

CONSTRUCTION OF THE LESBIAN AND GAY AFFIRMING SOCIAL JUSTICE
COMPETENCY SCALE

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by
BOBBY KIZER

M.A., University of Missouri-Kansas City, 2008
M.A., Nazarene Theological Seminary, 2004
B.A., Northwest Nazarene University, 2002

Kansas City, Missouri
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ABSTRACT

Heterosexism is evident in the psychology and social policies of society. Despite numerous efforts to end discrimination based on many different cultural factors, heterosexism is frequently condoned and encouraged. In accordance with professional ethics codes, counselors and other health professionals must challenge this discrimination by promoting equitable access and distribution of resources to lesbian and gay individuals. It is not clear, however, if counselors and counselors in training acquire this social justice efficacy through training. In fact, there are not currently any tools to assess lesbian and gay affirming social justice advocacy. Despite a history of multiculturalism and social justice in the counseling field, there has been little research attention paid to measuring social justice attitudes and actions.

The current project was to develop the Lesbian and Gay Affirming Social Justice Competency Scale [LGASJC], a scale to measure counselors' and psychologists' knowledge, attitudes, and actions regarding lesbian and gay affirming social justice advocacy based on the following a priori factors: (1) awareness of social injustice toward lesbian and gay individuals, (2) beliefs that support social equality for lesbians and gay men, (3) intentions to participate in lesbian and gay affirming social justice action, (4) lesbian and gay affirming

social justice self-efficacy, and (5) the past and present participation in lesbian and gay affirming social justice action. Following the scale development technique described by Devellis (2003), a research team was assembled to create a large pool of items to measure the construct. These items were edited and reduced to about 10 items per hypothesized factor. Face validity of this 52 item scale was evaluated by a panel of experts in lesbian and gay psychology, social justice, and psychometrics. Following the recommendation of the expert panel, the team also created a 10 item measure of general attitudes towards social justice. These scales were administered via web-based survey along with measures of convergent validity. An exploratory factor analysis with a sample of 360 students and practitioners of counseling and counseling psychology was conducted for data reduction. Criterion and convergent validity were examined by correlating data from the newly created scale with existing measures of (1) attitudes toward lesbians and gay men, (2) social justice self-efficacy, (3) political interest, and (4) religiosity.

The exploratory factor analysis indicated a 4 factor structure of lesbian and gay affirming social justice competency including: (1) Self-Efficacy, (2) Attitudes, (3) Actions, and (4) awareness, which were consistent with the *a priori* model. Each of these subscales was examined and trimmed in order to create a reliable scale that is concise and feasible for survey measures. The final scale contains 28 items. The LGASJC scale was correlated positively with political engagement and social issue self efficacy, and negatively with religiosity and negative attitudes towards lesbians and gay men.

The faculty listed below, appointed by the Dean of the School of Education, have examined a dissertation titled "The Construction of the Lesbian and Gay Affirming Social Justice Competency Scale," presented by Robert Kizer, candidate for the Doctor of Philosophy degree, and hereby certify that in their opinion it is worthy of acceptance.

Supervisory Committee

Changming Duan, PhD

Division of Counseling and Educational Psychology

Johanna Nilsson, PhD

Division of Counseling and Educational Psychology

Laverne Berkel, PhD

Division of Counseling and Educational Psychology

Jacob Marszalek, PhD

Division of Counseling and Educational Psychology

Chris Brown, PhD

Division of Counseling and Educational Psychology

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CHAPTER 1

INTRODUCTION

Heterosexism, the privileging of heterosexuality, is possibly the most universal type of discrimination in the world today (Fassinger, 2008). Gay men and lesbians, individuals who are sexually and/or romantically attracted to members of the same-sex represent somewhere between 3% and 10% of the population (Remafedi, Resnick, Blum, & Harris, 1992). As youth, lesbians and gay men tend to report confusion about the sexual orientation identity. Then, through a process of comparison, self-acceptance, and synthesis, gay men and lesbians develop their sexual orientation identity and incorporate it into their lives (Fassinger, 1996; McCarn & Fassinger, 1996; Troiden, 1979). This identity development is especially stressful and complicated because of society's discrimination and mistreatment of individuals from sexual orientation minorities. Coping with these stresses frequently puts gay and lesbian youth at a high risk for mental health problems (Herek & Garnets, 2007; Rostosky, Riggle, & Horne, 2009).

There are many people who do not support equal rights for gay men and lesbians (Crawford, McLeod, Zamboni, & Jordan, 1999; Green, 2007; Herek, 1988). Consequently, this form of discrimination is often implicitly and explicitly condoned and encouraged in educational and vocational settings (Fassinger, 2008). It is fueled by society's homophobia, "the irrational fear and hatred of homosexuality and of lesbian/gay people" (Green, 2007; Herek, 1988). This general acceptance of heterosexism presents particular challenges to the realization of social justice for this population.

Heterosexism can clearly be seen in systemic injustices towards lesbians and gay men such as the threat of physical violence, the fear of employment discrimination, and the inability to marry same-sex partners (Human Rights Campaign [HRC], 2009a; HRC, 2009c). This heterosexism leads to the experience of minority stress, the chronic stress faced by individuals from minority groups as a result of discrimination and prejudice (Rostosky et al., 2009). As a result, gay and lesbian individuals have higher rates of mental health concerns such as depression and anxiety (Herek & Garnets, 2007).

Counseling has a known history of serving underprivileged populations and minority groups by providing free and low cost services. Multicultural issues and social justice concerns have focused primarily on interventions through individual psychotherapy (Herek & Garnets, 2007). Within the last decade, there has also been a strong theoretical emphasis placed on working toward systemic social justice through advocacy and action at the macro-level (Green, 2007; Vera & Speight, 2003). The ethical codes of the American Psychological Association and the American Counseling Association clearly state the need for mental health professionals to embrace the role of “social interventionist” (APA, 2002, p. 3) and use their profession to “promote respect for human dignity and diversity” (ACA, 2005, p. 2). However, there is strikingly little research that specifically assesses counselors’ attitudes, skills, and actions in social justice activities. Specifically related to sexual orientation, there are no studies that look at the ways in which counselors are involved in gay and lesbian affirming social justice activities.

To ultimately facilitate the development of social justice competencies in counselors, the aim of the current study was to construct a scale to measure the degree to which mental health professionals and students are involved in bringing about social justice for gay men

and lesbians. The content areas of this scale include participants' awareness of injustices related to lesbian and gay issues, attitudes toward homosexuality, lesbian and gay social justice self-efficacy, intention to participate in lesbian and gay affirming social action, and actual participation in gay and lesbian affirming actions.

Multiculturalism in Counseling

The counseling profession has witnessed the development of a multicultural development in the last four decades and specific emphasis began to be placed on multicultural counseling in the early 1980s (Ponterotto, 2008). The multicultural counseling competencies focusing on counselor's attitudes, awareness, and skills working with people of different cultural groups were originally presented in 1992 and officially adopted by the American Psychological Association in 2002 (Sue, Arredondo, & McDavis, 1992; Arredondo & Toporek, 2004). These competencies focus on the counselor's ability to adequately work with members of other cultural groups by focusing on self-understanding/self-awareness, understanding of other cultural groups, and development of interventions to appropriately meet the needs of those groups.

In this multicultural movement, researchers and theorists began by examining differences between cultural groups and focused on the aspects of identity development that are unique to each culture (Neville Worthington, & Spanierman, 2001; Ponterotto, 2008; Vandiver et al., 2002). They critiqued the cultural biases of psychological assessments (Gushue, 2004; Katz, 1964; Suzuki, Prevost, & Short, 2008), and discussed the issues of privilege and oppression (Neville et al., 2001; Vasquez, 2001). Psychologists in the early 1990s described the society in the United States as increasing in its diversity, projecting that white Americans will account for less than half of U.S. residents by the year 2010 (Sue,

Arredondo, & McDavis, 1992). They argued that the counseling theories of the 1970s and 1980s had rendered cultural differences invisible and insignificant, and cultural minorities were being excluded from many professional activities (Arredondo & Toporek, 2004).

In response, the multicultural competencies were developed on the basis that minorities were different, but not inferior or pathological (Sue et al., 1992). These competencies focused on individual awareness and the need for advocacy on clients' behalf (Arredondo, 2003). These competencies have been adopted by numerous professional organizations and can now be seen in professional activities and training programs (Arredondo & Toporek, 2004; D'Andrea, Daniels, & Heck, 1991). The multicultural research in this area began with discussions about race, specifically concerning differences between White Americans and African Americans (Ponterotto, 2008). From these beginnings, multicultural research and theory grew to embrace the cultural diversity of many other minority groups.

The multicultural competencies have been researched using self-report scales, portfolio techniques, and observation, and tend to almost exclusively rely on the tripartite model proposed by Sue et al. (Constantine & Ladany, 2001). The theory is now moving in the direction of a universal-diverse orientation with an attitude of multiculturalism that is inclusive yet differentiating (Ponterotto, 2008). It is also focusing on how personalities become multicultural when different cultures come together and influence each other (Ponterotto, 2008). These theoretical developments in the past four decades highlight a commitment to helping minority populations by recognizing cultural differences and integrating multiculturalism into practice and personality.

Social Justice

Social justice refers to the equitable treatment of all individuals. Through history, social justice has been defined by access to resources, equality of power, and equal retribution for wrong-doing (Tyler, Boeckmann, Smith, & Huo, 1997). It “reflects a fundamental valuing of fairness and equity in resources, rights, and treatment for marginalized individuals and groups of people who do not share power in society because of their immigration, racial, ethnic, age, socioeconomic, religious heritage, physical ability or sexual orientation status” (Constantine, Hage, Kindaichi, & Bryant, 2007, pp.24). More specifically, social justice involves the ending of the oppression of marginalized groups. On one hand, social justice is concerned with the physical environment such as equitable income, housing, access to health care, etc. On the other hand, social justice also involves the ending of discrimination and prejudice in the cognitions and emotions of all people (Constantine et al., 2007; Aldarondo, 2007). This ending of oppression cannot become a reality without fundamental changes in society and in the ways that we think (Vera & Speight, 2003). For the current study, social justice refers to the awareness of macro-level discrimination (such as unequal treatment, inequitable access to resources, and prejudicial stigmas) and the presence of attitudes and actions that seek to promote equity.

The history of the United States, especially in the last century has involved great strides towards the equal treatment of humanity. Particularly looking at the Civil Rights Movement, the Women’s Movement, and the Gay Rights movement, much has been achieved through the advocacy of passionate individuals (Hall, 2005; Nilsson & Schmidt, 2005, Poindexter, 1997). During the period of the civil rights movements, social justice advocacy in university students increased (Cornelius, 1998; Kerpelman, 1969). Furthermore,

social justice advocacy can be seen in the history of many professions including the counseling and helping professions (Aldarondo, 2007; Nilsson & Schmidt, 2005). Despite a general call to action to end injustice in the ethical codes, there are no specific codes that make social justice activities compulsory (ACA, 2005; APA, 2002). Although social justice is evident in the work of some practitioners, numerous counselors and psychologists argue that social justice advocacy does not receive adequate attention (Aldarondo, 2007; Constantine et al., 2007; Vera & Speight, 2003). These mental health professionals have argued that the multicultural competencies described above do not sufficiently address the needs of minority groups because they fail to focus on the systemic problems of oppression and discrimination (Aldarondo, 2007). They argue that social justice must involve more than the counseling setting by also being concerned with community engagement and political activity. That is to say, in addition to this ideological belief in the equality of all people, helping professionals share a duty to bring about social justice in order to benefit the lives and mental health of clients. Without addressing these contextual factors, helping will not be effective.

Gay and Lesbian Experiences

Gay men and lesbians experience particular oppressions because of their sexual minority status. Society has a deep thread of homophobia, the irrational fear of homosexuality which causes gay men and lesbians to be disenfranchised (Green, 2007; Herek, 1988). Consequently, lesbians and gay men frequently experience pressures in their youth as they grow up with their families and in their religious communities. They experience verbal, relational, and physical aggression against them because of their sexual orientation. They struggle to maintain relationships with friends and family who do not

support their gay or lesbian identity; and they experience increased levels of stress, depression, and anxiety (Fassinger, 2008).

In nearly all states, gay men and lesbian couples are unable to marry (HRC, 2009a). Additionally, gay and lesbian couples typically are not able to enjoy the same benefits of marriage that heterosexual couples enjoy such as filing joint tax returns and receiving employer supported health insurance for their partner (Fassinger, 2008). Likewise, in most states, they cannot adopt a child together (HRC, 2009b). Lesbian and gay individuals frequently live in fear that they can legally be fired or harassed at work without consequence and they worry that they could be physically or verbally assaulted in public (Fassinger, 2008).

These oppressions lead to a large array of mental health and relationship challenges and internalized homophobia, the internal prejudice against one's own homosexual identity (Herek & Garnets, 2007). Gay men and lesbians are particularly vulnerable during times when major public policies are being considered and when they witness negative publicity (Rostosky et al., 2009). Furthermore, these types of anti-gay political and community activities affect the families of lesbians and gay men in such a way that they experience greater stress (Arm, Horne, & Levitt, 2009).

Even within the field of counseling, gay men and lesbians encounter homophobia (Crawford et al., 1999; Garnets & Herek, 2009). Homosexuality was once considered a mental disorder but was removed from that classification in 1973. Despite this change, there is evidence that heterosexist views of homosexuality continue to exist. For example, gay men and lesbians are more likely to be diagnosed with mental health disorders than their heterosexual counterparts exhibiting the same symptoms (Herek & Garnets, 2009).

Additionally, gay and lesbian parents seeking adoption are perceived as less fit for adoption than their heterosexual counterparts (Crawford et al., 1999).

Despite certain efforts to expand civil rights for gay men and lesbians, the experiences described above indicate that equality is not yet a reality for the gay and lesbian population. The experiences of discrimination, internalized homophobia, increased mental health concerns, and civil rights inequalities highlight the social injustices faced by lesbians and gay men. They reveal the reality that this minority group consistently faces overt and covert oppression on multiple levels of society and highlight the need for individuals to advocate for social justice on behalf of lesbians and gay men.

Social Justice Competency

Recently, numerous scholars have expanded the multicultural counseling competencies to include social justice competency (Constantine et al., 2007; Speight & Vera, 2003). Social justice competency refers to the ability to effectively and ethically engage in micro and macrolevel interventions that aim to end systemic societal inequities, discrimination, and oppression (Constantine et al., 2007). Developing one's multicultural counseling competencies certainly influences a counselor's case conceptualization and helps counter discrimination in the therapy room, but it falls short of systemic structural changes and reduction of racism, sexism, and heterosexism (Constantine et al., 2007). In order to have long-lasting influence on the well-being of clients of social and cultural minorities, however, it is necessary for counselors to also be involved in combating inequities at a societal level (Green, 2007). Counselors must focus not only on the microsystem, but also involve themselves in the macrosystem (Constantine et al., 2007).

Current research in social justice advocacy highlights the need for building social justice self-efficacy, a person's belief that they can perform well in social justice advocacy, through experiential learning and actively participating in social justice activities (Miller et al., 2009). Individuals are more likely to actively engage in social justice advocacy if they have participated in community activities and political advocacy and if they believe that social injustices can be overcome and someday extinguished (Miller et al., 2009). Likewise, counseling students are more likely to be involved in advocacy efforts if they have a desire to do advocacy work and if they are interested in politics (Nilsson & Schmidt, 2005). In addition to general social justice advocacy, there is a unique call for counselors to be working towards social equality for lesbians and gay men (Green, 2007; Fassinger, 2008). This can be accomplished through gay-affirmative counseling, but also by being involved in combating the systemic structures that oppress this population in ways such as being politically involved, leading community organizations, participating in community events, and encouraging conversations that combat homophobia (Green, 2007).

There has been some suggestion of specific social justice competencies but there has been very little systematic investigation of an overall factor structure for this construct. Within the framework provided by this social justice research and theory, it is clear that social justice competency relies on an awareness of injustice and the belief in the equality of all humankind (Constantine, et al., 2007; Miller et al., 2009). It also includes the intention to engage in social justice advocacy (Kerpelman, 1969; Nilsson & Schmidt, 2005) as well as social justice self-efficacy (Miller et al., 2009). Lastly, social justice competency requires active engagement in social justice action (Constantine et al., 2007; Green, 2007; Kerpelman, 1969).

The Present Project

To promote the research, training, and practice of socially responsible actions that support gay and lesbian social justice, there is a strong need for a scale to measure lesbian and gay affirming social justice competencies. The current study attempts to answer the call for psychologists to be scientist-practitioner-advocates by enacting a social justice agenda. A scale that measures social justice competencies that specifically affirm the social equity of lesbians and gay men was developed. In this study, social justice competency referred to both internal and external processes, a counselor having the necessary attitudes, skills, and experiences to promote macro-level social justice. With the specific focus of lesbian and gay issues, this scale was designed to measure the extent that counselors are equipped to engage in macro-level thinking and interventions that end systemic heterosexism and encourage equity across sexual orientation.

CHAPTER 2

LITERATURE REVIEW

The following literature review describes the social injustices that gay men and lesbians experience and reviews how these injustices are negatively related to mental health. It then reviews the multicultural movement, social justice movement, and the most recent inclusion of social justice competencies in counseling. It concludes with a review of the scale construction methodology that was followed for this survey.

Homosexuality and Sexual Orientation Development

Definition and Frequency

In 1992, Remafedi et al. examined the demographics of adolescents in Minnesota to determine the frequency of sexual orientation characteristics. Citing the methodological and contextual limitations to Kinsey's sexology studies in the 1950s, Remafedi et al. (1992) stated the need to adequately understand sexual orientation demographics in order to appropriately provide for health needs. They defined sexual orientation as a "consistent pattern of sexual arousal toward persons of the same and/or opposite gender, encompassing fantasy, conscious attractions, emotional and romantic feelings, and sexual behaviors." Because there are numerous permutations of these variables, there is not a strict dichotomy between "homosexual" and "heterosexual."

In their study of 34,706 adolescents in grades 7 through 12 (49.8% male, 51.5% urban/suburban, 94.2% White), they found that 10.7% of the sample self identified as "unsure" of their sexual orientation identity, 88.2% reported mostly or totally heterosexual, .7% bisexual, and .4% totally homosexual. Significant interactions were found in that those

who were “unsure” were more likely to be younger, male, non-White, living in lower socioeconomic conditions and were less likely to report heterosexual experiences and more likely to report bisexual attractions and homosexual fantasies. Males were found to be more likely to identify as homosexual than females. Additionally, homosexual and bisexual males were more likely to consider themselves to be not at all religious than heterosexual males. As opposed to self reported sexual orientation identity, the researchers found that 4.5% had homosexual attractions, 2.6% had homosexual fantasies, and 1% had homosexual experiences. They stated that these results are similar to other surveys that have been conducted that tend to find that approximately 3% of men report homosexual behaviors. They additionally concluded that, as in other research, there is a great deal of variability in individual’s sexual orientation self-identification, sexual behavior, and sexual fantasies.

Sexual Identity Development

Richard Troiden (1979) wrote one of the first articles examining the development of gay identity. In this research, Troiden interviewed 150 gay men using snowball sampling. He asked participants open-ended research questions about their sexual orientation development throughout their lifespan. Upon examining results, he categorized the development of gay identity development into a four stage process. In the sensitization stage, participants reported having feeling of being different and sometimes recognizing their sexual dissimilarity. Seventy-two percent of participants experienced this differentness during preadolescence. The second stage was dissociation and signification, consisting of the conscious thinking about their sexual orientation and the speculation that they might be gay. 148 of the 150 participants reported going through a time when they were not sure if they were gay. In the third stage, coming out, participants came to the realization or decision that

they were gay and then redefined homosexuality as a positive and viable lifestyle alternative. During this stage, gay men became active in exploring their gay sexual identity and had higher levels of self-acceptance but are still tenuous in the expression of their identity. In the last stage, commitment, homosexuality is adopted as a way of life and was signified by engaging in serious same-sex relationships. Although this research had methodological limitations such as the absence of any kind of reliability or validity checks, it suggested that there is a general model of gay identity development, and that this development is characterized by many points of confusion and uncertainty.

In 1996, McCarn and Fassinger introduced a model for understanding the development of lesbian identity development. They first reviewed the history of lesbian and gay identity models beginning with Cass, in 1979, who described development in a six stage process of: identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis. McCarn and Fassinger critiqued previous gay and lesbian identity models as being primarily based on white, gay men and furthermore, not having sufficient empirical support. They stated that previous models were confounded by two processes that do not necessarily coincide, but were both critical pieces of development, individual sexual identity and group membership identity.

In response to these critiques, they proposed a new model of gay and lesbian identity development that addressed both individual sexual identity and group membership identity. They stated that lesbian identity was characterized by phases of awareness, exploration, deepening/commitment, and internalization/synthesis. Unlike some of the previous stage models, they stated that these phases are flexible and are not strictly linear.

To test this hypothesis of a dual factor process model, Fassinger and Miller (1996) conducted a Q-sort study with 34 gay men. This methodology asked participants to sort a group of cards that referred to different aspects of sexual orientation development into categories based on the theory described above. After sorting the cards, the participant was then asked to choose ten cards that best described their current identity. Results indicated strong support for the two branch, four-phase model. Results were especially clear for the first and last phase of the model, but less differential in the middle phases.

Following the development model proposed and examined by Fassinger and Miller (1996), Tomlinson and Fassinger (2003) investigated lesbian identity development in college students. They suggested that the development of the vocational identity of lesbian college students was complicated by the simultaneous development of sexual orientation identity and the beginning of the “coming out” process. They sampled 192 lesbian college students (mean age=20.3, 82% White, equal distribution of year in school) through the use of email from various LGBT organizations at multiple universities. They examined lesbian identity development, vocational development, campus climate, and problems in vocational development related to lesbian identity.

They found that lesbian identity was not significantly predicted by vocational development, however, both vocational development and lesbian identity development were predicted by campus climate. Positive scores of campus climate were more likely to be in the last phase of identity development in both vocation and sexual orientation. A regression including campus climate and lesbian identity development together accounted for 28% of the variance in vocational development. In discussing their results, they suggested that methodological issues may have restricted their range and resulted in non-significant results.

They concluded that campus climate was an important predictor of career development and lesbian identity development. The researchers suggested that it was necessary for educators and administrators to ensure a campus climate that supported lesbian students and their vocational interests so that these students could develop in their lesbian identity and their vocational identity.

Vocational and Developmental Barriers

In 2008, Ruth Fassinger wrote a review article that described the vocational and public policy barriers for a number of diverse populations including women, people of color, sexual minorities, and people with disabilities. In this article, Fassinger discussed the importance of jobs and careers in individuals' lives and argued that it is critical for individuals to have equal opportunities, resources, and benefits in their workplace. She specifically discussed the challenges with sexual orientation by describing the ways in which heterosexism and antigay prejudice are condoned. For example, in 31 states, a person can be fired from a job for being gay (HRC, 2009c). Furthermore, she wrote that gay men and lesbians cannot openly serve in the military according to the "Don't ask, don't tell" policy. She also described the pay differential in which gay and lesbian individuals received less pay than their heterosexual counterparts for the same jobs. She described the stalled status of the Employment Non-Discrimination Act of 2007, which would have protected sexual minorities from workplace discrimination. The defeat of this bill allowed for sexual orientation employment discrimination to continue.

She described the barriers and challenges these minority groups face as including an array of external and internal factors, passive and active factors, and major and minor factors. She described vocational barriers for sexual minorities as beginning in childhood and

adolescence when they experienced verbal and physical harassment from peers and antigay slurs from faculty and school staff. These experiences led to safety concerns and would delay vocational development. Furthermore, Fassinger (2008) described the antigay prejudices in the workplace in which lesbian and gay employees were more likely to experience lower job satisfaction and workplace withdrawal. They tended to be less comfortable making on-the-job friendships. She argued that these types of injustices must be combated by psychologists working to make schools and workplaces “healthy, equitable, and welcoming to all” (p. 266).

Attitudes Towards Gay Men and Lesbians

Greg Herek’s (1988) construction of the Attitudes Toward Lesbians and Gay Men scale (ATLG-S) was one of the seminal works in studying cultural stigmas and stereotypes towards homosexuality. In this research, Herek conducted three studies that constructed and validated the ATLG-S which has been used in numerous future studies. In Herek’s research, he examined the attitudes of college students towards homosexuality and examined social variables that were hypothesized to correlate with homophobia including religiosity, personal contact with lesbians and gay men, sex role attitudes, and family ideology.

In his first study, the ATLG-S was developed, which consisted of 20 Likert type items, 10 measured attitudes toward lesbians and 10 measured attitudes toward gay men. In a sample of 139 undergraduate students in introductory psychology classes, he examined if attitudes toward homosexuality were related to sex role attitudes, authoritarianism, perceived social support, personal contact with gay and lesbian individuals, and religiosity. Both subscales were found to be reliable (Attitudes Toward Gay Scale (ATG-S) $\alpha=.89$, Attitudes Toward Lesbians Scale (ATL-S), $\alpha=.77$). He found that men held more

negative attitudes than women ($F(1,366)=7.61, p<.01$). Furthermore, men tended to have more negative views toward gay men than to lesbians ($M=57.96$ vs. $M=40.83$), whereas women tended to have similar attitudes towards gay men and lesbians ($M=51.54$ vs. $M=43.67$). In women, negative attitudes toward lesbians and gay men were positively related ($p<.05$) to nearly every variable under consideration including religiosity, strict sex role attitudes, dogmatism, negative personal contacts with LG individuals and traditional family ideology and negatively related to positive personal contact. In men, however, attitudes were not affected by religiosity variables. In study 2, researchers replicated this study with a larger multi-campus sample of 405 undergraduate students from multiple geographical regions. In this sample, internal consistency increased to $ATG=.91$ and $ATL=.90$. Sex differences exhibited the same general pattern but were even more pronounced than in the first study.

A third study was conducted that included the same variables as above, but also examined how attitudes were related to psychological defensiveness and personal feelings of insecurity. This sample of 149 undergraduate students filled out the surveys described above as well as measures of defense mechanisms and personal constructs of gender. Scores on the Defense Mechanism Inventory did not predict attitudes. In terms of gender structure, positive attitudes were found when individuals tended to generally see themselves as unlike both men and women, not fitting the typical gender stereotypes.

These studies indicated that there were multiple correlates of heterosexuals' attitudes towards lesbians and gay men. By looking at religiosity and personal experience with lesbians and gay men, they found that between 44% and 62% of the variance in attitude could be explained by these factors. They hypothesized that the differences found in men

and women might have been related to the gender stereotypes in which men may have been under more pressure to maintain a masculine heterosexual stereotype. Through this research, it became clear that individuals held negative attitudes towards lesbian and gay men. Herek suggested that future research be conducted to measure attitude change and how one might influence a person to have less negative attitudes.

Sexual Orientation and Mental Health

In 2007, Gregory Herek and Linda Garnets wrote a review article that described the extant research and theory regarding the mental health of sexual minority individuals. They began by describing the history of how homosexuality had been treated by psychological professionals. They described that homosexuality was seen as a deviation to normalcy by early psychologists. Some psychologists, such as Freud, viewed homosexuality as a natural but “less than optimal psychological position” and still others believed that only heterosexuality was natural. Homosexuality was subsequently included in the first Diagnostic and Statistical Manual for Mental Disorders alongside substance abuse and sexual disorders. Despite these beginnings, later research indicated that homosexuality was quite common among humans and numerous non-human species. Additionally, psychologists found that it was not directly linked to other psychological disorders and did not seem to indicate clinical dysfunction. Consequently, homosexuality was removed from the DSM in 1973 and homosexuality was now seen as a normal variant of human sexual expression.

Herek and Garnets (2007) described the current research on sexual orientation and mental health. Findings indicated that most gay and lesbian individuals did not present a higher risk of suicidality, substance use, or psychological distress but they did have an increased risk of anxiety and mood disorders. This finding was especially evident among

women. Similarly, non-heterosexual individuals were more likely to have reported suicidal ideation and attempts, particularly among youth. Herek and Garnets (2007) then explored the multiple factors that may explain why non-heterosexual individuals displayed this increase in psychological symptoms. They purported that lesbian and gay individuals experienced minority stress caused by long term exposure to discrimination and prejudicial stereotypes.

These researchers explored how mental health practitioners have treated homosexuality since its removal as a psychological disorder. Although they described some treatments that continue to view homosexuality as a disorder such as reparative therapy, they focused on a number of new approaches that have been developed to offer a positive approach to homosexuality by focusing on helping GLB individuals cope with the impact of minority stigmas. These approaches validated the sexual orientation of the individual, acknowledging the fact that this sexual orientation identification carries a great deal of minority stress due to the stigmas and stereotypes. Goals for therapy included personal exploration of internal feelings about one's own sexual orientation and also assessing external resources and barriers in order to build a more supportive environment.

Homosexuality and Perceived Mental Health

Crawford, McLeod, Zamboni, and Jordan (1999) conducted a study that expanded upon Herek's work by specifically studying psychologists' attitudes towards gay and lesbian parenting. Researchers used a correlational vignette design in which participants received 1 of 6 vignettes describing a couple's legal evaluation for adopting a child. The vignettes were identical in all aspects except the sexual orientation (lesbian, gay, heterosexual) and gender of the child (male, female). The couple was described as being financially and vocationally

successful, having positive supports, and being free from psychological history. They sent research packets to 1,000 practicing psychologists and received 388 responses.

After reading the vignette, the participants completed a 10 item Couples Rating Scale developed by the researchers to measure the couples' fitness for adoption. This included factors such as financial stability, risk of physically abusing the child, and emotional stability. Using 3 X 2 MANOVAs, significant differences were found on social support, concern about emotional neglect, concern about sexual abuse, and likelihood of recommending custody. In particular, they found that participants in the conditions with gay and lesbian parents with a female child were less likely to recommend custody than those in the conditions with heterosexual couples with male or female children ($p < .01$, mean = 1.40 and 1.42 vs. 1.18 and 1.25). Participants were also asked about their levels of religiosity and their beliefs about whether homosexuality was a choice. Post hoc analyses were conducted that revealed that individuals who attended religious services once a week expressed more concern about the gay couple's fitness than the heterosexual couples. Furthermore, they found that beliefs about the etiology of homosexuality accounted for 11% of the variance in custody recommendation. Participants who believed that homosexuality was a choice were less likely to recommend the adoption by gay and lesbian couples. These researchers concluded that despite previous research indicating that same sex couples were excellent parents and were no more or less prone to difficulties with adoption than heterosexual couples, psychologists indicated heterosexist attitudes in their responses to these vignettes.

In a similar type of study, Eubanks-Carter and Goldfried (2006) conducted an analogue study in which 141 experienced psychologists (mean 10 years experience with 20 hours of direct clinical services per week) evaluated a vignette of a hypothetical client that

had symptoms that resembled borderline personality disorders (BPD). Participants received one of eight vignettes which varied by gender (male or female) and sexual orientation (unspecified, bisexual, homosexual, heterosexual). They structured the vignette in such a way that it was not readily noticeable that the study was specifically examining differences based on gender or sexual orientation.

They found that for the male vignettes, sexual orientation was significantly related to diagnosis. Those in the bisexual and gay conditions were significantly more likely to have diagnosed the male clients with BPD ($p < .05$). Interestingly, these correlations were not significant in women. An additional part of the study asked participants to hypothesize the sexual orientation of the client in the unspecified condition. 71.4% of participants in this condition identified the individual as gay or bisexual. Sexual orientation was not correlated to prognosis or confidence working with the client.

Hayes and Erkis (2000) examined how sexual orientation and the cause of having HIV influenced the therapists' reaction to the client. The researchers asked 425 psychologists from the APA (58% men, 94% White). They were given vignettes of a male client that varied by sexual orientation (gay or heterosexual) and source of HIV infection (blood transfusion, intravenous drug use, or unspecified). They correlated these variables with responses of self identified homophobia, empathy, attributions of responsibility, global assessment of functioning (GAF), and willingness to work with the client.

They found that homophobia was inversely related to the therapists' empathy and willingness to work with the client, and global assessment of functioning, and were positively related to attributions of client responsibility for causing his problems. In particular, they found that those who scored higher on homophobia had less empathy for

homosexual clients with HIV. Therapists generally experienced higher empathy toward and were more willing to work with clients who were HIV positive through blood transfusion than if infected through sex or drugs. Data regarding attributions suggested that participants tended to blame gay clients for their infection more than heterosexual clients.

Political Events, Discrimination, and Minority Stress

Most recently, research has been conducted focusing on the impact of gay marriage amendments on gay, lesbian, and bisexual adults. The Human Rights Campaign is one of the most active advocacy organizations for LGBT issues in the United States. This organization facilitates training, organizes grass roots activities, and provides information and referral sources about almost any issue related to LGBT concerns. In their most recent publications, they outlined the status of same-sex marriage and adoption rights in each state. At the time of this writing, only 9 states fully allowed for joint-parent adoptions with same-sex parents (HRC, 2009b). Most states simply did not have anything formally written that required an adopting couple to be heterosexual or homosexual. Despite research that has stated that same-sex parenting practices were similar to heterosexual couples, this entitled state organizations and adoption screeners to have claimed that a family home was not fit for adoption based on the fact that the couple was gay or lesbian. In most cases, couples who desired a family would adopt as a single parent and then they would establish a number of parental rights with the same-sex partner through legal documents such as powers of attorney. These legal steps, however, did not give the partner full parental rights.

One of the most evident examples of heterosexism has been the political decisions that have surfaced in the last decade surrounding same-sex marriage (HRC, 2009a). Despite calls for equality from the LGBT community and allies, 41 states had constitutional

amendments or other legislation that limited marriage to be defined exclusively as heterosexual. At the time of this writing, Maine was the most recent state to pass such legislation. Same-sex marriage was currently legal in only 5 states and the District of Columbia (including Connecticut, Iowa, Massachusetts, New Hampshire, and Vermont) however, there was still the threat that the political events that occurred in Maine could also occur in some of these states.

Rostosky, Riggle, Horne, and Miller (2009) conducted an online survey that measured psychological distress in LGB adults following the 2006 general elections in which 9 states had amendments on the ballot to exclude same sex marriage. The purpose of the study was to empirically verify the theory that political events, systemic discrimination, and negative stereotypes would add to the stress of sexual minority groups.

Participants were purposively selected by soliciting to email lists associated with the LGB community. Their sample consisted of all LGB participants that were predominately Caucasian, and consisted of more women than men, and higher than average personal income. The mean age was 38.92. They asked the participants about negative media messages during the past month, participants' internalized homophobia, negative affect, perceived stress, and LGBT activism. They divided their sample of 1,552 participants into groups based on the status of LGB legislation in the resident's state.

Researchers found that participants living in states that had just passed legislation to exclude same-sex marriages reported increased negative media messages, negative conversations, negative affect and increased depressive symptoms than those living in other states that did not have this legislation on the ballot at that time. These data indicated that marriage amendment campaigns had a negative effect on the psychological health of LGB

individuals during and immediately following the campaign. These individuals had an increased exposure to anti-LGB media and perceived greater amounts of negative conversations than did participants in states where this legislation was not being considered. It was important to note that there was not a significant difference found in levels of internalized homonegativity, even when compared to states that had previously passed this legislation. The researchers suggested that more longitudinal data was needed to determine long term effects. One limitation of this study included its demographic that did not include much diversity in terms of socioeconomic status, gender, and race. It remained unclear if these data represent the majority of LGB individuals across multiple cultures.

The researchers stressed that these data had particular application to counselors who worked with LGB clients. It was important for practitioners to understand how the political climate might have increased stress. They suggested ways to increase counselors' awareness and decrease these effects in the therapeutic relationship.

To add to this research about the effects of anti-gay movements on LGB individuals, Arm, Horne, and Levitt (2009) examined its effects on family members. Under the same political context as Rostosky et al. (2009), these researchers wanted to examine how family members of LGBT individuals reacted to these types of anti-gay legislations and events. They theorized that family members would be affected by their role of supporting their family members. They also hypothesized a sort of secondary trauma that would impact those who were particular close to the LGBT individual.

The sample consisted of ten participants from the Midwest who had a family member who identified as LGBT. Nine participants were White, whereas only one was Black. Seven were involved in an LGBT advocacy group. A grounded theory qualitative method was used

to interview participants. Each participant was interviewed by three interviewers that included open ended questions such as “What is it like having a family member who is LGBT during this time of anti GLBT movements and policies?” Interviews were transcribed and then analyzed for commonalities.

All participants reported that they felt more stress when they perceived anti-GLBT movements to be close to them or their family. Eight of the participants reported they felt pressure to be actively engaged in fighting against such movement in order to ease the pain that they felt when thinking about their family member’s struggle. All participants reported that they had limited hope about the speed at which change is taking place to ensure equal rights for the GLBT individuals. All ten reported some sort of confusion about their relationships with others because of their GLBT family. For example, nine participants reported that they refrained from talking about GLBT issues with certain individuals if they knew it would jeopardize that relationship. Nine reported that they have had to personally do a lot of questioning about their own identity and beliefs.

These data suggested that family members of LGBT individuals may have experienced secondary traumatic stress when their LGBT family was threatened. They emphasized how this stress could cause a great deal of internal struggle and could result in increased mental health disorders. They suggested that counselors must be aware of these issues in the therapeutic setting. They also suggested that counselors be engaged in social advocacy. Due to the small sample size and limited variability in demographics, these data did not necessarily represent all LGBT families, but they did suggest that these effects may be present.

Multicultural Movement

It has become clear in recent years that counselors must be aware of sexual orientation and must become competent in working with lesbians and gay men as an aspect of cultural identity. Furthermore, there has been a new emphasis in creating social justice for this population. These lesbian and gay multicultural competencies and social justice concerns come out of the broader multicultural movement.

In Ponterotto's review of the theory and history of multicultural counseling (2008), he described the movement and development of multiculturalism in counseling and he presented the newly emerging theories. Before the 1960s, Ponterotto stated, there was very little research or theory concerning cultural issues. The little research that was being done was almost exclusively focused on African Americans, with little attention to other diverse groups. Furthermore, these articles were focused on vocation and education and did not directly look at the counseling relationship. In the 60s and 70s, progress was inspired by the Civil Rights Act of 1964. During this time, research increased and remained focused predominately on African Americans. This research focused on between group differences and found that racial and ethnic minority clients tended to underutilize counseling services. They found that African American clients preferred African American counselors and minority groups were underrepresented in counseling. In the 1980s, research began to look much more at within group differences and research grew to develop Black and White racial identity models. Additionally, acculturation began to be examined and research was now looking at other ethnic groups. In the 90s, the multicultural movement matured with new research with other minority groups such as disabilities, gay and lesbian populations, and the elderly. Additionally, the multicultural competencies were almost universally adopted by

training programs and multiple instruments were developed to measure multicultural counseling competence. Currently, Ponterotto stated, the movement was leading in the direction of counseling issues beyond the US and it was looking at positive psychology and prevention. Theory was beginning to have more of an etic, or culturally universal approach.

Ponterotto suggested that the theory of counseling psychology was now moving in the direction of a universal-diverse orientation and multicultural personality. In the universal – diverse orientation, one would have an attitude toward all other persons that was inclusive yet differentiating. Similarities and differences would be recognized and accepted.

Ponterotto described multicultural personality theory a personality that was characterized by the synthesizing of multiple cultural perspectives. This happened when multiple cultures come together and adjusted with each other.

Racial Identity Development

Much of the theoretical development in gay and lesbian identity development can trace its roots to the growth of racial identity models. In recognizing the important differences between groups, several theories were proposed to describe cultural identity development.

Vandiver et al. (2002) created a scale to measure African Americans' racial identity development based on Cross's model of nigrescence. They reviewed the history of the nigrescence theory beginning in 1971 and revised in 1991, when William Cross hypothesized that African Americans went through a process of identity development including the following stages: Pre-encounter, Encounter, Immersion-Emersion, and Internalization.

Based on this model, these researchers validated the Cross Racial Identity Scale and conducted a factor analysis in two studies.

In the first study, they conducted an exploratory factor analysis with a sample of 296 African American college students. The item correlations revealed the possibility of nine factors, but they chose to keep only those factors that had eigenvalues of .5 or above. These data suggested a six factor model represented by Pre-Encounter Assimilation, Pre-Encounter Miseducation, Pre-Encounter Self-Hatred, Immersion-Emersion Anti-White, Internalization Black Nationalist, and Internalization Multiculturalist Inclusive (alpha ranged from .72 to .89).

In the second study, the measure was trimmed of non-critical items and edited to have more precise wording. In this study, they conducted a confirmatory factor analysis and provided convergent and divergent validity statistics by comparing the Cross Racial Identity Scale with other measures. Their sample consisted of 336 African American college students. Using maximum likelihood estimation, they tested their six factor model with seven other models including a single factor model, four factor model, and others. By examining goodness of fit indices and conducting chi-square difference tests, they found that the six factor model was the best fitting. They found that the data was not correlated with social desirability, but was appropriately correlated with other scales of racial identity. They concluded that their measure was a valid instrument to examine racial identity development in African American college students at predominately White universities, but cautioned that it might not be representative of all African American populations.

Similarly, the concepts of heterocentrism and homonegativity rise from a discussion of power and privilege that began with the discussion of race related privilege. In discussing privilege and oppression, Neville, Worthington, and Spanierman (2001) reviewed the contributions of counseling psychology to the theories of privilege (particularly White

privilege) and color blind racial attitudes. They stated that these concepts were integral parts of racial identity, particularly white racial identity development. This racism was both ideological and structural, being present both in feelings of superiority and inferiority and in the systems of politics and economics.

They articulated that a large part of racism could be understood in terms of white privilege, the unearned benefits that came along with being White such as: the assumption of intelligence, having access to neighborhoods, jobs, credit, and tax benefits, having higher salaries, graduating from college, and never being discriminated against based on race. They also highlighted that this privilege and the sense of power that came with it were typically invisible and unacknowledged. Similarly, they reviewed the concept of color-blind racial attitudes, the denial of “ideological and structural racism and the belief that race does not play a meaningful role in people’s lived experiences (pp. 270).” This denial of racism, they stated, was normative in white racial identity and served to maintain dominance.

Melba Vasquez (2001) quoted a Texas humorist by saying that privilege is “the belief, feeling, and attitude than an individual has who was ‘born on third base’ and think that they ‘hit a triple! (p.64)’” In reflecting upon her own life, she discussed how luck had smiled on her by placing her in a family and in a culture that had many unearned advantages of political activity and psychological support. At the same time, however, she also faced challenges due to many unearned disadvantages as a female Mexican American. She described her childhood and lifespan development in which she grew to understand herself, her community, her challenges, and also her power. In reflecting upon her own life story, she discussed how important it was that people from all backgrounds (both clients and counselors) recognize the power they have to facilitate change. She recommended that

individuals must take risks, allow for imperfections and mistakes, engage in self-care, develop self-confidence, observe role models and mentors, use anger to empower their lives, engage in activism, engage in support systems and provide support to others.

Multicultural Counseling Competencies

In the early 1990s, the field of psychology embraced a model for multicultural competency in which it became explicit that counselors and psychologists must become competent in integrating multiculturalism into research, practice, and training (Vera and Speight, 2003). Counselors must understand their own cultural values and biases, be aware of the client's worldview, and competently provide culturally appropriate intervention strategies (Arredondo, 2003; Sue et al., 1992). This paradigm is frequently represented by a three factor model consisting of knowledge, attitudes, and skills. This theoretical development and subsequent research has primarily focused on therapy and assessment services.

Probably the most seminal article in the multicultural movement was written by Sue, Arredondo, and McDavis (1992). The purpose of this article was to: explain the need for a multicultural perspective in counseling practice, training, and research; to propose specific multicultural competencies and standards; and to advocate specific ways to implement these competencies. In this article, they focused specifically on issues of race and ethnicity.

They described the need for multicultural counseling in that there was an ever growing population that did not fit the cultural majority of white Americans and explained a population trajectory that by 2010 would see more non-white Americans than white Americans. They described that the history of counseling education has been uniformly monocultural and that multicultural training had rarely been included as a course requirement

and was not included in the ethical principles of the major counseling and psychological associations. They described the history of multicultural conceptualization by reviewing the previous theories of cultural minority groups that: a) saw minorities as inherently pathological, b) perpetuated racist research and counseling practices, and c) provided an excuse for counseling professionals to not take action to rectify these inequities. Sue et al. (1992) then described the newest model that saw cultural groups as different, but not inferior or pathological.

These researchers reviewed the Ethical Standards of the American Association for Counseling and Development and its shortcomings in multiculturalism and they presented a recommendation for the ethical standards to include specific language and competencies that fulfill the needs of multicultural counseling. They presented the conceptual framework that a multiculturally competent counselor must continually be involved in understanding themselves and their own cultural values, understanding the worldview of others who are culturally different, and be engaged in developing strategies for working with these different groups. They presented a three by three matrix of characteristics and dimensions of cross-cultural counseling competencies. Within each of the three characteristics just described, they suggested that counselors should grow in the three dimensions of beliefs and attitudes, knowledge, and skills. They then proposed specific competencies within each of these nine cells (see appendix A).

In 2004, Arredondo and Toporek reviewed the multicultural movement and addressed certain criticisms of the competencies. They described the beginnings of the multicultural movement in counseling in which non-white individuals were excluded in many professional activities in the 1970s. Out of this backdrop, the Association of Non-White Concerns was

formed and later became the Association of Multicultural Counseling and Development [AMCD]. In the 1980s, multiple texts characterized ethnic-racial minorities as invisible. The AMCD prepared the ethical standards (as described above in Sue et al.) to address these cultural concerns that were not being given adequate attention. They described the Multicultural Counseling Competencies as a living document that focused primarily on interpersonal interactions and clinical practice. They emphasized the degree to which the Multicultural Competencies were being endorsed by many organizations, including the ACA and the APA in 2002, and stated that “Multicultural competency is becoming a way of life” (p. 53).

In this article, Arredondo and Toporek responded to a number of criticisms by other psychologists. In criticism about the exclusiveness of the Competencies, they responded by describing that the Competencies were born out of a context of racism, but also were applicable and relevant with other cultures such as age, gender, physicality, social status, sexual orientation, religions, and so on. In exploring the future directions of multiculturalism, they wrote about how the Competencies might be used as springboards for specific competencies for certain cities or specific cultural groups and they discussed the need for more research in these areas. They also discussed the need for professional advocacy and social justice as important aspects of counseling.

Multicultural Counseling Competency Assessment

In 1991, prior to the official presentation of the competencies, D’Andrea, Daniels, and Herek used the tripartite paradigm to evaluate the impact of multicultural counselor training. They first reviewed the literature and found three major formats of training in multicultural counseling: the acquisition of cross-cultural communication skills, the need for

awareness of one's attitudes towards ethnic minorities, and the importance of knowledge about minority populations. Although there was an increasing number of programs adopting a multicultural training model, D'Andrea et al. emphasized the need for research examining the impact of these programs.

In response to this need, they created the Multicultural Awareness, Knowledge, Skills Survey (MAKSS), examined its reliability and validity, and used it to measure program effects using a pre-test, post-test design. They conducted an exploratory factor analysis and found that intercorrelations between factors was fairly low (all $<.51$). The three hypothesized factors, Knowledge, Awareness, and Skills, were tested for factor loadings. Nearly all items indicated a factor loading of $>.30$ on their respective factor. In three investigations, researchers asked graduate students in counseling to complete a survey before and after a course in multicultural counseling. These results were compared to a non-equivalent naturally occurring control group. In all three investigations, students in the multicultural class increased significantly on Awareness, Knowledge, and Skills, whereas, students in the control group did not. They indicated that their research supported that multicultural training increased multicultural counseling competency.

Constantine and Ladany (2001) added to the information about the multicultural competencies by reviewing a number of assessments that had been created in order to measure multicultural counseling competency. They described that the cultural competencies had been measured through self report scales, portfolios, and observation.

These assessments included the Multicultural Awareness/Knowledge/Skills Survey (MAKSS), the Multicultural Counseling Inventory (MCI), and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS). They discussed the limitations of these scales

due to their vulnerability to social desirability and their tendency to measure anticipated rather than actual behaviors and attitudes. Additionally, they reported that these scales emphasized the competency of working in the individual counseling context and did not assess families, groups, or organizations. These scales also relied on the tripartite definition of multicultural counseling competency without question.

In contrast to the tripartite model, Constantine and Ladany suggested a six factor model based on the common factors of various approaches to psychotherapy: “the therapeutic relationship, the shared worldview between clients and counselors, meeting clients’ expectation, and using interventions that are deemed appropriate by both clients and counselors” (pp.490). They suggested a new framework of understanding of multicultural counseling competence consisting of six factors: counselor self-awareness, general knowledge about multicultural issues, multicultural counseling self-efficacy, understanding of unique client variables, an effective counseling working alliance, and multicultural counseling skills. They suggested that the competencies must be evaluated using multimethod approaches and should be tested using multiple model in order to develop a full understanding of the factor structures underneath.

Conclusion

Lesbian and gay multiculturalism is part of the history of the general multicultural movement. It has become clear that lesbians and gay men represent a culture that is different than heterosexual men and women. Similar to the developments in race related multiculturalism, lesbian and gay civil rights movements have created awareness about the vast injustices faced by lesbians and gay men. Similarly, by understanding gay men and lesbians as a cultural group, it is necessary to develop multicultural counseling competencies.

Social Justice Movement

In conjunction with the history of the multicultural movement, the social justice movement has specifically focused on bringing about social equity for groups that experience injustice. While the general principal of social justice can be applicable on many levels and with many career fields, the current study focuses on macro-level (systemic) issues of social justice and their relevance to mental health.

Social Justice Definition and History

Tyler, Boeckmann, Smith, and Huo (1997) described the definition of social justice as evolving in four different movements throughout history. They discussed the history of justice as referring back to the likes of Plato and Aristotle as essentially meaning fairness or equality. They described a difficulty with the concept of justice because it was typically understood as being subjective. That is to say, people did not agree on what constitutes fair. They reviewed the development of the field of social justice as occurring in four waves. In the 1940s, research and theory focused on relative deprivation. This theory posited that the “satisfaction or dissatisfaction in the distribution of goods and services are linked to comparisons between what people have and what they feel they deserve” (p. 11). In this way, injustice occurred when people were not receiving what they felt they deserve. The second wave, beginning in the 1960s, involved distributive justice, which focused on the fairness of outcome distributions. This type of justice was based on equity between groups. Following this definition, for example, it was not necessarily that everyone gets what they want, but that everyone received in equal measure. In the 1970s, focus turned to procedural justice. Procedural justice was focused not so much on the actual distribution of resources, but on the distribution of how decisions were made and what procedures were followed.

This was more concerned about power and influence than materials. The fourth and most recent wave they reviewed was retributive justice, the idea that rule-breaking be punished equitably.

These developments in the definition of social justice can all be seen in the definition of social justice described by Constantine et al. (2007) in which social justice reflected equity and fairness in distribution of resources, civil rights, fair treatment, and the balance of power for all minority groups.

As an example of how social justice has developed, Poindexter (1997) reviewed the history of the Gay Rights movement in the United States. She began by recounting the story of the “official” beginning of the gay rights movement, the Stonewall riot. In 1969, police raided a gay bar, The Stonewall Inn, which was frequented by many “young men of color, transvestites, and runaways” (p. 608). During the course of this raid, however, a riot that insisted on gay rights began and continued for the next three days. This riot was picked up by the media and turned into a major political force. Consequences of this movement could later be seen in the eventual removal of homosexuality from the DSM (as previously mentioned) in 1973, the removal of sodomy laws in most states, and the outlawing of discrimination on the basis of sexual orientation in many states. Also, during the 1980s, the gay civil rights movement was seen in the efforts of ACT UP and the Gay Men’s Health Crisis in their fight for HIV/AIDS medication, treatment, and prevention.

Poindexter reviewed the social action theory of Morris, indigenous theory, which states that such movements were a result of an oppressed and disenfranchised minority group struggling with the power elite. It depended on a community’s access to resources, ties with advocacy leaders, strong communication networks, and strategies that could lessen

domination and attain collective goals. Poindexter argued that the framework for this movement had been laid in the previous years when the gay culture was celebrated in practice, but publically condemned. Additionally, a large web of communication had been weaved with gay publications and media. With the political activist spirit of the 1960s and the combined effects of communication, anger against oppression, and leadership, the Stonewall riots had the effect of precipitating a movement that was waiting to happen.

After reviewing this theoretical point of view, Poindexter pointed out the role of social workers in this process in which they helped organize the movement and provide leadership. They helped build coalitions among groups and provide a deeper understanding of the oppressions they were fighting against.

Student Activism

During the civil rights movements in the 1960s, many people were becoming involved in social justice advocacy. Kerpelman (1969) created a scale with which he measured student political activism and ideology. The purpose of his study was to examine how personality, intellectual characteristics, and political ideologies were related to student political activism. He used a correlational design to examine the political activities and ideologies of 73 undergraduate students at a northeastern state university. In addition to the previously established measures that he used, Kerpelman created the Activism Scale to determine the amount of political activity of participants. His 24 item Activism (ACT) 5 point Likert type scale consisted of 12 items that measure actual frequency of participation (ACT-A) and 12 items that measure desired frequency of action (ACT-D). Reliability of ACT-A was .93 and ACT-D was .97. He divided his participants based on political ideology into left, middle, and right with left being more liberal and right being more conservative.

He found that those who were in the left group had significantly higher scores on both scales of activism than the right group. Individuals in the middle group did not significantly differ from either left or right groups in action, but were significantly different than the left group in desire. He also found a main effect of the Quick Word Test, in which participants with higher scores on the QWT were more likely to be left leaning and politically active. Although this study did not fully explain why some people were politically active and others were not, it was clear that those who were more liberal were more active. In addition, this study suggested that the action of political activity was something distinct from the desire to be politically involved.

In, 1997, Cornelius studied social activism in undergraduate students. As with other articles, Cornelius began by describing the 1960s and 1970s as a time when students were active in social concerns. She stated, however, that this decreased in the 80s, but was beginning to rise again in the late 1990s. She asked a sample of 93 students a series of open ended questions to examine their involvement in socially directed behaviors. While many of them had given money to support a cause ($n = 78$) or signed petitions ($n = 74$), no student indicated being a member of a social movement organization, 10 students had written a letter to a politician, and only 6 had participated in a demonstration. Additionally 42% stated that they were satisfied with the status quo and 29% cited a lack of interest in political activities. She found that almost all social movement activity was done passively. She stated that this indicated a need for students to become actively engaged in social advocacy activities during training.

To accomplish this goal, she incorporated a course requirement that students must join and be an active part of a social movement organization. They learned about social

movements, participated in them, and were then required to assess if the organization they have joined was successful in attaining its goals. Students reported that this made social movements come to life and many stated that they intended to continue with their organization or others.

Similarly, Miller et al. (2009) examined social justice interest and commitment in a general population of undergraduate students using Social Cognitive Career Theory [SCCT]. They sought to understand how social justice attitudes might be impacted by various factors. They hypothesized that the SCCT model would provide a plausible framework for the development of social justice commitment by describing the relationship between social justice self efficacy beliefs, outcomes expectations, interests, choice goals, social supports and social barriers. A sample of 274 college students (191 female and 224 European American) completed a paper and pencil survey for this study.

For this study, researchers developed the Social Issues Questionnaire from an instrument that used SCCT to measure academic behavior. They conducted an item analysis and confirmatory factor analysis on each of the subscales to determine reliability and validity of their scale. Factor loadings indicated that the subscales measured different latent traits that were internally consistent. Additionally, they used confirmatory factor analysis to determine if the data fit the factor structure theorized by SCCT. The data suggested partial support for the SCCT model in this application. As expected, social justice self-efficacy and outcomes expectations predicted social justice interests. One important finding in this study was that social justice self efficacy had a more robust effect than outcomes expectations. This finding suggested that the development of social justice commitment was more strongly related to a person's belief in their ability to engage in social justice activities than their

belief that positive outcomes would result from their activity. Additionally, their data indicated that there was an indirect effect of social justice barriers and social justice supports on social justice commitment. This suggested that individuals can gain self-efficacy and can alter their outcome expectations based on the experience of others.

The researchers stated that more research needed to be done to verify these results, especially with randomized samples. Nevertheless, these data suggested that social justice interest might be facilitated by structured mechanisms for informal community service, formal service learning opportunities, and mentor programs. These opportunities had the potential to increase social justice self-efficacy and outcomes expectations and increase social justice commitment.

Social Justice in Counseling

Adding to the multicultural movement, numerous psychologists have begun to place a high degree of emphasis on social justice and the counselor's role in making social justice a reality. Nearly all of the writing on this subject is theoretical in nature.

Nilsson and Schmidt (2005) used Kerpelman's scale (see above) as part of a study to examine the social action of counselors in training. Their purpose was to examine personal and academic variables and social justice advocacy specifically with counselors in training. They measured social justice advocacy, problem solving skills, social interest and world views in a sample of 134 graduate students in counseling at a Midwestern university who were primarily female ($n = 112$), white ($n = 112$), and heterosexual ($n = 124$). In their study, ACT-D yielded a Chronbach's alpha of .92, ACT-A had an alpha of .74. They found that there was a positive relationship between desired action and actual action, both of which were influenced by age, worldview, and political interest. In particular, they found that

students with a greater desire to do social justice work and with an interest in politics tended to have higher actual actions. Despite the numerous variables examined, they found that political interest was the only individual predictor of social justice action. Nilsson and Schmidt suggested that social interest and concern for others might not directly translate into social/political action for counselors because they might view their profession as the way that they can help others instead of thinking of broader systemic ways that they might be politically involved.

Aldarondo (2007) reviewed the history of the social justice movement. She described that the social justice movement was not only found within psychology, in fact, there was a social justice agenda in social work, psychoanalysis, counseling professions, psychiatrists, and family therapy. Aldarondo described how mental health professionals were typically aware of inequality and injustice and frequently tailored services in order to meet the needs of the most disenfranchised groups. She stated that social work had a strong tradition of commitment to social justice concerns. She dated this social justice effort back to the late 19th century when social workers promoted charitable giving, trade union organizing, and labor legislation. This emphasis continued during the Great Depression in the 1930s. She reviewed how this agenda has continued on to today when social work continued to emphasize the role that social oppression had on the lives of individuals.

She described psychoanalysis as being characterized by political activism on behalf of the poor. For the psychoanalyst, the social oppressions and inequalities that people face became internalized and created patterns of thought and behavior that continued to be oppressive and oftentimes, psychologically challenging. Freud, in fact, believed that

psychological treatment should be free and accessible to all. Many psychoanalytic clinics opened in order to serve those that could not afford private services.

Aldarondo described the history of counseling professions as being anchored in multiculturalism dating back to the early 20th century when vocational guidance and advocacy organizations were started to provide services to impoverished youth. In the 1960s, the civil rights and anti-war movements heightened the focus on social justice and directed attention to the poor. During the 1980s and 90s a strong push to medicalize and privatize counseling services detracted this spirit of social justice, but it had resurged in the past 10 years as evidenced by numerous conferences and literature focusing on the social justice role of the counselor and the creation of the division for Social Justice of the American Counseling Association.

In a special issue of the *counseling psychologist*, Vera and Speight (2003) described social justice and its link with multicultural competencies. They also discussed the history and definition of social justice, and offered suggestions for how counselors could live lives of social justice.

They argued that the multicultural competencies focused almost exclusively on counseling, psychotherapy, and testing. “The implication is that the problems of culturally diverse clients are best understood as intrapsychic or interpersonal ones, best treated by individual, group, or psychotherapeutic interventions” (p.256). Here, they argued that it was not enough to be aware of discrimination and oppression in counselors’ lives and in clients’ lives. Instead, it was necessary to be proactive in ending institutional form of discrimination through institutional interventions. Vera and Speight argued that even recent writings by some of the creators of the competencies did not adequately describe social justice because

they did not explicitly describe the role of the counselor as a force for social change on a systemic and political level.

They defined social justice and described it as being grounded in the principals of liberty, equality, and equity. They argued for a model of social justice that does not presume a level playing level, being aware of the different resources and opportunities available to different groups. Because of this unlevel playing field, it was necessary for governments and activists to step in to prevent social inequalities and protect the basic rights of all. Speight and Vera argued that counselors must recognize the need to expand interventions to larger scale systemic interventions and preventative efforts. By focusing only on the individual levels of intervention, counselors continued the status quo and did not promote long-term stable change. These objectives of civil rights and the ending of social oppressions were best met by being proactive and directed toward social systems, institutions, and individuals. Vera and Speight stated that interventions should include advocating for clients, educating the public, and collaborating with local leaders in policy making. Counselors must be involved in community based programs and can also be active in organizing and leading events and grass-roots movements. Lastly, Vera and Speight argued that more research and teaching needs to be done in this area. In fact, the very reason for research was in order to transform and create justice. Furthermore, they stated social justice must be emphasized in training so that counselors can develop early self efficacy and feel empowered to engage in social change. They suggested that this can be done through coursework and volunteer opportunities.

Social Justice Competency

In light of the history of multiculturalism and the recent focus on social justice, Constantine et al. (2007) suggested concrete ways for social justice competency to be infused into the practice and training of counselors and psychologists. They highlighted the important developments in multicultural counseling and emphasized the importance of social justice activities and they suggested a set of social justice competencies. In addition to the therapeutic work in the counseling setting, Constantine et al. (2007) applauded the work that some counselors that have adopted in taking leadership roles in communities, churches, governing bodies, and schools to facilitate social change. They identified a list of nine competencies that focused on the counselor's role in continually becoming aware of oppressions and being actively involved in helping end those oppressions on a personal and systemic level (see appendix B).

They highlighted that counselors could serve as agents of change by communicating with institutions that marginalized groups view as oppressive. Instead of only focusing on how an individual might cope with workplace discrimination, for example, the social advocate could aid the minority individual in describing the discrimination that has occurred and identifying appropriate legal resources. Constantine et al. suggested that social justice training must be incorporated into counselor training in ways such as applied service delivery and active social policy work. These experiences could provide a student with the knowledge and skills to effectively engage in prevention.

In 2007, Jay Green specifically discussed social justice regarding sexual orientation minorities by stating that counselors must be gay-affirmative, which “involves actively challenging society's negative attitudes towards homosexuality that are contributing to the

problems of a lesbian and gay couple” (p. 125). This involved the active engagement in helping couples recognize, process, and externalize the extent to which many of their struggles were related to system homophobia. For example, a common issue for lesbian and gay couples was the lack of social support by their families of origin. The gay-affirmative therapist could help the couple understand that many of these challenges were a result of systemic homophobia, instead of focusing on the problems with the family of origin. In response, many couples could find social support in families of choice in which they built their own personal support system with people they trust.

In being a gay-affirmative therapist, Green argued that the most important prerequisite for helping same-sex couples was “a therapist’s personal comfort with love and sexuality between two women or two men.” Therapists must be aware of their own heterocentric biases. This was important not only for heterosexual therapists, but also gay and lesbian therapists must be aware of and be engaged in fighting their own internalized biases. In addition to continually examining unconscious biases, getting training through workshops and case consultation, Green suggested that therapists become personally immersed in lesbian/gay culture. Increasing levels of involvement were one of the few predictors that were directly related to decreases in heterosexist attitudes. He specifically asserted that counselors needed to support same-sex marriage. He supported this on an ideological level of equality and a mental health level, stating that heterosexual couples tended to be physically healthier, better off financially, more mentally healthy, better insured, and lived longer.

Summary

The literature review shows that there is a great amount of discrimination and social injustice experienced by lesbians and gay men due to their status as a minority sexual orientation. The social justice advocacy, following the significant development of multicultural movement, has gradually gained increasing attention in the field of counseling and counseling psychology. The social justice movement emphasizes advocacy actions on the systemic level. In particular, counselors and counseling psychologists need to be involved in the action of advocating for lesbian and gay populations. They develop lesbian and gay affirming social justice competencies, the internal attitudes and external actions that effectively aim to end systemic injustice and bring about equity for lesbians and gay men. Research regarding lesbian and gay affirming social justice competencies is needed to assess training programs and ensure that social justice competencies are being taught and practiced. A valid and reliable scale needs to be created to be used in researching these competencies.

CHAPTER 3

METHODOLOGY

Conceptualization of the Proposed Scale

The proposed scale was designed to measure lesbian and gay affirmative social justice competency, the degree to which participants have the requisite knowledge, attitudes, self-efficacy, and actions to work toward social justice for lesbians and gay men. This study focused on the internal processes of awareness, attitudes, and self-efficacy as well as systemic interventions such as political activity and community involvement. It did not examine a counselor's clinical interventions that may also be considered a form of social justice action. Based on the literature in multiculturalism and social justice, I hypothesized that lesbian and gay affirmative social justice (LGASJ) would include the following factors: (a) awareness of social injustices toward lesbian and gay (LG) individuals, (b) beliefs that support social equality for LG individuals, (c) intentions to participate in LG affirming social justice, (d) LG social justice self-efficacy and (e) past and present participation in social justice advocacy for LG individuals.

Lesbian and Gay Affirming Social Justice Knowledge

As described by Vera and Speight (2003) and Constantine et al. (2007), much of the theory behind social justice is reminiscent of the tripartite model of multicultural competency (Sue et al., 1992). It is expected that competency in LG affirming social justice must include knowledge about the discrimination and oppression that lesbians and gay men endure on an individual and systemic level. This hypothesized factor included items that measure an

individual's awareness of topics such as gay rights history, legal/political concerns (such as adoption and marriage), and vocational barriers (Poindexter, 1997; Herek & Garnets, 2007).

Lesbian and Gay Affirming Social Justice Beliefs

Similarly, lesbian and gay affirming social justice competency must include the belief in the equality of lesbians and gay men and the desire for fair and equitable treatment (Green, 2007; Herek, 1988; Herek & Garnets, 2007). This hypothesized factor included items that measure an individual's beliefs about the use of "gay slurs," LG military services, reparative therapy, access to same sex partner employee benefits, and adoption, etc.

Lesbian and Gay Affirming Social Justice Intentions

Similar to the work of Miller et al. (2009) on social justice interest and commitment, LG affirming social justice competency was expected to consist of the intention to engage in LG affirming social justice activities. This intention presumes a willingness to participate in social justice activities and a desire to be active in the process of bringing about social change. Items in this factor measured an individual's intention to participate in activities such as: writing letters to political leaders, volunteering with local LG organizations, participating in community events, etc.

Lesbian and Gay Affirming Social Justice Self Efficacy

In addition to interest and commitment, social justice self efficacy involves an individual's positive self-evaluation about their own performance in doing LG social justice advocacy (Miller et al., 2009). Likewise, LG affirming social justice competency must include LG social justice self-efficacy. This positive self-efficacy is expected to encourage a person's participation in advocacy and is expected to act as a protective barrier when outcomes do not meet desired goals. Items on this scale consisted of measures of an

individual's confidence talking about LG issues with their friends and coworkers and confidence addressing issues of heterosexism in society.

Lesbian and Gay Affirming Social Justice Action

Just as general social justice requires action (Constantine et al., 2007; Vera & Speight, 2003), LG affirming social justice competence must also include actual actions that engage in actively striving toward social equity (Green, 2007). This factor consisted of measuring if individuals engage in or have previously engaged in the social justice activities described in the Intentions factor.

Hypothesis Testing

In addition to the component analysis, lesbian and gay affirming social justice competency (LGASJC) components were examined for evidence of convergent validity by testing the following hypotheses:

1. Scores of religiosity will be negatively related to scores on LGASJ attitudes.
2. Scores of political engagement will be positively related to scores of LGASJ actions.
3. Scores of negative attitudes towards lesbians and gay men will be negatively related to scores on LGASJ attitudes.
4. Scores of social advocacy self efficacy will be positively related to scores on LGASJ self-efficacy.
5. Scores of general attitudes toward social justice will be positively related to scores of LGASJ attitudes.

Procedures

The current study employed the scale development technique described by DeVellis (2003). DeVellis described the steps to scale construction and ways to analyze the validity and reliability of a scale. In his guidelines for scale construction, he described a step process in which the researcher follows 8 steps: (a) determine clearly what it is you want to measure, (b) generate an item pool, (c) determine the format for measurement, (d) have the initial item pool reviewed by experts, (e) consider inclusion of validation items, (f) administer items to representative sample, (g) evaluate the items, and (h) optimize scale length. DeVellis described the best practices to follow within each of these steps to optimize the usefulness, reliability, and validity of the scale.

Within step (a), he described that the researcher must have a good idea of what he/she is trying to study and how it might be used. Researchers need to have a strong theoretical background for their study and have a clear goal in mind. With this clarity and theoretical foundation, the researcher can appropriately develop items that coincide with the desired factors under consideration. When generating an item pool (step b), DeVellis described that items need to coincide with the scale's purpose, contain a certain degree of redundancy, and include a large number of items. Items should be readable, relatively short, and only ask one question at a time. He then described the multiple ways to format the measurement (step c) which include options such as Likert scaling and semantic differential. In step (d), the researchers give the items to a team of experts who examines the items for clarity, readability, and content validity. They ask the question of how relevant each item is to the intent of the scale.

DeVellis suggested the inclusion of other validation items (step e) such as social desirability items in order to serve as further evidence regarding the validity of the scale. In step (f), the administration of the scale, he described the importance of having an adequate sample size that is sufficient to study the number of items that are under consideration. For example, a scale of 20 items needs to have 300 or so responders in order to have strong data. In step (g), the researchers examine the data for reliability, inter-item correlation, and factor loadings. Through this examination, items can be examined to determine if they are valid measures. It is also important to examine the means of the items. For example, in a Likert type scale (from 1-7), it is ideal to have a mean of 4, increasing the likelihood that item represents a normal distribution. Also, it is important to look at the coefficient alpha and determine if certain items significantly detract from the over-all internal reliability, which is desired to be at .7 or above. For the factor analysis, DeVellis described the method of looking at inter-item correlations to distinguish factors and then conducting a factor analysis. Through the factor analysis, eigenvalues are examined for each factor or a scree test is conducted to determine how much of the variance is explained by each of those factors.

The process described by DeVellis was adopted in the present study to ensure that the scale is as valid as possible.

Research Group

A research group of the primary investigator and five interested doctoral students enrolled in Counseling Psychology was formed to further develop the theoretical model and to construct the initial item pool. These individuals were volunteers who had an interest and prior knowledge and experience in lesbian and gay issues. During all stages of the item

generation phase, the research group met on a weekly basis to discuss scale construction in the process describe by DeVellis (2003).

Theoretical Development and Item Construction

In order to further develop the theoretical model used in this the study, the research group began by reading the literature review of this dissertation proposal. They were asked to find other literature that related to gay affirming social justice in order to determine if there were other factors to include in addition to the proposed factors described above.

Additionally, the team identified three counseling professionals who were actively engaged in creating social justice for lesbians and gay men and seemed to be examples of individuals with high lesbian and gay affirming social justice competency. These individuals were active members of the Section of Lesbian, Gay, Bisexual and Transgender Issues of the Society of Counseling Psychology of the American Psychological Association. They each hold a PhD in Counseling Psychology and are actively involved in either teaching or clinical work and advocacy specializing in gay and lesbian issues. The team created an interview protocol and interviewed these individuals to gain further information regarding social justice competency and specific items to be considered within these factors. The interviewees agreed with our hypothesized factor structure, but also suggested the inclusion of a more general Social Justice Attitudes factor that does not specifically refer to lesbian and gay issues. They suggested that LGASJC seemed to be preceded by general social justice attitudes and hypothesized that there would be a positive relationship between LGASJC and general social justice attitudes. The research team fully discussed this recommendation, and decided to also develop a general attitudes toward social justice scale in hope to explore the correlation

between this general scale and the LG affirming social justice competency scale (LGASJC-S).

After the theory and rationale for the scale were finalized, items were generated to measure the constructs. Each member of the research team was asked to generate at least 10 items per factor. These items were formatted to utilize a 7 point likert-type scale ranging from “strongly disagree” to “neither agree or disagree” to “strongly agree.” The research team then compared each others’ items and decided together upon which items were the most clear, readable, and representative items of each factor. This procedure resulted in a 52 item scale that measured awareness (11 items), Attitudes (9 items), Intentions (10 items), past/present action (11 items), and self-efficacy (11 items). A number of the items were modified from the Attitude Toward Lesbian and Gay-Scale (Herek, 1988) and the Social Issues Questionnaire (Miller, 2009). Having a large item pool at this initial stage allowed for items to be dropped at later stages in order to create a succinct and valid scale. After the initial items were agreed upon, the items were randomized to decrease order effects.

The research team also created an item pool to measure Counselor’s Attitudes Toward Social Justice (CATSJ) and included these items as a separate measure. Following the same procedure as the development of the LGASJC-S, each member of the research team generated 10 items to measure CATSJ (50 items total). The research team chose the 10 items that were most clear, readable, and representative of the construct. The CATSJ scale (CATSJ-S) included 10 items that assessed counselors’ attitudes about social inequality and social justice advocacy. This scale was also formatted to utilize a 7 point likert-type scale ranging from “strongly disagree” to “neither agree or disagree” to “strongly agree.”

Expert Consultation

Three experts in the field of lesbian and gay counseling, social justice, and psychometrics were contacted for factor and item verification. Two of these experts hold a PhD in Counseling Psychology and are active in LGBT divisions of the APA. One of these individuals is a clinician and avid advocate within LGBT psychology, the other is an associate professor. The third expert, a member of the dissertation committee, holds a PhD in Educational Psychology and teaches coursework in scale development. First, the 52 item survey was examined by a member of the dissertation committee who has expertise in scale creation. This expert was asked for a holistic assessment of the scale and was asked to critique each item for readability, clarity, and singularity. This individual provided feedback on the scale and identified thirteen items that were double-barreled and/or confusing items. Suggestions were made to reword items so that they only address one issue at a time. The research team edited the items according to the expert's suggestions and received approval of the revised items. Additionally, this individual suggested parsing out lesbians and gay men because attitudes regarding gay men may be different from those toward lesbians. The research team discussed this suggestion and asked the other experts for their assessment of the unidimensionality of lesbian *and* gay social justice.

The research team sent the 52 item survey to two experts who were solicited from the Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues (Div. 44) and the Section for Lesbian, Gay, Bisexual, and Transgender Issues of the Society of Counseling Psychology (Div. 17) of the American Psychological Association. The research team created a short questionnaire asking for a holistic assessment of the scales. They were asked if the proposed LGASJC-S seemed to be clear, appropriate and sufficient to measure

lesbian and gay social justice competency. They were also asked if the CATSJ-S was readable, appropriate, and sufficient to measure general attitudes social justice. In addition, they were asked about whether it is would be useful to parse out lesbian vs. gay social justice competencies. All three experts approved of the 52 survey items as adequately measuring gay and lesbian affirming social justice competency. These experts also agreed that the attitudes toward social justice were adequate items to measure counselor's attitudes towards social justice advocacy. These experts agreed that although attitudes towards gay men are frequently different from attitudes towards lesbians, the attitudes regarding lesbian and gay social justice seems unidimensional. For example, one of the experts stated that she could not imagine people being acceptable of gay men marrying, but not lesbians.

One member of the expert panel commented on the fact that this scale does not include bisexuality. This expert suggested that the research team consider including bisexuality as a part of the scale. The research team discussed this limitation and contacted the other experts and the three interviewees to get feedback. All agreed that it would be ideal to include bisexuality as part of this scale, however, all experts also agreed that bisexual affirming social justice competencies are likely not part of the same construct as lesbian and gay affirming competencies. Many of the concerns are the same, but many issues are unique to bisexuals. The experts and the researchers agreed that it would not be appropriate to include bisexuality in the same category such as is popular with the acronym "LGB." The experts suggested that the researchers could develop another scale or additional factors to the current scale to specifically measure bisexual affirming competencies. Including this type of scale would have required significantly more resources than currently available due to the necessity of having a larger survey. Because of the limitations of sample size and test fatigue

concerns, the researchers and experts agreed to limit the scope of the current scale to lesbian and gay affirming competencies. Researchers and experts agreed that the current project would open the door for future research regarding bisexual affirming competencies.

Test Administration

The resulting scales consisted of a 52 item measure that examined gay and lesbian social justice competencies corresponding to the five hypothesized factors and a 10 item measure that examined general attitudes toward social justice. Instructions asked participants to rate their level of agreement with the items based on the following Likert scale: 1=strongly disagree, 2=disagree, 3=tend to disagree, 4=neither agree nor disagree, 5=tend to agree, 6=agree, 7=strongly agree.

The assessment was administered in an online format using Survey-Monkey.com (see appendix M for screenshots of the full online survey). In order to access the target population, students and practitioners of counseling and counseling, participants were solicited via email. Invitations were sent to: a) professional listservs from the American Psychological Association and American Counseling Association and b) counselor training program directors who were asked to forward the participation request to students and faculty. To qualify to participate in the study, participants were required to either be enrolled in or graduated from a master's or doctoral degree in counseling or counseling psychology. Additionally, training directors of counseling programs were contacted and asked to send a research invitation to their students. Participants were volunteers. Participants were given the option to provide their contact information in order to be entered in a random drawing for one of two \$25 gift cards to an online retailer. To ensure anonymity of data, participants who desired to provide their contact information and participate in the drawing were directed to a

separate form that was independent of the research data. All participants first read an informational script (see appendix C) that described the assessment. Consent was inferred by the participants' decision to continue to complete the questionnaire. All electronic data was kept on a secured server through the University. Additionally, a back-up of the electronic data was stored on a physical "flash" drive and kept in a locked cabinet in a locked room in the School of Education.

Instruments

In order to describe the sample of participants, a demographic questionnaire was developed that measured gender, age, sexual orientation, year in school, religious affiliation, and ethnicity (see appendix D).

In order to test the concurrent validity of the newly developed Lesbian and Gay Affirming Social Justice Competency scale, the following existing instruments were used for correlational analyses: Duke Religion Index (Storch et al., 2004), Political Engagement Index (Bernstein, 2005), Attitudes Toward Lesbian and Gay Men Scale (Herek, 1988), Social Issues Questionnaire: Self-Efficacy (Miller et al., 2009), and the presently created Attitudes Towards Social Justice Scale.

Duke Religion Index

The Duke Religion Index (DRI) was designed as a brief, 5 item measure of the organizational, non-organizational, and intrinsic dimensions of religiousness (Koenig, Parkerson, & Meador, 1997; Starch et al., 2004). Two items ask about frequency of religious activities. These items are rated on a 6 point scale ranging from 6=never to 1= several times a week. Three items ask about intrinsic religious motivation. The items are rated on a 5

point scale ranging from 5=definitely not true to 1= definitely true (See Appendix F). The total score is calculated by reversing scores and summing. In a recent study of 635 undergraduate students, strong evidence was found for internal consistency for the DRI (Cronbach's $\alpha=.91$). Evidence for convergent validity was found with a strong correlation between the DRI and another measure of religiosity, the Santa Clara Strength of Religious Faith Questionnaire ($r=.95$) (Storch et al., 2004). Based on research that has indicated that higher scores of religiosity are related to negative attitudes of lesbian and gay men (Herek 1988), researchers in the current study hypothesized that higher scores on the DRI would be related to lower scores on the attitudes subscale of the LGASJC-S. The DRI was found to be internally reliable in the current study with $\alpha=.93$ and inter-item correlations mean $=.724$ (see Table 2). A PCA was conducted to examine the DRI's unidimensionality using a direct oblimin rotation and a single factor extraction method. Unidimensionality was supported by obtaining only one component with an eigenvalue of greater than 1.0 (3.90). All other component eigenvalues were less than .4. This single component explained 78.01% of the variance (component loadings ranged from .84 to .92; see Table 3 for component structure and communalities).

Political Engagement Index

Past research has shown that social advocacy is correlated with political interest (Nilsson & Schmidt, 2005; Kerpelman, 1969). The current research will examine political engagement using the Political Engagement Index (Bernstein, 2005), a brief 6 item measure of political engagement. The Political Engagement Index was designed to measure general political interest, participation in political discussion, interest in presidential elections, interest in congressional elections, and researching political candidates (Bernstein, 2005).

The PEI asks participants to rate their political interest on 6 items using a 5 point scale (1=none, 2= a little, 3=some, 4=quite a bit, 5=a great deal) (see Appendix G). It was originally tested and evaluated with a sample of 235 university students. Factor analysis indicated that all items load on a single factor (factor loadings =.78 or greater). Internal consistency was indicated by Cronbach's alpha of .92. The PEI was found to be internally reliable in the current study with $\alpha=.93$ and inter-item correlations mean=.685 (see Table 2). A PCA was conducted to determine the PEI's unidimensionality using a direct oblimin rotation with a single component extraction method. Unidimensionality was supported by finding only one component that obtained an eigenvalue greater than 1.0 (4.43). All other component eigenvalues were less than .5. This single component explained 73.88% of the variance (component loadings ranged from .80 to .90; see table 3 for component structure and communalities). In the current study, the PEI was used as a measure of convergent validity. Lesbian and gay affirming social justice action is a type of social advocacy. As a type of social advocacy, researchers hypothesized that higher scores on the action items of the LGASJC-S would be related to higher scores of political engagement. Additionally, researchers hypothesized that higher scores on the general Attitudes Toward Social Justice scale would be related to higher scores of political engagement.

Attitudes Toward Lesbians and Gay Men Scale

Attitudes concerning the social justice of lesbians and gay men are conceptually similar to general attitudes towards lesbians and gay men. Although these constructs are not identical, they are related. The ATLG-S (Herek, 1988; see appendix H) was used to measure attitude towards gay men and lesbians. As described above, the ATLG-S was originally constructed and validated with a sample of 139 undergraduate students in psychology. The

ATLG-S consists of 20 items measured on a 9 point likert-type scale ranging from strongly disagree to strongly agree. Example items include: “Lesbians just can’t fit into our society,” and “If a man has homosexual feelings, he should do everything he can to overcome them.” Ten of these items refer specifically to attitudes toward lesbians (ATL) and ten refer to gay men (ATG). Internal consistency was sufficient on all scales (alpha=.90 for ALTG, .89 for ATG, and .77 for ATL). Higher scores indicate negative attitudes towards LG individuals. Further studies found that the ATLG was related with measures of religiosity and sexual orientation. Gay men and lesbians tended to score lower, while those who rated high on religiosity tended to have higher scores. A gender by target sexual orientation interaction was found indicating that men and women tend to have more negative attitudes towards homosexuals of their own gender. In the current study, the correlation of the ATLG-S (Herek, 1988) with the proposed scale was used to indicate convergent validity. It was predicted that lower scores on the ATLG-S would be related to higher scores on the LGASJC-S.

The ATLG-S was found to be internally reliable in the current study with $\alpha=.94$ and inter-item correlations mean=.452 (see Table 2). A PCA was conducted to determine the ATLG-S’s unidimensionality using a direct oblimin rotation. One component was extracted and obtained an eigenvalue of 10.03. Two other components also obtained eigenvalues greater than 1.0. Unidimensionality was supported based on the ratio between the eigenvalues of the first and second component (component 1: 10.03 / component 2: 1.16 = 8.65). This component explained 50.14% of the variance (component loadings ranged from .31 to .92; see Table 3 for component structure and communalities).

Social Justice Self-Efficacy Scale

Miller et al. (2009) designed the Social Issues Questionnaire to examine the relationships between social justice interest, attitudes, outcome expectation, self-efficacy, supports, and barriers in a sample of 274 college students (191 female, 224 Caucasian). Overall, this questionnaire consists of six subscales to measure each variable respectively. The self-efficacy subscale (see appendix I) consists of 20 items, rated on a 10 point scale (0=no confidence to 9=complete confidence) that ask participants to rate their level of confidence in performing social justice behaviors such as “raise others’ awareness of the oppression and marginalization of minority groups” and “encourage and convince others to participate in community-specific social issues.” High scores represent increased confidence in one’s ability to perform social justice behaviors. Internal consistency for the sample on this scale was found to be .94 to .96 for the total scale. The self-efficacy scale consists of four subscales including Intrapersonal ($\alpha=.80$), Interpersonal (.88), Community (.86), and Institutional/Political (.92). The social justice self-efficacy scale was validated by examining relationships with other social justice variables and found to be related to criterion measures of social justice interest ($r=.63$, $p<.01$) and commitment ($r=.67$, $p<.01$).

The SIQSE was found to be internally reliable in the current study with $\alpha=.96$ and inter-item correlations mean=.546 (see Table 2). A PCA was conducted to determine the SIQ-SE’s unidimensionality using a direct oblimin rotation and a single component extraction method. One component was extracted and obtained an eigenvalue of 11.48. Two other components also obtained eigenvalues greater than 1.0. Unidimensionality was supported based on the ratio between the eigenvalues of the first and second component >4.0 (component 1: 11.48 / component 2: 1.89 = 6.07). The first component explained 57.41% of the variance (component loadings ranged from .57 to .87; see table 3 for component structure

and communalities). The correlation of the SIQ-SE scale with the proposed scale was used in the convergent validity analysis. Because lesbian and gay affirming social justice self-efficacy is one type of self-efficacy, it was hypothesized that the self-efficacy items of the LGASJC-S would be positively correlated with the SIQ-SE.

Instrument Order

Instruments were presented via survey monkey in the following order: LGASJC-S, CATSJ-S, DRI, PEI, ATLG-S, SIQ-SE, Demographics (see Appendix M for exact presentation of the instruments). The LGASJC-S and the CATSJ-S were presented first in order to decrease the chance of an order effect on the reliability and component analysis of the newly created scales. Similarly, demographics were measured last in order to decrease order effects on all measures.

Participants

A total of 442 participants began the online survey, however, only 360 completed the entire length of the survey. As a result, the total number of participants used in the data analysis was $n = 360$. Participants were a convenience sample of practitioners and students of counseling or counseling psychology who were contacted via professional listserv or academic department email lists. 81.7% were female, 16.6% were male, 1.1% of the participants were transgender, and 2 participants did not identify their gender. Age ranged from 21 to 76, mean=31.47 and standard deviation of 10.37. Among all participants, 39.7% were currently master's students, 38.3% doctoral students, 11.9% had completed a master's degree, and 10.0% had completed their doctoral degree. In terms of years of practice, 139 participants did not provide any information. Based on the 222 responses, years of practice ranged from 0 to 45 with a mean of 6.03 years (standard deviation of 8.69). Although the

item clearly included graduate school within a person's years of practice, it is likely that participants who had no clinical experience, such as students in their first year of a graduate program, may have left this item blank. Seventy-nine and half percent were Caucasian/White, 5% African American/Black, 3.6% Asian/Pacific Islander, .6% American Indian/Alaskan Native, 3.3% Hispanic/Latino, 6.9% multi-ethnic, and 1.1 % other. Sexual orientation was represented by 78.9% heterosexual/straight, 9.7% gay man/lesbian, 6.9% bisexual, 3.6% other. Religion was represented by 23.8% Agnostic/Atheist, 2.5% Buddhist, 17.2% Catholic, 19.1% Protestant Christian, 13.9% Other Christian, .3% Hindu, 3.9% Jewish, and 17.5% Other.

It is important to note that this form of sampling has significant limitations due to the inability to track response rate. In addition, it is impossible to know to what degree participation was based on interest in the topic or other extraneous factors. In order to determine if the sample corresponds with the overall population under investigation, the sample was compared to the current demographic data collected on students in graduate psychology programs as well as the demographics of APA members (APA Center for Workforce Studies, 2010; see Table 4.). Based on the demographic data in the field, the current sample's ethnic and gender proportions are close to the statistics of students currently enrolled in graduate degree programs in psychology. The demographics do not seem to represent that of APA members; statistics regarding the demographics of ACA members could not be obtained. The sample seems to be sufficiently representative of a student population, but data may not generalize to professional clinicians. Further study needs to be conducted to examine this scale in other samples.

CHAPTER 4

RESULTS

Data Collection

Data were collected through the online survey as described above. Invitations were sent to potential participants in late October of 2010. After one month, the sample remained too small for sufficient analysis (required $n = 200$). As a result, invitations were sent out again during the end of January 2011. The survey was then closed after an additional two weeks, in early February of 2011, after receiving a total of 442 completed surveys.

Data Imputation

All data were downloaded into a Microsoft Excel database. In the online survey format, participants were asked to check the box on the Likert scale that represented their agreement with each statement. For example, on the LGASJC-S the participant did not type “7”, but put a check in the box next to “agree strongly.” In the Excel file, the qualitative statements remained. In order to convert these data into numerical values, data was coded by replacing qualitative statements with their corresponding ordinal quantitative scale.

LGASJC-S and the CATSJ-S scores were imputed as follows: disagree strongly=1, disagree=2, tend to disagree=3, neither agree nor disagree=4, tend to agree=5, agree=6, agree strongly=7. DRI data were imputed following the instruction by Koenig, Parkerson, and Meador (1997), with items one and two being replaced with values between 1 and 6 (6=rarely or never to 1=more than once/week). Items three through five were replaced with values from 1 to 5 (1=definitely true of me to 5=definitely not true). Demographic data was also dummy coded.

All data were then copied into SPSS. Many items on multiple scales were negatively worded items and required scores to be reversed. Each of these items was reverse scored as appropriate to its scaling. For example, because the LGASJC-S used a 7-point Likert scale, items were reversed to their corresponding value on the same 7 point scale (1→7, 2→6, 3→5, 4→4, 5→3, 6→2, 7→1). The ATLG-S, however, used a 9 point scale, which required a different definition of reversal terms (1→9, 2→8, 3→7, 4→6, 5→5, 6→4, 7→3, 8→2, 9→1). The DRI required reversal of all items as described by Koenig, Parkerson, and Meador, (1997).

After all items were coded and converted to the appropriate direction, summed scale scores were calculated as described by the instruction of each instrument.

Missing Data

The data was first screened for missing data. Out of the original 442 responses, significant missing data was found in 82 cases. Of the 82 cases, 81 responses indicated that they began the survey, but then stopped at some point. They may have stopped the survey due to technical/computer problems, time on the task, or withdrew from taking the survey for personal convictions. Fifty-two of these 82 cases only completed the consent form. Because participants were redirected to a separate form to enter their contact information, it is likely that some of these incomplete cases were caused by participants leaving the survey and then restarting it. Four participants stopped in the middle of the first scale (LGASJC-S), fourteen ended at the end of the LGASJC-S and did not continue, and eleven more did not provide any demographic information. In addition one case left twelve items blank in the middle of the LGASJC-S. It is not clear why these items were skipped. These 82 cases were deleted for their missing data resulting in a final sample of 360.

In addition to the patterned missing data described above, individual missing data were found on multiple items. A missing values analysis was performed to examine possible patterns of missing data by case and by item. A total of 106 data points were missing from the 40,680 total data points (.26%). All but two items had less than .8% of missing data. Items 4 and 7 of the ATLG-S were missing 2.5% and 1.7% respectively. It should be noted that the missing data on items 4 and 7 of the ATLG-S were not related to the same cases. By case, 59 cases were missing 1 item, 16 missing 2 items, and 5 missing 3 items. All other missing data was determined to be random. Item means were imputed for all missing data.

Data were examined for normality (see Table 5 for descriptive statistics, skewness, and kurtosis). On the developed LGASJC-S, 46 items were significantly skewed and 32 were kurtotic. Because of the significant degree of non-normality, principal component analysis was conducted because it does not rely on the assumption of normality (Field, 2005).

Factor Structure and Loadings

An analysis of the component structure was conducted using principal components analysis (PCA) to examine the correlation matrix. Components were extracted using a direct oblimin (oblique) rotation. Factorability was assumed as indicated by Bartlett's test of sphericity=13474.84, sig. =.000. The Kaiser-Meyer-Olkin measure of sampling adequacy indicated that the sample was adequate for the purposes of this study (KMO=.960). To determine the number of components to extract, multiple models were tested (see Appendix L).

First, the number of components were extracted based on eigenvalues >1.0. Using this criterion, 8 components were found to explain 63.98% of the variance. Component 1 of this model consisted of 10 items that were originally identified as measuring either self-

efficacy (7 items) or intention (3 items). This component was found to have high internal reliability ($\alpha=.945$). Component 2 of this model consisted of 10 items that were originally identified as measuring either attitude (8 items), past/present activity (1 item), or awareness (1 item). This component was found to have high internal reliability ($\alpha=.928$). Component 3 of this model consisted of 5 items that examine political activity and gay rights advocacy work. This component was found to have high internal reliability ($\alpha=.865$). Component 4 of this model consisted of 5 items that were originally identified as measuring awareness. This component was found to have insufficient reliability ($\alpha=.628$). Component 5 of this model consisted of 2 items that assess attitudes about the use of “gay slurs.” This component was found to have insufficient internal reliability ($\alpha=.657$). Component 6 of this model consisted of 4 items that were originally designed to measure self-efficacy. These items specifically refer to a person’s self-efficacy regarding their speech. This component was found to have sufficient internal reliability ($\alpha=.783$). Component 7 of this model consisted of 2 items that were not conceptually related to each other. This component was found to have low internal reliability ($\alpha=.474$). Component 8 of this model consisted of only 1 item, which was originally designed to measure one aspect of awareness. This item referred to a person’s awareness of unjust treatment under the law.

Results of this 8 component structure, as identified by eigenvalues greater than 1, indicated 4 components that were sufficiently reliable ($\alpha>.70$), 3 components that had insufficient reliability ($\alpha<.60$), and one component that contained only one item. In order to have sufficient variance for a valid measure of the construct under consideration, it is recommended that subscales have at least 3 items, preferably more (DeVellis, 2003). Based

on these considerations, only 4 of the identified components in this structure can be reliably measured.

Second, the number of components were extracted based on the *a priori* 5 factor model. Using this criteria, 5 components were found to explain 57.34% of the variance. Component 1 of this model consisted of 11 items that were originally identified as measuring either self-efficacy (8 items) or intention (3 items). This component was found to have high internal reliability ($\alpha=.934$). Component 2 of this model consisted of 10 items that were originally identified as measuring either attitude (8 items), past/present activity (1 item), or awareness (1 item). This component was found to have high internal reliability ($\alpha=.928$). Component 3 of this model consisted of 6 items that examine political activity and gay rights advocacy work. This component was found to have sufficient reliability ($\alpha=.877$). Component 4 of this model consisted of 6 items that were originally identified as measuring awareness. This component was found to have moderate reliability ($\alpha=.68$). Component 5 of this model consisted of 2 items that assess attitudes about the use of “gay slurs.” This component was found to have insufficient internal reliability ($\alpha=.657$).

Results of the 5 component structure, as identified by the *a priori* model, indicated 3 components that were sufficiently reliable ($\alpha>.70$), one component had moderate reliability and 1 component had insufficient reliability ($\alpha>.60$). Because component 5 only had 2 items, it was found to not be a reliable and valid measure. Based on these considerations, only 4 of the identified components in this structure can be reliably measured.

Because the 5 component model and 8 component model both indicate only 4 components that reliably measure LG social justice advocacy, a 4 component model was also tested. Using this criterion, a 4 component model was found to explain 54.35% of the

variance (see Table 6 for pattern matrix of 4 component model). Component 1 of this model consisted of 14 items that were originally identified as measuring either self-efficacy (9 items) or intention (5 items). This component was found to have high internal reliability ($\alpha=.940$). Component 2 of this model consisted of 11 items that were originally identified as measuring either attitude (8 items), past/present activity (1 item), awareness (1 item), or self-efficacy (1 item). This component was found to have high internal reliability ($\alpha=.923$). Component 3 of this model consisted of 6 items that examine political activity and gay rights advocacy work. This component was found to have sufficient internal reliability ($\alpha=.877$). Component 4 of this model consisted of 7 items that were originally identified as measuring awareness (5 items), past/present activity (1 item), or attitudes (1 item). This component was found to have sufficient reliability ($\alpha=.702$). The 4 component model identified 4 components that were reliable measures of 4 different aspects of LG affirming social justice advocacy.

Item Reduction

The original intent of the current project was to finalize a measure that would be able to be completed quickly for use in future studies. The intent was to develop a scale of approximately 25 items. Additionally, some of the items that were found to correlate on certain components did not seem to have any substantive theoretical link to the other items in that subscale. As a result, it was necessary to reduce the number of items on some of the components that were indicated by the 4 component model. Because the components consisted primarily of items that were hypothesized to fit within each subscale, items could be deleted without affecting their corresponding theoretical constructs. Item reduction was based primarily on statistical analysis, without compromising theoretical integrity.

Component 1 of the 4-component model was indicated to have 14 items. Six items were removed based on having the lowest component loadings ($<.60$). By examining the Chronbach's alpha if item removed matrix, it was apparent that these items could be removed without substantially decreasing the scale's reliability or negatively affecting the theoretical construct. By removing these six items, the final subscale contained eight items and had an internal reliability of $\alpha=.905$ and an inter-item correlation mean of $.529$. Seven of these items were originally designed to measure self-efficacy; the other item examines a person's motivation to have conversations that engage in social justice advocacy in their home setting. In examining these eight items as whole, this component can best be described as the LGASJ competency of Self Efficacy. By summing the values of these eight items together, the LGASJ-Self Efficacy subscale obtained the following distributional statistics: minimum=9, max=56, mean=41.20, median=41.83, mode=49, standard deviation=9.00 (see Table 8 for further distributional analysis).

Component 2 of the 4-component model was indicated to have 11 items. By examining the Chronbach's alpha if item removed matrix and item to total variance matrix, multiple items could be removed while maintaining a high overall reliability. By removing the 3 items with the lowest component loadings on the pattern matrix, the final component contained 7 items, had an internal reliability of $\alpha=.913$ and an inter-item correlation mean of $.604$. Five of these items were originally designed to measure attitudes. One item about understanding the public's opinion of same-sex was marriage was originally intended to measure awareness. One item measuring a person's past voting history was originally intended to measure actions. In examining these seven items as a whole, they can best be described as measuring LGASJ Attitudes. By summing the values of these seven items

together, the LGASJ-Attitudes subscale obtained the following distributional statistics: minimum=8, max=49, mean=43.53, median=47, mode=49, standard deviation=8.07 (see Table 8 for further distributional analysis).

Component 3 of the 4-component model was indicated to have 6 items. By examining the Chronbach's alpha if item removed matrix and item to total variance matrix, all items were necessary to maintain the current level of reliability. This component had an internal reliability of $\alpha=.877$ and an inter-item correlation mean of .544. All of these items were related to social justice actions, such as attending gay rights' rallies and volunteering with advocacy organizations. By examining these items, this component can be described as the LGASJ competency of Actions. By summing the values of these six items together, the LGASJ-Actions subscale obtained the following distributional statistics: minimum=6, max=42, mean=23.65, median=23.58, mode=16, standard deviation=9.40 (see Table 8 for further distributional analysis).

Component 4 of the 4 component model was indicated to have 7 items. By examining the Chronbach's alpha if item removed matrix and item to total variance matrix, all items were necessary to maintain the current level of reliability. This component had an internal reliability of $\alpha=.702$ and an inter-item correlation mean of .632. Five of these items were originally designed to measure awareness. The two items that were not originally designed to measure awareness were related to a person's use of gay slurs. Given the component analysis loadings, it seems that the use of gay slurs may be primarily related to one's awareness that using gay slurs may be hurtful and inappropriate. Component 4 can best be described as LGASJ competency of Awareness. By summing the values of these five items together, the LGASJ-Awareness subscale obtained the following distributional

statistics: minimum=27, max=49, mean=42.86, median=44.00, mode=45, standard deviation=4.61 (see Table 8 for further distributional analysis).

After the items were reduced, a PCA was conducted with the remaining 28 items. Four components were extracted using a direct oblimin (oblique) rotation with a fixed number of components. Factorability was assumed as indicated by Bartlett's test of sphericity=6095.02, sig. =.000. The Kaiser-Meyer-Olkin measure of sampling adequacy indicated that the sample was adequate for the purposes of this study (KMO=.933). These four components were found to explain 58.77% of the variance. The results of the four component model indicated that the 28 items fit within their respective components as predicted by the PCA of the 52 item measure (see Table 7 for component loadings, communalities, and component correlations). (* indicate reverse scored items)

Self Efficacy

I feel confident talking about lesbian and gay social justice with people who have different viewpoints than my own.

I feel confident to challenge institutional policies that are overtly heterosexist.

If I heard a family member making homophobic remarks, I would be confident in my ability to confront that family member.

I am motivated to have conversations with my family about gay and lesbian social injustice.

I do not feel I have the ability to advocate for lesbian and gay social justice.*

I feel confident to challenge institutional policies that are covertly heterosexist.

I am confident in my ability to help reduce lesbian and gay social injustice through my involvement in community organizations.

I feel it is within my power to help bring about systemic changes on behalf of gay men and lesbians.

Attitudes

Gay men should not hold leadership positions in places of religious worship.*

One's ability to adopt should not be based on one's sexual orientation.

Lesbians should not hold leadership positions in places of religious worship.*

Lesbians and gay men should have the right to legally marry individuals of the same sex.

I am bothered by gay men and lesbians using the word "marriage" to describe their legal unions.*

Lesbians and gay men should keep their sexual orientation private while in the workplace.*

I think that gay men and lesbians should not be able to express affection in public.*

Actions

I have volunteered with gay rights organizations in the past.

I have attended gay rights rallies in the past.

I have contacted my political leaders on gay rights issues.

I plan on attending a gay rights rally in the near future.

I currently volunteer part of my time as a mental health professional to assist with gay and lesbian social justice advocacy causes.

I have sought out training about lesbian and gay social justice issues.

Awareness

I do not allow people to use gay slurs in my presence.
Gay and lesbian teens are especially vulnerable to homelessness and suicide.
Gay men and lesbians often feel they have to hide their sexual orientation for fear of discrimination.
I believe gay slurs are okay to use among friends.*
Lesbian and gay couples currently have the ability to adopt children just as easily as heterosexual couples.*
There is privilege associated with being heterosexual in this society.
Violence against gay and lesbian individuals is a problem in the United States.

Counselor Attitudes Toward Social Justice

A principal components analysis was conducted using a direct oblimin rotation and an extraction method based on eigenvalues greater than 1.0. Two components obtained eigenvalues greater than 1.0. These two components explained 60.76% of the variance. The first component consisted of five items that examined attitudes towards social justice action. This component had an internal reliability of .902 and an inter-item correlation mean of .654. The second component consisted of four items that did not seem to be theoretically related to each other; one was related to a belief, two to emotions, and one to social justice involvement

An analysis of the component structure of the remaining 5 item scale was conducted using principal components analysis (PCA) to examine its unidimensionality. Components were extracted using a direct oblimin (oblique) rotation. Factorability was assumed as indicated by Bartlett's test of sphericity=1133.61, sig. =.000. The Kaiser-Meyer-Olkin measure of sampling adequacy indicated that the sample was adequate for the purposes of this study (KMO=.869), (see Appendix L). The number of components were extracted based on eigenvalues >1.0. Using this criterion, one component had an eigenvalue>1.0 (see Table 9 for component loadings). This component explained 72.41% of the variance. By summing

the values of these five items together, the Counselor Attitudes Toward Social Justice scale obtained the following distributional statistics: minimum=8, max=35, mean=28.94, median=30.00, mode=35.00, standard deviation=5.25 (see table 8 for further distributional analysis). Results indicated a reliable measure of social justice attitudes consisting of the following five items:

When I notice social injustice in my workplace, I feel the responsibility to speak up.

As a mental health professional, it is my duty to actively advocate for marginalized groups outside of the counseling session.

I am passionate about advocating for marginalized groups.

I feel it is important to advocate politically on behalf of marginalized groups.

If I see someone being harassed in a public place based on his/her membership in a marginalized group, I feel inclined to intervene for that individual.

Table 1

Means and Correlation Matrix of LGASJC subscales, CATSJ, and Validity Measures

	Mean	SE	AT	ACT	AW	LGASJ Tot	ASJ	DRI	PEI	SIQSE	ATLGS
LGASJC Self- Efficacy	41.20	1									
LGASJC Attitudes	43.53	0.556**	1								
LGASJC Actions	23.65	0.633**	.506**	1							
LGASJC Awareness	42.86	0.529**	.494**	.511**	1						
LGASJC Total	282.69	0.861**	.792**	.848**	.715**	1					
CATSJ	28.94	.692**	.430**	.566**	.551**	.730**	1				
DRI	16.99	-0.293**	-.459**	-.253**	-.206**	-.380**	-0.153**	1			
PEI	19.72	0.360**	0.057	.329**	.235**	.310**	.324**	0.003	1		
SIQSE	125.22	0.677**	0.198**	.431**	.332**	.523**	.661**	-0.028	.447**	1	
ATLGS	37.79	-.528**	-.891**	-.487**	-.438**	-.730**	-.387**	-.474**	-0.071	-.213**	1

**significance <.01

Validity Testing

Based on the factor analysis above, subscale scores were calculated by summing the item scores of each item. These subscale scores were then correlated with relevant measures that support their validity (see Table 1 for correlation matrix).

The Duke Religion Index was utilized to examine the convergent validity of the LGASJC-S. Higher scores on the DRI indicate more religious activity. It was hypothesized that the DRI would be negatively correlated with all subscales of the LGASJC-S. Using Pearson's correlation coefficients, the correlational analysis showed a negative relationship with medium effect sizes between the DRI and LGASJC Attitudes ($r = -.459, p < .01$) and DRI and LGASJ Self Efficacy ($r = -.328, p < .01$; see Table 1 for correlational matrix). In addition, the analysis indicated a negative relationship with small effects between DRI and LGASJ Actions ($r = -.253, p < .01$) and DRI and LGASJ Awareness ($r = -.206, p < .01$). As predicted, higher levels of religiosity indicated lower scores of Lesbian and Gay Affirming Social Justice Competencies.

The Political Engagement Index was utilized to examine the convergent validity of the LGASJC-S. Higher scores on the PEI indicate higher political engagement. It was hypothesized that the PEI would be positively correlated with the action related items of the LGASJC-S. As hypothesized, the relationship between the PEI and LGASJC Action was positive. This relationship indicated a medium effect size accounting for 10.82% of the variance ($r = .329, p < .01$; see Table 1 for full correlational analysis). The PEI was also found to have a positive relationship and medium effect size with the LGASJ Self Efficacy subscale ($r = .401, p < .01$) and a small effect with LGASJ Awareness ($r = .235, p < .01$). The PEI was not

significantly correlated with Attitudes ($r=.057$, $p>.05$). As predicted, higher levels of political engagement indicated higher scores on most measures of Lesbian and Gay Affirming Social Justice Competencies.

The Social Issues Questionnaire (Self-Efficacy) was utilized to examine the convergent validity of the LGASJC-S. Higher scores on the SIQSE indicate greater feelings of self efficacy about engagement in social issues. It was hypothesized that the SIQSE would be positively correlated with the self efficacy items of the LGASJC-S. As hypothesized, the SIQSE was positively related to the LGASJ Self Efficacy subscale. This relationship indicated a large effect size accounting for 46.24% of the variance ($r=.680$, $p<.01$). The SIQSE was also related to higher scores on the other subscales of the LGASJC-S: Attitudes ($r=.198$), Actions ($r=.332$), and Awareness ($r=.332$) ($p<.01$ for all subscales; see Table 1). As predicted, higher levels of social issue self-efficacy predicted higher scores of Lesbian and Gay Affirming Social Justice Competencies.

The Attitudes Toward Lesbians and Gay Men Scale was utilized to examine the convergent validity of the LGASJC-S. Higher scores on the ATLGS indicate more negative attitudes towards lesbians and gay men. It was hypothesized that ATLGS scores would be negatively correlated with the attitude items of the LGASJC-S. As hypothesized, the ATLGS was negatively related to the LGASJ Attitudes subscale. This relationship indicated a large effect size accounting for 79.39% of the variance ($r=.891$, $p<.01$). The ATLGS was also negatively related to other subscales: Self Efficacy ($r=-.550$), Actions ($r=-.438$), and Awareness ($r=-.438$) ($p<.01$ for all subscales; see Table 1 for correlation matrix). As predicted, higher levels of negative attitudes towards lesbians and gay men predicted lower scores of Lesbian and Gay Affirming Social Justice Competencies.

An attempt was also made to correlate The LGASJ Attitudes subscale with the Attitudes Toward Social Justice scale. Because LGASJ attitudes are a specific type of social justice attitudes, it was hypothesized that there would be a positive correlation between the LGASJC-S and the CATSJ-S. As described above, a PCA was conducted with the 5 item measure. Unidimensionality was indicated by only one component obtaining an eigenvalue greater than 1.0. This single component obtained an eigenvalue of 3.62 and explained 72.41% of the variance. As hypothesized, higher scores on the LGASJ Attitudes subscale were related to higher scores on the CATSJ-S. This relationship indicated a medium effect size which accounted for 18.49% of the variance ($r=.430$, $p<.01$).

In addition, it was hypothesized that general social justice attitudes would also be positively correlated to general social issues self-efficacy. As hypothesized, higher scores on the CATSJ were related to higher scores on the SIQ-SE. This relationship indicated a large effect size which accounted for 43.69% of the variance ($r=.661$, $p<.01$).

CHAPTER 5

DISCUSSION

The aim in the present study was to construct a scale to measure lesbian and gay affirming social justice competencies, and examine the component structure of these social justice competencies. Using the data from 360 counseling students and clinicians, components of the original 52 item measure were examined through the use of a principal components analysis. This principal components analysis with direct oblimin rotation and the criterion of a fixed four component solution explained 54.35% of the total variance. The four component solution closely matched the hypothesized model. To establish meaningful components of the LGASJC-S, items were retained based on having component loadings of .40 or above, loading on their hypothesized component, and not simultaneously loading on another component. The results indicated 38 items which met these criteria. In order to create a more concise measure, the items with the lowest loadings on each subscale were removed resulting in a 28 item measure. Using these results, we established the following four factors: LGASJ Attitudes, LGASJ Awareness, LGASJ Actions, and LGASJ Self efficacy which accounted for 58.77% of the total variance. Coefficient alphas were computed to determine internal consistencies of each of the four subscales. The coefficient alphas were as follows: .91 for LGASJ Self-Efficacy, .91 for LGASJ Attitudes, .87 for LGASJ Actions, and .70 for Awareness.

Additionally, based on the recommendation of some experts, we also developed a short scale of counselor's general attitudes towards social justice. Using the data from 360 counseling students and clinicians, components of the original 10 item measure were

examined through the use of a principal components analysis. This principal components analysis with direct oblimin rotation and the extraction criterion of eigenvalues greater than 1.0 indicated a two component solution. Because the second component consisted of four items that did not seem to be theoretically related to each other, these items were removed. One additional item was removed because it did not load on either component. The final 5 item scale was tested for unidimensionality using a principal components analysis using a direct oblimin rotation and a fixed single component extraction. All items loaded onto this component which explained 72.41% of the total variance. Coefficient alpha was computed for the CATSJ-S ($\alpha=.90$).

An examination of convergent validity was conducted by correlating data on the LGASJC-S and the CATSJ-S with scores of religiosity (DRI), political engagement (PEI), attitudes towards lesbian and gay men (ALTG-S), and social issues self efficacy (SIQ-SE). LGASJ Self-Efficacy was positively related to the SIQ-SE ($r=.677$); LGASJ Attitudes was negatively related to the DRI ($r=-.459$) and ATLG-S ($r=-.891$) and positively related to the CATSJ ($r=.430$); LGASJ Actions was positively related to the PEI ($r=.329$).

Awareness of lesbian and gay social injustice is an important component of the LGASJC-S. The items loading on this component included the knowledge of: the harm of gay slurs, the increased mental health risks of gay men and lesbian, pressures to keep sexual orientation private, and the limitations of same-sex adoption rights. The importance of education regarding the existent injustice to lesbians and gay men is clear. It is possible that some counselors and psychologists may not be aware of the mental health challenges faced by gay men and lesbians and may not be aware of the systemic societal pressures that gay men and lesbians face due to their sexual orientation. Researchers in the current study had

not expected to find that the items regarding gay slurs (e.g. I believe gay slurs are okay to use among friends.) factored into the awareness subscale rather than the attitudes or action subscale. It seems that using gay slurs is more of an issue of being aware that gay slurs are harmful and inappropriate than having a particular belief about whether to use them or not. The data from the current study suggest that most participants are already aware of lesbian and gay injustice and are likely already aware of the discriminatory and inappropriate use of gay slurs.

Attitudes about lesbian and gay social justice is also an important component of the LGASJC-S. The items loaded on this component included measures of counselor's attitudes toward gay and lesbian injustice found in: the workplace, religious leadership, the showing of affection in public, marriage rights, and adoption rights. Convergent data indicated that LGASJ Attitudes were negatively related to negative attitudes towards gay men and lesbians and negatively related to religiosity. This negative relationship between religiosity and lesbian and gay affirming social justice is a challenge that our counseling and counseling psychology profession needs to face. It is important to promote positive attitudes toward lesbian and gay affirming social justice among present and future clinicians, while attending to their religious beliefs. Research is very much needed to help us understand how to integrate spirituality and religiosity into multicultural and social justice competency. For both clinicians and their clients, religiosity could be an important dimension of counseling. It is imperative that our counselors know how to help clients navigate between their potential value conflicts and acquire acceptance of various sexual identities. Without an attitude against social injustice, it seems unlikely that counselors would participate in necessary social justice actions. Possible interventions may include experiential exercises, using

interviews or case examples of gay men and lesbians, or watching videos that encourage empathy.

Lesbian and gay affirming social justice action is an important component of the LGASJC-S. Items on this subscale included social justice actions including: volunteering at or attending gay and lesbian rights rallies, contacting political leaders regarding policies that differentially affect gay men and lesbians, volunteering professional time for lesbian and gay causes, and seeking out social justice training. Convergent data indicated that LGASJ Actions were related to increased political engagement. As Constantine (2007) suggested, multiculturalism and social justice are not complete by only having knowledge and awareness; it must be embodied with action.

Lesbian and gay social justice action involves political involvement, community involvement, and advocacy. Many counseling and psychology training programs provide little formal training about political or community activity. This type of action can easily feel intimidating or overwhelming. Again related to education, this component points at the importance of including LGASJ actions as part of training programs. Classroom education is important, but must also be accompanied with action. Based on the items that were found to be significant in the current project, relevant actions might include: writing a letter to a political leader, attending a gay rights rally (e.g. Pride Parade), or volunteering time with a local gay and lesbian community center.

Lesbian and gay affirming social justice self-efficacy is another important part of the LGASJC-S. This component includes a person's confidence in: talking about lesbian and gay issues, challenging institutional policies, participating in community service, and being able to raise awareness. LGASJ self-efficacy was correlated with general social issues self-

efficacy. Based on previous self-efficacy research (Miller et al., 2009), this evidence suggests the importance of having positive past experiences, strong social supports, a commitment to ending injustice, and a belief that one can affect change. This has great implication for education and training. The training of counselors to be social justice advocates for sexual orientation issues must include the opportunity for developing LGASJ self-efficacy. This includes providing positive experiences, helping create networks of social support, and encouraging a sense of commitment and belief. Further research needs to be conducted to examine interventions to encourage LG social justice self-efficacy. Some educational interventions that might support this area of competency are: having guest speakers share their experiences of affecting systemic change, providing networking services to connect trainees with community organizations, facilitating mentorships between trainees and professionals who have high self-efficacy in this area.

General attitudes towards social justice are an important part of the ethical codes of counselors. In particular, this construct includes the counselor/psychologist's attitude about social justice work being an integral part of being a mental health professional. The current project found evidence that general social justice attitudes are related to lesbian and gay specific social justice attitudes as well as general social justice self efficacy. This evidence suggests that the CATSJ is a valid and reliable measure of the broad spectrum of how counselors see their role in social justice work. Within this broader construct, it seems likely that counselors may feel higher or lower degrees of commitment to various domains of social injustice (systemic racism, heterosexism, ableism, etc.). As argued by Constantine et al. (2007) and Green (2007), counselors and psychologists have a mandate to engage in social

justice in order to decrease minority stress, prevent mental health challenges as much as possible, and provide an atmosphere for sustained long-term mental health.

Overall, these findings support the use of the LGASJC-S and the CATSJ-S in future research. Understanding the components of the four factors of lesbian and gay affirming social justice has many implications for training programs and future research.

Limitations and Opportunities Further Research

Further research needs to be conducted to further analyze the factor structure and provide more evidence for the validity and reliability of the LGASJC-S and the CATSJ-S. The LGASJC-S needs to be further analyzed using a confirmatory factor analysis. Because the current principal components analysis and reliability analysis used data from the original 52 item scale, the validity and reliability statistics do not actually provide sufficient psychometric information for the final 28 item measure. Similarly, the current initial validation of the CATSJ was based on data from the original 10 item measure. Further research needs to explore the reliability and validity of the final 5 item measure.

Further research needs to be done to examine the extent to which these components may be mediated or moderated by each other. Understanding these mediation effects could potentially provide information about how to best intervene to increase LGASJ competencies. Conceptually, it seems that these four factors may follow in a progressive manner in the following order: Awareness, Attitudes, Action, and Self-Efficacy. By becoming aware of the social injustices towards lesbians and gay men, counselors and psychologists may be able to understand the discrimination that occurs. This awareness might then affect a person's attitudes towards system structures that perpetuate this injustice. It seems that action would be a logical step that would occur only after knowledge and

awareness. In consequence to having positive experiences in social justice action, a person could then grow in self-efficacy. Further research needs to be conducted to test this and other models. Understanding the ways in which these factors relate to each other can inform training programs about how to develop curriculum and most effectively influence change.

One limitation of the current study was its high percentage of university students (78%), many of whom did not have a significant history of clinical work. It is likely that professionals with years of experience may have different levels of exposure to lesbian and gay issues in politics and different personal experiences with lesbian and gay individuals and clientele. On the other hand, it might also be the case that younger individuals have more motivation to affect certain aspects of the political climate. For this reason, it is important to continue to validate this scale with other samples, including non-university students. Future studies should examine the effects of age, years of clinical experience, and level of training on lesbian and gay affirming social justice competency. These correlations could also provide evidence for possible cohort or historical effects.

A particular limitation of this scale is that it does not measure bisexual or transgender affirmative social justice competencies. Despite the common use of the term “LGBT,” bisexuals and transgender individuals suffer social injustices that are frequently different than lesbians and gay men. For example, the issue of gay marriage might not be relevant for a bisexual person who is currently in a committed relationship with an opposite sex partner. Additionally, bisexuals and transgender individuals suffer from many unique injustices that are not relevant to lesbian and gay individuals. The current LGASJC-S specifically measures lesbian and gay affirmative social justice competencies which may or may not be correlated with bisexual and transgender affirmative competencies. Further research needs to be

conducted to create measures of bisexual and transgender affirmative social justice competencies.

A significant limitation of the current study is that the design is purely correlational and descriptive based on a single data collection. Although this is appropriate for scale development, it provides no evidence regarding how to influence or support these competencies. Further research needs to be conducted to evaluate various programs or interventions to increase lesbian and gay affirming social justice competencies. For example, the LGASJC-S or CATSJ-S could be used as a measure in a pre-test/post-test experimental study with a control group in order to examine the effectiveness of a diversity program in increasing social justice competencies.

Another limitation to the current construct of lesbian and gay affirming social justice competency is that the political climate surrounding gay and lesbian issues seems to be in a state of flux and continual progression. Even within the one year between the beginning and completion of the project, the political climate in the United States has shifted in such a way that the government is now working to integrate open lesbians and gay men into military service (Berger, 2010). Furthermore, the current presidential administration has denounced the Defense of Marriage Act (Savage & Stolberg, 2011), which had limited the possibility of same-sex marriage. These developments and others are encouraging in the sense that many systemic injustices may decrease with time. Nevertheless, even if certain political strides are made, systemic injustices will likely remain in the collective conscious for quite some time. Not unlike desegregation and the Civil Rights' Movement's inability to end systemic racism, it is likely that the residual effects of the long history of discrimination against gay men and lesbians will have a long lasting influence on the treatment of gay men and lesbians for many

years to come. The LGASJC-S can be utilized in future research to keep counselors and psychologists actively engaged in LG social justice.

Conclusion

Similar to the hypothesized theoretical model, the LGASJC-S consisted of four components, namely: Lesbian and Gay Affirming Social Justice (LGASJ) Self-Efficacy (8 items), LGASJ Attitudes (7 items), LGASJ Actions (6 items), and LGASJ Awareness (7 items) (see Appendix J). Initial evidence was found to support internal consistency and convergent validity. They were deemed to have content and face validity by experts in lesbian and gay psychology, social justice advocacy, and psychometrics. Higher scores of LGASJ Competencies were related to higher political engagement, higher social issue self efficacy, lower negative attitudes towards lesbians and gay men, and lower religiosity.

Additionally, the research team created a scale to measure general Attitudes Toward Social Justice. Results indicated that the CATSJ-S was best understood as a single factor consisting of five items. Initial evidence was found to support internally consistency and convergent validity (see Appendix K for full scale).

APPENDIX A

PROPOSED CROSS-CULTURAL COMPETENCIES AND OBJECTIVES

From Sue et al., (1992)

I. Counselor Awareness of Own Cultural Values and Biases

A. Attitudes and Beliefs

1. Culturally skilled counselors have moved from being culturally unaware to being aware and sensitive to their own cultural heritage and to valuing and respecting differences.
2. Culturally skilled counselors are aware of how their own cultural backgrounds and experiences and attitudes, values, and biases influence psychological processes.
3. Culturally skilled counselors are able to recognize the limits of their competencies and expertise.
4. Culturally skilled counselors are comfortable with differences that exist between themselves and clients in terms of race, ethnicity, culture, and beliefs.

B. Knowledge

1. Culturally skilled counselors have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definitions of normality-abnormality and the process of counseling.
2. Culturally skilled counselors possess knowledge and understanding about how oppression, racism, discrimination, and stereotyping affects them personally and in their work. This allows them to acknowledge their own racist attitudes, beliefs, and feelings. Although this standard applies to all groups, for White counselors it may mean that they understand how they may have directly or indirectly benefited from individual, institutional, and cultural racism (White identity development models).
3. Culturally skilled counselors possess knowledge about their social impact on others. They are knowledgeable about communication style differences, how their style may clash or foster the counseling process with minority clients, and how to anticipate the impact it may have on others.

C. Skills

1. Culturally skilled counselors seek out educational, consultative, and training experience to improve their understanding and effectiveness in working with culturally different populations. Being able to recognize the limits of their competencies, they (a) seek consultation, (b) seek further training or education, (c) refer out to more qualified individuals or resources, or (d) engage in a combination of these.
2. Culturally skilled counselors are constantly seeking to understand themselves as racial and cultural beings and are actively seeking a nonracist identity.

II. Counselor Awareness of Client's Worldview

A. Attitudes and Beliefs

1. Culturally skilled counselors are aware of their negative emotional reactions toward other racial and ethnic groups that may prove detrimental to their clients in counseling. They are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a nonjudgmental fashion.

2. Culturally skilled counselors are aware of their stereotypes and preconceived notions that they may hold toward other racial and ethnic minority groups.

B. Knowledge

1. Culturally skilled counselors possess specific knowledge and information about the particular group they are working with. They are aware of the life experiences, cultural heritage, and historical background of their culturally different clients. This particular competency is strongly linked to the “minority identity development models” available in the literature.
2. Culturally skilled counselors understand how race, culture, ethnicity, and so forth may affect personality formation, vocational choices, manifestation of psychological disorders, help-seeking behavior, and the appropriateness or inappropriateness of counseling approaches.
3. Culturally skilled counselors understand and have knowledge about sociopolitical influences that impinge upon the life of racial and ethnic minorities. Immigration issues, poverty, racism, stereotyping, and powerlessness all leave major scars that may influence the counseling process.

C. Skills

1. Culturally skilled counselors should familiarize themselves with relevant research and the latest findings regarding mental health and mental disorders of various ethnic and racial groups. They should actively seek out educational experiences that foster their knowledge, understanding, and cross-cultural skills.
2. Culturally skilled counselors become actively involved with minority individuals outside of the counseling setting (community events, social and political functions, celebrations, friendships, neighborhood groups, and so forth) so that their perspective of minorities is more than an academic or helping exercise.

III. Culturally Appropriate Intervention Strategies

A. Attitudes and Beliefs

1. Culturally skilled counselors respect clients’ religious and/or spiritual beliefs and values, including attributions and taboos, because they affect worldview, psychosocial functioning, and expressions of distress.
2. Culturally skilled counselors respect indigenous helping practices and respect minority community intrinsic help-giving networks.
3. Culturally skilled counselors value bilingualism and do not view another language as an impediment to counseling (monolingualism may be the culprit).

B. Knowledge

1. Culturally skilled counselors have a clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy (culture bound, class bound, and monolingual) and how they may clash with the cultural values of various minority groups.
2. Culturally skilled counselors are aware of institutional barriers that prevent minorities from using mental health services.
3. Culturally skilled counselors have knowledge of the potential bias in assessment instruments and use procedures and interpret findings keeping in mind the cultural and linguistic characteristics of the clients.

4. Culturally skilled counselors have knowledge of minority family structures, hierarchies, values, and beliefs. They are knowledgeable about the community characteristics and the resources in the community as well as the family.
5. Culturally skilled counselors should be aware of relevant discriminatory practices at the social and community level that may be affecting the psychological welfare of the population being served.

C. Skills

1. Culturally skilled counselors are able to engage in a variety of verbal and nonverbal helping responses. They are able to *send* and *receive* both *verbal* and *nonverbal* messages *accurately* and *appropriately*. They are not tied down to only one method or approach to helping but recognize that helping styles and approaches may be culture bound. When they sense that their helping style is limited and potentially inappropriate, they can anticipate and ameliorate its negative impact.
2. Culturally skilled counselors are able to exercise institutional intervention skills on behalf of their clients. They can help clients determine whether a “problem” stems from racism or bias in others (the concept of health paranoia) so that clients do not inappropriately personalize problems.
3. Culturally skilled counselors are not averse to seeking consultation with traditional healers and religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate.
4. Culturally skilled counselors take responsibility for interacting in the language requested by the client and, if not feasible, make appropriate referral. A serious problem arises when the linguistic skills of a counselor do not match the language of the client. This being the case, counselors should (a) seek a translator with cultural knowledge and appropriate professional background and (b) refer to a knowledgeable and competent bilingual counselor.
5. Culturally skilled counselors have training and expertise in the use of traditional assessment and testing instruments. They not only understand the technical aspects of the instruments but are also aware of the cultural limitations. This allows them to use test instruments for the welfare of the diverse clients.
6. Culturally skilled counselors should attend to as well as work to eliminate biases, prejudices, and discriminatory practices. They should be cognizant of sociopolitical contexts in conducting evaluation and providing interventions and should develop sensitivity to issues of oppression, sexism, elitism, and racism.
7. Culturally skilled counselors take responsibility in educating their clients to the processes of psychological intervention, such as goals, expectations, legal rights, and the counselor’s orientation.

APPENDIX B

SOCIAL JUSTICE COMPETENCIES

From Constantine et al., (2007)

1. Become knowledgeable about the various ways oppression and social inequities can be manifested at the individual, cultural, and societal levels, along with the ways such inequities might be experienced by various individuals, groups, organizations, and macrosystems.
2. Participate in ongoing critical reflection on issues of race, ethnicity, oppression, power, and privilege in your own life.
3. Maintain an ongoing awareness of how your own positions of power or privilege might inadvertently replicate experiences of injustice and oppression in interacting with stakeholding groups (e.g., clients, community organizations, and research participants).
4. Question and challenge therapeutic or other intervention practices that appear inappropriate or exploitative and intervene preemptively, or as early as feasible, to promote the positive well-being of individuals or groups who might be affected.
5. Possess knowledge about indigenous models of health and healing and actively collaborate with such entities, when appropriate, in order to conceptualize and implement culturally relevant and holistic interventions.
6. Cultivate an ongoing awareness of the various types of social injustices that occur within international contexts; such injustices frequently have global implications.
7. Conceptualize, implement, and evaluate comprehensive preventive and remedial mental health intervention programs that are aimed at addressing the needs of marginalized populations.

8. Collaborate with community organizations in democratic partnerships to promote trust, minimize perceived power differentials, and provide culturally relevant services to identified groups.
9. Develop system intervention and advocacy skills to promote social change processes within institutional settings, neighborhoods, and communities

APPENDIX C

INFORMED CONSENT

Consent for Participation in a Research Study [Lesbian and Gay Affirmative Social Justice Competency] [Bobby Kizer, Dr. Changming Duan]

Invitation to Participate

You are invited to participate in a research study.

Who will Participate

This research will involve 500 counseling professionals and students.

Purpose

The purpose of this research study is to examine counselors' attitudes, beliefs, and actions regarding advocacy issues related to lesbians and gay men.

Description of Procedures

If you agree to take part in this study, you will be involved in completing a brief survey that will take approximately 25 minutes to complete. You will first complete a survey and then describe some demographic information about yourself.

Voluntary Participation

Participation in this study is voluntary at all times. You may choose to not participate or to withdraw your participation at any time. Deciding not to participate or choosing to leave the study will not result in any penalty or loss of benefits to which you are entitled.

If you decide to leave the study the information you have already provided will be destroyed and not included in the study.

Fees and Expenses

There is no cost or expense for participating in this study.

Compensation

You may elect to provide your contact information in order to be entered into a random drawing for a \$25 gift card from an online and widely available local retailer.

Risks and Inconveniences

There are no known risks in this study.

Benefits

There are no direct benefits expected for participants in this study.

Confidentiality

In order to ensure confidentiality, your name will not be associated with your survey materials. Additionally, all data will be kept on a secured server.

While every effort will be made to keep confidential all of the information you complete and share, it cannot be absolutely guaranteed. Individuals from the University of Missouri-Kansas City Institutional Review Board (a committee that reviews and approves research studies) , Research Protections Program, and Federal regulatory agencies may look at records related to this study for quality improvement and regulatory functions.

In Case of Injury

The University of Missouri-Kansas City appreciates the participation of people who help it carry out its function of developing knowledge through research. If you have any questions about the study that you are participating in you are encouraged to call Bobby Kizer, the principal investigator, at 816-235-5722.

Although it is not the University's policy to compensate or provide medical treatment for persons who participate in studies, if you think you have been injured as a result of participating in this study, please call the IRB Administrator of UMKC's Social Sciences Institutional Review Board at 816-235-1764.

Questions

If you have any other questions regarding this study please contact the researcher:

Bobby Kizer.

School of Education, 215

5100 Rockhill Rd

Kansas City, MO 64110

816-235-6556

APPENDIX D

DEMOGRAPHIC QUESTIONNAIRE

What is your age: ____ years old

What is your gender (circle one):

Male

Female

Transgender (Please Specify) _____

What year are you in school (circle one):

Freshman

Sophomore

Junior

Senior

Graduate Student

How many years (including graduate school) have you been in professional practice?

What is your ethnicity (circle one):

Caucasian/White

African-American/Black

Asian/Pacific Islander

American Indian/Alaskan Native

Hispanic/Latino

Multi-ethnic (Please Specify) _____

Other (Please Specify) _____

What is your sexual orientation (circle one):

Heterosexual

Gay Man / Lesbian

Bisexual

Other (please specify): _____

What is your religious identification?

Agnostic/Atheist

Buddhist

Christian, Roman Catholic

Christian, Protestant

Christian, Other (Please Specify) _____

Hindu

Jewish

Muslim

Other (Please Specify) _____

APPENDIX E

ORIGINAL LESBIAN AND GAY AFFIRMING SOCIAL JUSTICE COMPETENCY

SCALE

Please rate your level of agreement with the following items based on the following scale

1=strongly disagree

2=disagree

3=tend to disagree

4=neither agree nor disagree

5=tend to agree

6=agree

7=strongly agree

-
- | | |
|----|--|
| 1 | I do not allow people to use gay slurs in my presence. |
| 2 | Gay men should not hold leadership positions in places of religious worship.* |
| 3 | I have volunteered with gay rights organizations in the past. |
| 4 | I am motivated to have conversations about gay and lesbian social injustice with co-workers. |
| 5 | Most American politicians openly support full equal rights for gay men and lesbians.* |
| 6 | Gay men and lesbians should not be permitted to serve in the military.* |
| 7 | I have attended gay rights rallies in the past. |
| 8 | I do not understand why many gay men and lesbians feel the right to marriage is a matter of equality.* |
| 9 | Sexual orientation discrimination should be a topic of conversation in public schools. |
| 10 | I have contacted my political leaders on gay rights issues. |
| 11 | I have intervened when I have witnessed discrimination against a gay man or lesbian. |
| 12 | One's ability to adopt should not be based on one's sexual orientation. |
| 13 | Lesbians should not hold leadership positions in places of religious worship.* |
| 14 | I plan on attending a gay rights rally in the near future. |
| 15 | Gay and lesbian teens are especially vulnerable to homelessness and suicide. |
| 16 | Gay men and lesbians often feel they have to hide their sexual orientation for fear of discrimination. |
| 17 | I currently consider politicians' opinions on gay rights when I vote. |
| 18 | If I were to witness discrimination occurring against a gay man or lesbian, I intend to intervene. |
| 19 | I am aware of the difficulties faced by lesbian and gay individuals in my community. |
| 20 | I believe gay slurs are okay to use among friends.* |
| 21 | I currently volunteer part of my time as a mental health professional to assist with gay and lesbian social justice advocacy causes. |
| 22 | I am motivated to have conversations about gay and lesbian social justice with friends. |
| 23 | Conversion therapy/sexual reparative therapy is a positive option for gay men and lesbians.* |
| 24 | Lesbians and gay men should have the right to legally marry individuals of the same sex. |

-
- 25 I feel confident talking about lesbian and gay social justice with my friends.
-
- 26 I make an effort to stay up to date on lesbian and gay issues.
-
- 27 I have voted in favor of equal rights for lesbians and gay men.
-
- I feel confident talking about lesbian and gay social justice with people who have different viewpoints
- 28 than my own.
-
- Lesbian and gay couples currently have the ability to adopt children just as easily as heterosexual couples.*
- 29
-
- 30 I do not plan to become involved with gay and lesbian social justice organizations.*
-
- 31 I feel confident to challenge institutional policies that are overtly heterosexist.
-
- If I heard a family member making homophobic remarks, I would be confident in my ability
- 32 to confront that family member.
-
- 33 I am motivated to have conversations with my family about gay and lesbian social injustice.
-
- 34 I plan to dedicate myself to gay and lesbian causes until there is true social equality.
-
- 35 I stay updated on gay and lesbian injustice issues.
-
- 36 There is privilege associated with being heterosexual in this society.
-
- 37 I am bothered by gay men and lesbians using the word "marriage" to describe their legal unions.*
-
- 38 I feel comfortable actively participating in a rally to support the rights of lesbians and gay men.
-
- I am motivated to challenge institutional policies that cause discrimination against lesbians and gay
- 39 men.
-
- 40 Gay men and lesbians are treated fairly under the law.*
-
- 41 I do not feel I have the ability to advocate for lesbian and gay social justice.*
-
- 42 I could lead a gay and lesbian social justice advocacy organization.
-
- 43 I feel confident to challenge institutional policies that are covertly heterosexist.
-
- I am confident in my ability to help reduce lesbian and gay social injustice through my involvement
- 44 in community organizations.
-
- 45 I feel it is within my power to help bring about systemic changes on behalf of gay men and lesbians.
-
- 46 I have sought out training about lesbian and gay social justice issues.
-
- I feel confident in my ability to raise awareness about lesbian and gay inequality by engaging in
- 47 political discourse or debates.
-
- 48 Lesbians and gay men should keep their sexual orientation private while in the workplace.*
-
- 49 I think that gay men and lesbians should not be able to express affection in public.*
-
- 50 Violence against gay and lesbian individuals is a problem in the United States.
-
- 51 I feel excited to one day help change the inequalities experienced by gay men and lesbians.
-
- 52 I plan to become politically involved to help end gay and lesbian social injustices.
-

*reversed scored

APPENDIX F

DUKE RELIGION INDEX

Directions: Please answer the following questions about your religious beliefs and/or involvement.

Please indicate your answer with a checkmark.

(1) How often do you attend church or other religious meetings?

1. More than once/wk
2. Once a week
3. A few times a month
4. A few times a year
5. Once a year or less
6. Never

(2) How often do you spend time in private religious activities, such as prayer, meditation or Bible study?

1. More than once a day
2. Daily
3. Two or more times/week
4. Once a week
5. A few times a month
6. Rarely or never

The following section contains 3 statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.

(3) In my life, I experience the presence of the Divine (i.e., God).

1. Definitely true of me
2. Tends to be true
3. Unsure
4. Tends *not* to be true
5. Definitely *not* true

(4) My religious beliefs are what really lie behind my whole approach to life.

1. Definitely true of me
2. Tends to be true
3. Unsure
4. Tends *not* to be true
5. Definitely *not* true

(5) I try hard to carry my religion over into all other dealings in life.

1. Definitely true of me
2. Tends to be true
3. Unsure
4. Tends *not* to be true
5. Definitely *not* true

Koenig, et al. (1997)

Scale score= Sum of the reverse scores on each item.

APPENDIX G

POLITICAL ENGAGEMENT INDEX

Response options: 1 = none 2 = very little 3 = some 4 = quite a bit 5 = a great deal

1. In general, how much interest do you have in politics?

1 2 3 4 5

2. In general, how much do you discuss politics with your family and friends?

1 2 3 4 5

3. How much interest do you have in the upcoming presidential election?

1 2 3 4 5

4. How much interest do you have in the upcoming congressional election?

1 2 3 4 5

5. I follow political campaigns.

1 2 3 4 5

6. I research political candidates.

1 2 3 4 5

Bernstein (2005)

Scale score = Sum of items 1 through 6.

APPENDIX I

SOCIAL ISSUES QUESTIONNAIRE-SELF EFFICACY

We are interested in learning about your knowledge of issues related to social inequality (e.g., poverty, historically underserved populations, oppression, sexism, discrimination, racism, religious intolerance) and engaging in social justice activities that seek to reduce and eliminate social injustice and inequality.

Your responses are anonymous so please answer as honestly as possible.

The following is a list of social justice activities. Please indicate how much confidence you have in your ability to complete activity. Use the 0–9 point scale below to indicate your degree of confidence.

How much confidence do you have in your ability to:

1. respond to social injustice (e.g., discrimination, racism, religious intolerance) with nonviolent actions.

No Confidence at All				Some Confidence				Complete Confidence		
0	1	2	3	4	5	6	7	8	9	

2. examine your own worldview, biases, and prejudicial attitudes after witnessing or hearing about social injustice.

No Confidence at All				Some Confidence				Complete Confidence		
0	1	2	3	4	5	6	7	8	9	

3. actively support needs of marginalized social groups.

No Confidence at All				Some Confidence				Complete Confidence		
0	1	2	3	4	5	6	7	8	9	

4. help members from marginalized groups create more opportunities for success (e.g., educational, career) by developing relevant skills.

No Confidence at All				Some Confidence				Complete Confidence		
0	1	2	3	4	5	6	7	8	9	

5. raise others' awareness of the oppression and marginalization of minority groups.

No Confidence at All				Some Confidence				Complete Confidence		
0	1	2	3	4	5	6	7	8	9	

6. confront others that speak disparagingly about members of underprivileged groups.

No Confidence at All				Some Confidence				Complete Confidence		
----------------------	--	--	--	-----------------	--	--	--	---------------------	--	--

0 1 2 3 4 5 6 7 8 9

7. challenge an individual who displays racial, ethnic, and/or religious intolerance.

No Confidence at All Some Confidence Complete Confidence
0 1 2 3 4 5 6 7 8 9

8. convince others as to the importance of social justice.

No Confidence at All Some Confidence Complete Confidence
0 1 2 3 4 5 6 7 8 9

9. discuss issues related to racism, classism, sexism, heterosexism, and ableism with your friends.

No Confidence at All Some Confidence Complete Confidence
0 1 2 3 4 5 6 7 8 9

10. volunteer as a tutor or mentor with youth from an underserved and underprivileged group.

No Confidence at All Some Confidence Complete Confidence
0 1 2 3 4 5 6 7 8 9

11. support efforts to reduce social injustice through your own local fundraising efforts.

No Confidence at All Some Confidence Complete Confidence
0 1 2 3 4 5 6 7 8 9

12. identify the unique social, economic, political, and/or cultural needs of a marginalized group in your own community.

No Confidence at All Some Confidence Complete Confidence
0 1 2 3 4 5 6 7 8 9

13. encourage and convince others to participate in community-specific social issues.

No Confidence at All Some Confidence Complete Confidence
0 1 2 3 4 5 6 7 8 9

14. develop and implement a solution to a community social issue such as unemployment, homelessness, or racial tension.

No Confidence at All Some Confidence Complete Confidence
0 1 2 3 4 5 6 7 8 9

15. challenge or address institutional policies that are covertly or overtly discriminatory.

No Confidence at All Some Confidence Complete Confidence
0 1 2 3 4 5 6 7 8 9

16. lead a group of coworkers in an effort to eliminate workplace discrimination in your place of employment.

No Confidence at All Some Confidence Complete Confidence
0 1 2 3 4 5 6 7 8 9

17. serve as a consultant for an institutional committee aimed at providing equal opportunities for underrepresented groups.

No Confidence at All Some Confidence Complete Confidence
0 1 2 3 4 5 6 7 8 9

18. advocate for social justice issues by becoming involved in local government.

No Confidence at All Some Confidence Complete Confidence
0 1 2 3 4 5 6 7 8 9

19. address structural inequalities and barriers facing racial and ethnic minorities by becoming politically active (e.g., helping to create government policy).

No Confidence at All Some Confidence Complete Confidence
0 1 2 3 4 5 6 7 8 9

20. raise awareness of social issues (e.g., inequality, discrimination) by engaging in political discourses or debates.

No Confidence at All Some Confidence Complete Confidence
0 1 2 3 4 5 6 7 8 9

Scoring:

Scale score = sum of identified number on all items

(Miller, 2009)

APPENDIX J

FINAL LESBIAN AND GAY AFFIRMING SOCIAL JUSTICE COMPETENCY SCALE

Please rate your level of agreement with the following items based on the following scale

1=strongly disagree
 2=disagree
 3=tend to disagree
 4=neither agree nor disagree
 5=tend to agree
 6=agree
 7=strongly agree

Sub-Scale	Item number	Item	Original number
SE	1	I feel confident talking about lesbian and gay social justice with people who have different viewpoints than my own.	28
SE	2	I feel confident to challenge institutional policies that are overtly heterosexist.	31
SE	3	If I heard a family member making homophobic remarks, I would be confident in my ability to confront that family member.	32
SE	4	I am motivated to have conversations with my family about gay and lesbian social injustice.	33
SE	5	I do not feel I have the ability to advocate for lesbian and gay social justice.*	41
SE	6	I feel confident to challenge institutional policies that are covertly heterosexist.	43
SE	7	I am confident in my ability to help reduce lesbian and gay social injustice through my involvement in community organizations.	44
SE	8	I feel it is within my power to help bring about systemic changes on behalf of gay men and lesbians.	45
ATT	9	Gay men should not hold leadership positions in places of religious worship.*	2
ATT	10	One's ability to adopt should not be based on one's sexual orientation.	12
ATT	11	Lesbians should not hold leadership positions in places of religious worship.*	13
ATT	12	Lesbians and gay men should have the right to legally marry individuals of the same sex.	24
ATT	13	I am bothered by gay men and lesbians using the word "marriage"	37

		to describe their legal unions.*	
ATT	14	Lesbians and gay men should keep their sexual orientation private while in the workplace.*	48
ATT	15	I think that gay men and lesbians should not be able to express affection in public.*	49
ACT	16	I have volunteered with gay rights organizations in the past.	3
ACT	17	I have attended gay rights rallies in the past.	7
ACT	18	I have contacted my political leaders on gay rights issues.	10
ACT	19	I plan on attending a gay rights rally in the near future.	14
ACT	20	I currently volunteer part of my time as a mental health professional to assist with gay and lesbian social justice advocacy causes.	21
ACT	21	I have sought out training about lesbian and gay social justice issues.	46
AWA	22	I do not allow people to use gay slurs in my presence.	1
AWA	23	Gay and lesbian teens are especially vulnerable to homelessness and suicide.	15
AWA	24	Gay men and lesbians often feel they have to hide their sexual orientation for fear of discrimination.	16
AWA	25	I believe gay slurs are okay to use among friends.*	20
AWA	26	Lesbian and gay couples currently have the ability to adopt children just as easily as heterosexual couples.*	29
AWA	27	There is privilege associated with being heterosexual in this society.	36
AWA	28	Violence against gay and lesbian individuals is a problem in the United States.	50

Subscale scores= reverse score all items indicated with a “*”, Sum items of the corresponding subscale.

APPENDIX K ATTITUDES TOWARD SOCIAL JUSTICE SCALE

Original:

-
- 1 When I notice social injustice in my workplace, I feel the responsibility to speak up.
-
- 2 As a mental health professional, it is my duty to actively advocate for marginalized groups outside of the counseling session.
-
- 3 I am passionate about advocating for marginalized groups.
-
- 4 I feel it is important to advocate politically on behalf of marginalized groups.
-
- 5 It is okay for my family members to make jokes about marginalized groups in the privacy of their own home.*
-
- 6 If I see someone being harassed in a public place based on his/her membership in a marginalized group, I feel inclined to intervene for that individual.
-
- 7 Involvement in social justice activities is a matter of personal preference.*
-
- 8 I feel upset when I see someone act in a discriminatory manner towards a member of a marginalized group.
-
- 9 It would be inappropriate for a counselor to attend a rally supporting equal rights of marginalized groups.*
-
- 10 I am indifferent about social justice issues that do not directly concern my social group.*

*reverse-scored

Final:

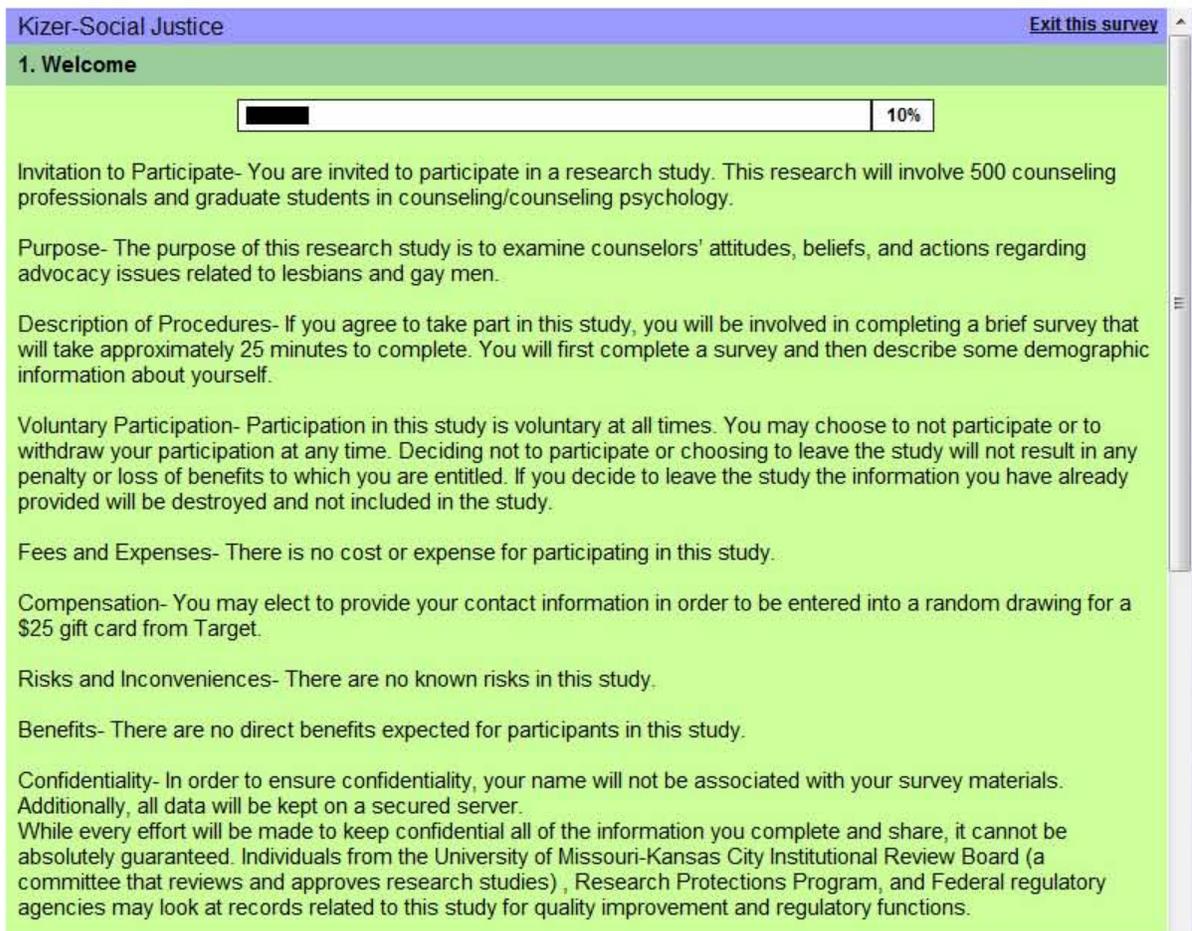
-
- 1 When I notice social injustice in my workplace, I feel the responsibility to speak up.
-
- 2 As a mental health professional, it is my duty to actively advocate for marginalized groups outside of the counseling session.
-
- 3 I am passionate about advocating for marginalized groups.
-
- 4 I feel it is important to advocate politically on behalf of marginalized groups.
-
- 5 If I see someone being harassed in a public place based on his/her membership in a marginalized group, I feel inclined to intervene for that individual.
-

Scale score= sum of scores on each item.

APPENDIX L COMPONENTS AND RELIABILITIES OF CONTRASTING MODELS

- Based on Eigenvalues >1.0 (total variance explained after 8 components=63.981)
 - Component 1: items 31, 34, 39, 41, 42, 43, 44, 45, 47, 52 ($\alpha = .945$)
 - 10 items (7 se, 3 int)
 - Component 2: 2, 8, 12, 13, 23, 24, 27, 48, 49 ($\alpha = .928$)
 - 10 items (8 attitude, one pp, and one awa)
 - Component 3: 3, 7, 10, 14, 21 ($\alpha = .865$)
 - 5 items of political gay rights/volunteer work
 - Component 4: 5, 15, 16, 29, 50 ($\alpha = .628$)
 - 5 items of awareness
 - Component 5: 1, 20 ($\alpha = .657$)
 - 2 items of gay slurs
 - Component 6: 18, 25, 28, 32 ($\alpha = .783$)
 - 4 items related to self efficacy in verbal communication
 - Component 7: 6, 22 ($\alpha = .18$)
 - 2 items not particularly related to each other
 - Component 8 40
 - 1 item that discusses treatment under the law
- 5 Component Model (total variance explained= 57.338)
 - Component 1: 4, 25, 28, 31, 33, 39, 41, 43, 44, 45, 46 ($\alpha = .934$)
 - 11 items (8 se, 3 int)
 - Component 2: 2, 8, 12, 13, 23, 24, 27, 37, 48, 49 ($\alpha = .928$)
 - 10 items (8 att, 2 pp)
 - Component 3: 3, 7, 10, 14, 21, 46 ($\alpha = .877$)
 - 6 items (5 pp, 1 int)
 - Component 4: 5, 15, 16, 29, 36, 50 ($\alpha = .68$)
 - 6 items (all awa)
 - Component 5: 1, 20 ($\alpha = .783$)
 - 2 items referring to the use of gay slurs
- 4 Component (total variance explained, 54.352)
 - Component 1: 4, 18, 22, 25, 28, 31, 32, 33, 39, 41, 43, 44, 45, 47 ($\alpha = .940$)
 - 14 items (9 se, 5 int)
 - Component 2: 2, 6, 8, 12, 13, 23, 24, 27, 37, 38, 48, 49 ($\alpha = .923$)
 - 11 items (8 att, 1 awa, 1 pp, and 1 se)
 - Component 3: 3, 7, 10, 14, 21, 46 ($\alpha = .877$)
 - 6 items (5 pp, 1 int)
 - Component 4: 1, 15, 16, 20, 29, 36, 50? ($\alpha = .702$)
 - 7 items (5 awa, 1 pp, and 1 att)

APPENDIX M SCREENSHOTS OF ELECTRONIC SURVEY



Kizer-Social Justice [Exit this survey](#)

1. Welcome

10%

Invitation to Participate- You are invited to participate in a research study. This research will involve 500 counseling professionals and graduate students in counseling/counseling psychology.

Purpose- The purpose of this research study is to examine counselors' attitudes, beliefs, and actions regarding advocacy issues related to lesbians and gay men.

Description of Procedures- If you agree to take part in this study, you will be involved in completing a brief survey that will take approximately 25 minutes to complete. You will first complete a survey and then describe some demographic information about yourself.

Voluntary Participation- Participation in this study is voluntary at all times. You may choose to not participate or to withdraw your participation at any time. Deciding not to participate or choosing to leave the study will not result in any penalty or loss of benefits to which you are entitled. If you decide to leave the study the information you have already provided will be destroyed and not included in the study.

Fees and Expenses- There is no cost or expense for participating in this study.

Compensation- You may elect to provide your contact information in order to be entered into a random drawing for a \$25 gift card from Target.

Risks and Inconveniences- There are no known risks in this study.

Benefits- There are no direct benefits expected for participants in this study.

Confidentiality- In order to ensure confidentiality, your name will not be associated with your survey materials. Additionally, all data will be kept on a secured server. While every effort will be made to keep confidential all of the information you complete and share, it cannot be absolutely guaranteed. Individuals from the University of Missouri-Kansas City Institutional Review Board (a committee that reviews and approves research studies), Research Protections Program, and Federal regulatory agencies may look at records related to this study for quality improvement and regulatory functions.

In Case of Injury- The University of Missouri-Kansas City appreciates the participation of people who help it carry out its function of developing knowledge through research. If you have any questions about the study that you are participating in you are encouraged to contact Bobby Kizer, the principal investigator, at rekq48@umkc.edu. Although it is not the University's policy to compensate or provide medical treatment for persons who participate in studies, if you think you have been injured as a result of participating in this study, please call the IRB Administrator of UMKC's Social Sciences Institutional Review Board at  816-235-1764 .

Questions- If you have any other questions regarding this study please contact the primary investigator:
Bobby Kizer.
School of Education, 215
5100 Rockhill Rd
Kansas City, MO 64110
rekq48@umkc.edu

Clicking below indicates that you have read the description of the study and agree to participate

*** 1. Agreement to Participation**

I agree to participate

Next

9. Sexual orientation discrimination should be a topic of conversation in public schools.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I have contacted my political leaders on gay rights issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I have intervened when I have witnessed discrimination against a gay man or lesbian.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. One's ability to adopt should not be based on one's sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Lesbians should not hold leadership positions in places of religious worship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I plan on attending a gay rights rally in the near future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Gay and lesbian teens are especially vulnerable to homelessness and suicide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Please rate your agreement with the following statements:							
	Disagree Strongly	Disagree	Tend to disagree	Neither agree nor disagree	Tend to agree	Agree	Agree Strongly
16. Gay men and lesbians often feel they have to hide their sexual orientation for fear of discrimination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I currently consider politicians' opinions on gay rights when I vote.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. If I were to witness discrimination occurring against a gay man or lesbian, I intend to intervene.	<input type="radio"/>						
19. I am aware of the difficulties faced by lesbian and gay individuals in my community.	<input type="radio"/>						
20. I believe gay slurs are okay to use among friends.	<input type="radio"/>						
21. I currently volunteer part of my time as a mental health professional to assist with gay and lesbian social justice advocacy causes.	<input type="radio"/>						
22. I am motivated to have conversations about gay and lesbian social justice with friends.	<input type="radio"/>						
23. Conversion therapy/sexual reparative therapy is a positive option for gay men and lesbians.	<input type="radio"/>						
24. Lesbians and gay men should have the right to legally marry individuals of the same sex.	<input type="radio"/>						
25. I feel confident talking about lesbian and gay social justice with my friends.	<input type="radio"/>						
26. I make an effort to stay up to date on lesbian and gay issues.	<input type="radio"/>						

27. I have voted in favor of equal rights for lesbians and gay men.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I feel confident talking about lesbian and gay social justice with people who have different viewpoints than my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Lesbian and gay couples currently have the ability to adopt children just as easily as heterosexual couples.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I do not plan to become involved with gay and lesbian social justice organizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Please rate your agreement with the following statements:							
	Disagree Strongly	Disagree	Tend to disagree	Neither agree nor disagree	Tend to agree	Agree	Agree Strongly
31. I feel confident to challenge institutional policies that are overtly heterosexist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. If I heard a family member making homophobic remarks, I would be confident in my ability to confront that family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I am motivated to have conversations with my family about gay and lesbian social justice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. I plan to dedicate myself to gay and lesbian causes until there is true social equality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I stay updated on gay and lesbian injustice issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. There is privilege associated with being heterosexual in this society.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I am bothered by gay men and lesbians using the word "marriage" to describe their legal unions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I feel comfortable actively participating in a rally to support the rights of lesbians and gay men.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I am motivated to challenge institutional policies that cause discrimination against lesbians and gay men.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Gay men and lesbians are treated fairly under the law.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Please rate your agreement with the following statements:							
	Disagree Strongly	Disagree	Tend to disagree	Neither agree nor disagree	Tend to agree	Agree	Agree Strongly
41. I do not feel I have the ability to advocate for lesbian and gay social justice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. I could lead a gay and lesbian social justice advocacy organization.	<input type="radio"/>						
43. I feel confident to challenge institutional policies that are covertly heterosexist.	<input type="radio"/>						
44. I am confident in my ability to help reduce lesbian and gay social injustice through my involvement in community organizations.	<input type="radio"/>						
45. I feel it is within my power to help bring about systemic changes on behalf of gay men and lesbians.	<input type="radio"/>						
46. I have sought out training about lesbian and gay social justice issues.	<input type="radio"/>						
47. I feel confident in my ability to raise awareness about lesbian and gay inequality by engaging in political discourse or debates.	<input type="radio"/>						
48. Lesbians and gay men should keep their sexual orientation private while in the workplace.	<input type="radio"/>						
49. I think that gay men and lesbians should not express affection in public.	<input type="radio"/>						
50. Violence against gay and lesbian individuals is a problem in the United States.	<input type="radio"/>						
51. I feel excited to one day help change the inequalities experienced by gay men and lesbians.	<input type="radio"/>						
52. I plan to become politically involved to help end gay and lesbian social injustices.	<input type="radio"/>						

4. Social Justice Scale

40%

1. Please indicate your agreement with the following statements regarding overall social justice. Notice that these items refer to social justice concerns regarding any marginalized group.

	Disagree Strongly	Disagree	Tend to disagree	Neither agree nor disagree	Tend to agree	Agree	Agree Strongly
1. I feel it is important to advocate politically on behalf of marginalized groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When I notice social injustice in my workplace, I feel the responsibility to speak up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. As a mental health professional, it is my duty to actively advocate for marginalized groups outside of the counseling session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am passionate about advocating for marginalized groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. It is okay for my family members to make jokes about marginalized groups in the privacy of their own home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. If I see someone being harassed in a public place based on his/her membership in a marginalized group, I feel inclined to intervene for that individual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Involvement in social justice activities is a matter of personal preference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel upset when I see someone act in a discriminatory manner towards a member of a marginalized group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. It would be inappropriate for a counselor to attend a rally supporting equal rights of marginalized groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I am indifferent about social justice issues that do not directly concern my social group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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5. Religiosity

50%

Directions: Please answer the following questions about your religious beliefs and/or involvement.

1. How often do you attend church or other religious meetings?

- More than once/wk
- Once a week
- A few times a month
- A few time a year
- Once a year or less
- Never

2. How often do you spend time in private religious activities, such as prayer, meditation or Bible study?

- More than once a day
- Daily
- Two or more times/week
- Once a week
- A few times a month
- Rarely or never

3. The following section contains 3 statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.

In my life, I experience the presence of the Divine (i.e., God).

- Definitely true of me
- Tends to be true
- Unsure
- Tends not to be true
- Definitely not true

4. I try hard to carry my religion over into all other dealings in life.

- Definitely true of me
- Tends to be true
- Unsure
- Tends not to be true
- Definitely not true

5. My religious beliefs are what really lie behind my whole approach to life.

- Definitely true of me
- Tends to be true
- Unsure
- Tends not to be true
- Definitely not true

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6. Political Engagement



1. Please indicate your political involvement.

	None	Very little	Some	Quite a bit	A great deal
1. In general, how much interest do you have in politics?	<input type="radio"/>				
2. In general, how much do you discuss politics with your family and friends?	<input type="radio"/>				
3. How much interest do you have in the upcoming presidential election?	<input type="radio"/>				
4. How much interest do you have in the upcoming congressional election?	<input type="radio"/>				
5. I follow political campaigns.	<input type="radio"/>				
6. I research political candidates.	<input type="radio"/>				

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10. Lesbians are sick.

2. Please check a number on the scale below (ranging from strongly disagree to strongly agree) to indicate your agreement with each statement. Your responses are anonymous so please answer as honestly as possible.

1 Strongly disagree 2 3 4 5 6 7 8 9 Strongly agree

11. Male homosexual couples should be allowed to adopt children the same as heterosexual couples.

12. I think male homosexuals are disgusting.

13. Male homosexuals should not be allowed to teach school.

14. Male homosexuality is a perversion.

15. Just as in other species, male homosexuality is a natural expression of sexuality in human men.

16. If a man has homosexual feelings, he should do everything he can to overcome them.

17. I would not be too upset if I learned that my son were a homosexual.

18. Homosexual behavior between two men is just plain wrong.

19. The idea of male homosexual marriages seems ridiculous to me.

20. Male homosexuality is merely a different kind of lifestyle that should not be condemned.

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8. Social Issues Self-Efficacy



We are interested in learning about your knowledge of issues related to social inequality (e.g., poverty, historically underserved populations, oppression, sexism, discrimination, racism, religious intolerance) and engaging in social justice activities that seek to reduce and eliminate social injustice and inequality.

Your responses are anonymous so please answer as honestly as possible.

The following is a list of social justice activities. Please indicate how much confidence you have in your ability to complete activity. Use the 0–9 point scale below to indicate your degree of confidence.

1. How much confidence do you have in your ability to:

	0 No confidence at all	1	2	3	4 Some confidence	5	6	7	8	9 Complete confidence
1. respond to social injustice (e.g., discrimination, racism, religious intolerance) with nonviolent actions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. examine your own worldview, biases, and prejudicial attitudes after witnessing or hearing about social injustice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. actively support needs of marginalized social groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. help members from marginalized groups create more opportunities for success (e.g., educational, career) by developing relevant skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. raise others' awareness of the oppression and marginalization of minority groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. confront others that speak disparagingly about members of underprivileged groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. challenge an individual who displays racial, ethnic, and/or religious intolerance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. convince others as to the importance of social justice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. discuss issues related to racism, classism, sexism, heterosexism, and ableism with your friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. volunteer as a tutor or mentor with youth from an underserved and underprivileged group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How much confidence do you have in your ability to:										
	0 No confidence at all	1	2	3	4 Some confidence	5	6	7	8	9 Complete confidence
11. support efforts to reduce social injustice through your own local fundraising efforts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. identify the unique social, economic, political, and/or cultural needs of a marginalized group in your own community.	<input type="radio"/>									
13. encourage and convince others to participate in community-specific social issues.	<input type="radio"/>									
14. develop and implement a solution to a community social issue such as unemployment, homelessness, or racial tension.	<input type="radio"/>									
15. challenge or address institutional policies that are covertly or overtly discriminatory.	<input type="radio"/>									
16. lead a group of coworkers in an effort to eliminate workplace discrimination in your place of employment.	<input type="radio"/>									
17. serve as a consultant for an institutional committee aimed at providing equal opportunities for underrepresented groups	<input type="radio"/>									
18. advocate for social justice issues by becoming involved in local government.	<input type="radio"/>									
19. address structural inequalities and barriers facing racial and ethnic minorities by becoming politically active (e.g., helping to create government policy).	<input type="radio"/>									
20. raise awareness of social issues (e.g., inequality, discrimination) by engaging in political discourses or debates.	<input type="radio"/>									

9. Demographics

 90%

1. What is your age? _____ years old.

2. What is your gender?

- Male
 Female
 Transgender (please specify)

specify here

3. What is your highest level of academic training?

- Currently a Master's student
 Currently a doctoral student
 Graduated with a Master's degree
 Graduated with a doctoral degree

How many years (including graduate school) have you been in professional practice?

4. What is your ethnicity?

- Caucasian/White
 African-American/Black
 Asian/Pacific Islander
 American Indian/Alaskan Native
 Hispanic/Latino
 Multi-ethnic (Please Specify) _____
 Other (Please Specify) _____

specify here

5. What is your sexual orientation?

- Heterosexual/Straight
 Gay Man / Lesbian
 Bisexual
 Other (please specify): _____

specify here

6. What is your religious identification?

- Agnostic/Atheist
- Buddhist
- Christian, Roman Catholic
- Christian, Protestant
- Christian, Other (Please Specify) _____
- Hindu
- Jewish
- Muslim
- Other (Please Specify) _____

specify here

Prev

Next

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Table 2

Reliability Matrix of All Measures

Scale name	reliability	mean	SD	Hoteling T, F=	sig	Inter-item correlations mean
Self-Efficacy	0.905	41.20	9.00	29.835	0	0.541
Attitudes	0.913	43.53	8.073	20.681	0.003	0.604
Actions	0.877	23.65	9.4	69.665	0	0.544
Awareness	0.702	42.86	4.61	46.24	0	0.259
LGASJTot	0.969	282.69	47.804	44.979	0	0.375
ASJ	0.902	28.94	5.247	21.066	0	0.654
DRI	0.926	16.99	7.17	214.09	0	0.724
PEI	0.929	19.72	5.69	69.137	0	0.685
SIQSE	0.959	125.22	31.19	40.8	0	0.546
ATLGS	0.938	37.79	25.5	21.33	0	0.452

Table 3

Component Statistics and Communalities of Validity Measures

	Component	h2		Component	h2
DRI1	0.84	0.79	PEI1	0.89	0.70
DRI2	0.88	0.72	PEI2	0.85	0.70
DRI3	0.87	0.64	PEI3	0.80	0.78
DRI4	0.91	0.77	PEI4	0.88	0.75
DRI5	0.92	0.80	PEI5	0.90	0.84
			PEI6	0.84	0.84
SIQ-SE1	0.75	0.61	ATLG1	0.59	0.35
SIQ-SE2	0.63	0.53	ATLG2	0.31	0.10
SIQ-SE3	0.83	0.71	ATLG3	0.65	0.42
SIQ-SE4	0.73	0.55	ATLG4	0.62	0.38
SIQ-SE5	0.80	0.73	ATLG5	0.82	0.68
SIQ-SE6	0.71	0.71	ATLG6	0.76	0.58
SIQ-SE7	0.70	0.67	ATLG7	0.48	0.23
SIQ-SE8	0.79	0.67	ATLG8	0.75	0.56
SIQ-SE9	0.66	0.66	ATLG9	0.77	0.59
SIQ-SE10	0.57	0.35	ATLG10	0.69	0.48
SIQ-SE11	0.72	0.67	ATLG11	0.73	0.53
SIQ-SE12	0.82	0.69	ATLG12	0.70	0.49
SIQ-SE13	0.81	0.69	ATLG13	0.40	0.16
SIQ-SE14	0.80	0.78	ATLG14	0.85	0.72
SIQ-SE15	0.87	0.76	ATLG15	0.78	0.60
SIQ-SE16	0.83	0.71	ATLG16	0.86	0.75
SIQ-SE17	0.80	0.67	ATLG17	0.61	0.37
SIQ-SE18	0.78	0.80	ATLG18	0.92	0.84
SIQ-SE19	0.76	0.77	ATLG19	0.87	0.76
SIQ-SE20	0.74	0.65	ATLG20	0.68	0.46

Table 4

Demographics of Current Sample Compared to Target Population

	Current Study	National Doctoral Programs	National Master's Programs	Total APA Membership
Caucasian/White	79.5	71	78	64.9
African American/Black	5	8	7	1.9
Asian	3.6	8	4	2.5
American Indian	0.6	2	1	0.2
Hispanic	3.3	9	7	2.3
Multi-ethnic	6.9	2	3	0.7
not specified	3.6	-	-	27.5
Men	16.6	25	22	43.1
Women	81.7	75	77	56.6

Table 5

Descriptive Statistics of 52 Item LGASJC-S

Item	N	Min.	Max.	Mean	SD	Skewness		Kurtosis	
						Stat	Std. Error	Stat	Std. Error
SMEAN(LGASJ1)	361	1	7	5.40	1.412	-1.032	.128	.705	.256
SMEAN(LGASJ2)	361	1	7	6.13	1.536	-1.907	.128	2.765	.256
SMEAN(LGASJ3)	361	1	7	4.08	2.149	.014	.128	-1.542	.256
SMEAN(LGASJ4)	361	1	7	5.56	1.418	-.901	.128	.173	.256
SMEAN(LGASJ5)	361	2	7	5.86	1.088	-1.106	.128	1.253	.256
SMEAN(LGASJ6)	361	1	7	6.57	1.261	-3.554	.128	12.086	.256
SMEAN(LGASJ7)	361	1	7	3.71	2.207	.285	.128	-1.486	.256
SMEAN(LGASJ8)	361	1	7	6.47	1.229	-2.879	.128	8.312	.256
SMEAN(LGASJ9)	361	1	7	6.10	1.312	-1.969	.128	4.224	.256
SMEAN(LGASJ10)	361	1	7	3.50	2.182	.417	.128	-1.353	.256
SMEAN(LGASJ11)	361	1	7	5.00	1.423	-.453	.128	-.081	.256
SMEAN(LGASJ12)	361	1	7	6.28	1.518	-2.359	.128	4.652	.256
SMEAN(LGASJ13)	361	1	7	6.19	1.515	-2.031	.128	3.256	.256
SMEAN(LGASJ14)	361	1	7	4.15	1.752	-.118	.128	-.764	.256
SMEAN(LGASJ15)	361	1	7	6.20	1.062	-1.767	.128	4.397	.256
SMEAN(LGASJ16)	361	1	7	6.05	.904	-1.058	.128	2.417	.256
SMEAN(LGASJ17)	361	1	7	5.69	1.458	-1.120	.128	.628	.256
SMEAN(LGASJ18)	361	1	7	5.84	1.096	-1.102	.128	1.981	.256
SMEAN(LGASJ19)	361	1	7	5.92	1.030	-1.132	.128	1.776	.256
SMEAN(LGASJ20)	361	1	7	6.24	1.057	-1.746	.128	3.413	.256
SMEAN(LGASJ21)	361	1	7	3.30	1.762	.488	.128	-.820	.256
SMEAN(LGASJ22)	361	1	7	5.64	1.345	-.961	.128	.639	.256
SMEAN(LGASJ23)	361	1	7	6.19	1.411	-1.686	.128	1.936	.256
SMEAN(LGASJ24)	361	1	7	6.30	1.453	-2.385	.128	5.056	.256
SMEAN(LGASJ25)	361	1	7	5.94	1.258	-1.480	.128	2.185	.256

table continues

Item	N	Min.	Max.	Mean	SD	Skewness		Kurtosis			
						Stat	Stat	Stat	Stat	Std.	Std.
										Error	Error
SMEAN(LGASJ26)	361	1	7	5.28	1.507	-.771	.128	.036	.256		
SMEAN(LGASJ27)	361	1	7	5.72	1.568	-1.169	.128	.701	.256		
SMEAN(LGASJ28)	361	1	7	5.57	1.289	-1.051	.128	1.076	.256		
SMEAN(LGASJ29)	361	1	7	6.01	1.210	-1.730	.128	3.444	.256		
SMEAN(LGASJ30)	361	1	7	5.21	1.669	-.689	.128	-.317	.256		
SMEAN(LGASJ31)	361	1	7	5.02	1.510	-.559	.128	-.353	.256		
SMEAN(LGASJ32)	361	1	7	5.67	1.298	-1.282	.128	1.888	.256		
SMEAN(LGASJ33)	361	1	7	5.22	1.529	-.823	.128	.083	.256		
SMEAN(LGASJ34)	361	1	7	4.57	1.664	-.312	.128	-.609	.256		
SMEAN(LGASJ35)	361	1	7	5.11	1.504	-.672	.128	-.091	.256		
SMEAN(LGASJ36)	361	1	7	6.45	1.032	-2.659	.128	8.647	.256		
SMEAN(LGASJ37)	361	1	7	6.27	1.433	-2.298	.128	4.719	.256		
SMEAN(LGASJ38)	361	1	7	5.30	1.689	-.821	.128	-.257	.256		
SMEAN(LGASJ39)	361	1	7	5.42	1.481	-.920	.128	.458	.256		
SMEAN(LGASJ40)	361	1	7	5.66	1.860	-1.471	.128	.969	.256		
SMEAN(LGASJ41)	361	1	7	5.23	1.535	-.676	.128	-.370	.256		
SMEAN(LGASJ42)	361	1	7	3.62	1.597	.244	.128	-.717	.256		
SMEAN(LGASJ43)	361	1	7	4.94	1.488	-.546	.128	-.299	.256		
SMEAN(LGASJ44)	361	1	7	4.88	1.454	-.570	.128	-.005	.256		
SMEAN(LGASJ45)	361	1	7	4.66	1.487	-.461	.128	-.375	.256		
SMEAN(LGASJ46)	361	1	7	4.87	1.836	-.602	.128	-.730	.256		
SMEAN(LGASJ47)	361	1	7	4.70	1.577	-.463	.128	-.426	.256		
SMEAN(LGASJ48)	361	1	7	6.09	1.268	-1.700	.128	2.850	.256		
SMEAN(LGASJ49)	361	1	7	6.24	1.230	-1.972	.128	3.921	.256		
SMEAN(LGASJ50)	361	1	7	6.49	.963	-3.037	.128	12.266	.256		
SMEAN(LGASJ51)	361	1	7	5.43	1.460	-.887	.128	.623	.256		
SMEAN(LGASJ52)	361	1	7	4.57	1.640	-.333	.128	-.670	.256		

Table 6

Pattern Matrix PCA of 52 Item Scale, Extracting 4 Components

Item	Component			
	1	2	3	4
SMEAN(LGASJ1)	.092	-.036	-.225	.425
SMEAN(LGASJ2)	.036	.763	-.159	-.116
SMEAN(LGASJ3)	.000	.062	-.808	.033
SMEAN(LGASJ4)	.463	.112	-.157	.215
SMEAN(LGASJ5)	-.261	.364	-.099	.290
SMEAN(LGASJ6)	-.096	.426	-.035	-.036
SMEAN(LGASJ7)	-.020	.082	-.788	-.025
SMEAN(LGASJ8)	.101	.747	.108	.070
SMEAN(LGASJ9)	.351	.428	.135	.095
SMEAN(LGASJ10)	.000	.005	-.730	.102
SMEAN(LGASJ11)	.384	-.084	-.288	.114
SMEAN(LGASJ12)	.059	.664	-.009	-.034
SMEAN(LGASJ13)	.018	.845	-.147	-.129
SMEAN(LGASJ14)	.144	.230	-.535	.075
SMEAN(LGASJ15)	-.048	-.151	-.174	.624
SMEAN(LGASJ16)	.182	-.059	.004	.592
SMEAN(LGASJ17)	.240	.149	-.257	.227
SMEAN(LGASJ18)	.533	-.023	-.119	.186
SMEAN(LGASJ19)	.402	-.058	-.151	.328
SMEAN(LGASJ20)	.080	-.027	-.053	.468
SMEAN(LGASJ21)	.122	-.098	-.713	.042
SMEAN(LGASJ22)	.463	.177	-.060	.279
SMEAN(LGASJ23)	-.081	.577	-.104	.167
SMEAN(LGASJ24)	.075	.865	.020	.026
SMEAN(LGASJ25)	.587	.146	-.003	.185
SMEAN(LGASJ26)	.452	.021	-.323	.319
SMEAN(LGASJ27)	.322	.516	-.139	.039
SMEAN(LGASJ28)	.773	-.003	.144	.071
SMEAN(LGASJ29)	.027	.165	.061	.507
SMEAN(LGASJ30)	.243	.335	-.384	.124
SMEAN(LGASJ31)	.665	.236	-.127	-.100
SMEAN(LGASJ32)	.692	-.056	.121	.126

Item	Component			
SMEAN(LGASJ33)	.700	.044	.021	.123
SMEAN(LGASJ34)	.425	.200	-.362	.105
SMEAN(LGASJ35)	.469	.010	-.337	.265
SMEAN(LGASJ36)	.074	.226	.052	.530
SMEAN(LGASJ37)	.208	.703	.089	.000
SMEAN(LGASJ38)	.273	.485	-.317	-.056
SMEAN(LGASJ39)	.544	.236	-.204	.121
SMEAN(LGASJ40)	-.118	.211	-.055	.231
SMEAN(LGASJ41)	.634	-.005	-.210	-.043
SMEAN(LGASJ42)	.496	.008	-.356	-.080
SMEAN(LGASJ43)	.689	.195	-.116	-.046
SMEAN(LGASJ44)	.611	.205	-.268	-.103
SMEAN(LGASJ45)	.611	.102	-.252	-.109
SMEAN(LGASJ46)	.107	.105	-.517	.231
SMEAN(LGASJ47)	.561	.127	-.310	-.082
SMEAN(LGASJ48)	.140	.630	.067	.170
SMEAN(LGASJ49)	.115	.708	.034	.148
SMEAN(LGASJ50)	.162	.193	.130	.409
SMEAN(LGASJ51)	.415	.401	-.235	.022
SMEAN(LGASJ52)	.397	.265	-.421	.034

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

Rotation converged in 11 iterations.

Table 7

LGASJC-S Item Stems, Components, Coefficients, and Communalities (N = 360)

Item stem	Component				h^2
	1	2	3	4	
1. I feel confident talking about lesbian and gay social justice with people who have different viewpoints than my own.	.77 (.72)	.03 (-.29)	.09 (-.23)	-.01 (.28)	.53
2. I feel confident to challenge institutional policies that are overtly heterosexist.	.71 (.80)	-.22 (-.53)	-.10 (-.44)	-.10 (.29)	.69
3. If I heard a family member making homophobic remarks, I would be confident in my ability to confront that family member.	.71 (.68)	.08 (-.24)	.13 (-.19)	.15 (.38)	.49
4. I am motivated to have conversations with my family about gay and lesbian social injustice.	.68 (.74)	-.03 (-.37)	.00 (-.34)	.11 (.40)	.56
5. I do not feel I have the ability to advocate for lesbian and gay social justice.	.73 (.76)	.07 (-.30)	-.17 (-.46)	-.04 (.30)	.60
6. I feel confident to challenge institutional policies that are covertly heterosexist.	.75 (.84)	-.15 (-.50)	-.08 (-.44)	-.02 (.36)	.73
7. I am confident in my ability to help reduce lesbian and gay social injustice through my involvement in community organizations.	.70 (.82)	-.14 (-.49)	-.21 (-.54)	-.06 (.34)	.74
8. I feel it is within my power to help bring about systemic changes on behalf of gay men and lesbians.	.71 (.78)	-.04 (-.39)	-.16 (-.47)	-.02 (.33)	.64
9. Gay men should not hold leadership positions in places of religious worship.	-.03 (.38)	-.83 (-.84)	-.16 (-.38)	-.09 (.23)	.73
10. I do not understand why many gay men and lesbians feel the right to marriage is a matter of equality.	.01 (.38)	-.78 (-.81)	.08 (-.20)	.13 (.37)	.67

table continues

Item stem	Component				<i>h</i> ²
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	
11. Lesbians should not hold leadership positions in places of religious worship.	-.01 (.40)	-.88 (-.88)	-.14 (-.38)	-.10 (.23)	.80
12. Lesbians and gay men should have the right to legally marry individuals of the same sex.	.01 (.43)	-.88 (-.91)	-.02 (-.31)	.05 (.36)	.82
13. I have voted in favor of equal rights for lesbians and gay men.	.28 (.60)	-.53 (-.72)	-.15 (-.45)	.08 (.42)	.65
14. I am bothered by gay men and lesbians using the word "marriage" to describe their legal unions.	.12 (.44)	-.73 (-.78)	-.04 (-.24)	.04 (.32)	.63
15. I think that gay men and lesbians should not be able to express affection in public.	.06 (.44)	-.70 (-.78)	-.01 (-.29)	.17 (.43)	.65
16. I have volunteered with gay rights organizations in the past.	.03 (.44)	-.09 (-.37)	-.81 (-.86)	.03 (.30)	.75
17. I have attended gay rights rallies in the past.	-.02 (.37)	-.15 (-.35)	-.81 (-.83)	-.02 (.24)	.70
18. I have contacted my political leaders on gay rights issues.	.02 (.39)	-.03 (-.30)	-.73 (-.78)	.11 (.33)	.62
19. I plan on attending a gay rights rally in the near future.	.16 (.52)	-.23 (-.49)	-.52 (-.68)	.09 (.38)	.59
20. I currently volunteer part of my time as a mental health professional to assist with gay and lesbian social justice advocacy causes.	.20 (.47)	.10 (-.21)	-.69 (-.75)	.04 (.28)	.60
21. I have sought out training about lesbian and gay social justice issues.	.15 (.52)	-.08 (-.40)	-.49 (-.66)	.29 (.51)	.58
22. I do not allow people to use gay slurs in my presence.	.00 (.33)	.00 (-.26)	-.24 (-.39)	.51 (.59)	.40
23. Gay and lesbian teens are especially vulnerable to homelessness and suicide.	-.03 (.23)	.17 (-.08)	-.19 (-.30)	.60 (.59)	.39

table continues

Item stem	Component				h^2
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	
24. Gay men and lesbians often feel they have to hide their sexual orientation for fear of discrimination.	.16 (.38)	.05 (-.22)	-.02 (-.20)	<i>.61 (.66)</i>	.45
25. I believe gay slurs are okay to use among friends.	.00 (.25)	.00 (-.20)	-.04 (-.20)	<i>.58 (.59)</i>	.35
26. Lesbian and gay couples currently have the ability to adopt children just as easily as heterosexual couples.	.00 (.26)	-.19 (-.34)	.05 (-.14)	<i>.46 (.52)</i>	.30
27. There is privilege associated with being heterosexual in this society.	.00 (.34)	-.26 (-.44)	.05 (-.19)	<i>.61 (.67)</i>	.51
28. Violence against gay and lesbian individuals is a problem in the United States.	.14 (.35)	-.18 (-.35)	.14 (-.10)	<i>.45 (.53)</i>	.33

Note. 1 = Self-Efficacy. 2 = Attitudes. 3 = Action. 4= Awareness. Italicized coefficients are of those items retained for that component.

Component correlations were as follows: $r_{12} = -.44$, $r_{13} = .43$, $r_{14} = .42$, $r_{23} = .31$, $r_{24} = -.34$, and $r_{34} = -.28$. b. Pattern coefficients are followed by structure coefficients in parentheses.

table continues

Table 8

Descriptive Statistics of LGASJC Subscales and CATSJ

		LGASJse	LGASJatt	LGASJact	LGASJawa	Total	ATSJTot al
N	Valid	360	360	360	360	360	360
	Missing	0	0	0	0	0	0
Mean		41.2043	43.5316	23.6477	42.8602	151.2438	28.9389
Median		41.8324	47.0000	23.5780	44.0000	154.0000	30.0000
Mode		49.00	49.00	16.00	45.00	131.00 ^a	35.00
Std. Deviation		8.99915	8.07284	9.39514	4.61356	25.40210	5.24727
Minimum		9.00	8.00	6.00	27.00	61.00	8.00
Maximum		56.00	49.00	42.00	49.00	196.00	35.00
Percentiles	25	35.0000	42.0000	16.0000	40.0000	134.4192	25.0000
	50	41.8324	47.0000	23.5780	44.0000	154.0000	30.0000
	75	48.7500	49.0000	31.7312	47.0000	171.0000	33.0000

a. Multiple modes exist. The smallest value is shown

Table 9

CATSJ-Scale. Item Stems, Components, Coefficients, and Communalities (N = 360)

Item stem	Component	h^2
1. When I notice social injustice in my workplace, I feel the responsibility to speak up.	.85	.72
2. As a mental health professional, it is my duty to actively advocate for marginalized groups outside of the counseling session.	.86	.74
3. I am passionate about advocating for marginalized groups.	.88	.78
4. I feel it is important to advocate politically on behalf of marginalized groups.	.88	.78
5. If I see someone being harassed in a public place based on his/her membership in a marginalized group, I feel inclined to intervene for that individual.	.78	.61

VITA

Robert “Bobby” Eugene Kizer was born on November 3, 1981 in Rapid City, South Dakota. He was educated in local public schools and graduated with honors from Charles M. Russell High School in Great Falls, Montana. He attended Northwest Nazarene University and graduated in 2002. His degree was Bachelor of Arts in Religious Studies.

He then attended Nazarene Theological Seminary in Kansas City, Missouri and graduated cum laude in 2004. His degree was Master of Arts in Theological Studies.

In 2003, he began working as a mental health technician at a group home for people with long term psychological health disorders. Beginning in 2006, he has taken multiple adjunct university teaching positions at the University of Central Missouri, Rockhurst University, and the University of Missouri-Kansas City where he has taught courses in Counseling and Psychology.

He began work toward a Master of Arts in Counseling and Guidance in 2004 at the University of Missouri-Kansas City. Before completion of that degree, he started working toward a PhD degree in Counseling Psychology at the same university in 2006. Upon completion of his degree requirement, Mr. Kizer plans to continue his career in counseling psychology by pursuing licensure as a psychologist and by continuing clinical work and teaching.

Mr. Kizer is a member of the American Psychological Association’s Society of Counseling Psychology and Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues. He is also a member of the North American Society of Adlerian Psychology.