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Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory

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LGB-affirmative psychotherapy is defined as “therapy that celebrates and advocates the authenticity and integrity of lesbian, gay and bisexual persons and their relationships” (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000, p. 328). Theoretical tenets of social cognitive theory (Bandura, 1986) were applied to LGB-affirmative psychotherapist training to better delineate ways to train psychotherapists in LGB-affirmative practices (Bieschke, Eberz, Bard, & Croteau, 1998). Exposure of psychotherapists and trainees to four sources of self-efficacy (performance accomplishments, vicarious learning, verbal reinforcement, and physiological states/reactions) is posited to foster increases in LGB-affirmative counselor self-efficacy. An optimal level of LGB-affirmative counseling self-efficacy may serve as a mechanism for implementing LGB-affirmative counseling behaviors and positive therapeutic outcomes, as well as for promoting psychotherapists’ interest in LGB-affirmative psychotherapy.

The Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory (LGB-CSI) measures participants’ self-efficacy to perform LGB-affirmative counseling behaviors. LGB-affirmative counseling behaviors include (a) advocacy skills: identifying and utilizing community resources that are supportive of LGB clients’ concerns; (b) application of knowledge: counseling LGB clients through unique issues using knowledge of LGB issues in psychology; (c) awareness: maintaining awareness of attitudes toward one’s own and others’ sexual identity development; (d) assessment: assessing relevant issues and problems of LGB clients; and (e) relationship: building a working alliance with LGB clients. An optimal level of self-efficacy is one that slightly exceeds one’s ability. Successful performance requires both high efficacy beliefs and acquisition of knowledge and skills (Bandura, 1986).

Description

The LGB-CSI consists of 32 items. Each item represents an LGB-affirmative counseling behavior. Higher scores are indicative of higher levels of self-efficacy to counsel gay, lesbian, and/or bisexual clients.

The scale is intended for mental health professionals (e.g., psychologists, social workers, counselors) ranging in professional background and level of experience.

The development and validation of the LGB-CSI included five studies. In Study 1, item development procedures and an exploratory factor analysis of an initial item pool were conducted. Item development involved investigating LGB-affirmative counseling competencies. First, literature was reviewed to determine the competencies. Five categories were hypothesized to represent the current conceptualization of LGB-affirmative counseling: (a) application of knowledge of LGB issues and the counseling behaviors reliant on a priori understanding of LGB issues, including: the impacts of race, ethnicity, gender, religion, locale, and other cultural variables on sexual identity development; internalized homophobia/heterosexism and biphobia; anti-LGB violence; causality

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questions; career issues; interpersonal isolation/marginality; relationship issues; LGB family issues; impact of aging; HIV/AIDS; substance abuse; domestic violence; sexual abuse; sexual identity theory; exploration of sexual identity and management; (b) advocacy skills; (c) awareness of one’s own and others’ sexual identity development; (d) development of a working relationship with an LGB client; (e) assessment of the relevant issues and problems of an LGB client. Items were generated for each issue after a thorough review of the literature. A pool of 101 items was developed on the basis of the preliminary framework. The item pool included counseling behaviors that go beyond simple microskills to reflect the complexity of behaviors needed for effective LGB-affirmative counseling. Three counseling psychologists and two doctoral-level graduate students (one self-identified gay male, one self-identified bisexual male, two self-identified lesbian women, and one self-identified heterosexual woman), each of whom had extensive experience in the practice of LGB-affirmative and/or multicultural counseling and research, assessed the content validity of the 101 items. The experts were asked to examine the items to (a) determine whether they were reflective of the critical issues that were gleaned from the literature, (b) ensure coverage of the content domains, (c) eliminate unnecessary items, (d) revise any confusing items, and (e) provide general feedback that would assist in developing items representative of LGB-affirmative counseling. The experts rated each item on content appropriateness and clarity by using a 5-point scale that ranged from 1 (Not at all Appropriate or Clear) to 5 (Very Appropriate or Clear). Items receiving a mean rating between 1 and 3 were reworded or deleted. Revisions to the LGB-CSI were made on the basis of feedback from experts. A principal axis factor extraction analysis (EFA) was performed on the remaining items of the LGB-CSI. A five-factor solution using a promax rotation yielded the most interpretable solution.

In Study 2, the factor stability of the initial EFA solution was established via confirmatory factor analyses. Study 3 provided evidence of convergent and discriminant validity of the instrument, as well as internal consistency (described in Reliability section). In Study 4 we assessed the test–retest reliability of the instrument (described in Reliability section), and in Study 5 we investigated the sensitivity of the LGB-CSI to change across professionals and counselor trainees (described in Validity section).

Response Mode and Timing

Participants respond to each item using a 6-point Likert-type scale ranging from 1 (Not at all Confident) to 6 (Extremely Confident). It typically takes a participant 15 minutes to complete the LGB-CSI.

Scoring

LGB-CSI subscale scores are obtained by summing all items within each of the five subscales: application of knowledge, advocacy skills, awareness, assessment, and relationship. LGB-CSI total scores are obtained by summing all items across the subscales.

Reliability

The LGB-CSI total scale and subscales have evidenced high internal consistency (Cronbach’s α > .70) in past studies (Dillon & Worthington, 2003; Dillon, Worthington, Soth-McNett, & Schwartz, 2008). However, test-retest reliability estimates indicated LGB-CSI total and subscale scores as relatively unstable over a 2-week time period.

Validity

Content validity of the LGB-CSI items was determined through expert panel review (Dillon & Worthington, 2003). Construct validity was supported through exploratory and confirmatory factor analyses (Dillon & Worthington, 2003). Convergent validity for total scale and subscales was supported by correlations with measures of general counseling self-efficacy and attitudes toward LGB individuals (Dillon & Worthington, 2003). Discriminant validity was evidenced by an absence of relations between the total scale and subscales and measures of social desirability, self-deceptive positivity, and impression management (Dillon & Worthington, 2003). Construct validity was supported by findings indicating varying levels of self-efficacy commensurate with status in the field (Dillon & Worthington, 2003).

References


Exhibit

Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory

Instructions: Below is a list of activities regarding counseling/psychotherapy. Indicate your confidence in your current ability to perform each activity by marking the appropriate answer below each question ranging from Not at all Confident to Extremely Confident. Please answer each item based on how you feel now, not on your anticipated (or previous) ability. I am interested in your actual judgments, so please be honest in your responses.

How confident am I in my ability to . . .?

1. Directly apply sexual orientation/identity development theory in my clinical interventions with lesbian, gay, and bisexual (LGB) clients.
   - Not at all Confident
   - Confident
   - Extremely Confident

2. Directly apply my knowledge of the coming out process with LGB clients.

3. Identify specific mental health issues associated with the coming out process.

4. Understand the socially constructed nature of categories and identities such as lesbian, bisexual, gay, and heterosexual.

5. Explain the impact of gender role socialization on a client’s sexual orientation/identity development.

6. Apply existing American Psychological Association guidelines regarding LGB-affirmative counseling practices.

7. Use current research findings about LGB clients’ critical issues in the counseling process.

8. Assist LGB clients to develop effective strategies to deal with heterosexism and homophobia.

9. Evaluate counseling theories for appropriateness in working with an LGB client’s presenting concerns.

10. Help a client identify sources of internalized homophobia and/or biphobia.

11. Select affirmative counseling techniques and interventions when working with LGB clients.

12. Assist in the development of coping strategies to help same-sex couples who experience different stages in their individual coming out processes.

13. Facilitate an LGB-affirmative counseling/support group.

14. Recognize when my own potential heterosexist biases may suggest the need to refer an LGB client to an LGB-affirmative counselor.

15. Examine my own sexual orientation/identity development process.

16. Identify the specific areas in which I may need continuing education and supervision regarding LGB issues.

17. Identify my own feelings about my own sexual orientation and how it may influence a client.

18. Recognize my real feelings versus idealized feelings in an effort to be more genuine and empathic with LGB clients.

19. Provide a list of LGB-affirmative community resources, support groups, and social networks to a client.

20. Refer an LGB client to affirmative social services in cases of estrangement from their families of origin.

21. Refer LGB clients to LGB-affirmative legal and social supports.

22. Refer a client with city, state, federal, and institutional ordinances and laws concerning civil rights of LGB individuals.

23. Help a same-sex couple access local LGB-affirmative resources and support.

24. Refer an LGB elderly client to LGB-affirmative living accommodations and other social services.

25. Refer an LGB client with religious concerns to an LGB-affirmative clergy member.

26. Integrate clinical data (e.g., mental status exam, intake assessments, presenting concern) of an LGB client.

27. Complete an assessment for a potentially abusive same-sex relationship in an LGB-affirmative manner.


29. Assess the role of alcohol and drugs on LGB clients’ social, interpersonal, and intrapersonal functioning.

30. Establish an atmosphere of mutual trust and affirmation when working with LGB clients.

31. Normalize an LGB client’s feelings during different points of the coming out process.

32. Establish a safe space for LGB couples to explore parenting.

*The 6-point scale is repeated after each item.*