

A COMPOSITE MODEL OF HETEROSEXUAL IDENTITY, SELF-DECEPTION
AND LESBIAN, GAY, AND BISEXUAL (LGB) COUNSELING COMPETENCE:
A MEDIATION MODEL

by

Adrienne N. Erby

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Approved by:

Dr. Lyndon Abrams

Dr. Henry Harris

Dr. Pamela Lassiter

Dr. Claudia Flowers

Dr. Michelle Stephan

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ABSTRACT

ADRIENNE N. ERBY. A composite model of heterosexual identity, self-deception, and lesbian, gay, and bisexual (LGB) counseling competence: A mediation model. (Under the direction of DR. LYNDON ABRAMS)

The study used structural equation modeling to test a correlational model of the relationship between heterosexual identity and LGB counseling competence, testing self-deception as a mediator. A proposed composite model of heterosexual identity was developed using recurrent themes extracted from conceptual models and qualitative research findings. These themes included sexual orientation identity, heterosexual privilege awareness, internalized affirmativeness, value conflict, and negativity. A sample of 207 heterosexual-identified graduate students in CACREP-accredited counseling programs participated in an online survey. Results of the measurement model for heterosexual identity indicated that the proposed model was a good fit to the data and that all paths were statistically significant. The measurement model for LGB counseling competence well fit the data, and all but one paths were statistically significant. Results of the structural model indicated a strong relationship between heterosexual identity and LGB counseling competence, with all paths statistically significant. However, no significant paths were identified between heterosexual identity and self-deception or between self-deception and LGB counseling competence. Thus, self-deception did not mediate the relationship between heterosexual identity and LGB counselor competence. Implications for counselor education and supervision are provided, highlighting the role of exploring heterosexual identity in the development of LGB counseling competence.

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CHAPTER ONE: INTRODUCTION

The increasing visibility of sexual minorities in the United States (US) has paralleled political and social changes in attitudes towards sexual minorities. The Pew Research Center (2013) found that 92% of sexual minorities surveyed report that society is more accepting of lesbian, gay, bisexual and transgender (LGBT) individuals now compared to 10 years ago. Despite some gains in social acceptance, sexual minorities continue to face numerous concerns including workplace discrimination, physical safety, and legal rights (Barret & Logan, 2002). These and similar issues compound normative life stressors for lesbian, gay, and bisexual (LGB) individuals. Meyer (1995; 2003) describes this phenomenon as LGB-related minority stress, referring to stress based solely on sexual orientation. Recent research (Burns, Kamen, Lehman, & Beach, 2012; Feinstein, Goldfried, & Davila, 2012) indicates that LGB-related minority stress contributes to reports of mental health issues, such as depression and anxiety.

Research shows that LGB individuals in the US utilize counseling services at much higher rates than their heterosexual counterparts (Cochran, Sullivan, & Mays, 2003; Liddle, 1996; 1997). LGB individuals often present with issues unique to their experience as a sexual minority, including issues of identity development, internalized heterosexism, identity concealment, spirituality, and family of origin/family of choice issues (Pachankis & Goldfried, 2004; Carter II, Mollen, & Smith, 2013). However, the mental health field has historically struggled to provide competent services to sexual minority populations (Liddle, 1996, 1999a). Counselors may unintentionally create a

non-affirming environment for disclosure and struggle to identify minority stress influences as their LGB clients present with mental health issues. Given the significant impact of minority stress on mental health and the disproportionate number of sexual minorities accessing mental health services, it is imperative that counselors be adequately prepared to provide competent services.

Sexual orientation issues in counseling have become more prominent in the counseling literature, growing out of the multicultural counseling movement of the 1990s (Israel & Selvidge, 2003). With the increased availability of LGB-specific literature in counseling field, there has been some progress in providing more responsive services to this population, including bans on reparative therapy, increased educational and research focus on LGB issues, and efforts in professional advocacy (Logan & Barret, 2005). Despite some improvements (Liddle, 1999b), historical trends of non-affirmative clinical practice continue to plague counselor education and clinical practice (Barret & Logan, 2002; Barrett & McWhirter, 2002). Pachankis and Goldfried (2004) use the term “heterocentrism” to describe the experience of being encapsulated in heterosexist assumptions and norms, often resulting in bias towards LGB individuals in counseling. Given the rapid social changes and growing counseling body of literature on LGB issues, graduate counselors are being trained in a uniquely different environment than their predecessors. The foundation for exploring counseling competence with LGB clients has roots in the multicultural counseling literature (Bidell, 2005).

The multicultural counseling literature (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992) has identified a tripartite model of multicultural counseling competence. This model focuses on counselors’ (a) acquisition of culture-specific

knowledge; (b) awareness of personal attitudes and beliefs; and (c) counseling skill with diverse populations. The multicultural competence model has expanded from a singular focus on race and ethnicity to now include a variety of cultural experiences, including sexual orientation (Bidell, 2005). This model has been widely implemented in counselor education, but research (Bidell, 2005; Rutter, Estrada, Ferguson, & Diggs, 2008) indicates counselors-in-training report much lower levels of counseling skill than knowledge and awareness with LGB individuals.

Similar findings indicate that counselors-in-training are receiving some, albeit minimal, exposure to LGB issues in counseling, but do not feel adequately prepared to work competently with LGB clients (Grove, 2009). Qualitative findings from this same study identified four themes that helped students learn about LGB issues including, (a) reflecting on their own sexuality and heteronormative assumptions, (b) understanding sexual orientation and diversity within-groups, (c) awareness of their discomfort when communicating with sexual minorities, and (d) experiencing a political awakening in regards to the impact of oppression (Grove, 2009). A systematic research review of LGBT issues in counseling by King, Semlyen, Killaspy, Nazareth, and Osborn (2007) identifies similar findings across qualitative and quantitative studies. These themes indicate a need for counselor self-exploration related to sexual orientation in order to effectively respond to LGB clients. Additional studies on heterosexual identity and ally identity emphasize the importance of self-reflection on assumptions about sexual orientation and values (Asta & Vacha-Haase, 2012; Duhigg, Rotosky, Gray, & Wimsatt, 2010). This needed focus on identity and self-exploration with heterosexual identity is the foundation for the current study.

Sexual orientation identities primarily refer to lesbian, gay, bisexual, asexual, and heterosexual labels. The sexual minority community broadly encompasses identities related to gender identity, biological sex, and sexual orientation; thus there is considerable diversity within these groups. The current study limits its focus to lesbian, gay, bisexual and heterosexual identities. Research on sexual orientation identity has focused primarily on LGB identity development with little mention of heterosexual identity. The dearth of literature in this area draws attention to the pervasiveness of the heteronormative culture in the US and the assumption of heterosexuality (Rich, 1980; Worthington, Savoy, Dillon, & Vernaglia, 2002). When heterosexual identity has been studied in the literature, research typically focuses on global measures of sexual identity or the presence/absence of homonegativity, rather than complex relationships of identity (Morgan & Thompson, 2011; Morgan, Steiner & Thompson, 2010; Simoni & Walters, 2001). While this literature adds to the knowledge base of sexual orientation research, many questions regarding the components of heterosexual identity remain unanswered.

Theories of heterosexual identity propose great complexity (Mohr, 2002; Worthington et al., 2002), however little quantitative research has attempted to explore this complexity. Worthington et al. (2002) provide one of the most comprehensive definitions of heterosexual identity development:

The individual and social processes by which heterosexually identified persons acknowledge and define their sexual needs, values, sexual orientation and preferences for sexual activities, modes of sexual expression, and characteristics of sexual partners. Finally we add to this definition the assumption that heterosexual identity development entails an understanding (implicit or explicit)

of one's membership in an oppressive majority group, with a corresponding set of attitudes, beliefs, and values with respect to members of sexual minority groups.”

(p. 510).

While this definition provides a foundation for the current study, several issues of scope exist. This definition includes identity development processes and sexual identity in general, as opposed to heterosexual identity, limiting its effectiveness in this study.

Because of this, the current study sought to develop a composite model based on existing theory and research to empirically test in its relationship with LGB counseling competence. Exploring the relationships of these components may offer a greater understanding of heterosexual identity and further explain variation in reported counseling competence with LGB individuals. The current study tested a composite model of heterosexual identity and its relationship to graduate counselors' self-reported competence with LGB individuals, as mediated by self-deception.

Overview of Variables

Composite Model of Heterosexual Identity

The composite model of heterosexual identity contains many of the components identified in Worthington et al.'s (2002) definition. The development of the proposed model included several steps. First, the researcher reviewed multiple conceptual models of heterosexual identity development, identifying similar and unique contributions of each model. Second, several qualitative studies exploring heterosexual identity (Asta & Vacha-Haase, 2012; Boratav, 2006; Dessel, Woodford, Routenberg, & Breijak, 2013; Duhigg, et al., 2010; Eliason, 1995; Morgan et al., 2010; Morgan & Thompson, 2011) were reviewed to identify recurring themes across multiple studies. Lastly, the themes

were grouped into constructs to create a composite model of heterosexual identity, incorporating group membership identity and attitudes towards LGB individuals/same-sex sexuality. Group membership identity includes: (a) sexual orientation identity and (b) heterosexual privilege awareness. Attitudes towards LGB individuals/same-sex orientations include: (a) internalized affirmativeness, (b) value conflict, and (c) negativity. The following section briefly describes each of the variables included in the proposed model of heterosexual identity.

Negativity. Rich (1980) speaks to the prescribed nature of heterosexuality and the heteronormative culture that labels same-sex sexuality as deviant as opposed to one of several forms of sexual orientation. Given the pervasiveness of heterosexism in the US, attitudes towards same-sex sexuality carry considerable weight in how heterosexual individuals develop their heterosexual identity. In this study, negativity includes avoidance of, self-consciousness with, and apathy towards LGB individuals. Grove (2009) identifies limitations with previous research focusing solely on extreme homonegative attitudes, without addressing issues like avoidance and self-consciousness. These more subtle expressions are informative in understanding attitudes towards same-sex sexuality.

Value Conflict. Worthington et al. (2002) identify media, religious institutions, schools, family and friends as important sources of information gathering about sexual orientation, all of which contribute to how individuals self-identify and understand others. Research shows that religiosity is related to attitudes towards LGB individuals (Rainey & Trusty, 2007) and is a strong influence in prescribing sexual attitudes and behaviors. Given this, one's experience of value conflict with same-sex sexuality is an

important component of one's internalized heterosexual identity. Individuals frequently receive messages to "love the sinner, hate the sin" and experience attitude conflict related to same-sex sexuality. Much of this conflict experienced is religiously grounded, and may also be related to other value or culture-based influences. This conflict appears to be an important component of identity development (Asta & Vacha-Haase, 2012), reflecting intentional attitude exploration.

Internalized Affirmativeness. When addressing issues of diversity, common language includes "tolerance" or "political correctness." Affirmativeness includes these components, but refers to a much deeper sense of acceptance based on one's own positive values regarding same-sex sexuality. Affirmativeness includes acceptance of simultaneous identities as both heterosexist and LGB-affirmative (McGeorge & Carlson, 2011). Further, Worthington et al. (2005) suggest that internalized affirmativeness includes a sense of proactive advocacy. While individuals may report acceptance of LGB individuals and same-sex relationships, discomfort with a public ally identity or being perceived as LGB indicates less internalization of positive attitudes. Therefore, internalized affirmativeness goes beyond tolerance to include internalized positive attitudes and social advocacy on behalf of LGB rights.

Sexual Orientation Identity. Sexual orientation identity refers to one's sense of identity based on sexual orientation (Worthington et al., 2002). This differs from sexual orientation which refers to "sexuality-related predispositions, whether or not those predispositions are genetically, biologically, environmentally, and/or socially determined or constructed" (Worthington et al. 2002, p. 497). Instead, sexual orientation identity focuses primarily on one's commitment to an identity, which may or may not include a

process of exploration or questioning. Because heterosexuality is rarely defined in and of itself, but rather through a denial of a same-sex orientation (Eliason, 1995), individuals are less likely to explore sexual orientation identity. This results in an unexplored, but tightly held heterosexual identity that must be protected and maintained (Mohr, 2002). Thus, reports of sexual orientation identity certainty may reflect identity foreclosure as opposed to identity achievement.

Heterosexual Privilege Awareness. Privilege awareness is an essential component of majority identity development, consistent with racial identity development theory (Helms, 1995). Privilege is described as unearned, systemic advantage based on membership in a societal group (Black & Stone, 2005; McIntosh, 1988). Conversely, oppression can be defined as unearned, systemic disadvantage based on membership in a societal group. In the case of sexual orientation, these privilege may include assumed safety when disclosing one's sexual orientation, showing affection with a romantic partner without fear of aggression based on sexual orientation, and legal benefits of marriage regardless of sexual orientation (McGeorge & Carlson, 2011; Walls et al., 2009). Benefits and advantages of privilege remain largely invisible to the bearer, further perpetuating a system of oppression (McIntosh, 1988). As individuals are confronted with their privilege, they must work through dissonance with the unearned nature and oppressive consequences of their privilege (Helms, 1995; McIntosh, 1988). In doing so, heterosexual individuals create meaning about sexual orientation, both heterosexual and homosexual/bisexual.

LGB Counseling Competence

Counseling competence with LGB individuals follows the framework of the multicultural counseling competence model of awareness (or attitudes), knowledge and skill (Arredondo et al., 1996). LGB counseling awareness is often explored using attitude measures because in counseling, because it extends beyond awareness of personal attitudes to mental health conceptualization of LGB individuals, assumptions of normality and the impact of heterosexism in understanding symptom development (Barrett & McWhirter, 2002; Granello, 2004). Counselor Attitudes is comprised of values, beliefs, and biases related to LGB individuals, focusing on counselors' self-awareness and the impact of their views with their clients (Rainey & Trusty, 2007). Counseling Knowledge focuses on important issues identified with LGB clients, including identity development, internalized homonegativity, coming out, parenting, etc. (Pachankis & Goldfried, 2004). Finally, Counseling Skill focuses on the affirmative counseling practice with LGB clients. These may include self-awareness, application of knowledge, assessment skills, counseling relationship, and advocacy skills (Dillon & Worthington, 2003).

Self-deception

Self-deception is one of two components of socially desirable responding (Sackheim & Gur, 1979; Paulhus, 1984), including self-deception (i.e., self-deceptive enhancement) and other-deception (i.e., impression management). Most measures of social desirability focus on impression management, that is, intentional positive self-presentation to a specific audience. Self-deception serves a very different role, referring to overly optimistic reporting of one's behaviors and attitudes. Self-deception operates

largely outside of one's awareness can serve a functional purpose, showing correlations with adjustment and self-efficacy (Paulhus, 1991). The differences between the two components are significant, thus only self-deception was included in the study. It is hypothesized that self-deception plays a mediating role in the relationship between heterosexual identity and LGB counseling competence, resulting in a more accurate measure of the relationship that incorporates the functional role of self-deception.

Purpose of the Study

The purpose of this study is twofold. First, the study tested a composite model of heterosexual identity as specified through: (a) sexual orientation identity, (b) heterosexual privilege awareness, (c) negativity, (d) value conflict, and (e) internalized affirmativeness, and its relationship to counseling competency with LGB clients. Second, the study tested a mediation model, testing self-deception as a mediator between heterosexual identity and counseling competency with LGB clients.

Significance of the Study

Counseling competence with LGB clients has been discussed in the counseling literature as an area for future development in counselor education (Israel & Selvidge, 2003). Research indicates that there are significant differences between heterosexual and LGB counselors in counseling self-efficacy with LGB clients (Dillon, Worthington, Soth-McNett, & Schwartz, 2008) and affirmative counseling behaviors (Bieschke & Matthews, 1996; Rock, Carlson, & McGeorge, 2010). Research has typically used heterosexual identity as a demographic variable only, whereas the current study creates a composite model of heterosexual identity that can be empirically tested. The study also explores the relationship between heterosexual identity and counseling competence with LGB clients,

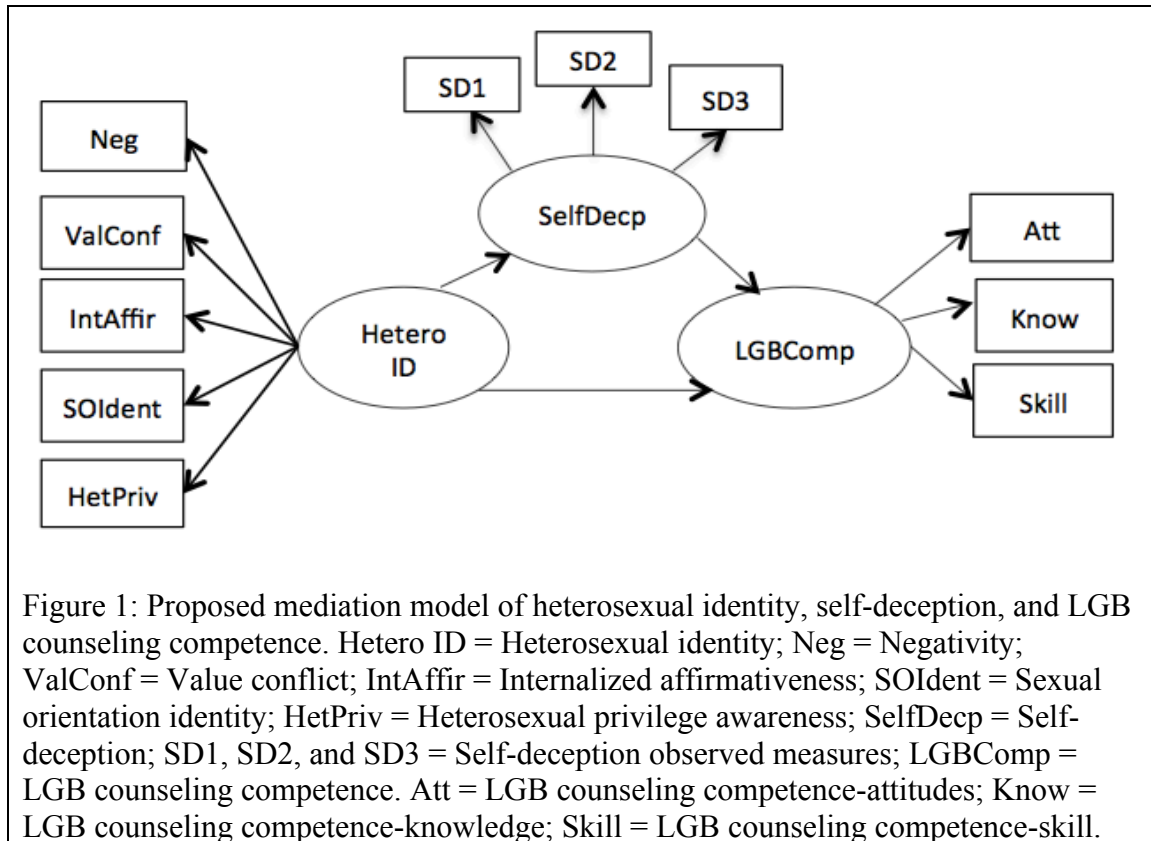
as understanding these relationships may provide insight into counseling and counselor education with LGB clients. Additionally, the inclusion of self-deception as a mediator

Although there are several theoretical models of heterosexual identity development (Mohr, 2002; Worthington et al., 2002; Sullivan, 1998), there is a lack of empirical research in this area. Furthermore, research studies on sexual identity (Eliason, 1995; Morgan, 2012; Morgan et al., 2010; Morgan & Thompson, 2011) broadly focus on all areas of sexuality, rather than the specific component of sexual orientation identity. The research in this area is also frequently limited to the experiences of college students rather than counselors or counselors-in-training. Empirical studies exploring heterosexual identity with mental health professionals or trainees focus on privilege and attitudes towards LGB individuals (Rainey & Trusty, 2007; Simoni & Walters, 2001). To date, no research studies have been identified in the literature that empirically test a model of heterosexual identity. The current study is the first of its kind, exploring a composite model of heterosexual identity and its impact on graduate counselors' self-reported competence with LGB individuals in counseling.

Research Question and Hypotheses

The research question for the current study is as follows: What is the relationship between heterosexual identity, self-deception and counseling competence with LGB individuals? First, the researcher hypothesized that the observed variables of sexual orientation identity, heterosexual privilege awareness, negativity, value conflict, and internalized affirmativeness measure the latent heterosexual identity variable. Second, it is hypothesized that observed variables of attitudes, knowledge, and skill measure the variable of LGB counseling competence. Third, the researcher suggests that there is a

direct relationship between (a) heterosexual identity and counseling competence with LGB individuals, (b) heterosexual identity and self-deception, and (c) self-deception and counseling competence with LGB individuals. Fourth, it is hypothesized that self-deception mediates the relationship between heterosexual identity and counseling competence with LGB individuals. The conceptual model is provided in Figure 1.



There are three hypotheses guiding the current study,

Hypothesis One: The hypothesized measurement model covariance matrix will be equal to the empirical covariance matrix.

Hypothesis Two: The implied covariance matrix for the conceptual structural model will be equal to the empirically derived covariance matrix.

Hypothesis Three: All the path coefficients in the model will be statistically significant.

Research Design

A correlational research design was used to investigate the relationships between heterosexual identity, counseling competence with LGB individual, and self-deception with a sample of 207 graduate counselors. Structural Equation Modeling (SEM) was used to test a proposed composite model of heterosexual identity. Second, direct relationships were tested between all three of the variables. Lastly, the researcher tested a mediation model to investigate mediating effects of self-deception between heterosexual identity and LGB counseling competence because of the hypothesized relationship of self-deception with heterosexual identity and counseling competence with LGB clients.

Assumptions

There are several assumptions in the study. First, it is assumed that participants will answer all items willingly and honestly. Second, the study assumes discrete categories of sexual orientation, although sexual orientation is believed to exist on a continuum ranging from exclusive heterosexuality to exclusive homosexuality. Third, it is assumed that the instruments are valid and accurately assess the constructs.

Delimitations

The study is delimited to self-identified heterosexual graduate (Master's and Doctoral) counseling students in the US. All participants must self-identify as heterosexual and those who identify as lesbian, gay, bisexual, Questioning or Queer will be excluded. The study is also delimited to current counseling students in counseling programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), in order to maintain consistency of educational requirements.

Limitations

The study does not address intersecting identities that may affect the conceptualization of privilege identity. Because the emphasis on LGB issues in counseling is not uniform across all CACREP-Accredited programs, participants' LGB training experiences may vary. The researcher recruited a convenience sample, therefore not all eligible counseling students had an equal opportunity to be included in the study. Thus, the findings may not be generalizable to all counseling students across the US.

Threats to Validity

Threats to Internal Validity

In the current study, there are several threats to internal validity, which must be considered in the interpretation of results. Because the current study is not experimental in nature, internal validity issues are primarily issues with measurement. The instruments used in this study have demonstrated reliability and validity, but because respondents may be sensitive to the constructs assessed, impression management may be a threat to internal validity. Data collection procedures should reduce the likelihood of impression management effects since the survey was completed online, and responses were anonymous and confidential. Participants were assured of anonymity and confidentiality prior to viewing the survey.

Threats to External Validity

There are also several threats to external validity in the current study. The study used convenience sampling procedures. Thus, the sample is not generalizable to all counseling students. The study is also be subject to self-selection bias because

individuals that chose to participate in the study may have had a preexisting interest in LGB issues in counseling.

Operational Definitions

Negativity

Negativity towards LGB individuals is measured using the Hate subscale of the Lesbian, Gay, and Bisexual Knowledge and Attitudes Scale for Heterosexuals (LGB-KASH; Worthington et al., 2008). Negativity using this scale is operationally defined as “attitudes about avoidance, self-consciousness, hatred, and violence toward LGB individuals (Dillon & Worthington, 2011, p. 407).

Value Conflict

Value conflict about LGB individuals is measured using the religious conflict subscale of the Lesbian, Gay, and Bisexual Knowledge and Attitudes Scale for Heterosexuals (LGB-KASH; Worthington et al., 2008). This is operationally defined as “conflict beliefs and ambivalent homonegativity with respect to LGB individuals, often of a religious nature” (Dillon & Worthington, 2011, p. 407). Several items do not specify religion as the source of value conflict.

Internalized Affirmativeness

Internalized affirmativeness is a component of attitudes toward LGB individuals, as measured by the internalized affirmativeness subscale of the Lesbian, Gay, and Bisexual Knowledge and Attitudes Scale for Heterosexuals (LGB-KASH; Worthington et al., 2008). This subscale measures an individual’s “willingness to engage in proactive social activism for LGB issues and internalized sense of comfort with same-sex attractions” (Dillon & Worthington, 2011, p. 407).

Sexual Orientation Identity

Sexual orientation identity is measured using the sexual orientation uncertainty subscale of the Measure of Sexual Identity Exploration and Commitment (MoSIEC; Worthington, Navarro, Savoy, & Hampton, 2008). The sexual orientation identity subscale assesses “commitment or lack of commitment to a sexual orientation identity” (Navarro, Savoy, & Worthington, 2011, p. 435).

Heterosexual Privilege Awareness

Heterosexual privilege awareness is measured using a modified version the Heterosexual Privilege Awareness Scale (HPA; Case & Stewart, 2010). Heterosexual privilege awareness is operationally defined in this study as “recognition of systematic advantage for heterosexuals in society” (Case & Stewart, 2010, p. 173). The modifications alter the language to indicate a more personalized knowledge of privilege and use inclusive language to specify lesbian, gay and bisexual individuals.

Self-deception

Self-deception is measured using the Self-deceptive Positivity subscale of the Balanced Inventory of Desirable Responding (BIDR-6; Paulhus, 1991). This subscale measures “the tendency to give oneself reports that are honest but positively biased” (Paulhus, 1991, p. 37).

LGB Counseling Competence

Counseling competence with LGB individuals is measured through the Sexual Orientation Counselor Competence Scale (SOCCS; Bidell, 2005). There are three subscales that measure counselor attitudes, knowledge, and skill based on the model of multicultural counseling competence (Sue, Arredondo, & McDavis, 1992). The Attitudes

subscale emphasizes the attitudes component of awareness, due the typically evaluative nature of attitudes based on sexual orientation. This differs from other dimensions of diversity, in that same-sex orientations can be viewed as immoral or even invalid, unlike race or gender. Thus, the Attitudes subscale measures “a mental health professional’s attitudes and prejudice about LGB individuals” (Bidell, 2005, p. 272). The Knowledge subscale measures “an understanding of mental health issues specific to LGB clients” (Bidell, 2005, p. 274). The Skills subscale is defined as “counselor’s direct clinical experience and skills with LGB clients” (Bidell, 2005, p. 272).

Chapter Summary

Chapter One provides an introduction of the problem and describes the rationale for the present study. Because of the disproportionate number of LGB-identified individuals accessing mental health care services, it is surprising to find that counseling practitioners and counselors-in-training report inadequate training to work with LGB clients and limited clinical skills for working with this population. Several studies have reported that training is a significant factor, and counselor sexual orientation frequently emerges as a statistically significant variable in counseling competence with LGB clients. The current study tested a composite measure of heterosexual identity and its relationship to counseling competence with sexual orientation, as mediated by self-deception.

Organization of Study

This dissertation is divided into five chapters. Chapter One presents an overview of the study, including the rationale for the study, statement of the problem, purpose of the study, significance of the study, research questions, hypotheses, delimitations, limitations, assumptions, and operational definitions. Chapter Two provides a review of

relevant literature to the topic of heterosexual identity. Each of the variables is reviewed, along with research on each construct. Chapter Three outlines the methodology used in the study. The chapter describes the participants, data collection procedures, and detailed information on instruments used. Lastly, the chapter will include a description of the data analysis. Chapter Four provides the results of the data analysis. Chapter Five concludes the study with a summary of the findings, discussion of the results, and recommendations for future research.

CHAPTER TWO: REVIEW OF THE LITERATURE

Research indicates that LGB individuals experience a greater prevalence of mental health symptoms (Cochran et al., 2003). Much of which is hypothesized to be the result of LGB-related minority stress (Meyer, 1995; 2003). Additionally, LGB individuals seek mental health services at much higher rates than their heterosexual counterparts (Cochran et al., 2003; Liddle, 1996, 1997; Palma & Stanley, 2002). Given the comparatively high rates of LGB clients accessing counseling services, counselors-in-training must be adequately prepared to provide competent counseling services. Within the multicultural counseling movement, sexual orientation has surfaced as an important dimension of diversity and is often included in multicultural counseling coursework in CACREP-Accredited counseling programs (Pieterse, Evans, Risner-Butler, Collins, & Mason, 2009).

Despite this inclusion of sexual minority issues in multicultural counseling training, counselors and counselors-in-training often report a lack of population-specific counseling knowledge and limited skills in working with LGB clientele (Graham, Carney, & Kluck, 2009). Even more disturbing are LGB clients' reports of counselor avoidance, aggressiveness, and minimization in counseling (Liddle, 1996, 1999a). While some counselors may harbor openly negative attitudes towards LGB clients, some well-meaning counselors may avoid the topic of sexual orientation for fear of causing offense or being culturally insensitive (Mohr, 2002).

Bieschke and Matthews (1996) found that the most powerful predictors of counselor use of LGB-affirmative behavior were counselor sexual orientation and working in a nonheterosexist environment. Similarly, Matthews, Selvidge, and Fisher (2005) found that counselor sexual orientation, attitudes towards lesbians and gays, and nonheterosexist environment accounted for 23% of the variance in counselors reported use of LGB-affirmative counseling behavior. In a study of LGB-affirmative counseling self-efficacy, Dillon et al. (2008) found that LGB counselors reported higher overall LGB-affirmative counseling self-efficacy, in terms of awareness, knowledge application, and assessment skills. It is not particularly surprising that LGB-identified counselors report significantly higher levels of LGB-affirmative counseling self-efficacy. However, significant differences were identified in three areas: (a) obtaining LGB-specific cultural knowledge, (b) engaging in affirmative counseling-related professional activities, and (c) activity in a community of LGB-affirmative colleagues (Dillon et al., 2008), which are reasonably accessible to heterosexual and sexual minority counselors alike.

Additional research suggests that mental health clinicians consistently report high levels of affirmative attitudes towards LGB individuals (Henke, Carlson, & McGeorge, 2009; Rock et al., 2010). While these findings indicate a positive outlook for counseling competence with LGB clients, high levels of implicit homonegative bias are also frequently reported (Boysen & Vogel, 2008; Cochran, Peavy, & Cauce, 2007; Graham et al., 2012). These conflicting findings indicate a significant barrier between heterosexual-identified counselors and LGB-clients. Mohr (2002) hypothesizes that this barrier may be heterosexual-identified counselors' level of identity development.

Currently, there is an abundance of research on sexual minority identity development (Cass, 1979; McCarn & Fassinger, 1996; Weinberg et al. 1994), however heterosexual identity development is largely ignored in the professional literature. It is assumed that this gap in the literature is based on the heteronormative social context in the US, which deems a heterosexual orientation as a normal experience, with little need for scientific exploration (Hoffman, 2004; Worthington et al., 2002). However, the issue of identity may be of particular importance when exploring heterosexual and LGB interactions in the counseling relationship (Mohr, 2002). The extent to which one's identity as a heterosexual-identified person impacts the way he or she understands LGB individuals has only been explored in a few studies (Dillon et al., 2008; Matthews et al., 2005; Morgan & Thompson, 2011; Morgan et al., 2010; Simoni & Walters, 2001). The research that does exist in this area largely focuses on a global assessment of sexual identity or heterosexual ally development. The research is also typically limited to college student experiences (Case & Stewart, 2010; Eliason, 1995; Konik & Stewart, 2004).

The existing literature provides a foundation for the exploration of heterosexual identity development as an important step in increasing LGB counseling competence. The purpose of the current study is to explore the relationship between heterosexual-identified graduate counselors and their counseling competence with LGB clients. This literature review will be organized in three sections: (a) review of identity development and majority identity, (b) review of heterosexual identity development models, and (c) description of a proposed composite model of heterosexual identity development and relevant research on each component.

Identity Development and Majority Identity

In order to more fully understand the components of heterosexual identity, it is helpful to gain a basic understanding of identity development processes, which provides a framework for understanding identity as conceptualized in the current study. Identity development refers to one's maturation processes in developing a sense of self. Inherent in this process is the presence of a crisis, which involves "a necessary turning point, a crucial moment, when development must move one way or another, marshaling resources of growth, recovery, and further differentiation" (Erikson, 1968, p. 16).

Identity Development Processes

A crisis of identity precipitates one of several responses by the individual. Using Erikson's (1963) earlier work, Marcia (1966) operationalized these responses into four statuses in ego identity formation: (a) identity diffusion, characterized by individuals overall lack of exploration of and commitment to an identity; (b) identity foreclosure, characterized by a high level of commitment to an identity with minimal exploration; (c) identity moratorium, and (d) identity achievement, characterized by a high level of commitment to an identity after a process of active exploration and questioning. As depicted in Table 1, these identity statuses fall along the continua of exploration and commitment.

Table 1. Ego identity statuses

	High Commitment	Low Commitment
High Exploration	Identity achievement	Identity moratorium
Low Exploration	Identity foreclosure	Identity diffusion

Note: Four ego identity statuses based on Marcia's (1966) categories of identity development.

Where one falls relative to these two components reflects one's ego-identity status (Marcia, 1966). Identity achievement reflects high levels of development and is typically characterized by active development of cohesive identity. Two essential components in this definition include (a) an internally consistent sense of self, and (b) self-presentation consistent with that identity (Erikson, 1968; Konik & Stewart, 2004). Erikson (1968) suggests that identity achievement is a critical psychosocial task that all individuals must complete in order to be psychologically healthy.

Erikson's (1963, 1968) writing on youth and identity contributes significantly to our understanding of identity development processes and outcomes. While development of a congruent, defined identity is a naturally occurring process with all individuals, identity development associated with social identity groups (e.g., race, gender, sexual orientation) differs based on experiences of privilege and oppression (Allport, 1954). Those experiencing oppression may exhibit a variety of behaviors in response to oppression based on an identity, including strengthening within-group ties, aggression towards dominant group members, and withdrawal (Allport, 1954). Conversely, those in the dominant group constantly experience reinforcement that their identity is inherently good, correct, or normal (Allport, 1954; Black & Stone, 2005; McIntosh, 1988). This societal reinforcement of identity makes exploration of self, privilege, and oppression irrelevant (McIntosh, 1988). Until individuals are faced with a crisis in which to explore their identities, they frequently exist in a state of moratorium or foreclosure, largely shaped by the environment (Konik & Stewart, 2004; Mohr, 2002). In the case of sexual minorities, this crisis is usually a catalyst in which individuals question assumptions of heterosexuality and begin the developmental

process of adopting a sexual minority identity (Cass, 1979; McCarn & Fassinger, 1996; Weinberg, Williams, & Pryor, 1994).

Majority Identity

Despite the professional emphasis on exploring identity development within social identity groups, research on majority identity is limited. White racial identity research (Cross, 1978; Hardiman & Jackson, 1992; Helms, 1995) and ally development literature (Casey & Smith, 2010; Duhigg, Rostosky, Gray, & Wimsatt, 2010) provide a helpful framework to conceptualize majority identity development. Helms (1995) describes White racial identity development as a dual process model that involves abandonment of racism and defining a non-racist White identity. Similarly, ally development focuses on the process of individuals from dominant groups (e.g., males, able-bodied individuals, heterosexuals) as they work to end oppression in their daily lives as advocates for and with those experiencing oppression (Duhigg et al., 2010). There has been some criticism of White racial identity development models for perceived overemphasis on attitudes towards people of Color instead of their own White identities. However, dominant group identities, norms, and values are rarely challenged on a societal level (Allport, 1954), therefore it is logical that majority identity is largely influenced by view of and experiences with minority others. Similarly, heterosexual individuals are defined by denial of a sexual minority identity, rather than active development of a heterosexual identity (Eliason, 1995; Rich, 1980).

White racial identity development models (Cross, 1978; Hardiman & Jackson, 1992; Helms, 1995) have identified a semi-predictable pattern of development and cognitive processes that characterize each stage/status (Helms, 1995). Attitudes

indicating early statuses of identity development reflect an obliviousness or naïveté to issues of race and racism (Hardiman & Jackson, 1992; Helms, 1995). As issues of racism are brought to their awareness, Whites often experience confusion and angst as worldview assumptions are challenged. In this process, White individuals frequently experience significant defensiveness, resulting in anger towards culturally different others and strengthened in-group ties (Helms, 1995). It is also common for individuals to experience dissonance about their White identity. As awareness of racial inequity develops, White individuals can intellectually recognize racial disparities and cognitively accept that they receive unearned privileges based on race. This cognitive awareness can exist without internalization of anti-racist values (Hays, Chang & Dean, 2004). Those in more developed stages of White identity reflect increased awareness, active questioning of race-related assumptions and commitment to an anti-racist worldview.

While there are some criticisms of this work including minimal inclusion of multiple identities and the recursive nature of identity development, research findings continue to reflect consistent themes in dominant group identity development (Casey & Smith, 2010; Duhigg et al., 2010; Hays et al., 2004). Many of these themes similarly apply to heterosexual identity development and are reflected in research on heterosexual identity development (Eliason, 1995, Simoni & Walters, 2001). One distinct difference of heterosexual identity is the invisible nature of sexual orientation. Unlike race, sexual orientation is a latent identity that may be unknown to the individual and others (Kus & Sanders, 1985). While this invisibility may make

heterosexual identity development more complex, issues of privilege and attitudes towards self and others manifest in comparable ways.

Summary

Erikson (1963; 1968) and Marcia (1966) provide a foundation for understanding identity development. Based on this groundwork, racial identity development models (Cross, 1978; Hardiman & Jackson, 1992; Helms, 1995) and ally development research (Casey & Smith, 2010; Duhigg et al., 2010) have identified statuses/stages that describe consistent patterns and themes typically seen in majority identity development.

Response to a privileged identity and attitudes towards minority others are identified as significant components in majority identity development theories.

Heterosexual Identity Models

To date, three models of heterosexual identity have been proposed that focus on the internal processes of heterosexual identity development. These models extract themes and processes from sexual minority identity development, White racial identity development, and social psychology, however none of these models have been empirically tested. Sullivan's (1998) model is largely based on White racial identity development, emphasizing the cognitive process and attitudinal changes experienced by those in the dominant group. Sullivan describes the processes of acknowledging a privileged heterosexual status and developing an ally identity. Mohr's (2002) model describes precursors to heterosexual identity, working models for understanding information about sexual orientation, and the need for heterosexuals to maintain identity consistency, particularly in the counselor-client relationship. Worthington et al. (2002) propose a model that describes biopsychosocial influences, individual

identity, group membership identity, and attitudes towards LGB individuals in heterosexual identity. In this section, the author will describe three models of heterosexual identity as identified by Sullivan (1998), Mohr (2002), and Worthington et al., (2002), providing an overview of the main components of each model.

Sullivan (1998) Model

Sullivan (1998) explored a model of heterosexual identity, focusing specifically on how this identity development process may manifest for college students. This model was one of the first to focus on the parallel developmental processes of heterosexual and LGB individuals. Sullivan (1998) uses Hardiman and Jackson's (1992) model of White racial identity development as a basis; recognizing the impact of self-awareness as a dominant group member, understanding of privilege, and view of LGB individuals. This model does not seek to explore biopsychosocial factors, though it does emphasize the influence of a heteronormative social context in shaping attitudes and understanding sexual identity development. The primary purposes of this model were to provide context for understanding students' sexual identity development processes and introduce interventions for college faculty and administrators. Sullivan's (1998) model includes five stages, highlighting differing experiences between heterosexual and LGB-identified individuals as they progress through the stages. The five stages of this model include: (a) naïveté, (b) acceptance, (c) resistance, (d) redefinition, and (e) internalization. Each stage and respective key themes will be presented and summarized.

In the naïveté stage, individuals have little to no awareness of sexual orientation. Socialization in a heteronormative culture teaches children that

heterosexuality is the only normal, correct expression of sexuality, and children in this stage are only beginning to learn this norm. Sullivan (1998) cites examples of children of the same gender openly expressing affectionate behavior with one another. During this stage, individuals rarely experience the strong, homonegative feelings often expressed later in life.

By the time individuals reach the acceptance stage, they have largely internalized the dominant heterosexist ideology. This stage can include both passive and active manifestations. Passive manifestations may include heterosexuals taking their orientation for granted and maintaining assumptions that heterosexuality is inherently superior to same-sex sexuality. Heterosexuals in this stage may also have implicit negative assumptions and ingrained stereotypes about LGB individuals (e.g., “gay people shouldn’t ‘flaunt’ their sexuality,” “same-sex relationships are all about sex”). Active manifestations may include overtly hostile expressions of same-sex sexuality and LGB individuals, which are aggressively upheld (e.g., hypersexual heterosexual behavior to prove “straightness” to others, harassment or violent behavior towards LGB individuals).

The resistance stage is brought by the awareness of pervasive heterosexism and systemic oppression of LGB individuals, prompting a crisis of identity in which individuals respond passively and/or actively. In passive resistance, heterosexuals may experience dissonance between their privileged heterosexual identity and powerlessness to effect change as the “oppressor.” In this stage, heterosexuals may also distance themselves from heterosexuals and seek involvement in the LGB community in an attempt to reduce their own dissonance related to their experiences of privilege.

Sullivan also notes that heterosexuals in the resistance stage begin to experience a new, greater appreciation for LGB individuals and gay culture.

The redefinition stage focuses on one's process of redefining sexual orientation identity independently of heterosexism, as opposed to earlier stages in which sexual orientation labels are laden with heteronormative evaluations. As discomfort with same-sex sexuality decreases, individuals experience increased comfort and flexibility with sexual orientation labels. Konik & Stewart (2004) describe the challenges sexual minorities face difficulty coming to terms with their minority status identity in the context of compulsory heterosexuality and constant homonegativity. Similarly, heterosexuals experience difficulty creating self-definitions and dominant-group definitions of their heterosexuality, accepting their privilege and creating a supportive ally identity (Sullivan, 1998).

The internalization stage is characterized by acceptance of one's heterosexual identity, recognizing the impact of one's privilege on self and others, appreciation of diversity within sexual orientation, and commitment to an ally identity. The internalization stage describes a set of attitudes characteristic of internalization of one's identity and privilege rather than an ending point a cumulative process. Individuals in this stage exhibit characteristics of identity achievement as opposed to identity foreclosure, based on their developmental process. It is important to point out that individuals may revisit stages of identity across the lifespan.

Sullivan's (1998) model, based on Hardiman and Jackson's (1992) White racial identity model provides a framework for understanding privilege, views of one's own heterosexual group, and attitudes towards LGB individuals. This model identifies

attitudes common at each level, explaining the cognitive processes and social influences involved in this process. Sullivan's (1998) model provides a foundation for understanding heterosexual identity statuses. No research has specifically tested Sullivan's model, however Simoni and Walters (2001) explored similar themes of privilege and attitudes towards LGB individuals by adapting Helms (1995) model of White racial identity. Using a modified form of the White Racial Identity Attitude Scale, Simoni and Walters (2001) found that lower statuses of heterosexual identity were associated with higher levels of heterosexist attitudes. These findings support the trajectory proposed in Sullivan's (1998) model, although findings do not address some of the issues specific to sexual orientation (e.g., invisibility) and do not provide information on how these relate to counseling competence.

Mohr (2002) Model

Similar to previous literature in heterosexual identity development, Mohr's (2002) model is largely conceptual and is intended to help explain the role of heterosexual identity processes in heterosexual therapists as triggered by working with LGB clients. Mohr's (2002) model describes the processes in which heterosexual-identified adults develop "beliefs and judgments regarding their own sexual orientation and are motivated to express their heterosexuality in ways that sustain a sense of having a positive and coherent identity" (p. 535). That is, this model primarily focuses on the affective, cognitive and behavioral processes that shape development of internal consistency with one's identity (private) and expression of self-definitions in interpersonal contexts (public). The model also recognizes privilege response as important in understanding heterosexual orientation identity, and addresses the impact

of contextual factors in identity development and response to LGB individuals. Mohr (2002) specifies three essential components of a heterosexual identity including, (a) precursors of adult heterosexual identity, (b) determinants of adult heterosexual identity, and (c) determinants of identity states.

Precursors of heterosexual identity are stratified into two components: (a) sexual/romantic attractions, fantasies and behavior experienced in childhood and adolescence; and (b) information about and messages received about sexual orientation in childhood and adolescence. Mohr (2002) describes the impact of a heteronormative social context and the heterosexist bias embedded in religious and cultural influence, and relationship models. This model also includes biological/genetic influences of attractions and interpretative factors involved in the meaning-making process around sexual orientation identity. Several studies of heterosexual identity formation describe similar processes in heterosexual identity formation (Eliason, 1995, Morgan & Thompson, 2011; Morgan et al., 2010). These cumulative early experiences serve as the primary basis of working models, however they comprise only “raw material for identity” (Mohr, 2002, p. 539). In order to make sense of sexual orientation information, individuals develop working models of sexual orientation and identify ways of maintaining internal consistency with an adopted identity.

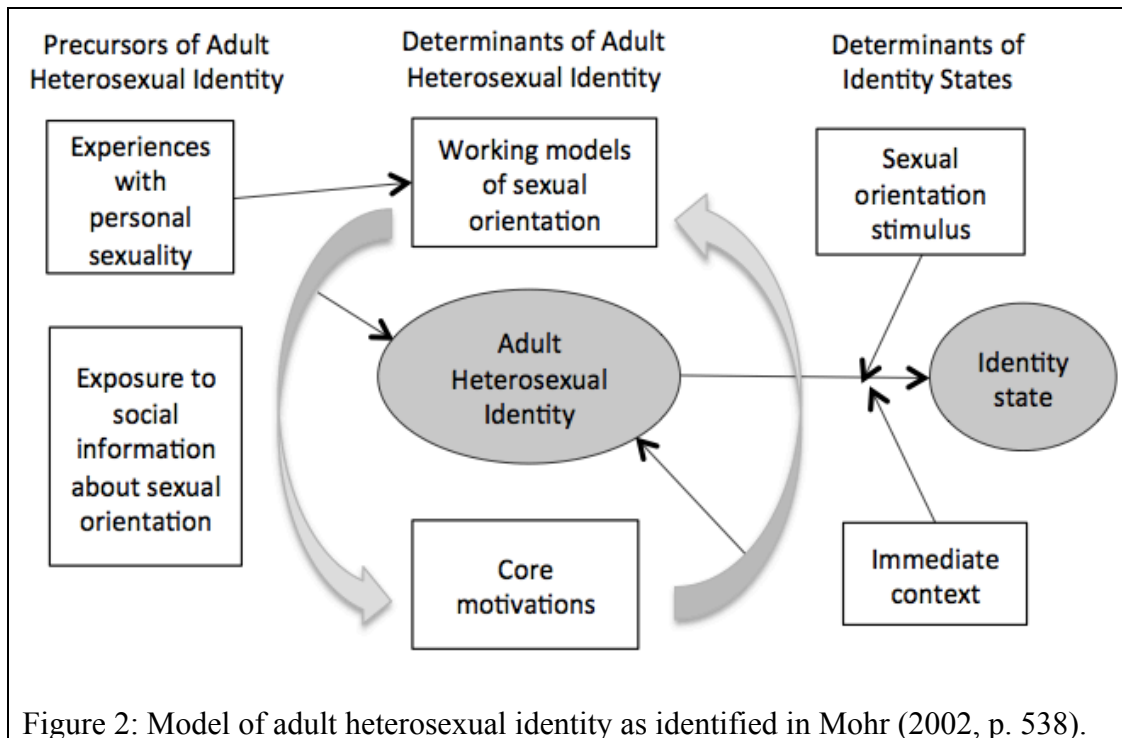
Determinants of adult heterosexual identity encompass two primary components, including one’s working models of sexual orientation and core motivations. A sexual orientation working model is best described as a cognitive schema in which individuals make sense of personal attractions and/or experiences and beliefs about sexual orientation (Mohr, 2002). Typically, individuals maintain a

dominant working model, defined as the most favored model as the primary mode of understanding and responding to sexual orientation information. New information about sexual orientation is either assimilated into the dominant working model, or the dominant working model is modified to accommodate new information. Mohr (2002) proposes four prototypes including: (a) democratic heterosexuality, in which sexual orientation is simply viewed as a individual difference and sexual orientation is not a major issue; (b) compulsory heterosexuality, in which heterosexuality is defined as the only acceptable sexual orientation; (c) politicized heterosexuality, in which LGB individuals are idealized as oppressed survivors of a hostile society; (d) integrative heterosexuality, in which all individuals are viewed as participants in an oppressive system of heterosexism. The prototypes mimic themes identified in identity development models by Helms (1995) and Sullivan (1998). It is useful to note that new experiences can result in revisions within working models as attractions, experiences, and beliefs may change over time.

The second determinant of adult heterosexual identity, core motivations, works synergistically with working models. Core motivations are not inherently related to sexual orientation, however they are apart of universal identity needs in relation to self and others. Mohr (2002) specifies two categories of motivations: (a) the need to fit with and be accepted by social reference groups, and (b) the need to have a clear, internally consistent sense of self. Mohr (2002) speculates that these core motivations may provide a link between one's heterosexual identity and the attitudes towards LGB individuals. Individuals may often experience conflict within their social reference groups that communicate opposing values. For example, a heterosexual identified

counselor-in-training may be in a training program that continually emphasizes LGB-affirmative values, whereas religious and familial communities may emphasize LGB-oppressive values. Mohr (2002) describes working models of sexual orientation and core motivations as working collaboratively to provide a fairly stable sense of adult heterosexual identity.

While working models of sexual orientation and core motivations provide a moderately stable sense of heterosexual identity, this must be distinguished from heterosexual identity states, which can fluctuate based on the sexual orientation stimuli and environmental influence. Mohr (2002) defines an identity state as being determined by the presence of a sexual orientation stimulus and the immediate context in which the stimulus is perceived. Mohr (2002) describes an infinite set of identity state possibilities, in which individuals respond in a way that is internally consistent and meets the need to align with the social reference group. This process is illustrated below in Figure 2, which provides an overview of the influences and processes involved in heterosexual identity. While this is useful in the context of the counselor-client relationship, empirical validation of this model proves challenging in creating operationalized constructs.

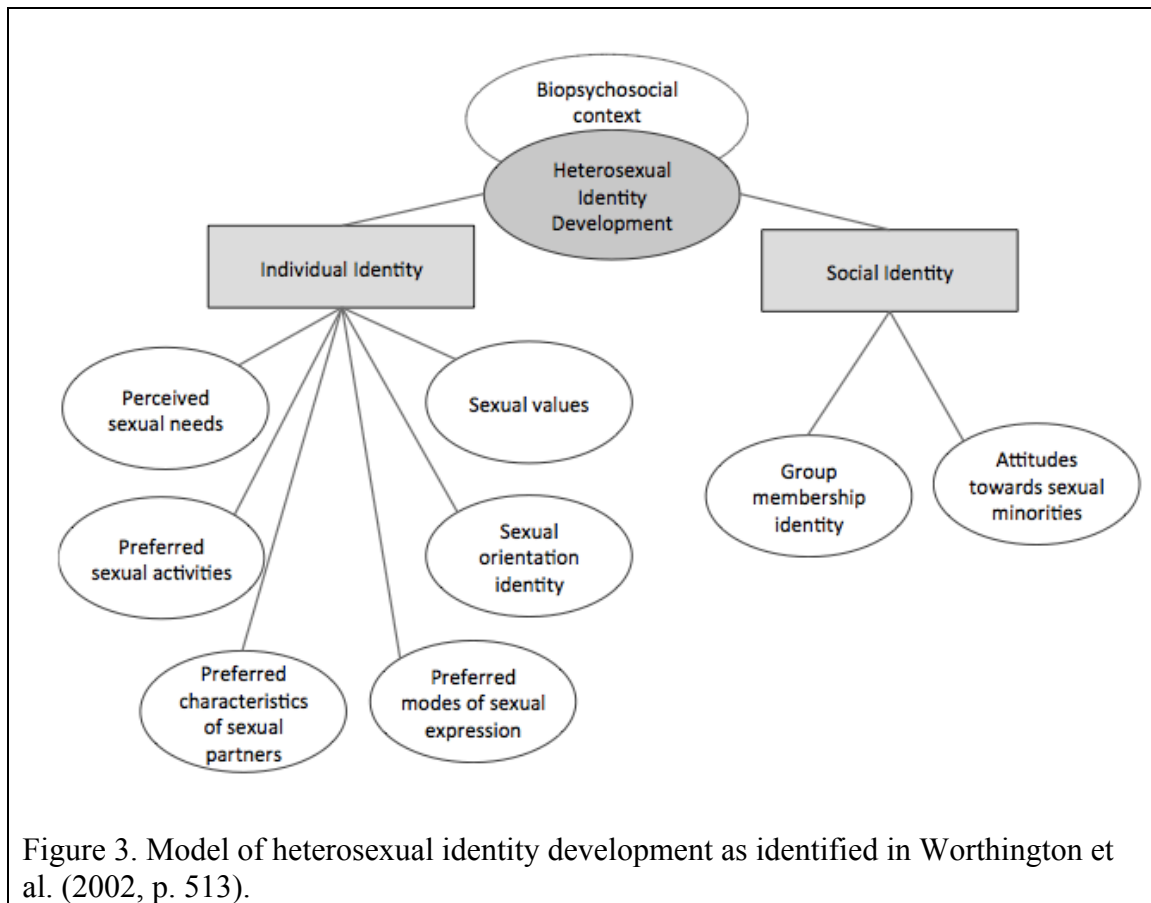


Mohr's (2002) model is a complex process detailing precursors of adult heterosexual identity, determinants of heterosexual identity, and determinants of identity states. Precursors describe influences and social-cultural context, which largely influences the working models of sexual orientation. Mohr (2002) proposes that individuals may use multiple working models of sexual orientation and respond to sexual orientation information differently based on the model accessed at a specific moment in time. With this model, it is important to distinguish between adult heterosexual identity and identity state. While adult heterosexuality is typically a more stable sense of one's sexual orientation identity, an identity state is a more immediate response to sexual orientation issues in a specific environmental context, and this response is usually designed to maintain one's presentation as heterosexual or avoid labeling as a sexual minority. Mohr (2002) discusses identity states as a way of

understanding many counselors' heightened self-consciousness and altered behaviors when working with a LGB client. Because of the ever-changing nature of identity states, the current study will focus more on adult heterosexuality as a more stable sense of one's sexual orientation identity. Mohr's (2002) model provides a way of conceptualizing the influences in heterosexual identity and focuses specifically on the issue of self-presentation and consistency within one's identity.

Worthington, Savoy, Dillon, and Vernaglia (2002) Model

This model identifies two reciprocal processes of identity development including one's (a) individual identity process, comprised of the individual's recognition and acceptance of sexual needs, values, orientation and preferences; and (b) social identity process involving self-labeling, defining group membership, and attitudes towards sexual minorities (Worthington et al., 2002) as shown below in Figure 3. This model also emphasizes the largely heteronormative society and its influence on the biopsychosocial context in identity development. Each of these dimensions of heterosexual identity is reviewed in the following section.



The biopsychosocial influences are largely based on Bronfenbrenner's (1977) ecological model and include: (a) biology; (b) microsocial context; (c) gender norms and socialization; (d) culture; (e) religious orientation; and (f) systemic homonegativity, sexual prejudice, and privilege (Worthington et al., 2002). Biology refers primarily to the genetic and hormonal influences in sexual attractions. While future research may inform our understanding of genetic and hormonal influence in orientation, a purely biological exploration of sexual orientation may not significantly impact identity development processes because of the largely cognitive nature of identity described by Erikson (1968). The microsocial context includes the interpersonal relationships and interactions experienced on a daily basis. Within this context, sexual expectations,

norms, values, and attitudes are explicitly communicated and modeled, and largely influence individual sexual identity development. Religion and culture also play significant roles, often influencing one another, as essential in shaping sexual attitudes and norms (Worthington et al., 2002). Gender also becomes a structure for understanding one's role, and cultural, religious, and societal expectations largely shape expectations and regulate behavior.

Individual identity is the first of the two components described in Worthington et al.'s (2002) model of sexual identity development. Worthington et al. (2002) define individual sexual identity broadly including, (a) sexual needs, which refer to instinctual, biological impulses, interest, and libido; (b) sexual values, which include moral standards and judgments about desirable and acceptable behavior; (c) sexual activities, which describe an individual's behaviors based on attraction, arousal, gratification and reproduction; (d) characteristics of a sexual partner, which include any physical, emotional, spiritual, social, economic or other traits that are preferred in a sexual partner; (e) modes of sexual expression, which include verbal or nonverbal communications that individuals use to indicate sexuality, such as flirting or touching; and (f) sexual orientation identity, encompasses one's personal sexual orientation self-definition, including heterosexual, straight, bisexual, gay, lesbian, asexual, queer, etc. Sexual identity needs are broadly described and inclusive of a range of sexuality-related issues. However, this broad focus on sexual identity may overshadow many of the orientation-specific issues surrounding heterosexual identity.

The social identity components of heterosexual identity include one's group membership identity and attitudes towards sexual minorities. According to Allport

(1954), social group identity development requires that individuals make meaning of both similar and different others. Given this, it is important to understand not only how individuals understand their own heterosexual identity and the privilege associated with it, but also the how they view LGB individuals. These social components relate to and interact with the individual identity components previously discussed, indicating one's identity development status. These statuses include unexplored commitment, active exploration, diffusion, deepening and commitment, and synthesis (Worthington et al., 2002). While these statuses provide a generic label identifying sets of attitudes and experiences, Worthington et al. (2002) suggest caution with maintaining these categories as fixed, linear statuses as individuals progress through statuses at different stages in life and may revisit statuses across the lifespan.

In summary, Worthington et al.'s (2002) model is a detailed model of heterosexual identity exploring individual and social components of heterosexual identity and the biopsychosocial factors that influence these components. Worthington et al., (2002) describe a dual process model in which individuals come to understand their own sexuality and recognize the social meaning of sexual orientation (i.e., nature of privilege and oppression). The emphasis given to attitudes towards those in and out of the reference group is clearly described in this model, and parallels the social and individual developmental model described in McCarn and Fassinger's (1996) lesbian identity development model. While the comprehensive nature of this model provides useful information on all aspects of heterosexual identity, the model emphasizes sexual orientation identity as one of many components of sexual identity, rather than a narrow focus on sexual orientation identity.

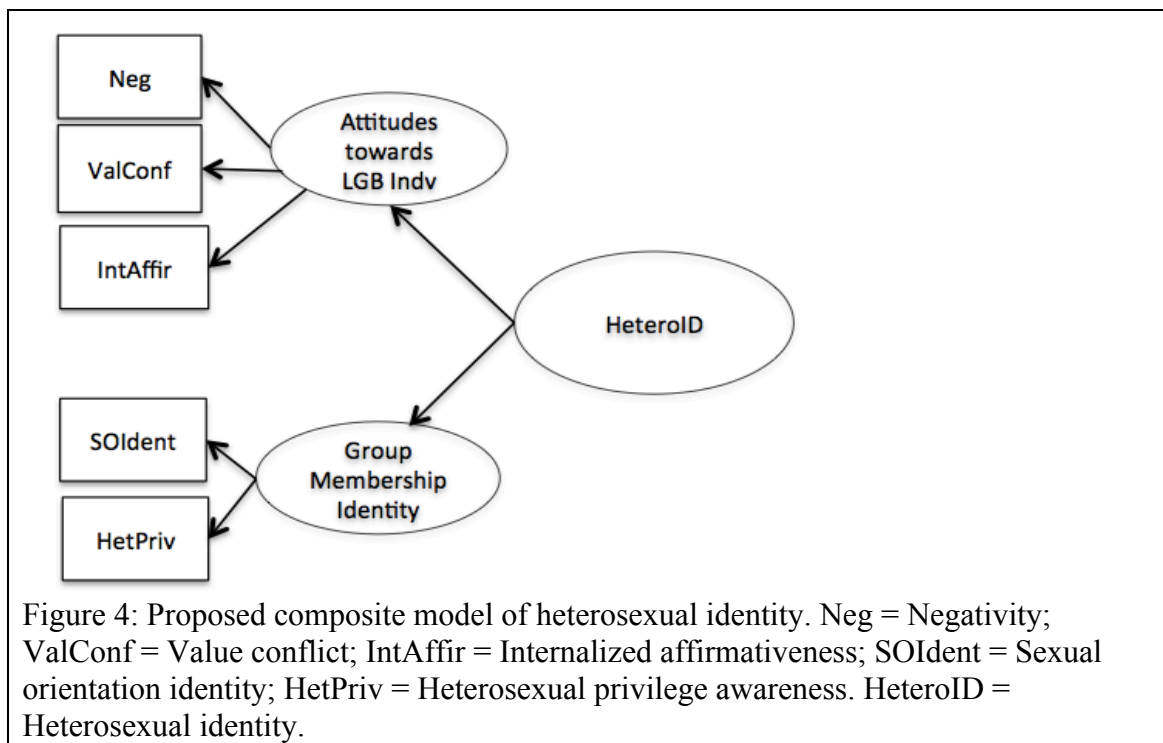
Summary

Though there are three different models of heterosexual identity, similar themes are identified across models. Sullivan's (1998) model provides a foundation for understanding heterosexual identity in terms of ally development and attitudes towards LGB individuals, while lacking the personalized experience of understanding one's sexual orientation identity. Mohr (2002) describes influences of early development and the cognitive process of defining working models sexual orientation, which is largely conceptual and difficult to measure quantitatively. Worthington et al.'s (2002) dual-process model of individual and social identity explores sexual identity broadly, instead of focusing solely on sexual orientation identity. All three models consistently identify attitudes towards same-sex orientations/individual and response to group membership identity as salient in heterosexual identity. Despite several differences in foci, these models (Mohr, 2002; Sullivan, 1998; Worthington et al., 2002) provide the basis for the proposed composite model of heterosexual identity. The variables included in the proposed model are specified using recurring themes from models reviewed and using based on qualitative findings identifying significant theme

A Proposed Composite Model of Heterosexual Identity

Existing theory and research on heterosexual identity indicate that it is a complicated construct to define. Using previous research on majority identity, ally identity, and sexual orientation identity, several components have been identified as salient in defining heterosexual identity. Attitudinal components about LGB orientations/individuals (i.e., negativity, value conflict, internalized affirmativeness), heterosexual privilege awareness, and sexual orientation identity emerge as significant

components that provide a composite measure of heterosexual identity, that is, one's identification with a heterosexual label. The proposed model groups these constructs into two dimensions including attitudes towards LGB orientations/individuals and group membership identity, however it is unknown if the constructs measured comprise a single dimension, which will be tested in the current study. This section describes each component with associated themes (see Figure 4) and relevant research supporting the inclusion of these criteria in the proposed model.



Negativity

Homonegativity is defined as negative feelings and thoughts about LGB orientations or individuals, in contrast to the more familiar term, “homophobia,” which refers to an intense fear or dread of being in close proximity to LGB individuals (Worthington et al., 2005). Historically, these terms have referred to a unidimensional

scale of extremely negative attitudes towards LGB individuals. More recent literature (Brinson, Denby, Crowther, & Brunton, 2011) has identified limitations to a narrow conceptualization of homonegativity, identifying several behaviors that indicate more subtle forms of negativity. These include psychological distancing, condescension, groupthink, interpersonal avoidance, and approval of destructive behavior towards LGB individuals (Brinson et al., 2011; Worthington et al., 2005).

Blatant aggression towards LGB individuals is rarely self-reported in the literature. However experimental studies have found positive relationships between religiosity and aggressive behavior (i.e., hot sauce allocation) towards a LGB-identified target (Blogowska, Saroglou, & Lambert, 2013), as well as significant differences between nonhomophobic and homophobic participants' aggressive behavior (i.e., shock administration) to a LGB-identified target (Bernat., Calhoun, Adams, & Zeichner, 2001). These findings reflect only one component of homonegativity, however LGB individuals report experiencing subtle forms of homonegativity as well, including avoidance, minimization and passive acceptance of discrimination (Herek, 2000; Platt & Lenzen, 2013). Heterosexual individuals report discomfort being around LGB individuals, express negativity towards political and social movements for LGB rights, and dismiss the legitimacy of same-sex orientations (Brinson et al., 2011; Wilkinson, 2004). Dessel et al. (2013) found that students in a sexual orientation intergroup dialogue course without previous contact with LGB individuals frequently reported negative stereotypes and assumptions. These students qualitatively reported reducing stereotypes after engaging in interpersonal interactions with LGB individuals. Because

homonegativity manifests in overt and subtle forms, attitudes addressing various dimensions of negativity relating to sexual orientation are important to include.

Value Conflict

Social context is the primary environment in which expectations, norms, values, and attitudes regarding sexual orientation are explicitly and implicitly communicated (Bronfenbrenner, 1994). Information from multiple sources influences the development of attitudes towards sexual minorities, including culture, religion, family, and media as highlighted by Worthington et al. (2002). Rainey and Trusty (2007) found that political ideology ($\beta = .35$) and religiosity ($\beta = .33$) were also significant predictors of negative attitudes towards gay men and lesbians. Brinson et al. (2011) reported similar findings, with religious individual reporting significantly more negative attitudes towards LGB individuals. While Rosik, Griffith, and Cruz (2007) found that religious (i.e., Christian) rated sexually active heterosexuals as negatively as sexually active gay individuals, indicating that negative attitudes may not be exclusive to same-sex orientation identity, but rather sexual behavior. The often-heard phrase of “love the sinner, hate the sin,” seems consistent across sexual orientations, but these attitudes present difficulty in terms of being open and accepting. Multiple studies indicate that political, religious and social norms strongly influence attitudes towards LGB individuals, further supporting the inclusion of value conflict in heterosexual identity. Interestingly, the way one subscribes to religious and cultural values may be more salient than beliefs themselves, given that religious fundamentalism and right wing authoritarianism are significant predictors of negative and positive attitudes (Goodman & Moradi, 2008; Rowatt et al., 2006).

Qualitative findings indicate that heterosexual individuals report intersecting identities such as religion and culture as salient cultural factors when exploring with a heterosexual ally identity (Dessel et al., 2013). Counseling graduate student participants in Dillon et al.'s (2004) qualitative study reported that socialization was influential in shaping views of LGB individuals. Additionally, Boratav (2006) found that contextual and socialization factors were the most frequently reported influences in sexual orientation identity with Turkish undergraduate students. Religion and culture are often highlighted due to the significant impact these values on attitudes and norms around sexuality (Worthington et al., 2002). Heterosexual individuals frequently report experiencing dissonance with internalized homonegative beliefs and LGB-affirmative education. In a qualitative study of ally development with counseling psychologists and pre-doctoral interns, participants reported struggling with conflicting family and religious values in developing a LGBT ally identity (Asta & Vacha-Haase, 2012). Participants described these conflicts and processes as integral in their ally development process.

Internalized Affirmativeness

Research often measures LGB-affirmativeness as the absence of homonegativity, however LGB-affirmativeness is less often explored in the literature, extending beyond tolerance to an internalized valuing of same-sex orientations. LGB-affirmativeness is defined as “positive, affirmative attitudes towards LGB individuals” (Worthington et al., 2005, p. 104). This includes comfort with being assumed as LGB and/or comfort with experience a same-sex attraction. Due to the invisible nature of sexual orientation, one's heterosexual identity can be challenged through association with LGB-identified

individuals (Duhigg et al., 2010). Participants in Dessel et al. (2013) and Walls et al. (2009) reported conflicted feelings related to assumptions of a LGB orientation due to their involvement in LGB-affirmative activities. These participants reported that this awareness was instrumental in understanding issues in their development as a heterosexual ally. Internalized affirmativeness explores these components, as this describes a personalized, open attitude to sexual orientation diversity.

For heterosexual allies, developing positive, accepting attitudes about same-sex sexuality and LGB individuals is an active process. Participants in Dillon et al. (2004) reported reducing discomfort related to gender expectations, developing close relationships with LGB individuals, and engaging in activism as developmental components in their ally development process. Herek and Capitano (1996) found that heterosexuals with interpersonal contact with gay men and lesbians reported more positive attitudes than individuals who did not have contacts. Similarly, Rainey and Trusty (2007) found that positive experiences with gay men and lesbians significantly predicted positive attitudes towards LGB individuals. Advocacy and social justice involvement also seem to be essential components of internalized affirmativeness as identified in several studies (Asta & Vacha-Haase, 2012; Duhigg et al., 2010).

Research indicates that interpersonal contact, open attitudes about sexual orientation and positive experiences with individuals who identify as LGB increase positive attitudes.

Sexual Orientation Identity

Sexual orientation identity emerges as an important component of heterosexual identity in several research studies (Eliason, 1995; Morgan et al., 2010; Morgan &

Thompson, 2011). In exploring sexual orientation identity, it is important to distinguish it from other constructs as they are often used synonymously (Sell, 1997). Worthington et al. (2002) differentiate between sexual orientation, sexual identity, and sexual orientation identity. Sexual orientation includes descriptions of biological and inborn components of sexuality (Sell, 1997), which does not address the cognitive components inherently involved in identity development. Sexual identity also differs from sexual orientation identity in that it is an all-encompassing construct of sexuality, describing sexual behaviors, attractions, orientation and values (Worthington et al., 2002). Sexual orientation identity describes how individuals perceive and accept their sexuality-related predispositions (Worthington et al., 2002). While there is limited research on heterosexual orientation identity, several studies describe common developmental themes of heterosexual-identified individuals (Boratav, 2006; Eliason, 1995; Konik & Stewart, 2004; Morgan et al., 2010; Morgan & Thompson, 2011). These themes typically employ Marcia's (1966) statuses of exploration and commitment to categorize sexual orientation identity.

In a qualitative study with undergraduate college students, approximately 80% of both women and men reported that outside forces (e.g., culture, society) determined their heterosexuality, indicating a state of sexual identity foreclosure (Eliason, 1995). Fifty percent of males and 33% of females were categorized as being in a state of identity foreclosure (Eliason, 1995) based on Marcia's (1966) stages of identity. Similarly, Boratav (2006) found that a majority of Turkish students selected outside forces as shaping their sexual orientation, including 40% specifying society/culture, 37% indicating family influences, 19% reporting peer influences, and 17% reporting

heterosexual modeling. These findings are noteworthy in distinguishing sexual orientation identity from sexual orientation, given that only 21% reported biological factors and 20% reported personal feelings/ideas (Boratav, 2006). Using Marcia's (1966) stages, Konik and Stewart (2004) found that identifying as heterosexual was associated with greater political diffusion, foreclosure and moratorium, and religious diffusion and foreclosure. Overall, heterosexual-identified individuals were less likely than LGB individuals to report higher stages of global identity development.

Consistent with descriptions of compulsive heterosexuality (Rich, 1980) and models of heterosexual identity development (Hoffman, 2004; Mohr, 2002; Sullivan, 1998; Worthington et al., 2002), it appears that most heterosexual-identified individuals fit Marcia's (1966) stage of identity foreclosure in terms of sexual orientation identity.

Heterosexual Privilege Awareness

As with White racial identity (Helms, 1995), privilege awareness is an integral component of majority identity development. In this study, privilege will be defined as "any entitlement, sanction, power, and advantage or right granted to a person or group by birthright membership in a prescribed group or groups." (Black & Stone, 2005, p. 245). In the case of heterosexual-identified individuals, privilege is maintained through social and political oppression of LGB individuals. Those identified as heterosexual are simply "normal," and social, political and institutional influences result in the unquestioned assumption of heterosexuality (Eliason, 1995; Rich, 1980). This experience of never having to question the "rightness" of one's identity is a direct result of privilege, which largely functions outside of one's awareness (McIntosh, 1988).

Awareness of one's privilege may not become salient for those in the dominant group until confronted with those identified as different.

Deconstructing privilege involves a process of active exploration in which individuals increase their awareness and resolve their dissonance with being the beneficiary of unearned privileges and the necessary byproduct of others' unearned marginalization (Erikson, 1968; Helms, 1995; McIntosh, 1988). A qualitative study explored themes associated with privilege awareness in social work graduate students, identifying several themes that could be categorized in stages including, (a) external awareness of heterosexual privilege, (b) gaining support in their privilege awareness journey, (c) internal awareness of the pervasiveness of heterosexual privilege, (d) internal awareness of their participation in perpetuating privilege, and (e) internalized ally identity and recognition of lifelong developmental process (Walls et al., 2009). Duhigg et al. (2010) found that all participants reported recognition of oppression and privilege and the emotional journal that followed as a monumental process in their heterosexual ally identity development. In pre- and post-tests of an undergraduate diversity course, students' heterosexual privilege awareness increased over time, as did their support for gay legal rights (Case & Stewart, 2010). Students in this study also reported significantly higher privilege awareness than the comparison group, indicating that education about sexual orientation issues and privilege may increase positive attitudes and egalitarian beliefs. These themes were consistent with Sullivan's (1998) heterosexual identity model and other ally identity development research (Asta & Vacha-Haase, 2012).

Summary

The findings in the literature indicate that the components presented here provide a strong theoretical and empirical basis for the proposed composite model of heterosexual identity. While the proposed model may not be an exhaustive list of factors in heterosexual identity, it does provide a framework for understanding heterosexual identity. Using racial identity development theory (Hardiman & Jackson, 1992; Helms, 1995) in conjunction with heterosexual identity models (Mohr, 2002; Sullivan, 1998; Worthington et al., 2002) as the theoretical underpinning for the proposed model, negativity, value conflict, internalized affirmativeness, sexual orientation identity, and heterosexual privilege awareness are identified as important components in a model of composite heterosexual identity.

Negativity towards LGB orientations/individuals describes one's level of discomfort with same-sex sexuality. Value conflict describes one's religious, cultural and social values around same-sex sexuality and the degree of conflict experienced in attitude formation. Internalized affirmativeness refers to positive attitudes towards same-sex sexuality and advocacy. Sexual orientation identity provides an understanding of one's internal commitment to a sexual orientation identity and internalization of one's sexuality-related predispositions. Heterosexual privilege awareness includes one's internalized awareness of and response to privilege based on sexual orientation. These constructs collectively describe the proposed composite model of heterosexual identity. Using these constructs, a model of heterosexual identity will be tested in the current study.

LGB Counseling Competence

This section will review counseling competency with sexual orientation issues. This construct is based on the tripartite mode of multicultural counseling competence (Arredondo et al., 1996; Sue et al., 1992), and applies these same components to clinical work with LGB individuals (Bidell, 2005). This section will briefly review the influence of the multicultural counseling movement on sexual orientation counseling competency. This section will also review sexual orientation counseling competence, which includes counselor awareness of personal values and bias towards LGB individuals, knowledge of LGB issues and community, and skill in appropriate usage of counseling interventions with LGB clients.

Influence of Multicultural Counseling

Throughout the past 20 years, multicultural counseling issues have been at the forefront of the counseling profession. Broadly speaking, multicultural counseling refers to “preparation and practices that integrate multicultural and culture-specific awareness, knowledge and skills into counseling interactions” (Arredondo et al., 1996, p. 43). This definition offers a framework for understanding the focus and subsequent literature that focuses on cultural issues in counseling. The development of the Multicultural Counseling Competencies (Arredondo et al., 1996; Sue et al., 1992) adopted by the Association for Multicultural Counseling and Development may be the most impactful product of the multicultural counseling movement. The model of multicultural competence identifies three primary areas in multicultural counseling competence: (a) counselor awareness of own cultural values and biases, (b) counselor

knowledge of client's worldview, and (c) culturally appropriate intervention strategies (Arredondo et al., 1996).

Despite considerable overlap, multicultural counseling and LGB counseling have developed independently from one another, frequently competing for inclusion in counselor education (Israel & Selvidge, 2003). Even with this historical contention, several (Alderson, 2004; Israel and Selvidge, 2003; Rutter et al., 2008) have explored ways to extend the multicultural counseling competence model to LGB issues. Logan and Barret (2005) developed counseling competencies for working with sexual minority clients addressing professional identity, social and cultural diversity, human growth and development, career development, helping relationships, group work, assessment, and research and program evaluation, mirroring CACREP (2009) standards for counselor education. The competencies developed from this work provide an educational basis for affirmative counselor training.

Counselor Awareness of Personal Values and Bias Towards LGB Individuals

An important component of counselor competence is self-awareness. This includes awareness of one's personal values, attitudes, and beliefs, and how these may impact clinical work and therapeutic relationship building (Arredondo et al., 1996). McGeorge and Carlson (2011) identify three tasks of self-exploration for heterosexual therapists, including exploring their own heteronormative assumptions, heterosexual privilege and heterosexual identity. These components mirror several models of sexual identity development (Mohr, 2002; Worthington et al., 2002) and are evidenced in the proposed model of composite heterosexual identity. With sexual orientation counselor competence, awareness is often translated into attitudes since sexual orientation is

identified as the only minority category in which religious and cultural beliefs are used to justify intolerance of a minority group (Bidell, 2005). This includes denying the existence of same-sex orientations, pathologizing same-sex sexuality, and identifying orientation as the cause of mental health issues.

While research indicates that counselors-in-training report overall positive attitudes towards LGB individuals, a significant gap exists between affirming attitudes and competent practice. Using a measure of heterosexual identity with attitudes most closely resembling Sullivan's (1998) developmental stages, Simoni and Walters (2001) found that high levels of heterosexual identity indicated lower levels of heterosexism, while attitudes indicating lower stages of identity were associated with higher levels of heterosexism. Participants in Israel and Hackett's (2004) LGB training workshop reported higher levels of LGB-specific knowledge than the comparison group, after training, although they reported a decrease in positive LGB attitudes. Israel and Hackett (2004) suggested that being challenged to explore attitudes in a workshop setting might have contributed to a decreased, but more accurate report of attitudes towards LGB orientations. Cochran et al. (2007) found that heterosexual-identified substance abuse counselors showed high levels of implicit bias towards LGB individuals, while reporting low levels of heterosexist bias.

Knowledge of LGB Issues and Community

Knowledge of LGB issues and community are frequently discussed, in counselor education, however effective implementation remains elusive. Counseling programs have tended to either offer a specialized course focused on sexual minorities, rather than infusing LGB issues throughout the curriculum, which may exclude this

information from students who represent the highest need (Alderson, 2004). Based on a model of multicultural counseling competence, counseling knowledge is the primary avenue by which counselor educators impact overall LGB competence. Much of the knowledge base in counselor education centers on LGB identity development and coming out issues (Pachankis & Goldfried, 2004). Some findings indicate that full credit courses on LGBT issues in counseling can significantly improve graduate counselors' reported knowledge and skill (Bidell, 2012; Rutter et al., 2008), though having a minimal effect on attitudes, possibly due to self-selection bias or self-deceptive positivity. In counselor education, LGB issues are often added to multicultural course content instead of effectively being infused throughout courses across the training program (Pieterse et al., 2009).

Logan and Barret (2006) specify counseling competencies for each CACREP core training areas, which are well designed to be infused across the counselor education curriculum. While LGB counseling training would seem to be the most likely focus in counselor education, Rock et al. (2010) found that 60.5% of couple and family therapists reported that they received no training on affirmative therapy practices and 62.6% received no training on LGB identity development models. While there has been debate over the infusion of LGB issues in multicultural courses (Israel & Selvidge, 2003), content about LGB issues, were included in 72% of multicultural counseling course syllabi in Pieterse et al. (2009). Additionally, Israel and Hackett's (2004) findings indicate that counselors-in-training increase knowledge with a significant effect size ($\eta^2 = .51$), even after a single session. Rutter et al. (2008)

similarly reported increased knowledge and skill level after training, but found no significant changes in counselor trainees' attitudes.

Skill in Counseling Interventions with LGB Clients

While counseling skill can be broadly defined, Dillon and Worthington (2003) specify a model of LGB affirmative counseling based on theory and existing research. This model includes knowledge of LGB issues in counseling, awareness of one's and others' identity, advocacy skills, developing counseling relationship and assessment of relevant issues. As with other measures of counselor competence, counselors report lower level of LGB counseling skill and self-efficacy (Dillon & Worthington, 2003; Rutter et al., 2008).

Biescheke and Matthews (1996) found that career counselors' affirmative behaviors with LGB clients was predicted by a nonheterosexist organizational climate and counselor's sexual orientation, although demographic variables were not statistically significant predictors. However, with additions counselors, Matthews et al. (2005) found demographic variables accounted for 16% of the variance with use of affirmative behaviors with LGB clients, with female counselors and practitioners with more years in the field reporting higher scores. Further, counselor sexual orientation, nonheterosexist organizational climate, and attitudes towards LGB accounted for an additional 23% of the variance. In a study exploring counselor competence with bisexual clients, attitudes towards bisexuality was the only significant predictor of perceived and actual bisexual counseling competence (Brooks & Inman, 2013). It is particularly interesting that counselor heterosexual identity negatively correlated with etiology conceptualization. Carlson et al. (2013) found that as students were provided

with LGB-specific training and opportunities for reflection on heterosexual biases, couples and family therapist trainees reported higher levels of knowledge and skill.

Summary

The multicultural counseling competence model provides a helpful framework through which to understand counseling competence with several marginalized populations (Black & Stone, 2005). While there has been some development in counselor education in LGB counseling competence, there are still significant competence gaps in practice. LGB counseling competence references specific competencies for counselors working with LGB individuals, including personal and counselor attitudes, counseling knowledge, and counseling skill. Research indicates that counselors and counselors-in-training report high levels of awareness, low to moderate levels of knowledge, and low levels of skill (Bidell, 2005; Graham et al., 2012).

Self-deception

Because research is largely collected through survey measures, response bias is a significant challenge in most self-report methods. The likelihood of socially desirable responding may increase as issues are perceived as more sensitive to the respondent. The construct of social desirability is fairly well known in social psychological research and is the most commonly researched type of response bias (Paulhus, 1991). Frequently, when being assessed, individuals may intentionally or unintentionally bias their responses in order to make themselves more attractive. Sackeim & Gur (1979) proposed one of the first dual-component models of socially desirable responding, identifying different factors relating to self-deception and other-deception. Self-

deception and impression management are identified as two distinct constructs, in which self-deception refers to more optimistic thinking of oneself, rather than impression management, which refers to conscious manipulation of an audience (Paulhus, 1984, 1991).

However, in this study, socially desirable responding may be more than a response bias. Counselors may report more positive views of sexual minorities than they actually hold, due to their own self-deception, which may also manifest in their reports of clinical competence with LGB clients. This differs significantly from impression management in that impression management focuses on intentional self-presentation and is specific to other-deception. Instead, self-deception is limited to one's positively biased view of self, is devoid of intentional bias, and serves a functional role. Research indicates that self-deception is linked to positive outcomes such as adjustment, sense of efficacy and optimism, whereas impression management shows no such relationship (Paulhus, 1991).

It is likely that self-deception is present in heterosexual identity as individuals may need to reinforce heterosexual identity, assume no prejudice in their attitudes towards LGB individuals, and distance themselves from heterosexual privilege (Mohr, 2002). Further, self-deception may explain a significant part of the relationship between heterosexual identity and self-reports of counseling competence with LGB clients. Dillon & Worthington (2003) identified a significant relationship between counselor self-efficacy in awareness of LGB issues and self-deception ($r = 0.43, p < .05$). In the current study, it is hypothesized that self-deception is related to heterosexual identity and counseling competence with LGB clients, significantly

reducing the strength of the relationship to provide a more accurate measure of the relationship.

In a study of counselors-in-training attitudes towards gay men and lesbians, Rainey and Trusty (2007) found that socially desirable responding measures were not significant predictors of attitudes, however Dillon and Worthington (2003) found that LGB counseling self-efficacy awareness subscale was related to self-deceptive enhancement. Similarly, Grove (2009) concluded that exceptionally high scores on counselors-in-training reports of positive LGB attitudes might be impacted by counselor trainees' self-deception, particularly given more recent emphasis on LGB issues in counseling. Because sexual orientation competence is often measured through self-report, Henke et al. (2009) state concerns that participants may perceive themselves as more affirming than they are in practice, thus measuring enhanced LGB counseling competence. They suggest self-deception measures be incorporated in studies using self-report measures. Therefore, the current study will include self-deception, as self-deception may help explain the relationship between heterosexual identity and LGB counseling competence.

Summary

Self-deception is one of two components of socially desirable responding (Paulhus, 1984). Because self-deceptive enhancement is a largely unintentional bias that serves a healthy psychological function (Paulhus & Reid, 1991), it may play an important role in understanding LGB counseling competence. Because many of the components of heterosexual identity (e.g., attitudes, privilege awareness) are also susceptible to self-deceptive bias, self-deception may explain a significant part of the

relationship between heterosexual identity and LGB counseling competence, thus being a necessary component in the study. The current study suggests that self-deception may play a role in self-assessment of heterosexual identity and LGB counseling competence.

Chapter Summary

This chapter reviews relevant literature on each of the variables to be explored in the current study, including heterosexual identity development, counseling competence with LGB individuals, and self-deception. This literature review provides an overview of identity development, describes models of heterosexual identity development and presents a proposed composite model of heterosexual identity to be explored in the current study. This chapter also reviews counseling competence with LGB individuals, as defined by counselor knowledge, attitudes and skill. Finally, the chapter describes self-deception as a salient factor in understanding the relationship between heterosexual identity and counseling competence with LGB clients. The current study will test the proposed composite model of heterosexual identity, self-deception and counseling competence with LGB clients.

CHAPTER THREE: METHODOLOGY

Introduction

The current study tests a correlational model of composite heterosexual identity and LGB counseling competence using SEM methodology. Self-deception is tested as a mediator variable between the predictor and criterion variables. The purpose of this study is twofold: (a) to test a proposed model of heterosexual identity and its relationship to counseling competence with LGB individuals, and (b) to measure the role of self-deception in the relationship between heterosexual identity and counseling competence with LGB individuals. This chapter is divided into six sections. The first section will describe participants in the study. The second section reviews the data collection procedures. The third section describes the instruments measuring the observed variables in the study. The fourth section states the research question and hypotheses of the study. The fifth section reviews the research design. The sixth section describes the data analysis, reviewing the five steps of structural equation modeling (SEM). The sixth section concludes the chapter with a summary.

Participants

Because SEM is particularly sensitive to sampling error, large samples are required for statistical analysis. It is generally recommended that samples using SEM methodology include at least 200 participants (Kline, 2011). Therefore, a convenience sample of 207 heterosexual-identified counseling students was obtained. Given the emphasis on training issues in counseling competence with LGB individuals (Duhigg et

al., 2010; Graham et al., 2012; Grove, 2009; Rutter et al., 2008), the study's focus is students in counseling. Graduate counselors (i.e., Master's students, Doctoral students) were sampled from CACREP-Accredited counseling programs in order to capture a range of individuals who have counseled, currently counsel, or are likely to counsel LGB individuals.

Data Collection Procedures

The research proposal was submitted to and approved by the Institutional Review Board for Human Subjects of The University of North Carolina at Charlotte. The study used convenience sampling procedures to select 125 university counselor education programs. The first 50 programs were selected based on professional relationships with counselor educators and the other 75 programs were selected randomly through examining the list of CACREP-accredited counseling programs. The researcher sent the Introductory Letter (Appendix A) to counselor educators at CACREP-Accredited counseling programs. The letter contained the link to the secure online survey to counselor educators to forward to their Master's and Doctoral students. The survey link also contained The Informed Consent Form (Appendix B), which participants were required to respond to in order to continue to the survey items. The secure link required no identifying information from participants, for the purpose of increasing the likelihood of participation and reducing the risk of impression management.

There are several threats to validity that must be considered when reviewing the proposed study. First, participants are subject to self-report bias, and measures of impression management are not included in the study. Second, the study is susceptible

to self-selection bias as individuals may participate in the study based on an interest in the topic. Finally, inclusion in the study is based on the participant's self-identified sexual orientation as there is no way to verify participants' orientation.

Instrumentation

Self-report surveys are the only method of data collection. Graduate counseling students were invited to participate in the study and complete the Informed Consent Form and a demographic questionnaire containing items specifying sexual orientation, age, race, gender, region which they call "home," and training level (i.e., Master's or Doctoral). Participants completed three measures of heterosexual identity, including the Sexual Orientation Identity Uncertainty subscale of the Measure of Sexual Identity Exploration and Commitment (MoSIEC; Worthington et al., 2008), three subscales (i.e., Hate, Religious Conflict, and Internalized Affirmativeness) of the Lesbian, Gay, and Bisexual Knowledge and Attitudes Scale for Heterosexuals (LGB-KASH; Worthington et al., 2005), and the Heterosexual Privilege Awareness Scale (HPA; Case & Stewart, 2010). Participants also completed all three subscales (i.e., Attitudes, Knowledge, and Skill) of the Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005). Finally, participants completed the Self-Deceptive Enhancement subscale of the Balanced Inventory of Desirable Responding (BIDR-6; Paulhus, 1984). The following section reviews instruments used, including information on reliability and validity.

Introductory Letter

The Introductory Letter to the survey was sent in the body of the email to counselor educators to forward to eligible students in their respective programs. The Introduction Letter briefly described the purpose of the study and requested voluntary

participation in recruiting graduate counseling student participants. The Introduction Letter also included a link to the online survey to forward to counseling students. Lastly, the letter informed counselor educators that their students' participation in the study was voluntary, anonymous and confidential.

Informed Consent Form

Only after participants completed the Informed Consent Form were they able to complete the survey. This form described the eligibility criteria, purpose of the study, approximate time needed to take the survey, and benefits and risks to participation. Participants were informed that their participation is voluntary, anonymous, and confidential. Participants were also informed they may discontinue at any time during the survey without penalty.

Measure of Sexual Identity Exploration and Commitment

The MoSIEC (Worthington et al., 2008) provides a measure of one's exploration and commitment to sexual identity based on Marcia's (1966) model of identity development, specific to sexual identity. Items are measured on a 6-point Likert scale (*1 = very uncharacteristic of me* and *6 = very characteristic of me*). The MoSIEC measures four factors of sexual identity including, commitment, exploration, sexual orientation identity uncertainty and synthesis/integration (Worthington et al., 2008). Sexual identity is broadly defined, although sexual orientation identity is clearly differentiated as a distinct element of sexual identity (Worthington et al., 2002). Therefore, only the Sexual Orientation Identity Uncertainty subscale (Appendix C) was used in the current study as this subscale more precisely measures sexual orientation identity commitment (Worthington et al., 2008). The Sexual Orientation Identity

Uncertainty subscale is composed of three items that measured uncertainty related to one's sexual orientation.

Worthington et al. (2008) completed exploratory and confirmatory factor analyses to investigate the reliability and validity of the MoSIEC. Exploratory factor analysis indicated a four-factor structure, with three items measuring sexual orientation identity uncertainty. Initial internal consistency estimates for sexual orientation identity uncertainty scores in two subsample result were $\alpha = .78$ and $\alpha = .73$, respectively. Results for the two-week test-retest reliability for the Sexual Orientation Identity Uncertainty subscale were $r = .90$ for the first administration and $r = .83$ for the second administration (Worthington et al., 2008). The MoSIEC established criterion validity in identifying statistically significant differences among sexual orientation identity groups (Worthington et al., 2008). Sexual orientation identity uncertainty was also positively related to LGB-affirmative attitudes and negatively related to homonegativity, Worthington et al.'s (2008).

Lesbian, Gay and Bisexual Knowledge and Attitudes Scale for Heterosexuals

Previous measures of attitudes towards LGB individuals typically assess extreme homonegative attitudes, rather than nuanced attitudes towards same-sex sexuality and LGB individuals (Grove, 2009). The LGB-KASH (Worthington et al., 2005) is a 28-item instrument that provides a more complete measure of heterosexuals' attitudes towards LGB individuals and same-sex sexuality. The LGB-KASH contains five subscales, however only three will be included in the study as they measure constructs that are the focus of this study (Appendix D). The three subscales of the LGB-KASH included in the study are: (a) Hate, items measuring avoidance of LGB individuals, self-

consciousness about sexual orientation, and aggression towards LGB individuals; (b) Religious Conflict, items reflecting one's conflict or ambivalence about LGB individuals based on religious values or social influences; and (c) Internalized Affirmativeness, items measuring internalized positive attitudes towards same-sex sexuality and advocacy (Worthington et al., 2005). The LGB-KASH uses a 6-point Likert scale, (*1 = very uncharacteristic of me or my views* and *6 = very uncharacteristic of me or my views*).

The LGB-KASH subscales used in the current study demonstrate internal consistency, (a) Hate subscale, $\alpha = .81$; (b) Religious Conflict, $\alpha = .76$; and (c) Internalized Affirmativeness, $\alpha = .83$ (Worthington et al., 2005). The LGB-KASH also demonstrates concurrent validity with existing measures of attitudes towards LGB individuals and correlate with the measures of sexual identity exploration and commitment (Worthington et al., 2005), indicating a relationship between attitudes and sense of identity. Test-retest reliability over a two week period indicated high stability for the following subscales, (a) Hate, $r = .76$; (b) Religious Conflict, $r = .77$; (c) Internalized Affirmativeness, $r = .90$ (Worthington et al., 2005). The LGB-KASH uniquely provides a measure of affirmative attitudes, rather than absence of homophobia (Worthington et al., 2005).

Modified Heterosexual Privilege Awareness Scale

The HPA measures recognition of systemic socio-political advantages for heterosexuals as compared with sexual minorities (Case & Stewart, 2010). This 7-item questionnaire was created by modifying items of the White Privilege Awareness Scale to apply privilege construct to sexual orientation (Case & Stewart, 2010). Items are

measured using a 7-point Likert scale ranging from (1 = *strongly disagree* to 7 = *strongly agree*), with higher scores indicating higher levels of privilege awareness. Internal consistency for the HPA was acceptable, $\alpha = .75$. Case and Stewart (2010) report that the HPA demonstrated discriminant validity through correlations with White privilege awareness ($r = .42, p < .01$) and male privilege awareness ($r = .41, p < .01$) in a pilot study of 261 individuals. Additionally, discriminant validity of the HPA was also supported by negative correlations with prejudice against lesbians ($r = -.38, p < .01$) and gay men ($r = -.35, p < .01$).

With the permission of the author, the items of the HPA were modified (Appendix E) to indicate a more personalized awareness of heterosexual privilege. Items were also modified to include bisexuals as a part of LGB community rather than specifying lesbians and gay men exclusively. For example, “Heterosexuals have more rights than lesbians and gay men in society ” was changed to “As a heterosexual, I have more rights than LGB individuals in society.” These adjustments to the items are not anticipated to significantly alter the reliability or validity of the instrument, but were intended to create an instrument that would more appropriately fit the research purpose.

Balanced Inventory of Desirable Responding

Self-deception will be assessed through Paulhus’s (1991) Balanced Inventory of Desirable Responding (BIDR-6) self-deceptive positivity subscale (Appendix F). While the BIDR-6 is a two-part instrument measuring impression management and self-deception, only the self-deception subscale will be used in the current study. Self-deceptive positivity measures one’s tendency to give honest, but positively biased reports (Paulhus, 1984). The self-deception scale is composed of 20 items, and is scored

based on participants' agreement with exaggerated claims of positive attributes (Paulhus, 1984).

The BIDR-6 is scored on a 7-point scale, (*1 = not true* and *7 = very true*), and negatively scored items are given an additional point for an extreme response (i.e., 6 or 7). Scoring procedures ensure that only exaggerated reports will be given high scores on self-deception. Internal consistency reports of the self-deceptive positivity subscale range from $\alpha = .68$ to $\alpha = .80$ (Paulhus, 1991). The BIDR-6 demonstrates concurrent validity with other measures of socially desirable responding, but specifically focuses on unintentional positive reporting rather than intentional self-presentation to an audience. Self-deceptive positivity subscale also correlates with coping and defense measures (Paulhus, 1991). Test-retest reliability over a 5-week period scores for self-deception were $r = .69$ (Paulhus, 1991).

Sexual Orientation Counselor Competency Scale

The SOCCS (Bidell, 2005) will be used to assess counseling competence with LGB clients. This 29-item instrument (Appendix G) is a self-report measure using the multicultural counseling competency tripartite model as a framework through which to understand counseling's competence with LGB clients. The three subscales include: (a) Attitudes, items measuring attitudes and biases towards LGB individuals; (b) Knowledge, items measuring understanding and information about LGB individuals and pertinent counseling issues; and (c) Skills, items measuring reported clinical practices and affirmative counseling behavior (Bidell, 2005). The SOCCS uses a seven-point Likert scale ranging from (*1 = not at all true* to *7 = totally true*), with higher scores indicating greater reported competence with LGB individuals.

Coefficient alpha for total SOCCS scores was .90 (Bidell, 2005). Cronbach's alpha for each subscale was relatively high, (a) Attitudes, ($\alpha = .88$); (b) Knowledge; ($\alpha = .76$); and (c) Skills ($\alpha = .91$). One-week test-retest reliability scores indicated (a) Attitudes, ($r = .85$); (b) Knowledge; ($r = .84$); and (c) Skills ($r = .83$). Criterion validity was established by investigating the effects of education and participant sexual orientation on scores (Bidell, 2005). Results indicated that sexual minority participants and participants with higher education levels scores significantly higher on the SOCCS. Convergent validity was established through correlations with the Attitudes Towards Lesbian and Gay Men Scale, the Multicultural Counselor Knowledge and Awareness Scale, and the Counselor Self-Efficacy Scale (Bidell, 2005).

Demographic Questionnaire

The researcher created a 6-item multiple-choice demographic questionnaire (Appendix H) that will provide descriptive information. The information collected included gender, sexual orientation, age range, race/ethnicity, region of origin (i.e., the place participants call home), and type of degree being sought (i.e., Master's or Doctoral). Significant differences may be identified in variables of interest based on demographic variables, although these variables are not explored in the structural model.

Research Design

SEM was used to test a multidimensional composite model of heterosexual identity, using group membership identity and attitudes towards LGB individuals. The measurement model tests the strength of the latent variables including, (a) heterosexual identity, as measured by sexual orientation identity, heterosexual privilege awareness, negativity, value conflict and internalized affirmativeness; (b) LGB counseling

competence as measured by LGB counseling competence-attitudes, LGB counseling competence-knowledge, and LGB counseling competence-skill; and (c) Self-deception as measured by three item parcels of the 20-item BIDR-6 scale. The structural model focused on the hypothesized paths between the latent variables of heterosexual identity, counseling competence with LGB clients and self-deception. A mediation model was selected for this study because of the hypothesized relationship of self-deception with both heterosexual identity and counseling competence with LGB clients. SEM methodology was selected because it allows researchers to analyze direct and indirect effects of endogenous (i.e., dependent) and exogenous (i.e., independent) variables simultaneously, while incorporating measurement error in the analysis (Kline, 2011). Because of this, SEM was the ideal methodology to test the hypothesized mediation model.

Research Question and Hypotheses

The research question for the current study is as follows: What is the relationship between heterosexual identity, self-deception, and counseling competence with LGB individuals? Because the current study used SEM methodology, it was necessary to specify an a priori hypothesis (Kline, 2011). Three hypotheses guided the study:

Hypothesis One: The data will fit the proposed structural model.

Hypothesis Two: There is a direct relationship between (a) heterosexual identity and counseling competence with LGB individuals, (b) heterosexual identity and self-deception, and (c) self-deception and counseling competence with LGB individuals.

Hypothesis Three: Self-deception mediates the relationship between heterosexual identity and counseling competence with LGB individuals.

It is also important to provide directional hypotheses describing the nature of the relationships between variables. Between the observed variables in the measurement model and the outcome variable of counseling competence with LGB individuals, it was hypothesized that (a) as negativity increases, LGB competence decreases; (b) as value conflict increases, LGB competence decreases; (c) as internalized affirmativeness increases, LGB competence increases; (d) as heterosexual privilege awareness increases, LGB competence increases; and (e) as sexual orientation identity increases, LGB competence decreases. Between the observed variables in the measurement model and the mediator variable of self-deception, it was hypothesized that (a) as negativity increases, self-deception decreases; (b) as value conflict increases, self-deception decreases; (c) as internalized affirmativeness increases, self-deception increases; (d) as heterosexual privilege awareness increases, self-deception increases; and (e) as sexual orientation identity increases, self-deception decreases. These hypotheses describe the predicted directional relationships in both the measurement and structural models in the current study.

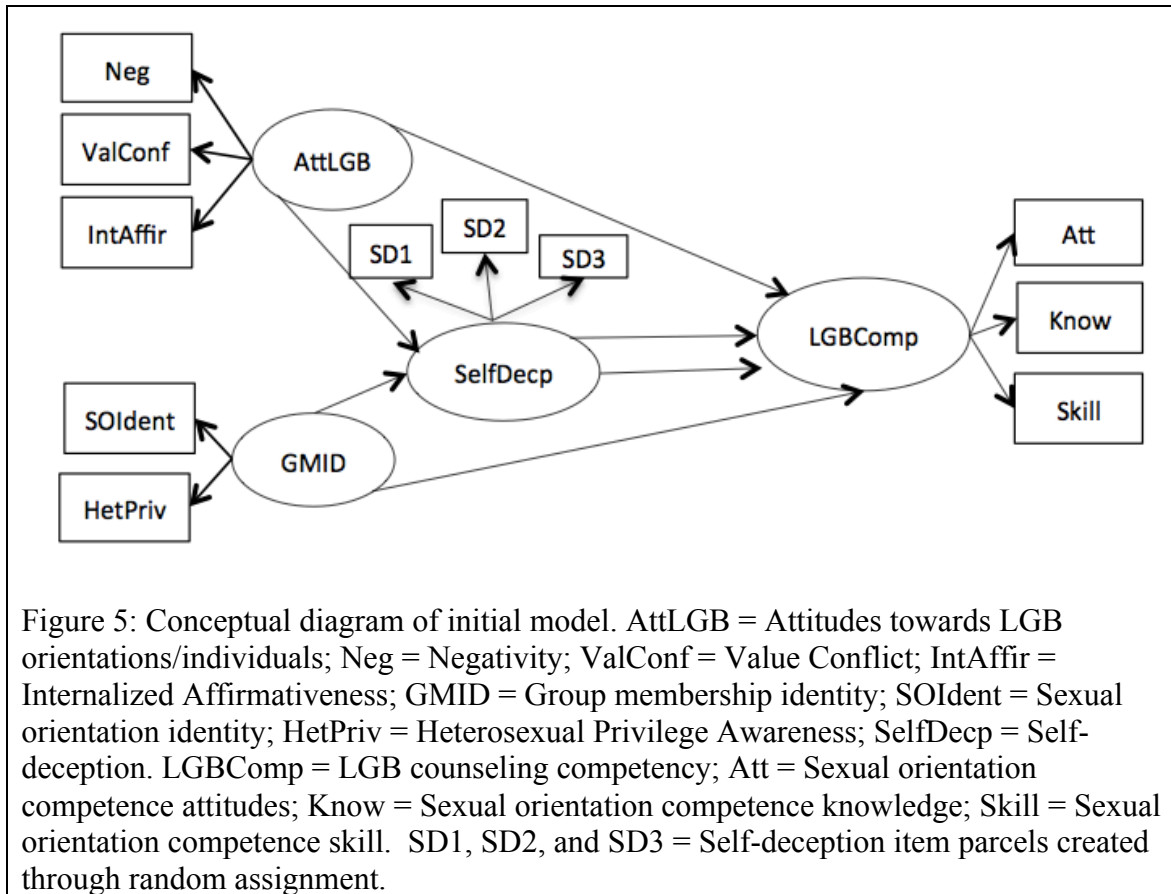
Data Analysis

SEM is a methodology that combines path analysis and factor analysis to explore complex relationships between latent and observed variables (Kline, 2011). A central trait of SEM is that models are first theorized and tested using a confirmatory approach. Rather than doing a series of multiple regressions that assume no measurement error in exogenous variables, SEM allows the researcher to use a confirmatory process to test a proposed model and assess model fit using a Chi-square test of significance and several measures (Mueller & Hancock, 2007) that indicate the quality of the model fit (e.g.,

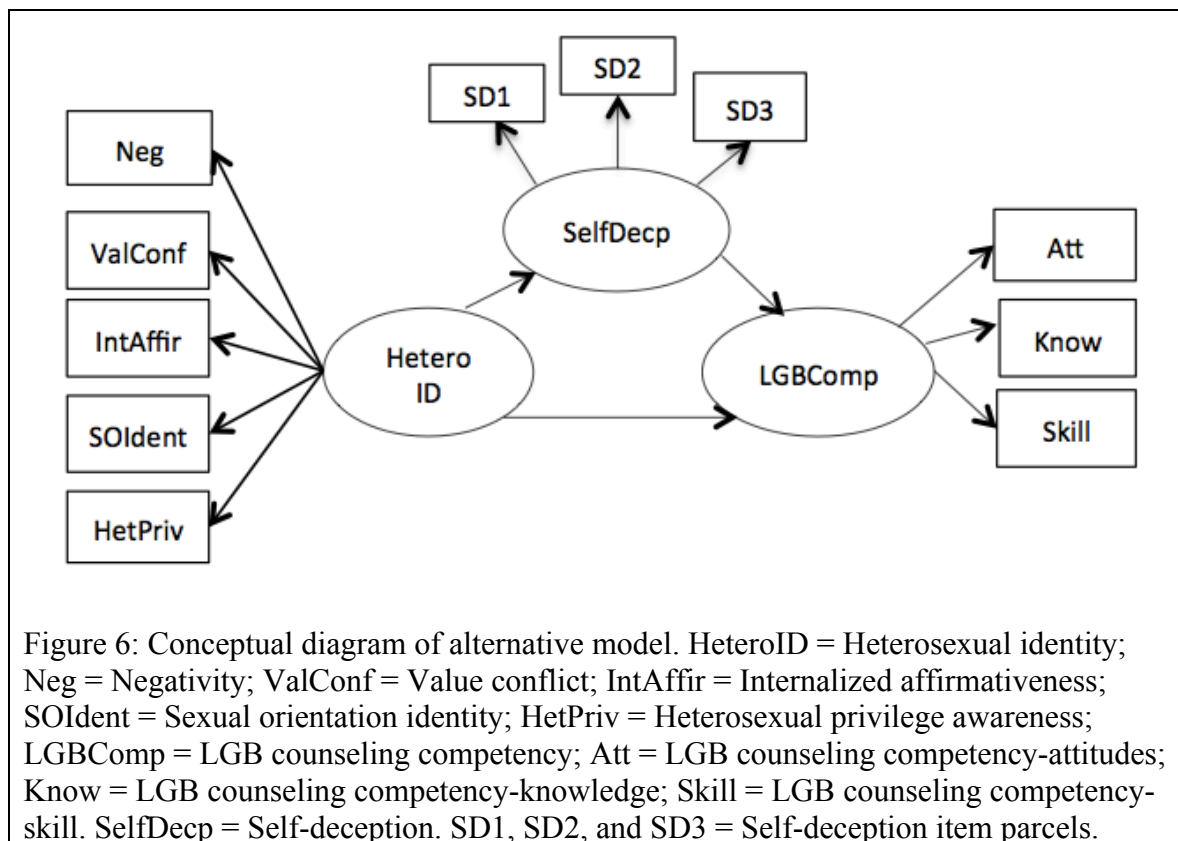
Root Mean Square Error of Approximation [RMSEA], Comparative Fit Index [CFI], Goodness of Fit Index [GFI]). Absolute indices (i.e., GFI) evaluate the discrepancy between observed and implied covariance matrices. Parsimonious indices (i.e., RMSEA) evaluate the discrepancy between observed and implied covariance matrices, while incorporating the model's complexity. Incremental indices (i.e., CFI) evaluate the absolute or parsimonious fit relative to the null model. There are several integral steps in SEM including (a) model specification, (b) model identification, (c) model estimation, (d) model testing, and (e) model modification (Kline, 2011). This section will review each of these steps as will be used in the current study.

The first, and most involved, step of SEM is model specification, in which the researcher provides a theoretical basis and rationale for the variables and direction of the model. For the current study, a mediation model was specified attempting to explain the relationship between heterosexual identity, self-deception, and counseling competence with LGB individuals. Conceptually, a mediator model is understood as a causal model (Kline, 2011), in which both the independent variable and mediator variable have direct paths towards the dependent variable, as well as a direct path between the independent variable and the mediator variable. In this case, self-deception is hypothesized to have a direct relationship to heterosexual identity as well as a direct relationship to LGB counseling competence. Not only must the mediator variable be correlated with both the independent variable(s) and dependent variable(s), but it must significantly decrease the correlation between independent and dependent variables (Baron & Kenny, 1986). If the mediator significantly reduces the relationship, it becomes an integral component in understanding the relationship between the variables. In specifying the current model,

self-deception (SelfDecp) is believed to mediate the relationship between composite heterosexual identity (HeteroID) and counseling competence with LGB individuals (LGBComp), as pictured below in Figure 4. This measurement model specifies two latent variables (i.e., attitudes towards LGB individuals, group membership identity) of the five observed variables.



Consistent with SEM practices (Kline, 2011), the researcher also proposed an alternative measurement model that includes the same directional relationships. The alternative model (Figure 6) suggests that heterosexual identity does not measure two distinct constructs, but rather, a single construct composed of five observed variables. These changes do not affect the structural model or relationships, only the measurement model.



The second step in SEM is model identification, which focuses on whether or not a unique solution can be generated. With any given equation (e.g. $x + y = 16$), there are numerous solutions, however in order for a theoretical model to have a unique solution, at least one of the parameters must be constrained (e.g., $x + 10 = 16$). That is, the researcher must have more “known” information in order to have a unique solution, as demonstrated in the latter equation. Similarly, in order to have a testable model, more parameters must be “known” to generate a unique solution (Crockett, 2012). This was determined through the equation, $v(v + 1)/2$, in which v equals the number of observed variables (Kline, 2011). The amount of estimated parameters are then subtracted from this number, which should be greater than 0. The unique elements in the covariance matrix exceed the number of free parameters to be estimated, thus the model is overidentified. An

overidentified model is ideal, existing of more observations than parameters (Kline, 2011). However, in the current case, the number of items is so large, that item-measures of the observed variables may render the model useless. In such cases, parcels, or aggregate measures of items, may be calculated, rather than using an item measure (Little, Cunningham, Shahar, & Widaman, 2002).

The third step of SEM is model estimation, in which a statistical analysis estimates the parameters of the theoretical model. SEM typically uses an iterative method in to minimize difference between the theoretical covariance matrix and observed covariance matrix (Crockett, 2012). Maximum likelihood assumes multivariate normality and estimates all parameters at one time, giving the researcher full information (Kline, 2011). LISREL software is used in the current study to estimate the model, using maximum likelihood estimation procedures.

The fourth step of SEM is testing the model. In this step, both the measurement model and structural model are tested. The measurement model refers to the observed variables measuring the latent constructs, while the structural model represents the extent to which the proposed model fit the data (Crockett, 2012). Both measurement and structural models will be tested through a goodness of fit statistic (i.e., Chi-square), however sensitivity to sample size increases the researcher's probability of Type I error so additional fit indices (RMSEA, CFI, GFI) will be included in the interpretation of model fit (Mueller & Hancock, 2007).

The fifth, and final step of SEM is model modification. The model may be modified after analysis, in order to provide the best fit to the data (Kline, 2011). These adjustments are not intended to affect the original hypotheses; rather, they provide

possible alternative explanations based on the sample data. This usually entails, removing nonsignificant parameters that affect the overall model fit, however researchers are cautioned to balance the two tasks of improving model fit and removing parameters (Crockett, 2012).

Chapter Summary

The purpose of this chapter was to describe the methodological design in this research study. The chapter reviews the participants, data collection procedures and instruments used in the study. Additionally, the research design, questions and hypotheses are presented. Finally, this chapter provides an overview of the steps of SEM and how they will be applied in the current study.

CHAPTER FOUR: RESULTS

Introduction

The current study tested a composite model of heterosexual identity and its relationship to counseling competence with LGB clients. Further, the study examined the role of self-deception in counselor reports of heterosexual identity and LGB counseling competence. The research question guiding the study was: what is the relationship between heterosexual identity, self-deception, and counseling competence with LGB individuals? In this chapter, the results of the data analyses are described, including information on the sample, the preliminary analyses, and each of the six SEM steps. The final section includes a summary of the analyses. This purpose of this chapter is to provide the results of the data analyses and describe the model fit to the data.

Sample

Because faculty in CACREP-accredited counseling programs recruited participants through forwarding the survey link, the response rate is unknown. A total of 207 participants were included in the analyses. The majority of participants were Master's students at (80.7%), and 19.3% of participants were Doctoral students. Demographically, the sample has limited diversity in terms of race and region, but the sample was consistent with counseling program composition in terms of gender. The gender composition of participants was female (84.5%) and male (15.0%), although one participant identified gender as Other. The majority of participants were White (75.4%), and there was moderate racial diversity in the sample. Black/African American

represented 9.7%, Asian/Pacific Islander 2.4%, Hispanic/Latino 4.8%, Native American, 1.9%, Multiracial 2.9%, and 2.9% reported Other. Regionally, the sample's diversity was skewed with 10.6% from the Northeast, 12.6% from the Midwest, 58.5% from the South, and 15.0% from the West. U.S. regions were organized using the structure of the U.S. Census Bureau. Only 3.4% of respondents reported their home outside of the US, but were not excluded from analysis because all programs sampled were selected from US programs. Participant age ranges were varied, including 20-25 years (40.1%), 26-30 years (23.7%), 31-35 years (14.0%), 36-40 years (7.2%), 41-45 years (6.8%), 46-50 years (3.4%), 51-55 years (2.9%), 56-60 years (1.4%), and 61-65 years (0.5%).

Preliminary Analyses

Preliminary analyses were conducted using SPSS© statistical software in order to identify concerns with the data. As with all statistical analysis, the data must be screened to assess for violations of statistical assumptions. This section includes a report on missing data, item parcels, normality, reliability, and multicollinearity.

Missing Data

The surveyshare.com software separates incomplete responses from the completed data set, which were not imputed in the data set. Fourteen of the surveys had zero completed items. Because the first item provided the Informed Consent Form, it is assumed that these respondents did not meet eligibility criteria or elected to abstain after reading the form. A total of 56 respondents who did not complete the entire survey completed one or more items. The number of items completed ranged from 1 to 16, and a more detailed breakdown of items completed is shown in Table 2.

Table 2. Missing data patterns

	Number of participants
1-5 items	11
6-10 items	34
11-15 items	10
16-20 items	1

Note: Participants who did not complete all items of the survey.

It is unknown whether or not there are any significant differences between those who completed all responses and those who did not. Items were presented in the same format to all respondents, so missing data respondents only completed consent, demographic information, and a portion of items of the BIDR-6. None of the respondents with missing data accessed items addressing sensitive topics in the study. Because there is no identifiable pattern of missing data, it is assumed that data are missing at random.

Item Parcels

As discussed in the previous chapter, parcels were created for the latent variable of self-deception. The parceling method improves the overall model fit due to a restricted number of items and an improved distribution of the parameters (Little et al., 2002). Item parcels were created from self-deception subscale of the BIDR-6 (Paulhus, 1984) to reduce the number of parameters that would be estimated using single item scores. Three parcels were created through random assignment, as suggested by Little et al. (2002), because this method has a high likelihood of generating equivalent parcels. Item parcels and corresponding items from the BIDR-6 are provided in Table 3.

Table 3. Item parcels

	Self-deception subscale items
Parcel One	1, 2, 7, 11, 18, 19
Parcel Two	3, 5, 6, 9, 13, 14, 17, 20
Parcel Three	4, 8, 10, 12, 15, 16

Note: Items were grouped into three parcels using random assignment.

Normality

All variables included in the study were assessed for univariate normality. Two variables (i.e., sexual orientation identity, LGB counseling competence attitudes) violated the normality assumption and were transformed. Descriptive statistics, including mean, median, standard deviation, skewness and kurtosis reports are provided in Table 4.

Table 4. Descriptive statistics

	Mean	SD	Skewness	Kurtosis
Sexual orientation identity	0.83	0.25	-1.11	-0.40
Heterosexual privilege awareness	6.03	0.90	-1.43	2.57
Internalized Affirmativeness	4.29	1.30	-0.68	-0.29
Value conflict	1.98	1.17	1.57	1.18
Negativity	1.10	0.31	4.20	20.26
Self-deception 1	0.20	0.18	0.81	0.23
Self-deception 2	0.27	0.19	0.66	0.07
Self-deception 3	0.34	0.23	0.44	-0.38
LGB Competence-Attitudes	0.83	0.24	-1.40	0.68
LGB Competence- Knowledge	4.92	1.09	-0.51	-0.10
LGB Competence-Skills	3.23	1.47	0.56	-0.51

Note: Transformed LGB Competence-Attitudes and Sexual Orientation Identity scores are reported. Self-deception item parcel values are reported.

Outliers

Several univariate outliers were identified, though some scores were normalized after transforming the data. Mahalanobis's distance was used to identify multivariate outliers. There were numerous outliers in the attitudes and negativity measures, given the

extremely skewed responses on these two variables. However, the outliers were not removed from the data set.

Multicollinearity

Because the variables in the current study seek to test related constructs of heterosexual identity, there may be an increased risk for high levels of collinearity. Multicollinearity refers to very high intercorrelations (e.g., $> .85$) among variables (Kline, 2011), and will be assessed using the Variable Inflation Factor (VIF). Tests for multicollinearity indicated acceptable levels were present for all variables since VIFs have scores less than 2.00.

Reliability Analysis

A reliability analysis was conducted for each of the variables in the study. Results are presented in Table 5, reporting alpha coefficients and the number of items for each variable. Results indicated that each observed variable has an acceptable level of reliability, ranging from 0.571 to 0.923.

Table 5. Reliability analysis

	Alpha coefficient	Number of items
Sexual orientation identity	0.775	3
Heterosexual privilege awareness	0.711	7
Internalized Affirmativeness	0.799	5
Value conflict	0.858	7
Negativity	0.571	6
Self-deception	0.775	20
LGB Competence-Attitudes	0.923	10
LGB Competence- Knowledge	0.798	8
LGB Competence-Skills	0.897	11

Note: Individual reliability analyses were computed for observed variables. Transformed scores are used for the Sexual Orientation Identity and LGB Competence-Attitudes.

SEM Analyses

As discussed in the previous chapter, there are five steps in SEM. These steps include (a) model specification, (b) model identification, (c) model estimation, (d) model testing, and (e) model modification (Kline, 2011). Each step as completed in the current study is reviewed. All SEM analyses were conducted with LISREL© 8.72 software.

Model Specification

The latent variables in the study included heterosexual identity, self-deception, and counseling competence with LGB individuals. Heterosexual identity (*hetid*) is measured by five observed variables: (a) internalized affirmativeness (*in*), (b) negativity (*neg*), (c) value conflict (*val*), (d) heterosexual privilege awareness (*hp*), and (e) sexual orientation identity (*oid_t*). Self-deception (*selfdec*) is measured using the three item parcels (*selfd1*, *selfd2*, *selfd3*) created. LGB counseling competence is measured through the observed variables, LGB counseling competence-attitudes using transformed attitudes (*att_t*) scores, LGB counseling competence-knowledge (*know*), and LGB counseling competence-skill (*skill*). A correlation matrix for each of the variables used in the study is provided in Table 6.

Table 6. Correlation matrix

	Selfd1	Selfd2	Selfd3	Att t	Know	Skill	In	Neg	Val	Hp	Oid t
Selfd1	1.00										
Selfd2	0.53*	1.00									
Selfd3	0.48*	0.48*	1.00								
Att t	-0.04*	-0.10*	-0.03	1.00							
Know	0.02	-0.02	-0.09	0.26*	1.00						
Skill	0.12	0.05	0.06	0.22*	0.38*	1.00					
In	-0.05	-0.10	-0.09	0.71*	0.33*	0.37*	1.00				
Neg	0.03	0.08	-0.04	-0.45*	-0.16*	-0.24*	-0.44*	1.00			
Val	0.00	0.06	0.05	-0.67*	-0.20*	-0.26*	-0.62*	0.32	1.00		
Hp	-0.06*	-0.05	-0.10	0.32*	0.51*	0.20*	0.31*	-0.23	-0.17	1.00	
Oid t	0.21*	0.30*	0.21*	-0.25*	-0.12	-0.12	-0.34*	0.19*	0.22*	-0.08*	1.00
Oid_t	0.21*	0.30*	0.21*	-0.25*	-0.12	-0.12	-0.34*	0.19*	0.22*	-0.08*	1.00

Note: Correlation matrix of observed variables. Observed variables: self1 = self-deception parcel 1; self2 = self-deception parcel 2; self3 = self-deception parcel3; know = LGB counseling competence-knowledge; skill = LGB counseling competence-skill; in = internalized affirmativeness; neg = negativity; val = value conflict; hp = heterosexual privilege awareness; oid_t = sexual orientation identity. *Correlation is significant at the 0.05 level (2-tailed).

Prior to testing the structural model, the measurement model was tested to assess the strength of the latent variables of heterosexual identity, self-deception, LGB counseling competence, and their respective observed variables. It is common practice in SEM to identify several theoretically consistent models to identify the best fit to the data (Mueller & Hancock, 2008). The current study proposes an initial and alternate model as described in Chapter Three. The differences between the models are limited to the measurement model. The initial model specifies a two-factor model of heterosexual identity split into group membership identity and attitudes towards LGB orientations/individuals, whereas the alternate model specifies a single-factor model of heterosexual identity. The initial CFA tested the two-factor model of heterosexual identity was not positive definite, that is, all eigenvalues were positive. Thus, the model was dropped from consideration in favor of the simpler measurement model.

Assessment of the residuals indicated that model fit would improve the fit by adding a shared error covariance between heterosexual privilege awareness (*hp*) and LGB counseling competence-knowledge (*know*). This is theoretically consistent, given that heterosexual privilege awareness has a strong knowledge-based component and has been used in experimental studies to assess privilege awareness prior to and following a sexual orientation diversity undergraduate course (Case & Stewart, 2010). The alternate, one-

factor model was tested, $\chi^2 = 33.88$, $df = 31$, $p = .33$. RMSEA = 0.02, CFI = 0.99, GFI = 0.97 indicating an acceptable fit to the data (Figure 7).

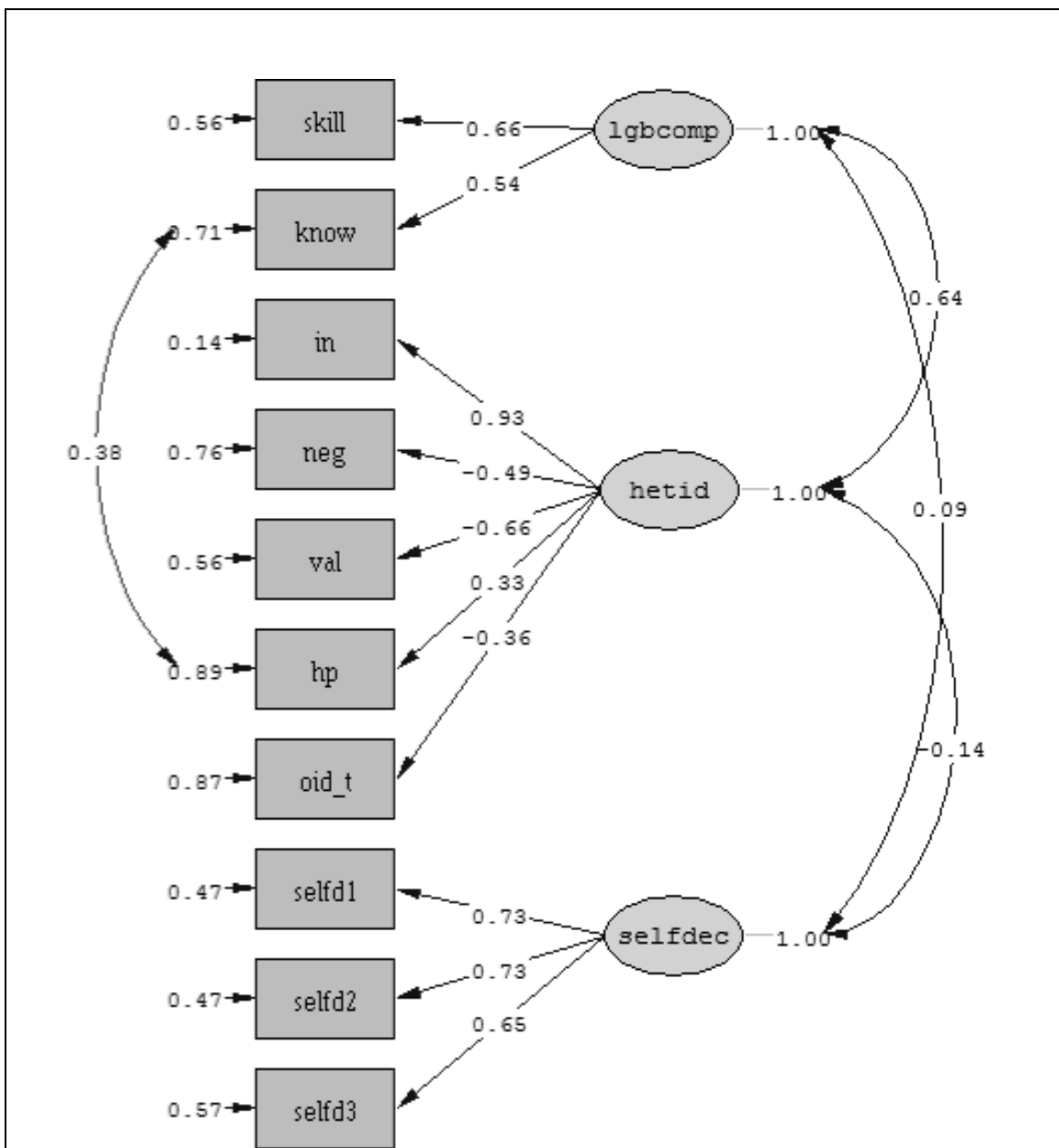


Figure 7: Measurement model. Chi-square = 33.88 $df = 31$, $p > .05$. RMSEA = 0.02; CFI = 0.99; GFI = 0.97. Latent variables: lgbcomp = LGB counseling competence; hetid = heterosexual identity; selfdec = self-deception; Observed variables: know = LGB counseling competence-knowledge; skill = LGB counseling competence-skill; in = internalized affirmativeness; neg = negativity; val = value conflict; hp = heterosexual privilege awareness; oid_t = sexual orientation identity; self1 = self-deception parcel 1; self2 = self-deception parcel 2; self3 = self-deception parcel 3.

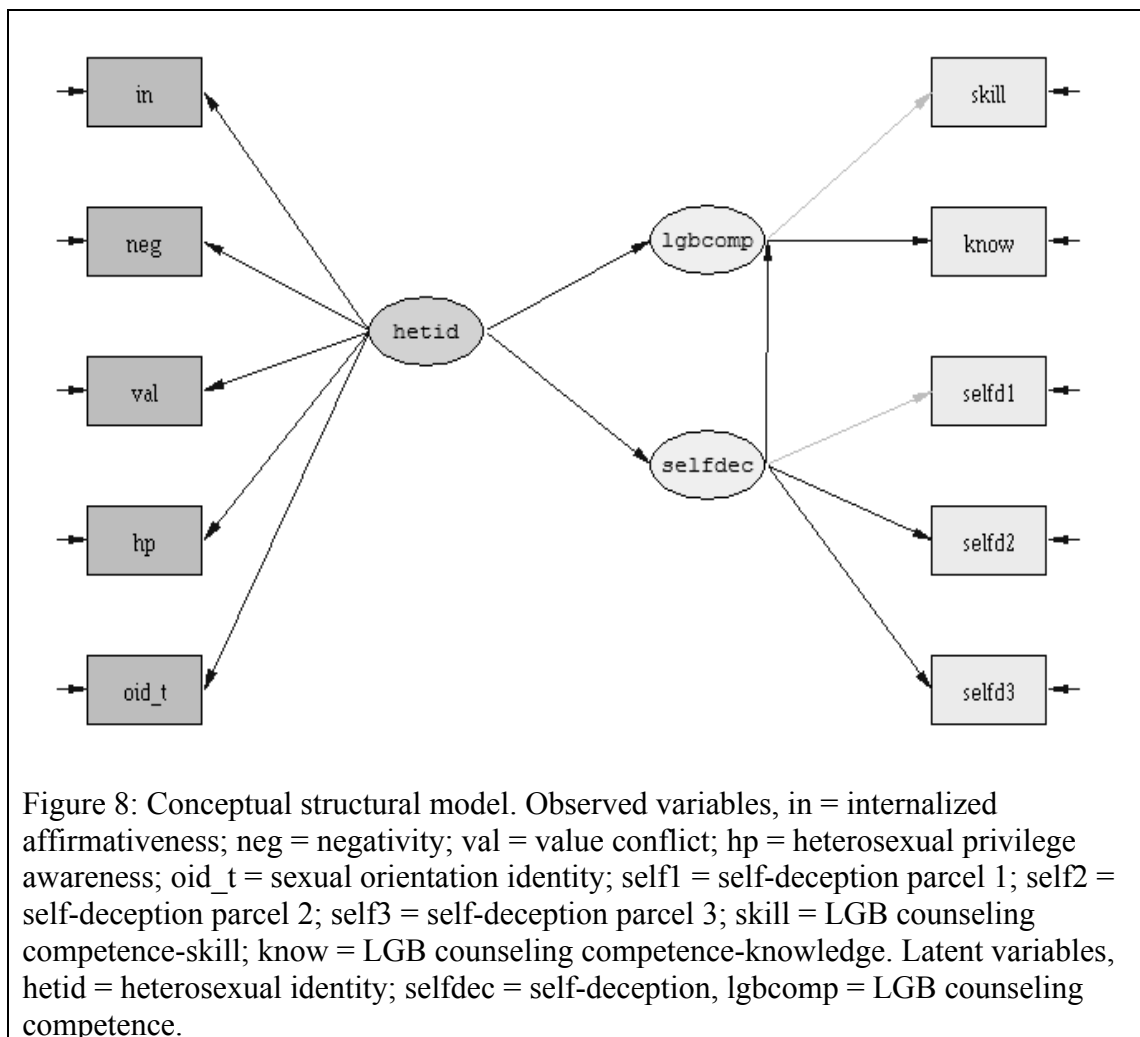
After identifying the alternate measurement model as the best fit, the researcher specified the structural model. The current study proposes direct relationships between the latent variables: (a) heterosexual identity and counseling competence with LGB individuals, (b) heterosexual identity and self-deception, and (c) self-deception and counseling competence with LGB individuals. Table 7 provides covariance matrix of the latent variables is provided in Table 7.

Table 7. Covariance matrix of latent variables

	LGBcomp	Selfdec	Hetid
LGBcomp	1.00		
Selfdec	0.09	1.00	
Hetid	0.64	-0.14	1.00

Note: Covariance matrix of latent variables. Latent variables, LGBcomp = LGB counseling competence; selfdec = self-deception; hetid = heterosexual identity.

It is hypothesized that self-deception mediates the relationship between heterosexual identity and counseling competence with LGB individuals, and is expected to significantly reduce the relationship between heterosexual identity and LGB counseling competence as depicted in below in the conceptual model (Figure 8).



Model Identification

The model identification includes an evaluation as to whether or not a unique set of model parameter estimates can be computed. An overidentified model includes more observations than parameters. This was determined through subtracting the number of parameters to be estimated from the number of observed variables, calculated using the equation, $v(v + 1)/2$, in which v equals the number of observed variables (Kline, 2011). The model was overidentified in both the measurement and structural models, in which the amount of data always exceeded the amount of parameters tested.

Model Estimation

Maximum Likelihood (ML) is the preferred method for SEM analyses (Kline, 2011). ML estimation is a full information method, which estimates all parameters simultaneously. This method is the most widely used and implemented, and is the preferred method in SEM. The model was estimated in LISREL© 8.72 software using ML estimation procedures.

Model Testing

Based on the alternate measurement model, the conceptual model was tested, after 12 iterations. The model was a good fit to the data, $\chi^2(207) = 33.88$, $df = 31$, $p < .05$. In SEM, the goal is to not reject the null hypothesis that the hypothesized model does not fit the data (Schumaker & Lomax, 2010). Collectively, the chi-square scores and fit indices indicate a good fit to the data. Additional fit indices were reviewed to provide additional information on model fit. The RMSEA (0.02) indicated a good model fit, and the CFI (0.99) and GFI (0.97) indicated a very good fit to the data. All paths were statistically significant between heterosexual identity and LGB counseling competence, and in the expected directions. These results indicate that as counseling graduate students reported high levels of sexual orientation identity certainty, negativity and religious conflict indicated lower levels of LGB counseling competence. Additionally, internalized affirmativeness and heterosexual privilege awareness indicate higher levels of LGB counseling competence. The paths of the mediation model were not statistically significant, thus, the mediation model was not supported. While heterosexual identity did have a positive direct effect on LGB counseling competence, there are no indirect effects of self-deception on LGB counseling competence.

Model Modifications

The only model modifications were made to the conceptual model including adding a shared error covariance between heterosexual privilege awareness (*hp*) and LGB counseling competence-knowledge (*know*) and removing the transformed LGB counseling competence-attitudes (*att_t*) scores as previously described. The modified model (Figure 9) represents the most parsimonious model and best fit between heterosexual identity and LGB counseling competence. No additional modifications were made to the structural model.

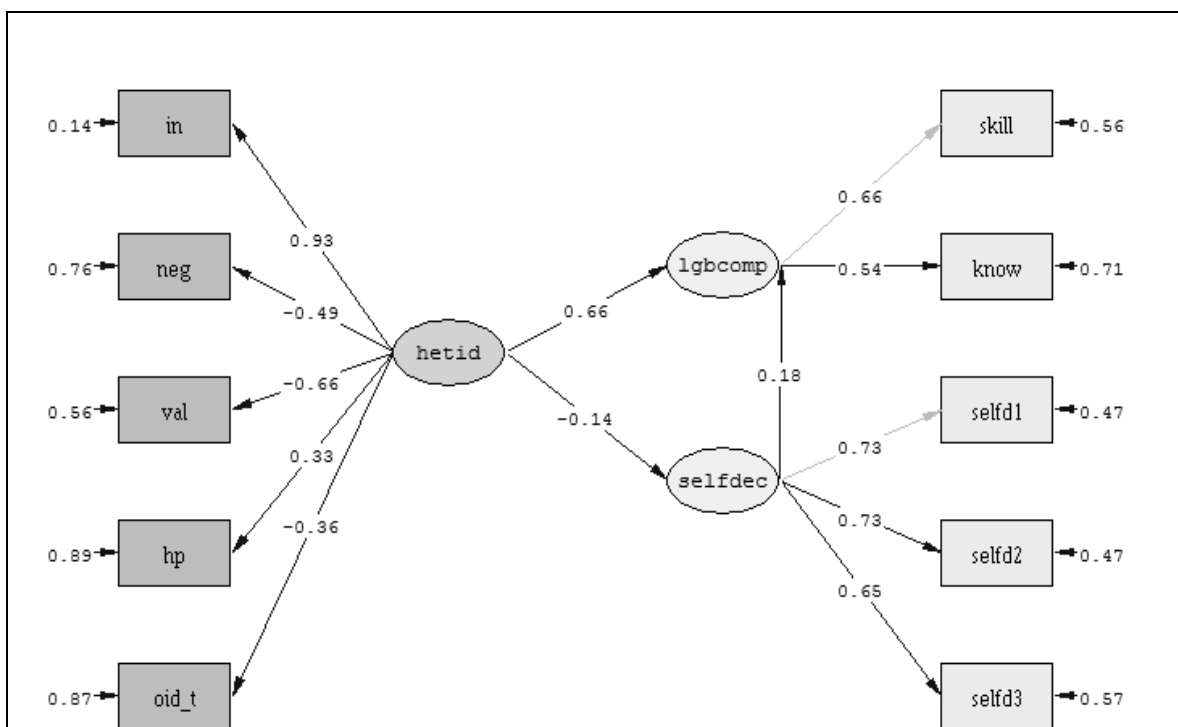


Figure 9. Final modified model. Chi-square = 33.88, $df = 31$, $p > .05$. Observed variables, in = internalized affirmativeness; neg = negativity; val = value conflict; hp = heterosexual privilege awareness; oid_t = sexual orientation identity; self1 = self-deception parcel 1; self2 = self-deception parcel 2; self3 = self-deception parcel 3; skill = LGB counseling competence-skill; know = LGB counseling competence-knowledge. Latent variables, hetid = heterosexual identity; selfdec = self-deception, lgbcomp = LGB counseling competence.

Chapter Summary

This chapter provides information on the results of the data analyses. This chapter includes findings from the preliminary analyses and SEM analysis. The preliminary analyses describe the screening of the data, item parcel creation, and reliability analysis. Lastly, each of the SEM steps is described as completed by the researcher and results of the SEM analyses are provided. Results indicate that all paths were statistically significant in the relationship between heterosexual identity and LGB counseling competence, however the hypothesized mediating role of self-deception was not supported.

CHAPTER FIVE: DISCUSSION

The purpose of this study was to examine the relationships of heterosexual identity, self-deception and graduate counselors' self-reported competence with LGB clients. The current study tested a composite model of heterosexual identity based on the heterosexual identity development literature, specifying variables extrapolated from the research. The study also sought to identify direct and indirect effects of heterosexual identity on counseling competence with LGB individuals with self-deception as a hypothesized mediator. The findings of the study are unique, exploring components of heterosexual identity and relationships to LGB counseling competence. This chapter reviews the results for each hypothesis and subsequent conclusions, findings and implications for counselor education, limitations of the study, and suggestions for future research. The chapter is concluded with a summary.

Hypotheses and Conclusions

The current study tested three hypotheses. In this section, the findings of each hypothesis are presented and discussed. Lastly, the conclusions are presented based on the current findings.

Hypothesis One

The first hypothesis in the study is that the hypothesized measurement model covariance matrix will be equal to the empirical covariance matrix, that is, the latent variables of LGB counseling competence, heterosexual identity, and self-deception are adequately measured by the specified observed variables. Heterosexual identity was

measured by internalized affirmativeness, negativity, value conflict, heterosexual privilege awareness, and sexual orientation identity. Self-deception was measured using the three item parcels created and discussed in the previous chapter. LGB counseling competence was measured using the attitudes, knowledge, and skill observed measures, but the lack of variability with the attitudes variable (i.e., extremely positive attitudes reported) resulted in its removal from the data analysis.

After removing the observed criterion variable, LGB counseling competence-attitudes, the model was an adequate fit to the data, but had a statistically significant Chi-square. To reduce the Chi-square, an error covariance was added between heterosexual privilege awareness and LGB counseling competence-knowledge, which was theoretically consistent. After testing the modified measurement model, the model was a strong fit to the data. Therefore the null hypothesis is rejected; there are no significant differences between the measurement model and the data. This means that each of the latent variables (i.e., heterosexual identity, self-deception, LGB counseling competence) was adequately measured by the observed variables and represented their respective constructs.

Hypothesis Two

The second hypothesis specifies that the implied covariance matrix for the conceptual structural model will be equal to the empirically derived covariance matrix. This hypothesis tests the direct effects within the structural model, and specifies a direct relationship between (a) heterosexual identity and LGB counseling competence, (b) heterosexual identity and self-deception, and (c) self-deception and LGB counseling competence. The global fit of the structural model well fit the data. However, low

inverse correlations were identified between heterosexual identity and self-deception and low positive correlations between self-deception and LGB counseling competence. The relationship between heterosexual identity and LGB counseling competence was the strongest relationship identified in the structural model. As expected, as internalized affirmativeness and heterosexual privilege awareness increased, LGB counseling competence increased. Also consistent with the previously hypothesized relationships, LGB counseling competence decreased as negativity, value conflict and sexual orientation identity increased.

Hypothesis Three

The third hypothesis is that all the path coefficients in the model will be statistically significant. All paths in the measurement model were statistically significant. However, the only statistically significant path identified in the structural model was between heterosexual identity and LGB counseling competence. There were no statistically significant paths between heterosexual identity and self-deception or between self-deception and LGB counseling competence. The strong relationship between heterosexual identity and LGB counseling competence ($r = 0.68$) was not affected by self-deception, therefore the final hypothesis was partially supported by the data. Results indicate that self-deception did not mediate the relationship between heterosexual identity and counseling competence with LGB individuals. This suggests that graduate counselors' reported competence with LGB individuals is strongly related to their identity as heterosexual individuals, but self-deception did not play a role.

Conclusions

Results of the measurement model indicated that heterosexual identity is well specified through the observed variables of internalized affirmativeness, negativity, value conflict, heterosexual privilege awareness, and sexual orientation identity. The structural model supports the relationship between heterosexual identity and LGB counseling competence. The structural model does not support the role of self-deception in mediating the relationship between LGB counseling competence and heterosexual identity. These results provide a strong empirical foundation for a composite model of heterosexual identity and highlight the importance of the relationships between heterosexual identity and LGB counseling competence in graduate counselors.

Findings and Implications

The findings of the current study provide insight on heterosexual identity and LGB counseling competence, specifically in terms of the significance of counselor sexual orientation identity in counseling. Because training models have largely focused on attitudes and reducing stereotypical thinking about LGB individuals (Pieterse et al., 2009), these findings are particularly salient. Results indicate that counselor educators should encourage graduate counselors to explore their own heterosexual identity development processes and heteronormative assumptions as this strongly relates to LGB counseling competence. The current findings empirically validate the strength of the relationship between heterosexual identity and LGB counseling competence, however the proposed mediation model did not supported. Three themes were identified based on the findings, addressing the heterosexual identity model, LGB counseling competence, and curriculum emphases for counselor education.

Heterosexual Identity Model

The composite model of heterosexual identity tested in the current study provides some empirical support to the conceptual models reviewed in the literature. Sullivan's (1998) conceptual model identifies several key components of heterosexual identity, focusing primarily on one's awareness of privilege and attitudes towards same-sex orientations. The attitudinal components, internalized affirmativeness, negativity, and value conflict, provided a strong foundation in the measurement model and showed acceptable correlations with sexual orientation identity and heterosexual privilege awareness as expected. This was similar to Worthington et al.'s (2005) findings, which identified strong relationships between attitudes towards LGB individuals and sexual identity.

Based on the current findings, graduate counselors reporting high levels of heterosexual identity are likely to be proactive in activism for LGB individuals, and express comfort with same-sex orientations and sexuality. Further, they are likely to express low levels of value conflict, experience incongruence with concealing positive attitudes in non-affirming environment, and reports low levels of homonegativity. Overall, participants in the study reported extremely high commitment/certainty to their heterosexual orientation identity as expected. Moderate significant correlations between sexual orientation identity and self-deception indicate some evidence of self-deception related to commitment of sexual orientation identity. Based on earlier descriptions of identity foreclosure and diffusion, it is possible to surmise that many of the participants in the study can be best described in one of those states (Konik & Stewart, 2004). This also supports previous research on the pervasive lack of exploration in sexual orientation

identity (Eliason, 1995; Morgan et al., 2010; Morgan & Thompson, 2011). Lastly, counselors with high levels of heterosexual identity are likely to have an awareness of the personal and global impact of heterosexism and accompanying privilege.

LGB Counseling Competence

An encouraging finding of this study is that LGB counseling competence-attitude reports were uniformly positive. This may represent a fundamental shift that is occurring within the counseling field, mirroring the progressive social changes in the US. This may also be attributed to the large percentage (approximately 64%) of participants less than 30 years of age, which may have contributed to such strong positive attitude reports, given the research indicating that younger individuals report more favorable attitudes towards LGB orientations (Pew Research Center, 2013). However, it is also possible that counselor education programs are emphasizing attitude exploration and challenging student attitudes towards LGB individuals (Bidell, 2012; Rutter et al., 2008), which may have resulted in more positive attitudes being reported in the current study.

Results of the study indicate that it is important to distinguish between personal positive attitudes toward LGB individuals and LGB counseling competence in knowledge and skill domains. Although research indicates that positive attitudes contribute to counseling competence (Brooks & Inman, 2013), positive attitudes are not necessarily synonymous with effective counselor practice in knowledge and skill domains. Despite the strong positive attitudes towards same-sex orientations/individuals found in the current study, it appears graduate counselors may need increased training in LGB counseling knowledge and skill areas. Increased exploration of “heterocentrism” may assist in counselor self-efficacy and competence with LGB clients. Mohr (2002)

discussed counselors' possible avoidance of sexual orientation issues in counseling as being related to fear of offending or saying something that indicates negativity, still impairing their ability to be fully present with their LGB clients.

Curriculum Emphases in Counselor Education

A positive finding for counselor educators is that graduate counselors did not report high levels of self-deceptive enhancement, indicating higher levels of awareness of their attitudes and competence levels. Because self-deception did not significantly reduce the relationship between heterosexual identity and LGB counseling competence, it seems that counselors are self-aware and honest about their views, but they may not necessarily be challenged in their training programs to explore their own identity development. Given the strength of the relationship between heterosexual identity and LGB counseling competence, it appears crucial to increase the focus on heterosexual identity development in counselor education in providing services to LGB clients. Similar to previous research (Vinson & Neimeye, 2000) on racial identity development and multicultural counseling competence, the significant relationship between heterosexual identity and LGB counseling competence indicates the need for a stronger focus on "self" instead of sole focus on "other." Because the opportunity and encouragement for exploration in heterosexual identity is largely discouraged in mainstream U.S. culture (Rich, 1980), counselor education programs may be the first opportunity for individuals to explore their heterosexual identity development processes.

Previous qualitative research (Dillon et al., 2004; Duhigg et al., 2010; Grove, 2009) highlights the importance of introspection on heterosexual identity development in increasing understanding of LGB experiences, reducing biases towards LGB individuals,

and seeking out additional LGB-specific knowledge. The findings of the current study support the inclusion of heterosexual identity development in LGB counseling competence training. Counselor education programs should also incorporate more LGB-specific training across the curriculum as suggested by Logan & Barret (2006), given the self-selection bias that occurs in elective sexual orientation diversity courses. While qualitative findings have emphasized the impact of these courses on students (Dessel et al., 2013; Dillon et al., 2004), this impact does not reach the broad base of graduate counselors. Additional research may be needed to identify skills and course structure that create an emotionally safe environment to explore heterosexual identity and heteronormative assumptions in required courses (e.g., multicultural, ethics). The findings of this study indicate that as training occurs, an emphasis on graduate counselors' heterosexual identity development process is likely to produce high levels of LGB counselor competence in knowledge and skill domains.

Limitations

There are several limitations to the current study, primarily in terms of generalizability of findings and measurement. The generalizability of the results is limited due to the convenience sampling procedures and moderate diversity represented among the participants. Because the sample was a convenience sample, a broader range of students would strengthen the study's external validity. Additionally, concerns were identified between the strong covariance between heterosexual privilege awareness and LGB counseling knowledge.

The participants were recruited using convenience sampling procedures. It is unknown whether or not all students in counselor education programs were provided the

survey link as the link was sent to faculty members and not individual student email addresses. The sample reflected moderate diversity, which may also be reflection of the sampling procedures. The strong representation of young adults included the study may have skewed the results, representing only a small facet of graduate counselors. Racially, the sample was consistent with U.S. Census Bureau (2012) reports, with approximately 22% of participants reporting their race as non-White. Greater diversity within the non-White portion of the sample may have allowed for more in-depth analysis of racial differences. While the sample was not diverse in terms of gender, the small representation of males is consistent with previous study sample sizes using U.S. counselor education programs. Lastly, the Southern region of the country represents the largest portion of CACREP-Accredited counseling programs in the country, thus it is not surprising that a majority of participants reported the South as their home. A more diverse regional sample would have allowed for exploration of regional differences.

The proposed composite model addressed several important components of heterosexual identity and the results empirically validate the proposed model. The findings of this study support internalized affirmativeness, negativity, value conflict, heterosexual privilege awareness, and sexual orientation identity as significant in conceptualizing heterosexual identity. However, the impact of heterosexual privilege awareness should be interpreted with caution due to measurement error. The measurement error effect was minimized through the addition of an error covariance between LGB counseling competence-knowledge and heterosexual privilege awareness, given the strong positive correlation between these variables.

Suggestions for Future Research

Future research should identify stages of heterosexual identity using Marcia's (1966) categories (i.e., diffusion, foreclosure, moratorium, and achievement), as there may be identifiable differences in counseling competence between these identity stages. The current study made no effort to implement these categories, but rather to conduct an exploratory study of heterosexual identity components with LGB counseling competence. While Worthington et al. (2005) use these categories to conceptualize stages of sexual identity; these components extend beyond the scope of heterosexual identity. Using categories of this type would likely provide more information on identity development process and create structure for use in counseling research, supervision, and training.

Future research could also include development of a stronger measure of heterosexual privilege awareness that distinguishes differences between LGB-specific knowledge and privilege awareness is suggested for future research. Because heterosexual privilege awareness encompasses knowledge and awareness components (Black & Stone, 2005), these differences should be explored in greater detail. Additionally, future research would benefit from the use of measures testing affirming behaviors and specified skills, as this may provide a stronger measure of effective practice, emphasizing the behavioral component of counseling competence as opposed to the attitude or knowledge components. Because other research has specified behavior-specific themes for LGB-affirmative counseling (King et al., 2007; Bieschke & Matthews, 1996), these measures may provide more detailed descriptions of counseling behavior, which may assist in the development of more specific counselor education outcomes within LGB counseling competence and current practice.

Chapter Summary

The purpose of this study was to test the relationships of a composite model of heterosexual identity, self-deception and graduate counselors' self-reported competence with LGB clients. This chapter reviews the results of the current study and implications for counseling. The findings of the study provided empirical support for the proposed composite model of heterosexual identity tested in the study. While heterosexual identity had a significant impact on LGB counseling competence as measured through LGB counseling knowledge and skill, self-deception was not significantly related to heterosexual identity or LGB counseling competence and had no mediation effect. This chapter describes how the findings of the current study are consistent with previous research and suggests implications for counselor education and supervision. Lastly, limitations of the study and recommendations for future research are presented.

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APPENDIX A: INTRODUCTORY LETTER



Dear Counseling Faculty Member,

As a faculty member in a CACREP-Accredited counseling program, I am requesting your assistance in forwarding the below link to your Master's and/or Doctoral counseling students. This research study is being conducted as part of the dissertation requirements for a Doctor of Philosophy Degree in Counseling at The University of North Carolina at Charlotte. The purpose of this study is to explore relationships between personal and social attitudes of counseling students and counseling competence with lesbian, gay, and bisexual (LGB) clients. Only heterosexual-identified counseling students currently enrolled in CACREP-Accredited counseling programs are eligible to participate in the study.

The survey will take approximately fifteen minutes to complete. Your assistance in helping recruit participants for this study will provide a valuable contribution to the counseling literature on LGB issues in counseling. Please forward the following link to students to complete the survey:

<https://uncc.surveymshare.com/s/AYAKB2D>

Your time and assistance is greatly appreciated.

Sincerely,

Adrienne Erby, M.S.
Doctoral Candidate
Department of Counseling
The University of North Carolina at
Charlotte

Lyndon Abrams, Ph.D.
Dissertation Chair
Department of Counseling
The University of North Carolina at
Charlotte

APPENDIX B: INFORMED CONSENT FORM



Dear Participant,

As a Master's or Doctoral counseling student, you are being invited to participate in a research study that will examine personal and social attitudes, and counseling competence with LGB clients. You are eligible to participate in the study if you identify as heterosexual and are currently enrolled in Master's or Doctoral CACREP-Accredited counseling program. Your participation will involve completing a survey.

The survey will take approximately 10 minutes to complete. The data collected by the investigators will not contain any identifying information or any link back to your participation in this study; therefore the information collected will be kept both anonymous and confidential. There is always the risk of compromising privacy, confidentiality and/or anonymity when using email and the Internet.

There are no direct benefits to you as a result of your participation. However, your participation in this study may result may contribute to greater understanding of LGB issues in counseling and counselor education. There are no known risks in participating in this study. You may withdraw or decline without penalty at any time.

The University of North Carolina at Charlotte (UNCC) wants to make sure that you are treated in a fair and respectful manner. Contact the UNCC Research Compliance Office 704-687-1871 if you have any questions about your rights as a participant in this study. If you have any questions about this project, please contact me, Adrienne Erby, at aerby@uncc.edu or my Dissertation Chair, Dr. Lyndon Abrams, at lpabrams@uncc.edu.

Thank you for taking the time to participate.

Sincerely,

Adrienne Erby, M.S.

Doctoral Candidate

Department of Counseling

The University of North Carolina at Charlotte

Lyndon Abrams, Ph.D.

Dissertation Chair

Department of Counseling

The University of North Carolina at Charlotte

You may print a copy of this form. By completing this survey, you indicate that you are currently enrolled in a CACREP-Accredited counseling program in the United States and identify as a heterosexual/straight. If you understand the statements above, and freely consent to participate in the study, click on the "I Agree" button to begin the experiment.

I Agree

I Do Not Agree

APPENDIX C: MEASURE OF SEXUAL IDENTITY EXPLORATION AND COMMITMENT

Measure of Sexual Identity Exploration and Commitment

Please read the following definition before completing the survey items:

Sexual orientation is defined as an enduring emotional, romantic, sexual or affectional attraction to other persons that ranges from exclusive heterosexuality to exclusive homosexuality and includes various forms of bisexuality.

Directions: Please use the following scale to respond to items.

1	2	3	4	5	6
very uncharacteristic of me					very characteristic of me

Sexual Orientation Uncertainty Subscale

1. My sexual orientation is clear to me.

1	2	3	4	5	6
---	---	---	---	---	---

14. I sometimes feel uncertain about my sexual orientation.

1	2	3	4	5	6
---	---	---	---	---	---

21. My sexual orientation is not clear to me.

1	2	3	4	5	6
---	---	---	---	---	---

APPENDIX D: LESBIAN, GAY AND BISEXUAL KNOWLEDGE AND ATTITUDES SCALE

Lesbian, Gay and Bisexual Knowledge and Attitudes Scale

Instructions: Please use the scale below to respond to the following items. Circle the number that indicates the extent to which each statement is characteristic or uncharacteristic of you or your views. Please try to respond to every item.

1	2	3	4	5	6
very uncharacteristic of me					very characteristic of me

Please consider the ENTIRE statement when making your rating, as some statements contain two parts.

Hate Subscale

4. It is important to me to avoid LGB individuals.

1	2	3	4	5	6
---	---	---	---	---	---

8. I would be unsure what to do or say if I met someone who is openly lesbian, gay or bisexual.

1	2	3	4	5	6
---	---	---	---	---	---

9. Hearing about a hate crime against a LGB person would not bother me.

1	2	3	4	5	6
---	---	---	---	---	---

14. I sometimes think about being violent toward LGB people.

1	2	3	4	5	6
---	---	---	---	---	---

18. I would feel self-conscious greeting a known LGB person in a public place.

1	2	3	4	5	6
---	---	---	---	---	---

24. LGB people deserve the hatred they receive.

1	2	3	4	5	6
---	---	---	---	---	---

Religious Conflict Subscale

2. I have conflicting attitudes or beliefs about LGB people.

1	2	3	4	5	6
---	---	---	---	---	---

3. I can accept LGB people even though I condemn their behavior.

1	2	3	4	5	6
---	---	---	---	---	---

7. I have difficulty reconciling my religious views with my interest in being accepting of LGB people.

1	2	3	4	5	6
---	---	---	---	---	---

12. I keep my religious views to myself in order to accept LGB people.

1	2	3	4	5	6
---	---	---	---	---	---

13. I conceal my negative views toward LGB people when I am with someone who doesn't share my views.

1	2	3	4	5	6
---	---	---	---	---	---

22. I try not to let my negative beliefs about LGB people harm my relationships with the lesbian, gay, or bisexual individuals I know.

1	2	3	4	5	6
---	---	---	---	---	---

26. I conceal my positive attitudes toward LGB people when I am with someone who is homophobic.

1	2	3	4	5	6
---	---	---	---	---	---

Internalized Affirmativeness Subscale

6. I have close friends who are LGB.

1	2	3	4	5	6
---	---	---	---	---	---

15. Feeling attracted to another person of the same sex would not make me uncomfortable.

1	2	3	4	5	6
---	---	---	---	---	---

17. I would display a symbol of gay pride (pink triangle, rainbow, etc.) to show my support of the LGB community.

1	2	3	4	5	6
---	---	---	---	---	---

19. I have had sexual fantasies about members of my same sex.

1	2	3	4	5	6
---	---	---	---	---	---

21. I would attend a demonstration to promote LGB civil rights.

1	2	3	4	5	6
---	---	---	---	---	---

APPENDIX E: MODIFIED HETEROSEXUAL PRIVILEGE AWARENESS SCALE

Modified Heterosexual Privilege Awareness Scale

Instruction: Please use the scale below to respond to the following items. Circle the number that indicates the extent to which each statement is characteristic or uncharacteristic of you or your views.

1	2	3	4	5	6	7
Strongly disagree						Strongly agree

1. As a heterosexual, I currently have more rights than LGB individuals in society.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

2. LGB individuals are at a disadvantage.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

3. As a heterosexual, I have certain privileges not given to LGB individuals.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

4. We as heterosexuals are at an advantage because our sexual orientation determines what is considered normal.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

5. We as heterosexuals must give up our privilege before we can achieve equality based on sexual orientation.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

6. LGB individuals get special privileges that heterosexuals are not given.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

7. Heterosexuals and LGB individuals are treated equally in this country.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

APPENDIX F: BALANCED INVENTORY OF DESIRABLE RESPONDING

Balanced Inventory of Desirable Responding

Instruction: Using the scale below as a guide, write a number beside each statement to indicate how much you agree with it.

1	2	3	4	5	6	7
Not True			Somewhat True			Very True

Self-deceptive Enhancement Subscale

1. My first impressions of people usually turn out to be right.
2. It would be hard for me to break any of my bad habits.
3. I don't care to know what other people really think of me.
4. I have not always been honest with myself.
5. I always know why I like things.
6. When my emotions are aroused, it biases my thinking.
7. Once I've made up my mind, other people can seldom change my opinion.
8. I am not a safe driver when I exceed the speed limit.
9. I am fully in control of my own fate.
10. It's hard for me to shut off a disturbing thought.
11. I never regret my decisions.
12. I sometimes lose out on things because I can't make up my mind soon enough.
13. The reason I vote is because my vote can make a difference.
14. My parents were not always fair when they punished me.
15. I am a completely rational person.
16. I rarely appreciate criticism.
17. I am confident of my judgments.
18. I have sometimes doubted my ability as a lover.
19. It's all right with me if some people happen to dislike me.
20. I don't always know the reasons why I do the things I do.

APPENDIX G: SEXUAL ORIENTATION COUNSELOR COMPETENCY SCALE

Sexual Orientation Counselor Competency Scale

Instruction: Using the scale following each question, rate the truth of each item as it applies to you by circling the appropriate number. It is important to answer all questions and provide the most candid response, often your first one. LGB = Lesbian, Gay, and Bisexual.

1	2	3	4	5	6	7
Not at all True			Somewhat True			Totally True

Attitudes Subscale

2. The lifestyle of a LGB client is unnatural or immoral.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

10. It's obvious that a same sex relationship between two men or two women is not as strong or as committed as one between a man and a woman.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

11. I believe that being highly discreet about their sexual orientation is a trait that LGB clients should work towards.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

15. I believe that LGB couples don't need special rights (domestic partner benefits, or the right to marry) because that would undermine normal and traditional family values.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

17. It would be best if my clients viewed a heterosexual lifestyle as ideal.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

21. I think that my clients should accept some degree of conformity to traditional sexual values.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

23. I believe that LGB clients will benefit most from counseling with a heterosexual counselor who endorsed conventional values and norms.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

27. Personally, I think homosexuality is a mental disorder or a sin and can be treated through counseling or spiritual help.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

28. I believe that all LGB clients must be discreet about their sexual orientation around children.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

29. When it comes to homosexuality, I agree with the statement: 'You should love the sinner but hate or condemn the sin.'

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Knowledge subscale

5. LGB clients receive less preferred forms of counseling treatment than heterosexual clients.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

9. I am aware some research indicates that LGB clients are more likely to be diagnosed with mental illnesses than are heterosexual clients.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

13. Heterosexist and prejudicial concepts have permeated the mental health professions.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

16. There are different psychological/social issues impacting gay men versus lesbian women.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

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

1	2	3	4	5	6	7
---	---	---	---	---	---	---

20. I am aware that counselors frequently impose their values concerning sexuality upon LGB clients.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

24. Being born a heterosexual person in this society carries with it certain advantages.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

25. I feel that sexual orientation differences between counselor and client may serve as an initial barrier to effective counseling of LGB individuals.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Skills subscale

1. I have received adequate clinical training and supervision to counsel LGB clients.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

3. I check up on my LGB counseling skills by monitoring my functioning/competency-via consultation, supervision, and continuing education.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

4. I have experience counseling gay male clients.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

6. At this point in my professional development, I feel competent, skilled, and qualified to counsel LGB clients.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

7. I have experience counseling lesbian or gay couples.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

8. I have experience counseling lesbian clients.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

12. I have been to in-services, conference sessions, or workshops, which focused on LGB issues (in Counseling, Psychology, Mental Health).

1	2	3	4	5	6	7
---	---	---	---	---	---	---

14. I feel competent to assess the mental health needs of a person who is LGB in a therapeutic setting.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

18. I have experience counseling bisexual (male or female) clients.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

22. Currently, I do not have the skills or training to do a case presentation or consultation if my client were LGB.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

26. I have done a counseling role-play as either the client or counselor involving a LGB issue.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

APPENDIX H: DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

1. Select your gender:
 - a) Female
 - b) Male
 - c) Fill in category not represented _____

2. Select the label that best describes how you identify your sexual orientation
 - a) Heterosexual or straight
 - b) Gay or lesbian
 - c) Bisexual
 - d) Asexual
 - e) Queer

3. Select your age range:
 - a) 20-25
 - b) 26-30
 - c) 31-35
 - d) 36-40
 - e) 41-45
 - f) 46-50
 - g) 51-55
 - h) 56-60
 - i) 61-65

4. Select one of the following that best identifies your race/ethnicity:
 - a) White/Caucasian
 - b) Black/African American
 - c) Asian/Pacific Islander
 - d) Hispanic/Latino
 - e) Native American
 - f) Multi-Racial
 - g) Other _____

5. Specify the region you call home:
 - a) Northeast (CT, ME, MA, NH, NJ, NY, PA, RI, VT)
 - b) Midwest (IA, IN, IL, KS, MI, MN, MO, ND, NE, OH, SD, WI)
 - c) South (AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, TN, TX, SC, VA, WV)
 - d) West (AK, AZ, CA, CO, HI, ID, MT, NM, OR, UT, NV, WA, WY)
 - e) Any country outside of United States

6. Select the degree being sought in your current training program:
 - a) Masters
 - b) Doctoral