate LBG affirmative referrals for an LGB client whose presenting concern is related to discrimination.	−.26	**.88**	.10	.61	5.96	2.91
28. I can assist an LBG client in connecting with openly LBG or *out* role models.	.07	**.89**	−.17	.68	6.32	2.84
30. I can help LGB clients to establish social relationships in the gay community.	.09	**.86**	−.17	.66	6.05	2.76
31. I can identify actions that would be beneficial in counseling a person who identifies as LGB.	−.02	**.73**	.21	.76	6.79	2.51
32. I can help an LGB client to cope with conflicts between his/her religious beliefs and sexual orientation.	.07	**.61**	.08	.51	6.52	2.57
Factor 3: *Goal*						
1. I can work closely with an LGB client to establish goals for counseling.	−.01	.20	**.65**	.63	7.63	2.35
4. When working with an LGB client, I am certain that we could agree on appropriate goals for counseling.	.09	.15	**.66**	.71	7.54	2.20
10. I can assist an LGB client in developing counseling goals appropriate for his/her presenting problem.	−.08	.29	**.68**	.72	7.93	2.02
14. I can identify a purpose for counseling with an LGB person.	.16	.18	**.61**	.76	8.08	1.98
22. I can work collaboratively with an LGB client to meet his/her specific counseling goals.	−.05	.16	**.72**	.65	7.72	2.24
29. An LGB client and I can mutually agree on an important purpose for counseling.	.07	.01	**.80**	.72	8.09	2.16

Note. Highest factor loadings are indicated with boldface type.

Items, Factor Loading, Communalities, Means, SDs for the Three-Factor Lesbian, Gay, Bisexual Working Alliance Self-Efficacy Scale (N = 303)

Factor 1 accounted for 60% of the variance and consisted of 13 items. This factor was named *Emotional Bond* because the item themes reflected a counselors' perceived ability to develop positive attachments, feel compassion for, have interpersonal closeness, and feel empathy with LGB identified clients. The second factor consisted of 13 items and accounted for 9% of the variance. This factor was named *Task*, for item content focused on counselors' confidence in her or his ability to identify counseling activities appropriate and specific to LGB identified clients (e.g., positive LGB-related educational materials, LGB community resources, assist with coming out process, appropriate referrals for discrimination complaints). Factor 3 consisted of six items and accounted for an additional 4% of the variance. This factor was named *Goal* for the items appeared to represent counselors' perceived ability to identify goals that were specific to working with an LGB-identified client.

Using Cronbach's alpha coefficients we computed internal reliability estimates, which were: Emotional Bond (.97), Task (.96), Goal (.94), and LGB-WASES total scale (.98). These coefficient alphas suggest the scales have high internal reliability. We also examined the correlations among the three factors and the total scale score (see Table 2). This analysis indicated high correlations between total scale scores and the three factors and moderate correlations between the three factors. These results suggested that the three factors were correlated, but that each factor also measured separate aspects of a counselor's perceived ability to form a working alliance with an LGB-identified client. Additionally, the effect of regional differences (based on data collection sites) on total and subscale scores were also examine. The ANOVA for the full scale score the MANOVA for the threes subscales was not significant. Finally, means and standard deviations are presented for each subscale and the total scale score in Table 2. A preliminary examination of these results suggest that our participants felt more confident in their ability to form a positive emotional bond with their clients who identified as LGB, in comparison to their abilities to identify appropriate goals or tasks for counseling with such clients.

Table 2. Correlations, Means, and SDs for the LGB-WASES Scales (N = 303)

Scale	2	3	4	*M*	*SD*
1. Factor 1: Bond	.68**	.72**	.91**	8.34	1.83
2. Factor 2: Task	—	.73**	.93**	6.36	2.22
3. Factor 3: Goal	—	—	.87**	7.83	1.89
4. Total scale	—	—	—	7.44	1.82

Table 2
Correlations, Means, and SDs for the LGB-WASES Scales (N = 303)

Scale	2	3	4	*M*	*SD*
1. Factor 1: Bond	.68**	.72**	.91**	8.34	1.83
2. Factor 2: Task	—	.73**	.93**	6.36	2.22
3. Factor 3: Goal	—	—	.87**	7.83	1.89
4. Total scale	—	—	—	7.44	1.82

Study 2: Scale Reliability and Validity

Method

Participants

Participants for this study were 229 students (44 men, 185 women) enrolled in group counseling courses (*n* = 43), multicultural counseling courses (*n* = 39), or master's (*n* = 121) or doctoral level (*n* = 26) practicum. The students attended counseling, counselor education, and counseling psychology graduate programs at one of five different universities: three state universities (*n* = 131) in the Midwest, a private Midwest university (*n* = 57), and

a private university on the East coast (*n* = 41). Participants were between the ages of 21 and 60 years old (*M* = 28.34; *SD* = 7.62). Most participants were European American (*n* = 192), and 16% were ethnic minorities: African Americans (*n* = 15), Asian Americans (*n* = 5), Latina/Latino (*n* = 8), international origin (*n* = 7), and biracial or multiracial (*n* = 2). The vast majority of our participants, 93%, identified as heterosexual (*n* = 213), and 1% identified as gay (*n* = 3), 3% as lesbian (*n* = 7), and 3% as bisexual (*n* = 6). With regard to the participants' academic programs, 88% (*n* = 202) were in a master's program in counseling or counselor education and 12% (*n* = 27) were in a doctoral program in counseling psychology. Forty-one percent (*n* = 94) of participants were actively seeing clients, and on average they were seeing 4.72 clients a week in counseling (*SD* = 6.01). Additionally, participants reported that on average they were seeing 1.7 (*SD* = 6.77) LGB-identified clients a week.

Measures

LGB-WASES

The pool of 32-items resulting from the EFA described in Study 1 was used as the measure of self-efficacy beliefs regarding the development of working alliances with LGB clients.

Counselor Activity Self-Efficacy Scales (CASES)

The CASES was developed by Lent, Hill, and Hoffman (2003) to measure three important areas of counseling skills based on the helping skills model of Hill and O'Brien (1999), literature on counseling self-efficacy, and the authors' combined clinical experience. This measure assesses counselor's self-efficacy relative to his or her helping skills (15 items), session management (10 items), and counseling challenges such as relationship conflict (10 items) and client distress (6 items). CASES items were rated on a 10-point scale that ranged from 0 (*no confidence*) to 9 (*complete confidence*). For the present sample, the Coefficient alpha for the full scale score was .97, and alpha for the subscales ranged between .84 and .96. Similarly, Lent et al. found the Coefficient alpha for the total scale score was .97 and that the subscale Coefficient alphas ranged from .79 to .94. A factor analysis of the CASES provides evidence of construct validity (Lent et al., 2003). Additionally, significant positive correlations between the CASES and the large majority of Counseling Self-Estimate Inventory (Larson et al., 1992) scales and nonsignificant and small correlations with the Social Desirability Scale (Crowne & Marlowe, 1960) provide evidence of convergent and discriminate validity. For this study we used the total scale score for the CASES because the subscales were not of interest and would not be expected to vary based on the proposed subscales of the LGB-WASES. Additionally, we were interested in established construct convergence between the CASES and LGB-WASES for general counselor self-efficacy beliefs.

ATLG-Short Form (ATLG-S)

The ATLG-S is a 10-item measure designed to assess attitudes toward Lesbians and Gays along a cognitive dimension that Herek (1988, 1994) identified as the *condemnation-tolerance* factor, which closely corresponds to individual and cultural homophobic attitudes. The ATLG-S consists of two 5-items subscales: The first subscale measures attitudes toward lesbians (ATL-S) and the second subscale measures attitudes toward gays (ATG-S). ATLG-S items are rated on a 5-point Likert-type scale from 1 (*strongly disagree*) to 5 (*strongly agree*), and two items in the scales are reverse scored. The ATL-S was found to have a Coefficient alpha of .85, and the ATG-S was .92. For this sample, the Coefficient alpha for the ATL-S was .73 and .71 for the ATG-S. Construct validity of the ATLG-S is supported through correlational studies that have shown consistent predicted relationships with measures of attitudes about gender roles, religious beliefs, political ideology, and quantity and quality of interpersonal relationships with lesbians and gay men (Herek, 1994).

Multicultural Counseling Inventory (MCI)

The MCI was first developed by Sodowsky, Taffe, Gutkin, and Wise (1994) to assess counselor competencies regarding work with minority and culturally diverse clients. The scale consists of 40 items, and uses a Likert-type

response format, with choices that range from 1 (*very inaccurate*) to 4 (*very accurate*). The MCI consists of four subscales, which measures counselors' self-reported levels of (a) multicultural skills, (b) multicultural awareness, (c) multicultural relationship, and (d) multicultural knowledge. In previous studies, the mean Cronbach's alphas were .87 for the full scale. Exploratory factor analysis and confirmatory factor provide some evidence for the construct validity of the MCI and also affirm the four-factor structure of the scale. MCI full-scale scores have also correlated positively with higher number of multicultural counseling courses and workshops as reported by university counseling center staff (Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998). Here, again, we used the total scale score for the MCI in this study. Given that LGB clients could be considered apart of the larger multicultural community, it was believed that the relationship between overall cross-cultural counseling competency and the LGB-WASES is of importance for convergent validity. The coefficient alpha for the present sample was .90 for the full scale score.

Marlowe-Crowne Social Desirability Scale (MCSDS)

The MCSDS was developed by Crowne and Marlowe (1960), and is intended to measure a respondent's motivation to behave in a socially desirable manner. The MCSDS contains 33 items, and participants respond by answering true or false to each item. Sample items include: “Before voting I thoroughly investigate the qualifications of all the candidates,” and “I never hesitate to go out of my way to help someone in trouble.” Scale scores range from 0 to 33, and higher scores reflect a high need for approval in the respondent. Reported alpha coefficients range from .73 to .88 (Paulhus, 1991). The validity evidence on the MCSDS suggests the scale taps one aspect of socially desirable behavior: a respondent's motivation for impression management (Paulhus, 1984, 1991). The Coefficient alpha for the MCSDS for this study was .67.

Procedure

A new sample of participants was recruited for Study 2. As in Study 1, the sample of participants for this study was recruited from advanced counseling and counseling psychology classes. This data collection occurred roughly one year after Study 1, and we followed the same procedures for group administration and collection outlined in the first study. A total of 237 survey packets were distributed to students with 232 participants completing the materials for a return rate of 97%. Three packets were removed from the sample because of incomplete data. This procedure resulted in a final sample of 229 participants.

In regards to the materials completed, all participants completed the LGB-WASES in addition to a demographic form that included items on age, gender, ethnicity/race, sexual orientation, degree, average number of clients seen per week, and percentage of LGB clients on weekly caseload. We elected to have participants complete subsets of the instruments used in this study. This was done because we felt that asking all participants to complete all of the measures would seriously attenuate our response rate. Hence, 115 participants completed the CASES and ATLG, and 114 participants completed the MCI and MCSDS; all measures were counterbalanced. Finally, an additional subset of the sample of participants (n = 30) completed the LGB-WASES at a 3-week interval to obtain test–retest reliability estimates. We asked for student volunteers who were taking a multicultural counseling course in the second year of their master's program in counseling.

Results

Descriptive Statistics

Participants reported levels of self-efficacy in working with LGB clients similar to Study 1. Bond items had the highest level of endorsement by participants (M = 8.67; SD = 1.52), followed by Task (M = 8.27; SD = 1.62) and then Goal (M = 7.15; SD = 1.83), with the total scale scores of M = 7.98 (SD = 1.53).

Reliability

To examine the reliability of the LGB-WASES we used a test-retest procedure over a 3-week period, with a subset (n = 30) of the Study 2 sample. The stability coefficients were in the moderate to high range on Factors 1 (Bond; r = .90) and 2 (Task; r = .79), and total scale (r = .83), whereas Factor 3 was in the low range (Goal; r = .63). These coefficients suggest that counselor self-efficacy in working with LGB clients is fairly stable across time. Internal consistency coefficients for the entire sample (N = 229) were consistent with the findings in Study 1 with coefficient alphas of .98, .97, .96, .94 for the total scale and Bond, Task, and Goals factors, respectively.

Convergent and Discriminant Validity

We used the total scale scores of the CASES (i.e., general measure of counselor self-efficacy) and MCI (i.e., general measure of multicultural counseling competency) to examine convergent validity and hypothesized that the Bond, Task, Goal, and total LGB-WASES scale scores would be positively associated with these measures. As seen in Table 3, the results indicated that both counselor general self-efficacy (correlations from .19 to .43) and multicultural counseling competency (correlations from .35 to .46) were positively and moderately related to LGB-WASES subscale and total scores.

Table 3. Correlations Among the LGB-WASES, CASES Scales, ATLG Scales, MCI Scales, and the MCSDS (N = 229)

		Sample 1 (n = 115)		Sample 2 (n = 114)	
LGB-WASES scales	CASES total score	ATLG lesbian scale	ATLG gay scale	MCI total score	*MCSDS*
1. Bond	.19*	.63**	.39**	.35**	.13
2. Task	.38**	.44**	.41**	.45**	.14
3. Goal	.43**	.43**	.55**	.45**	.23*
4. Total	.34**	.55**	.49**	.46**	.17

* p .05; ** p .01.

Table 3
Correlations Among the LGB-WASES, CASES Scales, ATLG Scales, MCI Scales, and the MCSDS (N = 229)

	Sample 1 (n = 115)			Sample 2 (n = 114)	
LGB-WASES scales	CASES total score	ATLG lesbian scale	ATLG gay scale	MCI total score	*MCSDS*
1. Bond	.19*	−.63**	−.39**	.35**	.13
2. Task	.38**	−.44**	−.41**	.45**	.14
3. Goal	.43**	−.43**	−.55**	.45**	.23*
4. Total	.34**	−.55**	−.49**	.46**	.17

* $p < .05$; ** $p < .01$.

With regard to discriminant validity we examined correlations between the LGB-WASES, SDS and ATLG scales to test the relationship between self-efficacy and levels of social desirability and attitudes toward individuals who identify as lesbian or gay. Results suggested that there were no strong associations between LGB-WASES scales and the SDS, although the Goal subscale had a statistically significant correlation of small magnitude (r = .23). These findings suggest that LGB-WASES scores are not associated with social desirability. Additionally, the LGB-WASES had moderate (r = −.39) to strong (r = −.63) inverse correlations with the ATLG subscales, indicating that less negative attitudes toward lesbians and gay men were associated with higher perceived abilities among counselor trainees in developing an emotional bond, developing counseling goals and identifying appropriate counseling tasks.

Discussion

Our findings provide preliminary psychometric support for the LGB-WASES and offer an alternative theoretically grounded measure for assessing counselor self-efficacy skills in developing a working alliance when working with clients who identify as LGB. The exploratory factor analysis resulted in the retention of 32 items that correspond conceptually with the three dimensions of the working alliance (Bordin, 1979, 1994): Emotional Bond, Tasks, and Setting Goals. The three factors were moderately correlated, which indicates these factors are related constructs but are not redundant. The Emotional Bond items appear to reflect counseling trainees' perceived ability to form a positive and empathic connection with LGB clients. The Task items, as hypothesized, represented the trainees' belief that they could identify appropriate tasks specific to working with LGB clients. Finally, the Setting Goal factor was comprised of items that are reflective of counseling trainees' belief that they would be able to set appropriate counseling goals while working with LGB clients. Reliability estimates indicate these factors are internally consistent, and test-retest estimates suggest the Bond, Task, and total scale scores or stable over time, but the Setting Goal scores appear to be less stable over a 3-week period. The items in the Bond and Task subscales are more specific in nature in comparison to the Setting Goal subscale that is broader conceptually and less specific as a process in counseling. Perhaps when responding to Setting Goal items, then, participants had less specific internal representations about attitudes, behaviors, or knowledge related to working with LGB clients, which may have cause the responses to vary over the 3-week period.

The relationship between general counselor self-efficacy and counselor self-efficacy when working with LGB clients is critical to the validity of the LGB-WASES. For instance, it would be hard to imagine that trainees could effectively work with clients who identify as LGB if they did not believe that they could work effectively with clients overall. Despite the necessary relationship between these two constructs, they should also be empirically discernable for the LGB-WASES to be useful. Based on our findings, the relationship between the LGB-WASES and the CASES does indeed appear to be to meet these criteria. Such findings are important for confidence in counseling abilities is believed to be an important foundation for forming an alliance with any client (Lent et al., 2003). Although this instrument provides evidence of confidence levels to work with clients who identify as LGB, future research will need to clarify whether scores on the LGB-WASES are predictive of counselor in-session interventions or client outcomes.

Another key empirical relationship in the development of the LGB-WASES is the overlap with multicultural counseling competencies. The focus on multicultural concerns in counseling has brought important attention to how ethnic and racial diversity is addressed and handled in counseling, and has increased awareness, knowledge and skills relative to culturally sensitive counseling practices (Sue & Sue, 2004). Although LGB affirmative and cross-cultural counseling offer unique perspectives, we can also expect that these areas of counseling would also overlap conceptually. It is not surprising, then, that a measure focused on LGB-affirmative self-efficacy beliefs should be associated with a measure of multicultural counseling competency, a finding that emerged in this study.

Beyond the empirical relationships with measures of counselor self-efficacy and cross-cultural competency, the LGB-WASES was also found to have a moderate negative association with homophobic/heterosexist attitudes. Such a finding is important if we are to believe that the LGB-WASES is a measure of LGB-affirming counseling. For example, it would be hard to believe that trainees could form a close bond with their LGB clients if they harbored homophobic feelings. Such findings may be an indication of past prior contact or life experiences with LGB people, which generally is believed to be important to reducing or eliminating negative attitudes toward oppressed groups (Kiselica, Maben, & Locke, 1999; Tal-Or, Boninger, & Fleicher, 2002). These findings are consistent with prior research examining counselor attitudes toward LGB people and LGB-affirmative self-efficacy believes (Dillon & Worthington, 2003; Flores et al., 1995).

With respect to social desirability, the Bond, Task, and total scale scores were not associated with LGB-WASES whereas the Setting Goal scale was found to be weakly associated. It is not entirely clear why social desirability would emerge as being correlated with the Goal scale and not the Bond and Task scales. One explanation maybe that respondents, as counselors in training, felt they should minimally be able to establish goals with LGB clients, perhaps triggering socially desirable responding. Given this finding, future researchers who use the LGB-WASES may be wise to include a measure of social desirability to control for these subtle effects of social desirability on goal setting scores.

With respect to the scale scores, in both samples, trainees believed more strongly in their ability to form an emotional bond with their LGB identified clients than in their ability to identify appropriate counseling tasks or goals for counseling. This lack of readiness may be indicative of inadequacies in graduate preparation to address LGB-related concerns (Allison et al., 1994; Burkard et al., in press; Philips & Fischer, 1998), or it may reflect the heavy focus on relationship skills in graduate programs, as opposed to skill development (Priester et al., 2008). Furthermore, trainees' development may also have a significant affect on responses to beliefs about LGB self-efficacy beliefs, particularly with how a trainee integrates their own sexual identity and their values and beliefs about this identity may influence. For example, an individual high in heterosexist attitudes may generally minimize the importance of one's sexual identity, and believe their general counseling skills are applicable to all clients regardless of their sexual identity. Additionally, anxiety is known to be an important factor that influences trainee development and that often leads to role rigidity (Skovholt & Ronnestad, 1992a, 1992b), perhaps causing novice trainees to have less flexibility in their abilities when contending with new situations.

Limitations

In regards to potential limitations of this research, it is possible self-efficacy beliefs may differ significantly when working with gay, lesbian or bisexual clients, for each of these populations differ significantly in regards to clinical and developmental concerns. Additionally, bisexual clients often face the stigmatization from the heterosexual and gay/lesbian communities, and such beliefs would not have been captured by this scale. In another concern, the samples have limited cultural diversity and are also comprised predominately of heterosexual, white females. Thus, further research is needed to determine if the factor structure of the LGB-WASES is viable beyond the current samples. It will be important to determine if the LGB-WASES subscales can be replicated with counselors of diverse racial and ethnic backgrounds, as well as counselors who identify as LGB. Furthermore, we used self-report measures to examine concurrent validity of the LGB-WASES. It will be important for future researchers to use multiple methods to understand the validity of the LGB-WASES and the subscales. Finally, the LGB-WASES does not have a readily interpretable scoring scale, and this may limit its clinical utility at the present time.

Implications for Research

Replication and extension of the current studies is essential to further explore the psychometric properties of the LGB-WASES scales. Of particular interest would be a confirmatory factor analysis study that examines other samples of mental health professionals such as licensed professional counselors, school counselors, and psychologists. Further validity estimates are also needed. For example, it would useful to examine the relationship between the LGB-WASES and other measures of impression management (e.g., Balanced Inventory of Desirable Responding; Paulhus, 1991; Sodowsky, O-Dell, Hagemoser, Kwan, & Tonemah, 1993), providing further evidence regarding the nature of LGB-WASES scores and respondents' impression management or intent to present in a socially desirable manner. Additionally, it would be useful to examine the relationship between the LGB-WASES and other measures of counselor self-efficacy or competency in working with LGB clients (Bidell, 2005; Dillon & Worthington, 2003). For example, the LGB-WASES and the LGB-CSI are intended to conceptually be quite distinct measures; however, it would be important to determine if this hypothesis holds true empirically.

Another important area of exploration is the predictive nature of the LGB-WASES. Since this measure was designed to assess self-efficacy in forming working alliances with LGB clients, future researchers should examine the relationship between the LGB-WASES and measures of working alliance such as the Working Alliance Inventory (Horvath, & Greenberg, 1989). Such investigations would provide useful to understanding if and perhaps how LGB-WASES scores are associated with LGB client care. In addition to determining the relationship between these two measures, it is also critical to determine whether training or supervision interventions have an actual effect on self-efficacy as measured by the LGB-WASES. Pre- and posttest measurement of trainee experiences after training on LGB-affirmative counseling approaches may be useful studies to understanding how malleable these beliefs may be to intervention.

Finally, the comparative differences in confidence levels for each of the subscales are of interest, and may have some important implications for counseling LGB clients and trainee preparation. Again, trainees appeared comparatively more confident in their ability to establish an emotional connection with their LGB clients than in establishing appropriate tasks and goals for counseling. It appears that after establishing some rapport and an emotional connection with an LGB client, trainees are less certain about how to proceed in counseling. Bordin (1979, 1980) certainly supported the importance of the emotional connection in counseling and therapy, but also believed this bond served as a milieu for the later work of therapy. Such findings, then, suggests that graduate programs need to concern themselves more directly with what trainees do with their LGB clients after initial rapport development occurs. The answers to such questions may be potentially found in studies examining the link between trainees' LGB counseling self-efficacy beliefs and their own personal and professional development.

References

Alexander, L. B., & Luborsky, L. (1986). The Penn Helping Alliance Scales. In L. S.Greenberg & W. M.Pinsof (Eds.), *The psychotherapeutic process: A research handbook* (pp. 325–366). New York: Guilford Press.

Allison, K. W., Crawford, I., Echemendia, R., Robinson, L., & Knepp, D. (1994). Human diversity and professional competence: Training in clinical and counseling psychology revisited. *American Psychologist*, *49*, 792–796.

Allport, G. W. (1954). *The nature of prejudice*. Reading, MA: Addison Wesley.

American Psychological Association. (2000). Guidelines for psychotherapy with lesbian, gay, and bisexual clients. *American Psychologist*, *55*, 1440–1452.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.

Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Educational Psychologist*, *28*, 117–148.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W H Freeman.

Bartlett, M. S. (1954). A note on the multiply factors for various chi-square approximations. *Journal of the Royal Statistical Society*, *16*, 296–298.

Bidell, M. P. (2005). The Sexual Orientation Counselor Competency Scale: Assessing attitudes, skills, and knowledge of counselors working with lesbian, gay, and bisexual clients. *Counselor Education and Supervision*, *44*, 267–279.

Bieschke, K. J., McClanahan, M., Tozer, E., Grzegorek, J. L., & Park, J. (2000). Programmatic research on the treatment of lesbian, gay, and bisexual clients: The past, the present, and the course for the future. In R. M.Perez, K. A.DeBord, & K. J.Bieschke (Eds.), *Handbook of counseling and psychotherapy with Lesbian, Gay and Bisexual clients* (pp. 309–336). Washington, DC: American Psychological Association.

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research, and Practice*, *16*, 252–260.

Bordin, E. S. (1980, December). *Of human bonds that bind or free*. Presidential address to Tenth Annual Convention of Society for Research on Psychotherapy, Pacific Grove, CA.

Bordin, E. S. (1994). Theory and research on the therapeutic working alliance: New directions. In A. O.Horvath & L. S.Greenberg (Eds.), *The working alliance: Theory, research, and practice* (pp. 13–37). New York: Wiley.

Buhrke, R. A. (1989). Female student perspectives on training in lesbian and gay issues. *The Counseling Psychologist*, *17*, 629–636.

Burkard, A. W., Knox, S., Hess, S. A., & Schultz, J. (in press). Lesbian, Gay, and Bisexual affirmative and non-affirmative supervision. *Journal of Counseling Psychology*.

Catell, B. B. (1966). The scree test for the number of factors. *Multivariate Behavior Research*, *1*, 245–276.

Clark, D. (1987). *The new loving someone gay*. Berkeley, CA: Celestial Arts.

Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology*, *24*, 349–354.

Daniels, J. A. (1997). *The influence of performance feedback and causal attributions upon ratings of counseling self-efficacy*. Unpublished doctoral dissertation, University of Nebraska, Lincoln.

Dawis, R. V. (1987). Scale construction. *Journal of Counseling Psychology*, *34*, 481–489.

Dillon, F. R., & Worthington, R. L. (2003). The Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory (LGB-CSI): Development, validation, and training implications. *Journal of Counseling Psychology*, *50*, 235–251.

Eisenthal, S., Emery, R., Lazare, A., & Udin, H. (1979). “Adherence” and the negotiated approach to patienthood. *Archives of General Psychiatry*, *36*, 393–398.

Fassinger, R. E. (1991). The hidden minority: Issues and challenges in working with lesbian women and gay men. *The Counseling Psychologist*, *19*, 157–176.

Fassinger, R. E., & Richie, B. S. (1997). Sex matters: Gender and sexual orientation in training for multicultural counseling competency. In D. B.Pope-Davis, & H. L. K.Coleman (Eds.), *Multicultural counseling competencies: Assessment, education and training, and supervision* (pp. 83–110). Thousand Oaks, CA: Sage.

Flores, L. Y., O'Brien, K. M., & McDermott, D. (1995). *Counseling psychology trainees' perceived efficacy in counseling lesbian and gay clients*. Paper presented at the 103rd Annual Conference of the American Psychological Association, New York.

Friedlander, M. L., Keller, K. E., Peca-Baker, T. A., & Olk, M. E. (1986). Effects of role conflict on counselor-trainees' self-statements, anxiety level, and performance. *Journal of Counseling Psychology*, *33*, 73–77.

Garnets, L., Hancock, K. A., Cochran, S. D., Goodchilds, J., & Peplau, L. A. (1991). Issues in psychotherapy with lesbians and gay men: A survey of psychologists. *American Psychologist*, *46*, 964–972.

Gelso, C. J., & Carter, J. A. (1994). Components of the psychotherapy relationship: Their interaction and unfolding during treatment. *The Counseling Psychologist*, *413*, 296–306.

Gorsuch, R. L. (1997). Exploratory factor analysis: Its role in item analysis. *Journal of Personality Assessment*, *68*, 532–560.

Herek, G. M. (1988). Heterosexuals attitudes toward lesbians and gay men: Correlates and gender differences. *Journal of Sex Research*, *25*, 451–477.

Herek, G. M. (1994). Assessing heterosexuals' attitudes toward lesbians and gay men: A review of empirical research with the ATLG Scale. In B.Greene & G. M.Herek (Eds.), *Lesbian and gay psychology: Theory, research, and clinical practice* (pp. 206–228). Thousands Oaks, CA: Sage.

Hill, C. E., & O'Brien, K. M. (1999). *Helping skills: Facilitating exploration, insight, and action*. Washington, DC: American Psychological Association.

Horvath, A. O. (2000). The therapeutic relationship: From transference to alliance. *JCLP/In Session: Psychotherapy in Practice*, *56*, 163–173.

Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology*, *36*, 223–232.

Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, *38*, 139–149.

Johnson, E., Baker, S. B., Kopala, M., Kiselica, M. S., & Thompson, E. C. (1989). Counseling self-efficacy and counseling competence in prepracticum training. *Counselor Education and Supervision*, *28*, 205–218.

Kaiser, H. F. (1958). The varimax criterion for analytic rotation in factor analysis. *Psychometrika*, *23*, 187–200.

Kaiser, H. F. (1974). An index of factorial simplicity. *Psychometrika*, *39*, 31–36.

Kiselica, M. S., Maben, P., & Locke, D. C. (1999). Do multicultural education and diversity appreciation training reduce prejudice among counseling trainees?*Journal of Mental Health Counseling*, *21*, 240–254.

Larson, L. M., & Daniels, J. A. (1998). Review of the counseling self-efficacy literature. *The Counseling Psychologist*, *26*, 179–218.

Larson, L. M., Suzuki, L. A., Gillespie, K. N., Potenza, M. T., Bechtel, M. A., & Toulouse, A. L. (1992). Development and validation of the Counseling Self-Estimate Inventory. *Journal of Counseling Psychology*, *39*, 105–120.

Lent, R. W., Hill, C. E., & Hoffman, M. A. (2003). Development and validation of the Counselor Activity Self-Efficacy Scales. *Journal of Counseling Psychology*, *50*, 97–108.

Murphy, J. A., Rawlings, E. I., & Howe, S. R. (2002). A survey of clinical psychologists on treating Lesbian, Gay, and Bisexual clients. *Professional Psychology: Research and Practice*, *33*, 183–189.

Orlinsky, D. E., & Howard, K. I. (1986). Process and outcome in psychotherapy. In S. L.Garfield & A. E.Bergan (Eds.), *Handbook of psychotherapy and behavior change* (pp. 117–156). New York: Wiley.

Paulhus, D. L. (1984). Two-component models of socially desirable responding. *Journal of Personality and Social Psychology*, *46*, 598–609.

Paulhus, D. L. (1991). Measurement and control of response bias. In J. B.Robinson, P. R.Shaver, & L. S.Wrightsman (Eds.), *Measure of personality and social psychological attitudes* (pp. 17–59). San Diego: Academic Press.

Perez, R. M., DeBord, K. A., & Bieschke, K. J. (2000). *Handbook of counseling and psychotherapy with Lesbian, Gay and Bisexual clients*. Washington, DC: American Psychological Association.

Phillips, J. C., & Fisher, A. R. (1998). Graduate students' training experiences with gay, lesbian, and bisexual issues. *The Counseling Psychologist*, *26*, 712–734.

Pilkington, N. W., & Cantor, J. M. (1996). Perceptions of heterosexual bias in professional psychology programs: A survey of graduate students. *Professional Psychology: Research and Practice*, *27*, 604–612.

Priester, P. E., Jones, J. E., Jackson–Bailey, C. M., Jana–Masri, A., Jordan, E. X., & Metz, A. J. (2008). An analysis of content and instructional strategies in multicultural counseling courses. *Journal of Multicultural Counseling and Development*, *36*, 29–40.

Skovholt, T. M., & Ronnestad, M. H. (1992a). Themes in therapist and counselor development. *Journal of Counseling and Development*, *70*, 505–515.

Skovholt, T. M., & Ronnestad, M. H. (1992b). *The evolving professional self: Stages and themes in therapist and counselor development*. Chichester, England: Wiley.

Sodowsky, G. R., Kuo-Jackson, P. Y., Richardson, M. F., & Corey, A. T. (1998). Correlates of self-reported multicultural competencies: Counselor multicultural social desirability, race, social inadequacy, locus of control racial ideology, and multicultural training. *Journal of Counseling Psychology*, *45*, 256–264.

Sodowsky, G. R., O'Dell, J., Hagemoser, S., Kwan, K. K., & Tonemah, D. (1993, August). *Investigating multicultural counseling competencies: Training and service relevance*. Paper presented at the 101st Annual Convention of the American Psychological Association, Toronto, Ontario, Canada.

Sodowsky, G. R., Taffe, R. C., Gutkin, T. B., & Wise, S. L. (1994). Development of the Multicultural Counseling Inventory: A self-report measure of multicultural competencies. *Journal of Counseling Psychology*, *41*, 137–148.

Spielberger, C. D. (1983). *Manual for the State-Trait Anxiety Inventory*. Palo Alto, CA: Consulting Psychologist.
Sue, D. W., & Sue, D. (2004). *Counseling the culturally diverse: Theory and practice* (4th ed.). New York: Wiley.
Tal-Or, N.Boninger, D., & Gleicher, F. (2002). Understanding the conditions and processes necessary for intergroup contact to reduce prejudice. In G.Salomon & N.Baruch (Eds.), *Peace education: The concept, principles, and practices around the world* (pp. 89–107). Mahwah, NJ: Erlbaum Publishers.
Thompson, B. (2004). *Exploratory and confirmatory factor analysis: Understanding concepts and applications*. Washington, DC: American Psychological Association.
Tozer, E. E., & McClanahan, M. K. (1999). Treating the purple menace: Ethical considerations of conversion therapy and affirmative alternatives. *The Counseling Psychologist*, *27*, 722–742.
Tracey, T. J., & Kokotovic, A. M. (1989). Factor structure of the Working Alliance Inventory. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, *1*, 207–210.
Submitted: September 18, 2007 *Revised:* March 14, 2008 *Accepted:* March 18, 2008

Source: Training and Education in Professional Psychology. Vol. 3. (1), Feb, 2009 pp. 37-46)
Accession Number: 2009-01388-005
Digital Object Identifier: 10.1037/1931-3918.3.1.37