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Counseling Bisexual Clients Competency Scale (CBCS): Development and Psychometric Evaluation

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Counseling Bisexual Clients Competency Scale (CBCCS):

Development and Psychometric Evaluation

by

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Presented to the Graduate and Research Committee

of Lehigh University

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in

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Abstract

The purpose of this study was to develop and psychometrically evaluate a scale assessing one's self-perceived counseling competency with bisexual clients. This study is important due to the dearth of theory and research concerning counseling competency with bisexual clients in the field of counseling psychology, especially considering the unique counseling concerns of this population. The procedure of this study involved four stages of (a) initial item development, (b) expert and stakeholder review, (c) exploratory factor analysis and internal consistency and validity analyses, and (d) test-retest reliability analysis. Participants for this study include therapists- and counselors-in-training working toward Master's or Doctoral Degrees in counseling psychology, clinical psychology, school psychology, social work, and family therapy. The theoretical foundation for this study suggested a three-factor structure (i.e., self-awareness, knowledge, and skills) for counseling competency with bisexual clients. Results supported a three-factor structure and demonstrated validity and reliability of the scale. Implications for theory, research, and practice, and future research directions will be discussed.

CHAPTER I

Introduction

Research in the counseling psychology field has grown in terms of counseling

competency with lesbian/gay/bisexual (LGB) clients (e.g., Bieschke, Perez, & DeBord,

2007; Burkard, Pruitt, Medler, & Stark-Booth, 2009; Moradi, Mohr, Worthington, &

Fassinger, 2009; Phillips, Ingram, Smith, & Mindes, 2003; Phillips, 2010; Potoczniak,

Aldea, & DeBlaere, 2007). For example, Phillips and others (2003) underscore the

increasing integration of LGB issues in counseling psychology literature from 1990-1999

by providing a content and methodological analysis of 119 LGB-related articles in eight

major counseling psychology journals. Phillips (2010) continues this work by

commenting on the special edition of *The Counseling Psychologist* on LGB people of

color. Further, Moradi and colleagues (2009) highlight the importance of research on

LGB issues and argue for more work to be done in this area.

Indeed, although the field has developed its focus on LGB issues, more emphasis

in this area is needed due to continued heterosexist bias in research and clinical work in

the field (Greene, 2007; Matthews, 2007). In particular, the counseling psychology field

greatly lacks attention to bisexual individuals and their unique counseling concerns.

Bisexuality and bisexual individuals have been largely ignored in counseling psychology,

yet have received increased attention in recent years (e.g., Brooks, Inman, Klinger,

Malouf, & Kaduvettoor, 2010; Brooks, Inman, Malouf, Klinger, & Kaduvettoor, 2008;

Mohr, Weiner, Chopp, & Wong, 2009; Sheets & Mohr, 2009). Phillips and colleagues

assert that more attention is needed on within-group differences among the LGB

population (e.g., bisexual individuals). Such an emphasis on bisexual individuals and

their counseling concerns is essential due to the particular needs of bisexual individuals for social support and competent counseling (Sheets & Mohr, 2009). In addition, bisexual individuals are often stereotyped as confused, conflicted, and untrustworthy individuals incapable of monogamy (Mohr & Rochlen, 1999), and these stereotypes are often held by counseling psychologists (Mohr et al., 2009).

Despite the unique experiences of bisexual individuals, no measure exists for counseling competency with bisexual individuals. Only one measure exists focusing on counseling competency with LGB individuals (i.e., Sexual Orientation Counselor Competency Scale [SOCCS]; Bidell, 2005), and this measure does not specifically highlight counseling competency with bisexual clients. The purpose of the present study was to contribute to the existing literature on multicultural counseling competency by developing a scale examining counseling competency with bisexual clients. This measure is needed because of the within group differences that exist in terms of counseling needs among the LGB population. This study aims to specifically target counseling competency with bisexual individuals to highlight the within group differences among the LGB population and the unique counseling needs of bisexual individuals.

Multicultural Counseling Competency

The field of counseling psychology has increased its focus on multicultural issues including multicultural counseling competency with individuals from various backgrounds (Sue, Arrendondo, & McDavis, 1992). The works of Sue and colleagues (1982, 1992) have been a driving force in this area due to their development of a model of multicultural counseling competency that emphasizes the importance of self-awareness (i.e., awareness of one's own assumptions, attitudes, beliefs, biases, and values),

knowledge (i.e., knowledge and understanding of the diverse worldviews and experiences of clients), and skills (i.e., developing culturally appropriate treatments and interventions for diverse clients). Specifically, the counseling psychology field has increasingly drawn attention to issues of sexual orientation; and the multicultural counseling competency framework of self-awareness, knowledge, and skills is being applied to the counseling concerns of lesbian, gay, and bisexual (LGB) individuals and counseling competency with this population. For example, the American Psychological Association (APA, 2000, 2012) has established guidelines for counseling competency with LGB individuals. These guidelines assert that counselors must develop their self-awareness, knowledge, and skills concerning the specific issues of LGB individuals and seek out training and education on the available resources for this population (APA, 2000, 2012). The APA guidelines (APA) and multicultural counseling competency model highlighting self-awareness, knowledge, and skills (Sue et al., 1982, 1992) were used as the theoretical foundation for this study. That is, the concepts of self-awareness, knowledge, and skills as the basis for counseling competency were used to develop the scale.

Continuum of Sexual Orientation

Historically, sexual orientation has been conceptualized dichotomously with individuals categorized either as lesbian/gay (LG) or heterosexual (Fox, 1996). However, the "[e]xamination and critique of this dichotomous model led to the development of a multidimensional approach to sexual orientation that allows for more accurate representation of the complexity of sexual orientation and acknowledgment of bisexuality as a sexual orientation and sexual identity" (Fox, 1996, p. 7). Specifically, Kinsey, Pomeroy, and Martin (1948); Kinsey, Pomeroy, Martin, and Gebhard (1953); and Klein

(1993) have all challenged this dichotomous categorization. Kinsey and his colleagues (1948, 1953) asserted that a binary notion of sexual orientation is socially constructed, and it is more accurate to conceptualize sexual orientation along a continuum with varying degrees of sexual identification.

Klein expanded upon this theory by incorporating emotional and cognitive factors and behavioral experiences. That is, Klein theorized that sexual orientation includes seven different aspects of sexuality: sexual attraction, sexual behavior, sexual fantasies, emotional preference, social preference, self-identification, and lifestyle/community identification. Kinsey and colleagues and Klein emphasized the importance of conceptualizing sexual orientation as fluid and existing along a continuum and argue for the increased visibility of bisexual individuals. The work of Kinsey et al. and Klein further serve as the theoretical basis of this study in that the scale developed aimed to increase the visibility of bisexual individuals and challenge the binary notion of sexual orientation. This work combined with the model of multicultural counseling competency (i.e., self-awareness, knowledge, and skills) provided the foundation for this study by highlighting the bisexual-specific aspects of multicultural counseling competency.

Definitions of Bisexuality

Since Kinsey and colleagues (1948, 1953) and Klein (1993) developed their theories, scholars have continued to grapple with the conceptualization and definition of bisexuality. In order to begin the process of developing a scale of counseling competency, a working definition for bisexuality was addressed. Bisexuality is a sexual orientation that individuals may choose for self-identification and has been conceptualized and interpreted in various ways (e.g., behaviorally, personal

identification, etc.; Fassinger & Arseneau, 2007; Firestein, 1996; Fox, 1996; Kinsey et al., 1948; Kinsey et al., 1953; Klein, 1993; Zinik, 1985), which makes the term difficult to define. Adding to this difficulty is the invisibility of bisexuality and bisexual individuals. For example, Zinik (1985) notes that the terms "bisexuality" and "bisexual" have been used differently in the literature in that "bisexuality" has referred mainly to sexual behavior with both men and women and "bisexual" has referred more to a self-defined identity and sexual orientation. In his article, Zinik uses the terms "bisexuality" and "bisexual" interchangeably and suggests that a definition of bisexuality involves eroticization and sexual arousal by men and women, engagement or desire to engage in sexual activity with men and women, and claiming "bisexual" as a sexual identity label. Zinik highlights the importance of sexual identity by asserting that a "sexual identity label reflects both the organization of one's self concept and one's membership in or allegiance to a particular group or social movement" (Zinik, 1985, p. 8). Therefore, a bisexual identity may reflect not only one's internal identification but also one's connection to others with similar identifications.

Fox (1996) defines bisexuality as either sexual attraction toward or sexual behavior with members of the same or other genders. However, Fox's definition does not include identity labeling as in Zinik's conceptualization. Fassinger and Arseneau (2007) offer a definition similar to that of Zinik by defining bisexuality in terms of emotional, erotic, and relational attractions toward the same and other genders and some aspect of self-labeling as bisexual, but they do not focus on behavior. Alternatively, Firestein's (1996) definition of bisexuality disregards both sexual behavior and a sexual identity label and focuses on the *capacity* for affectionate and sexual attraction for both same- and

other-gendered individuals. This definition highlights the potential for same- and other-gender attraction as opposed to actual sexual behavior and self-proclaimed sexual identities. Firestein also emphasizes the deliberate use of "other-gendered" to acknowledge the existence of transgendered and transsexual individuals and highlight the notion that more than two gender identities (i.e., male and female) exist. For the purposes of this study, I defined bisexuality as having the *capacity* (i.e., Firestein definition) for emotional, sexual, and relational attractions to members of the same and other genders, which may or may not result in sexual behavior with members of the same and other genders (Fassinger & Arseneau, 2007; Firestein, 1996; Fox, 1996; Zinik, 1985). Bisexual individuals were defined as those individuals who self-identify as bisexual. In addition, I will use the terms bisexuality, bisexual identity, and bisexual individuals interchangeably.

Research on Bisexual Individuals

Throughout LGB literature, scholars and researchers have frequently grouped bisexual individuals with lesbians and gay men largely due to similarity in sexual minority status and corresponding similar experiences of oppression (Fassinger & Arseneau, 2007). However, it may be more authentic to acknowledge the differences of experience and identification among LGB individuals (Fassinger & Arseneau, 2007; Worthington & Reynolds, 2009). Fassinger and Arseneau (2007) assert that "particular dimensions of experience…differentiate…sexual minority groups in important ways, shaping group-specific trajectories for the development and enactment of identity" (p. 19). In terms of this "enactment of identity" or identity development, bisexual individuals have diverse experiences. For example, some individuals may change their interests in terms of the sex of their partner later in life, while others may have other and same sex

interests at an early age (Fox, 1996; Zinik, 1985). Weinberg, Williams, and Pryor (1994) developed a model of bisexual identity development conceptualizing bisexuality as a distinct sexual orientation. Based on several studies conducted over six years in the 1980s, Weinberg and colleagues highlighted four stages of bisexual identity development: Initial Confusion, Finding and Applying the Label, Settling into the Identity, and Continued Uncertainty. This model and the corresponding research helped to solidify bisexuality as a stable and distinct sexual orientation.

As stated, theory on within group differences in the LGB population asserts that grouping LGB individuals into one category does not genuinely and authentically capture the experiences of the individuals (Fassinger & Arseneau, 2007; Phillips et al., 2003; Worthington & Reynolds, 2009). For example, whereas lesbians and gay men may feel ostracized in the heterosexual community, bisexual individuals often feel ostracized from *both* heterosexual and LG communities and often lack a bisexual community for support during their coming out and identity maintenance experiences. Ochs (1996) described this experience as "double discrimination" (p. 217) because bisexual individuals often experience discrimination from both LG and heterosexual individuals. Additionally, the lack of community support may lead to distress and bisexual individuals seeking counseling. Therefore, it is important for counselors to be competent when working with bisexual clients and be familiar with their unique counseling needs. The literature described above further highlights the bisexual-specific aspects of multicultural counseling competency (i.e., self-awareness, knowledge, and skills) and served as the empirical foundation for this study. The scale developed through this study could serve as a tool for counselors to use to increase their counseling competency with bisexual clients.

Counseling Competency with Bisexual Individuals

Research on bisexual individuals has highlighted specific stereotypes and biases regarding bisexual people distinct from those regarding lesbians and gay men (Mohr & Rochlen, 1999; Mohr et al., 2009). For example, bisexual individuals are perceived as being immature sexually, having transitional sexuality, having problems with intimacy, being confused and conflicted about one's sexuality and sexual identity, having difficulty being monogamous, having a strong sex drive, being more likely to give a partner a sexually transmitted disease (STD), being disloyal, and being promiscuous (Israel & Mohr, 2004; Mohr, Israel, & Sedlacek, 2001; Mohr et al., 2009; Spalding & Peplau, 1997). Therapists and counselors are not immune to the influence of these stereotypes. In fact, research has illustrated a relationship between counselor attitudes toward bisexuality and their bisexual counseling competency (Brooks, 2009) and between counselor attitudes and biases and their clinical assessment and treatment of bisexual clients (Mohr & colleagues, 2001, 2009). Research has also shown that bisexual individuals may have unique negative experiences with health care providers not offering adequate education on safe sex with men and women or assuming that bisexual individuals have multiple partners (Fassinger & Arseneau, 2007). In addition, Firestein (2007) reported that bisexual individuals frequently exhibited higher levels of psychological distress and mental health difficulties than LG or heterosexual individuals and that mental health providers portrayed more heterosexual bias toward bisexual individuals than toward LG individuals. These findings as well as the notion that the acknowledgement of bisexuality as a valid sexual orientation and identity is essential for the well-being of bisexual

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individuals (Fox, 1996) illustrate a great need for counseling competency with bisexual individuals.

Overall, despite growth in the area of counseling competency with LGB clients, research on the counseling needs of bisexual individuals remains sparse. Bidell (2005) created the SOCCS, which assesses the attitudes, knowledge, and skills of counselors working with LGB individuals. However, the absence of a counseling competency scale for bisexual individuals is noteworthy because this absence highlights the extent to which the unique counseling needs of bisexual individuals have been overlooked. The SOCCS is thorough and inclusive, containing items pertaining to the particular issues concerning working with LGB individuals (Bidell, 2005). Yet, the inclusivity of the SOCCS limits the utility of the measure because the unique experiences of bisexual individuals (e.g., the difficulty of identity management in public domains) and the specific counseling competencies necessary when working with bisexual individuals are not captured.

Due to the unique counseling needs of bisexual individuals, trainees developing counseling competency with bisexual individuals is imperative. Although there is a lack of research in this area, some evidence suggests that counseling competency with bisexual individuals aligns with the three components (i.e., self-awareness, knowledge, and skills) outlined in the multicultural counseling competency model (Brooks, 2010; Sue, 1982, 1992). Research has demonstrated bisexual clients have specific counseling concerns and needs related to the self-awareness, knowledge, and skills of counselors (Brooks, 2010). For instance, bisexual clients have reported a desire for counselors to be aware of their own biases toward bisexual individuals (i.e., self-awareness), to be

knowledgeable of their unique experiences (i.e., knowledge), and to be skilled in certain therapeutic tasks, such as using open and affirming language (i.e., skills).

Rationale for the Current Study

The current study is important because there is no existing measure to adequately assess one's counseling competency with bisexual clients. That is, scales assessing multicultural counseling competency (e.g., Multicultural Counseling Inventory [MCI], SOCCS, etc.) do not specifically address the unique counseling concerns of bisexual clients. For example, the MCI focuses on multicultural factors in general and the SOCCS focuses on overall LGB concerns in general and both are limited in the fact that they do not attend to the awareness, knowledge, and skills needed to be competent working with bisexual clients in counseling. In addition, the Attitudes Regarding Bisexuality Scale-Female/Male (ARBS-FM) and the Biphobia Scale focus on bisexual concerns but are limited to assessing the attitudes and beliefs one holds about bisexual individuals and bisexuality; they do not address the knowledge and skills needed for counseling competency with bisexual individuals. Therefore, this scale development project will address these limitations in existing measures and bridge the divide between multicultural counseling competency assessment and research focusing on bisexual individuals and bisexuality.

This study is also important because more research and clinical training is needed concerning counseling competency with bisexual clients. Research is needed so that the within group differences among the LGB population are highlighted providing a more accurate and authentic conceptualization of this population than grouping LGB individuals into one category (Fassinger & Arseneau, 2007; Phillips et al., 2003;

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Worthington & Reynolds, 2009), and clinical training is needed so that trainees can develop their counseling competency with bisexual clients and provide effective and ethical treatment (Mohr et al., 2001, 2009). In addition, multidimensional models and measures of sexual orientation have helped researchers and clinical supervisors to incorporate bisexuality and the concerns of bisexual clients into their work in the counseling psychology field (Firestein, 1996). The current study will add to this work by improving researchers' ability to assess counseling competency with bisexual clients and improving clinical supervisors' ability to train counselors to be more competent when counseling bisexual clients through the development of a measure.

Current Study

The current study will help to improve research and clinical training concerning counseling competency with bisexual clients by developing a tool to assess such competency; the Counseling Bisexual Clients Competency Scale (CBCCS) was created and developed through this study. Therefore, the primary research question for the current study was: Can a reliable and valid measure for counseling competency with bisexual clients be developed and psychometrically evaluated? Additionally, this study provides initial preliminary reliability (i.e., internal consistency and test-retest) and validity (i.e., convergent and discriminant) support for the CBCCS and information on factor structure. The study also examined social desirability response patterns.

The Attitudes Regarding Bisexuality Scale-Female/Male (ARBS-FM) and the Biphobia Scale were used to assess convergent validity, which is an assessment of construct representation using similar scales (Messick, 1995). These measures were important to use because they specifically address attitudes regarding bisexual

individuals, which is directly involved with counseling competency with bisexual individuals. The ARBS-FM addresses the extent to which one deems bisexuality acceptable and stable, and the Biphobia Scale addresses one's aversive reactions to bisexuality and bisexual individuals. Using these scales allows for comparison of the CBCCS with both a scale that assesses positive attitudes of bisexual individuals and a scale that assesses negative attitudes. The group differences approach was used to assess discriminant validity (Inman, Ladany, Constantine, & Morano, 2001). That is, three groups of participants with varying levels of exposure of working with bisexual clients in a clinical setting to their knowledge were compared because they were expected to differ on the construct (i.e., counseling competency with bisexual clients). One group encompassed participants who have worked with no bisexual clients, another group consisted of participants who have worked with one to five bisexual clients, and the final group consisted of participants who have worked with over five bisexual clients. Examining the differences between these three groups was important to illustrate the potential for the CBCCS to discriminate among different groups. A similar group difference technique has been used in previous scale development research (e.g., Inman et al., 2001), and three groups were used for this project to provide more information on both participants who had some experience and those who had a great deal of experience. That is, as opposed to comparing those with and without experience, participants with no, some, and a great deal of experience were compared. Research on counselors' negative and positive attitudes toward bisexual clients (Mohr et al., 2001, 2009) and literature on contact theory stating that contact with stereotyped groups reduces negative attitudes (Allport, 1954) support the notion that counseling competency with bisexual clients,

including attitudes, would improve (i.e., in terms of higher scores on the CBCCS) with increased exposure to bisexual clients in a clinical setting. Contact theory states that individuals who have contact with a stereotyped group are more likely to change their attitudes and examine their biases leading to more tolerance and acceptance of the stereotyped group (Allport, 1954). Further, tolerance and acceptance increase and stereotypical beliefs and attitudes diminish if the contact involves common goals (Allport, 1954), which could include the mutually agreed upon tasks and goals in therapy. The Marlowe-Crowne Social Desirability Scale (M-CSDS) was used to assess social desirability pattern of response. This measure was important to use because the CBCCS is a self-report measure and participants may respond in a socially desirable way. For example, due to a desire to appear knowledgeable, participants might indicate that they are familiar with theories of bisexual identity development even if they are not familiar with these theories. The M-CSDS helped to determine the extent to which social desirability was a factor in participants' response patterns.

The subscales of the CBCCS include self-awareness (i.e., awareness of one's own assumptions, attitudes, beliefs and biases regarding bisexual individuals), knowledge (i.e., knowledge and understanding of the diverse worldviews, experiences, and identities of bisexual individuals), and skills (i.e., abilities regarding culturally appropriate treatments and interventions for bisexual individuals). The theoretical foundation of multicultural counseling competency (Sue et al., 1982, 1992) and the continuum of sexual orientation and existence of bisexuality (Kinsey et al., 1948, 1953; Klein, 1993) were used to generate items for the content of the measure to ensure thorough coverage of the relevant areas of counseling competency with bisexual clients. The purpose of the

CBCCS is to provide a tool for the assessment of counseling competency with bisexual individuals.

Research Questions

RQ$_1$: Can a reliable and valid scale be developed to measure counselor attitudes and competencies in working with bisexual clients?

RQ$_2$: What factor structure will be the result of an exploratory factor-analytic examination?

RQ$_{3a}$: Will the scale and subscales demonstrate convergent construct validity as demonstrated by high correlation with another theoretically related measurement (i.e., ARBS-FM)?

RQ$_{3b}$: Will the scale and subscales demonstrate convergent construct validity as demonstrated by low correlation with another theoretically related measurement (i.e., Biphobia Scale)?

RQ$_4$: Will the scale and subscales demonstrate discriminant construct validity as demonstrated by differences between three demographically different populations (i.e., three groups with varying levels of exposure to working with bisexual clients in a clinical setting)? That is, will those who have had more exposure to bisexual clients score higher than those who have had less or none?

RQ$_5$: Will the scale and subscales be independent of social desirability as demonstrated by a low correlation with a measure of social desirability (M-CSDS)?

RQ$_{6a}$: Will the scale and subscales be stable and internally consistent as reflected by moderate Cronbach alpha internal consistency?

RQ$_{6b}$: Will the scale and subscales be stable and internally consistent as reflected by adequate test-retest reliability?

CHAPTER II

Literature Review

Multicultural Counseling Competency

Multicultural counseling competency has become a major area of focus in the field of counseling psychology and involves the development of effective and competent counseling with clients from diverse backgrounds. Sue and colleagues (1982, 1992) developed a model of multicultural counseling competency that emphasizes the importance of self-awareness (i.e., awareness of one's own assumptions, attitudes, beliefs, biases, and values), knowledge (i.e., knowledge and understanding of the diverse worldviews and experiences of clients), and skills (i.e., developing culturally appropriate treatments and interventions for diverse clients). Research has grown in this area and has illustrated connections of multicultural counseling competency to trainee variables (Constantine & Ladany, 2000; Liu, Sheu, & Williams, 2004). For example, case conceptualization ability and social desirability have been explored in relation to self perceived multicultural counseling competency using self-report measures (Constantine & Ladany, 2000). In addition, the relationship of multicultural competency has been examined in relation to trainees' experience with research (e.g., research self-efficacy and research anxiety; Liu, Sheu, & Williams, 2004).

The counseling psychology field has also increasingly drawn attention to issues of sexual orientation and has applied this focus to multicultural counseling competency by addressing the counseling concerns of lesbian, gay, and bisexual (LGB) individuals and counseling competency with this population. For example, APA (2000, 2012) has established guidelines for counseling competency with LGB individuals. These

guidelines highlight the need for counselors to develop their self-awareness, knowledge,

and skills concerning the specific issues of LGB individuals and seek out training and

education on the available resources for this population (APA, 2000, 2012).

Several measures designed to assess self perceived multicultural counseling

competency have been developed (e.g., SOCCS [Bidell, 2005]; the Multicultural

Awareness/Knowledge/Skills Survey [MAKSS; D'Andrea, Daniels, & Heck, 1991]; and

the Multicultural Counseling Inventory [MCI; Sodowsky, Taff, Gutkin, & Wise, 1994]).

The SOCCS is designed to assess respondents' perception of their attitudes, knowledge,

and skills working with LGB clients; this scale has corresponding subscales of

Awareness, Knowledge, and Skills. The MAKSS is designed to assess respondents'

perception of their level of multicultural counseling competency in terms of awareness,

knowledge, and skills with corresponding subscales (i.e., Awareness, Knowledge, and

Skills; D'Andrea et al., 1991). The MCI is designed assess respondents' competencies

counseling a culturally diverse client and was composed of four subscales (i.e.,

Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling

Relationship, and Multicultural Counseling Knowledge; Sodowsky et al., 1994).

Although the MAKSS and the MCI originally yielded three and four factors,

respectively, a follow-up study conducted by Constantine, Gloria, and Ladany (2002) did

not uphold these results. Constantine and colleagues findings, in fact, yielded two factor

solutions for both the MAKSS and MCI with the first factor loosely aligning with self-

perceived multicultural counseling skills and the second factor loosely aligning with

multicultural counseling attitudes/beliefs. The CBCCS adds to the literature on

multicultural counseling competency by applying a specific focus on counseling

competency with bisexual clients.

Understanding Bisexuality and Bisexual Individuals

   Continuum of sexual orientation. It is important to have an understanding of

sexual orientation to clearly comprehend and explore bisexuality. Traditionally, sexual

orientation has been conceptualized dichotomously with individuals grouped into one of

two categories (i.e., heterosexual or LG), and this conceptualization is still held by many

individuals currently (Fox, 1996; Parker, Adams, & Phillips, 2007). However, this view

is problematic because it does not allow for diversity and fluidity within sexual

orientation (Fox, 1996; Parker et al., 2007). Bisexuality and bisexual individuals

challenge the dichotomous notion that there are only two options for sexual orientation.

In fact, Fox argues that this dichotomous view is limiting and inaccurate and that

"critique of the dichotomous model [has] led to the development of a multidimensional

approach to sexual orientation that allows for more accurate representation of the

complexity of sexual orientation and acknowledgment of bisexuality as a sexual

orientation and sexual identity" (p. 7).

   Kinsey and colleagues and Klein conducted extensive research on human

sexuality that illustrated the fluidity of sexual orientation and activity. Kinsey and

colleagues conceptualized sexual orientation along a continuum and developed a seven-

point scale with exclusive heterosexual orientation and exclusive LG orientation on each

end with various points in between signifying various bisexual orientations. In addition,

Klein developed the Klein Sexual Orientation Grid to capture various aspects of sexual

orientation (i.e., attraction, behavior, fantasy, social preference, emotional preference,

self-identification, and lifestyle) and to allow for variation over time (i.e., past, present, ideal). The works of Kinsey and colleagues and Klein have been instrumental for acknowledging bisexuality as a valid and distinct sexual orientation and identity and serve as part of the theoretical foundation for this study. They have helped to produce a "new view of sexual identity, one that is fluid and variable across both the lifespan and social contexts" (Parker et al., 2007, p. 207).

      Definitions of bisexuality. Since bisexuality is a complex and often misunderstood term, it is imperative to discuss the various definitions of bisexuality used in the literature and to address how the term will be defined in this study. Zinik highlights three criteria often used to define bisexuality: (a) sexual arousal or attraction to members of more than one gender, (b) engaging in (or desiring) sexual behavior with members of more than one gender, and (c) self-identifying using the bisexual label. Zinik defines bisexuality as "sexual attraction toward or sexual behavior with persons of both genders" (p. 3) and adds that bisexual individuals may "eroticize both sexes, though *not necessarily to the same degree* [emphasis added]" (p. 8). Correspondingly, Rust (1992) reports that the bisexual women in her study on lesbian- and bisexual-identified women's experiences with relationships "collectively define bisexuality as a mixture of heterosexual and homosexual experience *in any ratio* [emphasis added]" (p. 376).

      Smiley (1997) concurs with Zinik's criteria (i.e., attraction, behavior, and self-identification) and describes a bisexual individual as one who "experiences a combination of sexual and affectional attractions to members of both sexes; engages to varying degrees in sexual activities with both sexes; and self-identifies as bisexual in a way that is consonant with personal, social, political, and lifestyle preferences" (p. 375).

Fox does not take self-identification into account and simply defines bisexuality as "sexual attraction toward or sexual behavior with persons of both genders" (p. 3). Firestein, in contrast, focuses on one's *capacity* for affectionate and sexual attraction for both same- and other-gendered individuals. This capacity-based definition highlights the potential for both of these types of attractions as opposed to actually requiring sexual behavior or a self-proclaimed sexual identity. Firestein also emphasizes the deliberate use of the term other-gendered to highlight the notion that more than two gender identities (i.e., male and female) exist and acknowledge the existence of transgender and transsexual individuals. Similarly, Rust (1996) has described bisexual individuals as those "who have both same- and other-gender attractions" (p. 53).

In addition, bisexual individuals may initially identify as heterosexual then later in life identify as bisexual after discovering same sex interests, may identify as LG and later in life identify as bisexual after discovering opposite or other sex interests, or may identify as bisexual from early age (Fox, 1996; Zinik, 1985). Further, same and other sex interests may occur concurrently at one point in time but not necessarily (Zinik, 1985). That is, an individual may primarily have same sex interests for a period of time and then have other sex interests for a period of time, or vice versa. Overall, each individual's bisexual identity development and expression is unique, and there is no *one way* to be bisexual.

For the purposes of this study, I define bisexuality as having the *capacity* (i.e., Firestein definition) for emotional, sexual, and relational attractions to members of the same and other genders, which may or may not result in sexual behavior with members of the same and other genders. Bisexual individuals will be defined as those individuals who

self-identify as bisexual. In addition, I will use bisexuality, bisexual identity, and bisexual individuals interchangeably.

Research on bisexual individuals. Although bisexuality has often been viewed as an identity that one may adopt when transitioning from one sexual orientation to another (e.g., from heterosexual to LG), there has been a conceptual shift in the literature toward viewing bisexuality as a legitimate sexual orientation and identity on its own that is stable over time (Bronn, 2001; Parker et al., 2007). For example, Firestein (2007) reported that bisexual individuals frequently exhibited higher levels of psychological distress and mental health difficulties than LG or heterosexual individuals and that mental health providers portrayed more heterosexual bias with bisexual individuals than toward LG individuals. In addition, bisexual individuals may have unique negative experiences with health care providers not offering adequate education on safe sex with men and women or assuming that bisexual individuals have multiple partners (Fassinger & Arseneau, 2007).

Weinberg, Williams, and Pryor (1994) were among the first researchers to develop a model of bisexual identity development conceptualizing bisexuality as a distinct sexual orientation. Based on several studies conducted over six years in the 1980s, Weinberg and colleagues highlighted four stages of bisexual identity development: Initial Confusion, Finding and Applying the Label, Settling into the Identity, and Continued Uncertainty. The authors reported that most of the participants in their studies had previously identified as heterosexual and then later as bisexual.

Initial Confusion refers to the confusion and disorientation individuals experience when first recognizing feelings for the same sex and other sex (Weinberg et al., 1994).

Finding and Applying the Label refers to the discovery of the term bisexual and may serve as a "means of making sense of long-standing feelings for both sexes" (Weinberg et al., 1994, p. 29). Settling into the Identity refers to complete transition into self-labeling as bisexual and is typically accompanied by more self-acceptance and support from family and friends (Weinberg et al., 1994). Finally, Weinberg and colleagues explained the complex notion of Continued Uncertainty by stating "*even after having discovered and applied the label 'bisexual' to themselves, and having come to the point of apparent self-acceptance, they* [the participants] *still experienced continued intermittent periods of doubt and uncertainty regarding their sexual identity* [emphasis in original]" (p. 34-35). The authors underscored that a lack of social validation and support for having a bisexual identity may make it difficult for bisexual individuals to maintain this identity over time (i.e., the continued uncertainty may reflect societal pressure to choose an LG or heterosexual identity rather than intrapersonal factors).

Brown (2002) expanded upon the Weinberg et al. developmental model by incorporating other important variables (e.g., an individual's sex, gender identity, cultural and situational contexts, etc.) within the model. Brown critiqued Weinberg et al.'s model as broad and oversimplified and highlighted the homogeneity of the participants (e.g., a majority of the participants were white, organized in communities with social support, etc.). Brown proposed a model of bisexual identity development accentuating the different experiences of men and women and relabeling the final stage from Continued Uncertainty to Identity Maintenance. Brown reasoned that relabeling the final stage is meant to highlight the process-oriented as opposed to task-oriented focus of this final stage of bisexual identity development. That is, this stage does not have a specific task to

accomplish; instead, this stage emphasizes the experience of individuals maintaining a bisexual identification "despite occasional emotional or cognitive uncertainty" (p. 83). Brown argued that Identity Maintenance more accurately describes the experience of bisexual individuals as cited in the literature, including the reports of the participants in Weinberg et al.'s studies. Nonetheless, both Brown and Weinberg et al. asserted that affiliation with a bisexual community, receiving support for maintaining a bisexual self-label, and some involvement with or attraction to members of both the same and other genders help an individual to maintain a bisexual identity.

Counseling Competency with Bisexual Individuals

Biases and stereotypes of bisexual individuals. Research has shown that although some stereotypes and biases of bisexual individuals are shared with those of lesbians and gay men, specific stereotypes and biases of bisexual individuals that are qualitatively different and have unique aspects distinct from those regarding lesbians and gay men exist (Mohr & Rochlen, 1999; Mohr et al., 2009). Such stereotypes of bisexual individuals include being immature sexually, having transitional sexuality (i.e., going through a phase), having problems with intimacy, being confused and conflicted about one's sexuality and sexual identity, having difficulty being monogamous, having a strong sex drive, being more likely to give a partner a sexually transmitted disease (STD), being disloyal, and being promiscuous (Israel & Mohr, 2004; Mohr et al., 2001; Mohr et al., 2009; Spalding & Peplau, 1997). Further, bisexual individuals are viewed with "misunderstanding, mistrust, hostility, and alienation [by both heterosexual and LG individuals]" and are often seen as "deviants that depart from social or sexual norms" (Bronn, 2001, p. 15-16).

For example, in their study on heterosexual individuals' perceptions of being in a relationship with a bisexual person, Spalding and Peplau (1997) elucidated five common biases held by heterosexual individuals: bisexuals (a) are promiscuous, (b) are likely to contract and spread an STD, (c) are "romantically fickle" and unlikely to make a long-term commitment to a relationship, (d) are very sexually active and are knowledgeable and open-minded about sex, and (e) are likely to have poor quality relationships with a large amount of conflict due to rejecting monogamy and commitment (p. 612). Similarly, Israel and Mohr (2004) described "questions of authenticity" in relation to bisexual individuals in that "lesbian, gay, and heterosexual people may find it difficult to place bisexual individuals within a neatly defined sociopolitical category" and this can be an unsettling feeling (p. 120). This authenticity question can involve others questioning the very existence of bisexual people. Further, many LG individuals question the political allegiance of bisexuals and may even feel threatened by the challenge they pose to essential, distinct categories of sexual orientation (Israel & Mohr, 2004).

These biases and stereotypes are closely related to a concept called biphobia. Ochs (1996) describes biphobia as the denial of bisexuality as a valid sexual identity. Ochs explains that a "primary manifestation of biphobia is the denial of the very existence of bisexual people" (p. 224) due to the fact that United States culture is dominated by binary categorization of sexual identity into which bisexual individuals do not fit. Therefore, bisexual people can "create discomfort and anxiety in others simply by the fact of their existence" (Ochs, 1996, p. 225). Consistent with Israel and Mohr's work, Ochs asserts that bisexual individuals experience discrimination from both the LG and heterosexual communities, which she refers to as "double discrimination" (p. 217). Gay

men and lesbians are often distrusting of bisexual individuals and view them as trying to keep some heterosexual privilege and heterosexual people view bisexual individuals as amoral and spreaders of disease (Ochs, 1996). Illustrating evidence of this phenomenon, Mulik and Wright (2002) developed a scale assessing biphobia and concluded from their research that biphobia exists in both the LG and heterosexual communities. In addition, the relative invisibility of bisexual people plays a role in the perpetuation of biphobia. Due to dichotomous thinking, bisexual individuals are often labeled LG or heterosexual by outsiders depending upon the gender of their partner. Therefore, they typically tend to only be visible as bisexual if they explicitly state so or if some sort of conflict or changing of partner occurs. Therefore, bisexual people are often associated with conflict and impermanence because those who have the least conflict in their lives are also the least visible (Ochs, 1996).

Counselor attitudes and biases toward bisexual individuals. Counselors and counselors-in-training are not impervious to the influence of these biases and stereotypes. In fact, literature on this topic suggests that counselors and counselors-in-training "may adhere to attitudes that bisexuality is not a legitimate sexual orientation and that bisexual individuals lack stability and trustworthiness in relationships" (Israel, 2007, p. 385). These negative attitudes and biases can be detrimental in that they may lead counselors toward biased clinical assessment and treatment of bisexual clients (Israel & Mohr, 2004). The *Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients* stress the importance of counselors being aware of these negative attitudes and biases and of psychotherapy involving "respect for the diversity of and complexity of [bisexual clients'] experiences" and a more complex understanding of sexual orientation, rather

than a dichotomous model (APA, 2012, p. 16). One of the primary purposes of the

CBCCS is to help counselors and counselors-in-training increase this awareness. Further,

in a dissertation on the role of counselor attitude and empathy with regard to counseling

competency with bisexual clients, Brooks (2009) found a significant relationship between

counselor attitudes toward bisexuality and their bisexual counseling competency. In

addition, Mohr and colleagues (2001, 2009) conducted studies on the connection of

counselor attitudes and biases with clinical treatment of bisexual clients using participant

reactions to case vignettes describing bisexual clients and overall found a connection

between counselor attitudes and clinical assessment and treatment. Mohr and colleagues'

studies, which are particularly relevant to the present study, are further described below.

Mohr and colleagues (2001) conducted a study on the relationship of counselors'

attitudes regarding bisexuality with their clinical assessment and treatment of potential

bisexual clients. After controlling for attitudes toward lesbians and gay men, the authors

found a significant relationship between counselor attitudes and clinical judgments with

potential treatment of bisexual clients. This finding illustrates the distinction between

biases and attitudes toward LG individuals and those toward bisexual individuals,

providing support for theoretically and empirically exploring these attitudes separately.

Overall, Mohr et al. provide support that counselors' attitudes regarding bisexuality and

bisexual individuals are related to their clinical work with bisexual clients. Specifically,

the authors found that after reading and responding to a vignette describing a fictitious

bisexual female client, "counselors with the most negative attitudes regarding bisexuality

were more likely than others to have negative reactions to the client, anticipate

responding to the client in a biased and judgmental manner, believe the client had

problems in areas related to bisexual stereotypes, and rate the client as having a low level of psychosocial functioning" (Mohr et al., 2001, p. 212).

These findings illustrate the potential clinical mistakes that may occur when counselors' negative attitudes and biases toward bisexual clients are left unchecked and highlight the need for research and training in this area. The authors also suggest that counselors who do not see bisexuality as a legitimate sexual orientation are likely to adhere to a dichotomous view of sexual orientation (i.e., individuals can only be LG or heterosexual) and likely to hold negative stereotypes of bisexual individuals (e.g., confused, in denial, in transition to either LG or heterosexual, afraid of intimacy, non-monogamous, pathological, etc.). Indeed, this dichotomous view essentially denies the existence of bisexual individuals altogether. Alternatively, Mohr and colleagues found that "counselors who view bisexuality as a stable, legitimate sexual orientation are less likely than others to believe that the client has intimacy problems and more likely to have a positive reaction to the client" (p. 218). This finding illustrates the benefit of positive attitudes toward bisexual clients, especially regarding clinical treatment, and provides further evidence for the importance of creating a scale measuring counseling competency with bisexual clients.

About eight years later, Mohr joined with other colleagues to expand upon the 2001 study. Mohr et al. (2009) conducted a study exploring the possibility that counselors holding biases toward bisexuality and bisexual individuals may overemphasize the importance of clinical issues related to bisexual stereotypes (i.e., problems related to sexual orientation, sexual dysfunction, identity development, and intimacy issues) in their clinical assessment and treatment. A primary purpose of Mohr and colleagues' study was

to illustrate that counselor bias and attitudes toward bisexual individuals are most likely to be highlighted concerning clinical issues related to bisexual stereotypes. Using participants' responses to various clinical case vignettes of a fictitious bisexual and non-bisexual male client, Mohr and colleagues found that "client bisexuality had a strong effect on judgments regarding the relevance of clinical issues that were related to bisexual stereotypes but not directly related to the presenting problems" (p. 172). Specifically, after controlling for participant gender, graduate training in LGB issues, and experience working with LGB clients; the authors found that counselors who read and responded to the vignette of a bisexual client were more likely to give higher relevance ratings to issues related to bisexual stereotypes (i.e., sexual orientation, sexual dysfunction, and identity development) than those who read and responded to a vignette of a non-bisexual client with all other information being identical. Once again, these results highlight the reality of counselor biases' toward bisexual individuals and the need for a counseling competency scale for bisexual clients.

These findings suggest that "holding stereotypes of bisexual people as conflicted and confused may be a specific risk factor for sexual orientation bias in clinical judgment" (Mohr et al., 2009, p. 173). For instance, a counselor might misdiagnose a client based on stereotypes of bisexual individuals that are not relevant to that particular client. Regardless of the veracity of the stereotypes, holding such views reduces counselors' "ability to perceive client characteristics that are inconsistent with the stereotypes" (Mohr et al., 2009, p. 173). For example, some bisexual individuals may struggle with confusion regarding their sexual identity, but it is essential for counselors to not assume this to be the case of all bisexual individuals. Overall, the findings supported

the notion that counselors "may be especially vulnerable to sexual orientation bias with issues that are related to sexual orientation stereotypes and that the content of [their] stereotypes may at least partially explain this bias" (Mohr et al., 2009, p. 174). Furthermore, explicit training concerning bisexual-specific biases and attitudes is necessary because training focusing primarily on attitudes toward lesbians and gay men will likely not examine what is needed for improving counseling competency with bisexual clients (Israel, 2007; Mohr et al., 2009). Mohr and colleagues highlight the importance of this type of training and suggest that counselor trainees be encouraged to participate in trainings in which they explore their biases and stereotypes and the ways in which these biases and stereotypes might influence their case conceptualizations and client treatment. The CBCCS may greatly aid in such training.

Counseling needs of bisexual individuals. Directly related to the unique biases and stereotypes others hold with regard to bisexual individuals, there are unique counseling needs and concerns of this population. Being aware, knowledgeable, and skillful with regard to these needs is essential for counselors to be culturally competent with bisexual clients. The unique counseling needs of bisexual individuals stem largely from psychological distress associated with the "lack of validation, isolation, and ostracism from both heterosexual and LG communities" (Israel & Mohr, 2004, p. 119). In a review of the theory and research of bisexuality, Fox asserts that the acknowledgement of bisexuality as a valid sexual orientation and identity is essential for the well-being of bisexual individuals and has been advanced by "the elimination of homosexuality as a clinical diagnostic category and a critical reexamination of the dichotomous model of sexual orientation" (p. 3).

In a recent study of the self-reported counseling needs of ethnic-minority bisexual women, Brooks and colleagues (2010) interviewed ethnic-minority bisexual women and found five clinically-relevant counseling competencies: (a) counselor knowledge of the experience of ethnic-minority bisexual women, (b) counselor understanding of their unique concerns with counseling (e.g., concern that the counselor would not understand bisexuality or attempt to persuade the client to choose a lesbian or heterosexual identity), (c) specific therapeutic tasks (e.g., using open and affirmative language, affirming the client's identity, etc.), (d) counselor awareness of biases toward bisexual individuals, and (e) certain preferences for counselor characteristics (e.g., preference for female counselor). Although this study focused on ethnic-minority bisexual women, these counseling considerations are important to keep in mind during counseling work with bisexual clients from various backgrounds and align with the model of multicultural counseling competencies set forth by Sue and colleagues (1982) that outlines self-awareness, knowledge, and skills as the three focus areas of multicultural counseling competency. For example, counselor understanding of bisexual clients' unique concerns with counseling and counselor awareness of biases toward bisexual individuals represents the self-awareness component. In addition, counselor knowledge of the experience of ethnic-minority bisexual women and certain preferences for counselor characteristics signify the knowledge component. Finally, the specific therapeutic tasks category represents the skills component.

As demonstrated by the empirical studies cited earlier, counselor attitudes may have a significant effect on clinical assessment and treatment and therefore directly relate to counseling competency with bisexual clients (Brooks, 2009; Mohr et al., 2001; Mohr

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et al., 2009). To develop such competency, specific clinical interventions and skills are recommended (Nichols, 1988; Smiley, 1997). For example, Nichols (1988) suggests that counseling interventions be tailored to each individual due to the variety of expressions of bisexuality and the diversity of bisexual individuals. Nichols also asserts that at the outset of counseling, it should be determined whether or not bisexual identity and the concerns around it are clinical issues; if it is deemed a relevant therapeutic issue, a detailed sexual and relationship history should be a part of treatment. Additionally, Smiley (1997) asserts that bisexual individuals may experience times of confusion and uncertainty periodically throughout their lives, which may be tied to internalized homophobia or biphobia, the social and environmental pressures and stressors of living in a biphobic and heterosexist society, or both. Smiley also emphasizes the importance of specific therapeutic interventions, such as normalizing the experience of duality, focusing on congruence and balance, focusing on what is in the client's personal control, and developing coping skills for times of doubt and distress. Overall, what is most essential for counseling competency with bisexual clients is validating the existence of bisexuality and bisexual individuals and providing information relevant to bisexuality (Nichols, 1988).

Rationale for this Study

The literature reviewed above demonstrates the need and importance for the development of a scale measuring counseling competency with bisexual clients. Mohr et al. (2001) illustrated that counselors-in-training are receiving less clinical training, academic training, and supervision in bisexual issues than in LG issues. They argue that "greater focus on bisexual issues is needed in graduate training programs" (Mohr et al.,

2001, p. 219). Such training is essential because well-trained counselors are less likely to

have negative attitudes toward bisexual individuals and allow these attitudes to impact

their clients (Mohr et al., 2001; Mohr et al., 2009). This is especially critical because

bisexual clients may already have internalized these negative views of themselves and

challenging these views is likely to be an important aspect of the therapeutic process in

counseling (Mohr et al., 2001). Mohr and colleagues (2009) also emphasize the necessity

for training to help counselors understand their potential to hold unconscious biases of

bisexual individuals "even among individuals who believe that they are able to prevent

their personal values from influencing their professional work" (p. 173).

Additionally, Firestein (1996) asserts, "It is impossible to effectively or ethically

serve clients who are exploring issues of sexual orientation without a working knowledge

of bisexuality to enhance and round out one's understandings of gay, lesbian, and

heterosexual identity and experience" (p. xxi). Firestein also argues that multidimensional

models and measures of sexual orientation have helped researchers and supervisors to

incorporate bisexuality and the concerns of bisexual clients into their work in the

counseling psychology field. The development of the CBCCS through this study will add

to this work by improving researchers' ability to assess counseling competency with

bisexual clients and improving clinical supervisors' ability to train counselors to be more

competent when working with bisexual clients.

Chapter III

Method

This study used four stages to create and develop the CBCCS. Previous scale

development literature and studies have used similar techniques to develop and establish

reliability and validity of scales (e.g., Ancis, Szymanski, & Ladany, 2008; Inman et al.,

2001). The first stage consisted of initial item development after a thorough review of the

literature available on counseling with and the counseling concerns of bisexual

individuals. The purpose of this stage was to ensure that the items on the scale accurately

capture the construct the scale was designed to portray. During the second stage, I elicited

feedback from expert and stakeholder reviewers. The purpose of this stage was to assess

content validity of the scale. Specifically, this feedback was intended to help determine

which items best captured the constructs the measure was designed to assess and to

clarify the wording of the items. The third stage consisted of a large-scale study with

graduate students working toward Master's or Doctoral Degrees in counseling

psychology, clinical psychology, school psychology, social work, and family therapy.

The purposes of this stage included determining the underlying factor structure of the

scale, providing support for reliability (i.e., internal consistency) and convergent and

discriminant validity, determining the response style in terms of social desirability, and

illustrating one of the intended uses of the scale (i.e., assessing the counselors'

competency working with bisexual clients). Item analysis was conducted during this

stage, and further reduction of the items that did not load on a factor also occurred. The

fourth and final stage consisted of a test-retest reliability assessment. The purpose of this

stage was to assess the stability of the scale over time (Inman et al., 2001).

Incorporating qualitative and quantitative approaches is very beneficial to scale development. Gaskins (1994) explains the utility of incorporating both interpretive (i.e., qualitative) and quantitative approaches to research by asserting that "each approach brings certain advantages that can improve and enrich the research" (p. 331). Specifically, interpretive or qualitative approaches focus on context to support research and provide practical utility and validity, while quantitative approaches focus on precise measurement for generalization and comparison and provide structure and statistical support and validity (Gaskins, 1994). Gaskins concludes, "Used together they can provide a level and quality of research that neither can alone and which is essential to a scientifically valid understanding" (p. 331). Other studies have highlighted the use of combining qualitative and quantitative methods. For example, Inman et al. asked South Asian women (i.e., stakeholders) and experts in the field to review and provide feedback on a scale measuring conflict with cultural values as well as conducted statistical analyses, such as factor analysis, on the scale. In addition, Hitchcock, Sarkar, Nastasi, Burkholder, Varjas, and Jayasena (2006) illustrate the use of both qualitative (i.e., interviews and focus groups) and quantitative (numerical rating scales) data to strengthen the development of a measure. This study developing the CBCCS used a similar version of this mixed-method approach combining qualitative and quantitative techniques. That is, the first and second stages incorporated qualitative approaches by developing the items using qualitative data from other studies and feedback from expert and stakeholder reviewers and quantitative approaches by conducting statistical analyses in the third and fourth stages of the study.

Research Method Design

For this study, I used a Data Reduction Design. This type of research design was used to understand the underlying structure of the scale by reducing the data to a few latent factors (Heppner, Wampold, Kivlighan, 2008). Specifically, I used factor analysis, which is a type of classification strategy that categorizes or reduces the data into a few underlying structures so that the data can be more easily understood. This type of analysis is often used to develop and validate assessment scales and inventories (Heppner et al., 2008).

Stage 1: Initial Item Development

The items of the CBCCS were generated using previous theoretical and empirical literature on multicultural counseling competency, LGB counseling concerns, bisexual specific counseling concerns, and scale development (e.g., APA, 2000; Bidell, 2005; Bieschke et al., 2007; Brooks et al., 2008, 2010; Firestein, 1996; Fox, 1996; Kinsey et al., 1948, 1953; Klein, 1993; Mohr & Rochlen, 1999; Mohr et al., 2009; Mulick & Wright, 2002; Reynolds, 2003; Smiley, 1997; Sue et al., 1982, 1992; Weinberg et al., 1994; Weinrich & Klein, 2002). Items focusing on self-awareness, knowledge, and skills were developed to ensure thorough coverage of multicultural counseling competency (Sue et al., 1982, 1992). Items were rated on a 7-point Likert-type scale ranging from 1 (not at all true) to 7 (completely true), thus higher scores indicating higher counseling competency. Jackson's (1977) procedure to develop an item pool prior to developing the scale was followed. Further, three facets (i.e., specific components of the subscale) were developed for each subscale (i.e., self-awareness, knowledge, and skills) for a total of nine facets (See Table 1). Several items were developed for each facet resulting in 78 items (See

Table 2). Seven items were created for the first self-awareness facet, nine for the second,

and 22 for the third. Six items were created for the first knowledge facet, 11 for the

second, and five for the third. Six items were created for the first skills facet, five for the

second, and seven for the third. For each subscale, some of the items were negatively

phrased and some were positively phrased to prevent response set bias.

The definitions of self-awareness, knowledge, and skills that guided item

development were broadly based on the conceptualization of multicultural counseling

competencies and standards set forth by Sue and colleagues (1992). That is, items for a

potential self-awareness subscale were defined as a dimension focusing on a counselor

or trainee's capacity to be "*actively in the process of becoming aware of his or her own*

assumptions about human behavior, values, biases, preconceived notions, personal

limitations, and so forth [emphasis in original]" (Sue et al., 1992, p. 75). In other words,

these items focused on awareness of one's own assumptions, attitudes, beliefs, biases,

and values. The items for a potential knowledge subscale were defined as a dimension

focusing on a counselor or trainee's capacity to "*actively attempt to understand the*

worldview of his or her culturally different client without negative judgments [emphasis

in original]" (Sue et al., 1992, p. 75). That is, these items focused on knowledge and

understanding of the diverse worldviews and experiences of clients. Finally, the items for

a potential skills subscale were defined as a dimension focusing on a counselor or

trainee's capacity to be in the "*process of actively developing and practicing appropriate,*

relevant, and sensitive intervention strategies and skills in working with his or her

culturally different clients [emphasis in original]" (Sue et al., 1992, p. 75). That is, these

items focused on developing culturally appropriate treatments and interventions for diverse clients.

Items for a possible self-awareness subscale were developed using literature focusing on attitudes toward and awareness concerning biases and stereotypes of bisexual individuals (e.g., Mohr & Rochlen, 1999; Mohr et al., 2009; Mulick & Wright, 2002). In addition, the facets listed with their corresponding subscales (see Table 1) were used to develop these items. For example, items highlighting one's awareness of their attitudes, values, and biases concerning bisexuality and bisexual individuals were created. The works of Kinsey and colleagues and Klein were also used in creating the items to incorporate the notion of fluidity and diversity of sexual orientation and behavior. Additionally, items assessing one's comfort level with potential differences between one's self and bisexual clients were created.

Items for a possible knowledge subscale were developed using theoretical and empirical research concerning bisexual individuals and bisexuality (e.g., Bieschke et al., 2007; Brooks et al., 2008; Firestein, 1996; Fox, 1996; Mulick & Wright, 2002; Weinberg et al., 1994). For example, Fox compiled a thorough review of the theory and research on bisexuality, and Weinberg and colleagues elucidated developmental stages of bisexual identity development; both sources contain information relevant to knowledge concerning bisexual individuals. Again, the facets listed with their corresponding subscales (see Table 1) were used to develop items in this subscale. For example, items focusing on knowledge concerning the differences in experience and identity of different sexual orientations (e.g., gay, lesbian, bisexual, heterosexual) were created.

Finally, items for a possible skills subscale were developed using APA's (2000) *Guidelines for psychotherapy with lesbian, gay, and bisexual clients* as well as other literature on the appropriate counseling skills needed when working with bisexual clients (e.g., Brooks et al., 2010; Reynolds, 2003; Smiley, 1997). The facets listed with their corresponding subscales (see Table 1) were used to develop these items. For example, items were created emphasizing one's ability to differentiate counseling concerns related to sexual identity (e.g., bisexuality) and those that are not.

Since many multicultural counseling competency scales have had difficulty differentiating between knowledge and skills items (e.g., Ancis et al, 2008; D'Andrea et al., 1991; Sodowsky et al., 1994), I attempted to avoid this occurrence by using the terms knowledge and information in the knowledge subscale and the terms skills and abilities in the skills subscale. I also examined the items in the three subscales of the SOCCS (Bidell, 2005) to develop the CBCCS items due to the similarity of the content of the SOCCS and of the CBCCS. However, I ensured that the items of the CBCCS are distinct from those of the SOCCS in that they focus specifically on counseling with bisexual individuals and on the unique counseling concerns of this population. In addition, attention was paid to the within group differences among bisexual individuals to ensure capturing the diversity among bisexual individuals throughout the items. Specifically, I used literature focusing on the within group differences among bisexual individuals (e.g., Weinrich & Klein, 2002) in the item development process. All of the items were randomly ordered to prevent any response set bias in the factor analysis. That is, I ensured that all of the items for one potential subscale were not grouped together in the measure. The items were

randomly ordered for all stages of development (i.e., expert and stakeholder review, factor analysis, and test-retest).

Stage 2: Expert and Stakeholder Review

Participants

Initial content validity was established through expert and stakeholder review of the scale. The participants for this stage, who were expert and stakeholder reviewers in the counseling psychology field, were recruited through snowball sampling (e.g., colleagues of the primary researcher, known researchers and scholars in the area of bisexuality). The qualifications for being an expert reviewer included self-expressed interest, clinical experience, and/or research experience in the area of counseling bisexual individuals. Experts were enrolled in or had completed a Master's degree in counseling or clinical psychology or a related field and had at least one year of experience either counseling or conducting research concerning bisexual individuals. Self-expressed interest, clinical experience, and research experience have been used as criteria for experts in previous scale development studies (e.g., Ancis et al., 2008). Recruiting expert reviewers was important to refine the scale using expertise of individuals in the field. The four experts were all female and ranged in age from 29 to 53, averaging 36.75 years. All of the experts identified racially as white and had earned a Ph.D. in counseling psychology.

The qualifications for being a stakeholder included enrollment in a Master's or Doctoral degree program in counseling or clinical psychology or a related field. Recruiting these stakeholders was important because these individuals will be the primary target for use of the CBCCS. The five stakeholders were all female and ranged in

age from 25 to 31, averaging 27.20 years. The stakeholders identified racially as white (4, 80.0%) and black (1, 20.0%) and had earned a Master's Degree in a psychology field. Information on sexual identity of experts and stakeholders was not collected due to the sensitivity of this information and the non-anonymity of participants in this stage.

Measures

Counseling Bisexual Clients Competency Scale (CBCCS). The CBCCS is a self-report measure created and developed through this study. The purpose of the CBCCS is to assess one's self-perceived counseling competency with bisexual clients. The scale was designed for use with both trainees and professionals. Based on multicultural counseling literature, LGB counseling concerns, and bisexual specific counseling concerns (e.g., APA, 2000; Bidell, 2005; Brooks et al., 2008, 2010; Firestein, 1996; Mohr & Rochlen, 1999; Smiley, 1997; Sue et al., 1982, 1992), the CBCCS has three dimensions related to self-awareness, knowledge, and skills. The Cronbach alpha for the CBCCS total scale was .915, for Factor 1 (Skills) was .879, for Factor 2 (Self-Awareness) was .874, and for Factor 3 (Knowledge) was .880.

Demographic questionnaire. The experts and stakeholders were provided with a demographic form requesting their age, race, ethnicity, gender, highest academic degree obtained, field of study for highest academic degree, licensure status, theoretical approach to counseling, current counseling employment setting (if applicable), current research employment setting (if applicable), counseling population specialization, research population specialization, years of experience providing individual counseling, and years of experience conducting research. Experts were specifically asked if they had at least one year of experience either counseling or conducting research concerning

bisexual individuals. Experts and stakeholders were not asked to give their own sexual

orientation or identity due to the sensitivity of this identity and the non-anonymity

inherent in this stage of the study.

Procedure

The experts and stakeholders received a cover letter; an informed consent form;

information on the definitions of bisexuality, bisexual individuals, and counseling

competency with bisexual clients (i.e., self-awareness, knowledge, and skills); and a

demographic questionnaire (See Appendices A, B, C, D, E, F, and G). The experts and

stakeholders also received a reviewer feedback form and one of two sorting tasks (See

Appendices H, I, and J). The items of the scale were ordered using a random sequence

generator. I asked the expert and stakeholder reviewers to assess the items in the scale for

(a) item clarity, (b) ease of response, (c) potential bias of item, (d) appropriateness of

item for overall construct representation, and (e) accuracy of item for subscale.

Specifically, the experts and stakeholders were asked to rate each item by circling a 2

(i.e., very clear), 1 (i.e., somewhat clear), -1 (i.e., somewhat unclear), or -2 (i.e., very

unclear) for item clarity; a 2 (i.e., very easy to answer), 1(i.e., somewhat easy to answer),

-1 (i.e., somewhat difficult to answer), or -2 (i.e., very difficult to answer) for ease of

response, and a 2 (i.e., very unbiased), 1 (i.e., somewhat unbiased), -1 (i.e., somewhat

biased) or -2 (i.e., very biased) for potential bias of item toward a particular group (e.g.,

biased toward men over women, etc.). The experts and stakeholders were also asked to

rate each item for overall appropriate representation of the construct (i.e., counseling

competency with bisexual clients) by circling a 2 (i.e., captures construct very well), 1

(i.e., somewhat captures construct), -1 (i.e., does not capture the construct very well), or -

2 (i.e., does not capture the construct at all). Finally, for each item, they were asked for open-ended feedback for improving the items.

In terms of accuracy of the item for subscale, the expert and stakeholder reviewers were randomly assigned to one of two sorting tasks (i.e., a card sorting task and a paper and pencil task). Two different sorting tasks were used to minimize mono-method bias (Heppner et al., 2008). The card sorting task consisted of placing a card with the item written on it into one of three piles with each pile representing a subscale (i.e., self-awareness, knowledge, and skills). The paper and pencil task consisted of circling one of three subscales (i.e., self-awareness, knowledge, and skills) written on a piece of paper for each item. For both tasks, the reviewers also had the option to discard the item if it did not seem to fit into any of the subscales.

Once the expert and stakeholder reviewers' feedback was received and the

CBCCS was revised using this feedback, the CBCCS was sent back to the same expert

and stakeholder reviewers for further feedback. Specifically, the reviewers were asked if

the revisions they suggested were completed to their satisfaction, if the measure had

improved, and if changes made regarding the positive and negative wording of the items

was done to their satisfaction. The reviewers were also asked to assess ease of read and

clarity of the measure and face validity in terms of the extent to which the survey appears

to measure what it is intended to measure. Feedback from the reviewers was again used

to revise the measure (See Appendices K and L). Four stakeholders and one expert out of

the original five stakeholders and four experts responded to the request for further

feedback and suggested no further changes.

Data Analysis

Information from the expert and stakeholder review was used to revise the scale.

Ratings of item clarity, ease of response, potential bias of item, and appropriateness of

item for overall construct representation was used to assess retention of the item. This

type of rating system has been used in previous scale development research (e.g., Ancis

et al., 2008). That is, if six out of nine reviewers (i.e., two thirds) gave the item a positive

score of 2 or 1 in these four areas, the item was retained. If less than six reviewers gave

the item a positive score of 2 or 1, the item was deleted. Feedback from the open-ended

portion of the questionnaire was used to revise the wording of the items as necessary.

Information from the sorting tasks was used to determine the accuracy of each item for its

intended subscale. Specifically, if six out of nine reviewers placed the item in its

originally intended subscale, the item was retained in that subscale. If less than six

reviewers placed the item in its originally intended subscale, the appropriateness of this item was further assessed by the primary researcher using the reviewer feedback. That is, depending upon the reviewer feedback, the item was either removed or placed into a different subscale. For example, if six out of nine reviewers believed the item should be placed in a different subscale, it was placed in that subscale. In addition, the primary researcher revised the items to maintain the balance of negatively and positively worded items. During the second round of review, the expert and stakeholder reviewers were asked for feedback regarding these changes made to the positive and negative wording of the items to see if this was done to their satisfaction. Table 3 displays the revised scale after expert and stakeholder review.

Stage 3: Exploratory Factor Analysis, Internal Consistency, and Validity

Participants

Participants for this stage were trainees working toward Master's or Doctoral Degrees in counseling psychology, clinical psychology, school psychology, social work, and family therapy. There were 277 participants (i.e., 235 women, 37 men, 1 transgender, 1 genderqueer, 1 MTF transsexual, and 2 unknown), averaging 28.93 years in age ($SD =$ 6.3), in Stage 3 of this study. Most of the participants identified racially as European-American/White (227, 81.9%) and identified their sexual identities as Heterosexual (204, 73.6%). For more information on the demographics of participants in Stage 3, see Table 4. This participant pool represents limited diversity (e.g., in terms of race, gender, and sexual identity), which is a limitation of this study.

Participants were recruited through emails sent to professional organizations (e.g., Asian American Psychological Association, Association for Women in Psychology, etc.),

state psychological associations (e.g., Pennsylvania State Psychological Association,

etc.), and training program listservs (e.g., Lehigh University Counseling Psychology

Program, etc.; See Appendix M). Participants in this stage of the study were asked if they

would be willing to participate in a retest of the CBCCS for the fourth stage of this study.

To ensure confidentiality, the participants were not asked to include their name or

institutional affiliation. To match their original survey results in this stage with the results

in the retest of the CBCCS in the fourth stage, the participants were asked for their email

address, their favorite type of food, and a three digit code that they created. Their email

addresses were used to contact them and not to match their survey results. The responses

were kept confidential in that only the primary researcher had access to the identities of

the participants through their email addresses, and utmost care was taken protecting the

privacy of the participants' identities.

I used guidelines set forth by Gorsuch (1983) and recruited between 235-470

participants to satisfy the 5-10 participants per variable criterion (i.e., 47 items) for factor

analysis. Specifically, 277 people participated, thus satisfying this criterion. Participants

were provided with an informed consent form, demographic questionnaire, ARBS-FM,

Biphobia Scale, M-CSDS, and CBCCS (See Appendices N, O, P, Q, R, and S).

Measures

Counseling Bisexual Clients Competency Scale (CBCCS). The CBCCS is a

self-report measure created and developed through this study. The purpose of the CBCCS

is to assess one's self-perceived counseling competency with bisexual clients. The scale

was designed for use with both trainees and professionals. Based on multicultural

counseling literature, LGB counseling concerns, and bisexual specific counseling

concerns (e.g., APA, 2000; Bidell, 2005; Brooks et al., 2008, 2010; Firestein, 1996; Mohr & Rochlen, 1999; Smiley, 1997; Sue et al., 1982, 1992), and scale development literature (Ancis et al., 2008; Bidell, 2005; Inman et al., 2001), the CBCCS has three dimensions related to self-awareness, knowledge, and skills. The Cronbach alpha for the CBCCS total scale was .915, for Factor 1 (Skills) was .879, for Factor 2 (Self-Awareness) was .874, and for Factor 3 (Knowledge) was .880.

Attitudes Regarding Bisexuality Scale-Female/Male version (ARBS-FM). The ARBS-FM (Mohr & Rochlen, 1999) is an 18-item self-report 5-point Likert-type scale with two subscales of Tolerance and Stability with higher scores indicating higher levels of tolerance and stability, respectively. The measure is designed to assess the degree to which bisexuality is deemed an acceptable, morally tolerable sexual orientation in the Tolerance subscale and the degree to which bisexuality is deemed a legitimate, stable sexual orientation in the Stability subscale. Mohr and Rochlen conducted five studies to develop this scale. The studies were conducted both with heterosexual participants and with LG participants and consisted of an initial scale development, reliability testing, and factor structure determination. Mohr and Rochlen reported internal consistency coefficients for Tolerance as .91 and for Stability as .92. In addition, test-retest alpha coefficients were reported as .91 for Tolerance and .85 for Stability.

Convergent validity was established with LG populations through correlation with personal contact with a bisexual person, willingness to date a bisexual person, willingness to have a bisexual best friend, and level of contact with heterosexual people. Discriminant validity was determined with LG populations through non-significant correlation with measures of self-monitoring, need to evaluate, and age; and discriminant

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validity for heterosexual populations was established through non-significant correlation with social desirability. Additionally, Worthington, Dillon, and Becker-Schutte (2005) used the female version (ARBS-F) and male version (ARBS-M) of the ARBS and reported internal consistency estimates for their sample as .93 for Tolerance-F, .94 for Tolerance-M, .86 for Stability-F, and .92 for Stability-M. The combined version of the measure (ARBS-FM) was used for the present study due to its focus on counseling competency with male and female bisexual individuals. In this study, the ARBS-FM was used to assess convergent validity of the CBCCS through high correlation. The Cronbach alpha of the ARBS-FM for present study was .877.

Biphobia Scale. The Biphobia Scale (Mulick & Wright, 2002) is a 30-item self-report 6-point Likert-type scale with higher scores indicating higher levels of biphobia. This measure is designed to assess one's aversive affective, cognitive, and behavioral reactions to bisexuality and bisexual individuals. Exploratory factor analysis of the scale revealed a one-factor solution that accounted for 38% of the variance. In addition, Mulick and Wright reported an overall alpha coefficient of .94 and a one week test-retest reliability of .93. In the present study, the Biphobia Scale was used to assess convergent validity of the CBCCS through low correlation. The Cronbach alpha of the Biphobia Scale for present study was .864.

Marlowe-Crowne Social Desirability Scale (M-CSDS). The M-CSDS (Crowne & Marlowe, 1960) is a 33-item true/false self-report measure. The scale is designed to assess a form of social desirability in the form of need for approval. Crowne and Marlowe established reliability (i.e., internal consistency) of the scale with a Cronbach alpha coefficient of .88. The M-CSDS is often used in psychological research and has

sound psychometric support (Ancis et al., 2008). For example, Ancis and colleagues used the M-CSDS in their development and evaluation of the CWCS and reported a coefficient alpha of .83 for their sample. In addition, Burkard and others (2009) used the M-CSDS and reported the alpha coefficient as .67 for their study. Mohr and Rochlen (1999) used the short form of the M-CSDS (Reynolds, 1982), which contains 13 items that had the highest loadings of the original 33 items. The short form of the M-CSDS is highly correlated with the original form (Mohr & Rochlen, 1999) with an internal consistency of .76. Mohr and Rochlen reported the internal consistency of the M-CSDS short form as .63 for their sample. The long form of the M-CSDS was used for this study due to its high coefficient alpha in previous studies. For the present study, the M-CSDS was used to assess impression management and response style in terms of social desirability due to the chance of social desirability factors to come into play for the CBCCS as a self-report measure. That is, the M-CSDS was used to determine if the items in the CBCCS are prone to social desirability factors in that participants are likely to respond in a way that demonstrates a socially desirable pattern of, yet not accurate, response. The Cronbach alpha of the M-CSDS for present study was .868.

Demographic questionnaire. The participants were asked to report their age, gender, race, ethnicity, sexual identity, nationality, religious/spiritual identity, and socioeconomic status. The participants were also queried concerning their field of study, year in program, theoretical orientation, highest degree earned, current practicum/internship setting (if applicable), current employment setting (if applicable), licensure status, total number of months experience providing counseling, total number of clients seen, and total number of bisexual clients seen of which participant is aware.

Participants were asked about their multicultural counseling competency training in terms of number of general multicultural courses, number of courses in which general multicultural issues were integrated, number of general multicultural trainings, number of LGB-specific courses, number of courses in which LGB-specific issues were integrated, and number of LGB-specific trainings.

Procedure

Emails were sent to professional organizations (e.g., Asian American Psychological Association, Association for Women in Psychology, etc.), state psychological associations (e.g., Pennsylvania State Psychological Association, etc.), and training program listservs (e.g., Lehigh University Counseling Psychology Program, etc.). From the email requesting participation in the study, potential participants were directed to a PsychData website containing an explanatory cover letter, informed consent form, the measures randomly ordered, and a demographic questionnaire. The informed consent statement consisted of eligibility requirements to participate in the study, the purpose of the study, an explanation of the rights of participants (e.g., the right to discontinue participation at any time, the right to anonymity, etc.) and contact information for the researchers and the university's institutional review board (IRB) representative. To ensure confidentiality, the participants were not asked to include their name or institutional affiliation. To match their original survey results in this stage with the results in the retest of the CBCCS in the fourth stage, the participants were asked for their email address, their favorite type of food, and a three digit code that they created. The responses were kept confidential in that only the primary researcher had access to the identities of the participants through their email addresses, and utmost care was taken

protecting the privacy of the participants' identities. The email addresses were used to contact potential participants only and not to match their survey results.

Data Analysis

An Exploratory Factor Analysis (EFA) was conducted to determine the underlying factor structure of the CBCCS. EFA was used because this will be the first time a factor analysis was conducted on the CBCCS, and this analysis allowed for more information and freedom concerning the number of factors, the correlation of the factors, and the loading of the variables to the factors (Stevens, 2009). In addition, an EFA provided a more conservative test for the potential three factor structure because it did not limit the solution to only a three factor structure (Gorsuch, 1983). Gorsuch explains that EFA can be used for pre-stated theorized or hypothesized factor structures and that EFA gives a more conservative test "since it does not base the solution upon the investigator's hypotheses" (p. 235).

In order to extract from all of the variance, I conducted a principle axis factor analysis using both an orthogonal rotation (i.e., Varimax) and an oblique rotation (i.e., Promax) as is standard practice when conducting EFA to see which rotation yielded a better solution (Gorsuch, 1983). Primary criteria for extracting factors included retention of factors with eigenvalues greater than one, assessment of the location in which the scree plot points level off, retention of factors with at least three items per factor, and interpretation of meaning of the factor solution based on previous theory and research (Floyd & Widaman, 1995; Stevens, 2009). Secondarily, inter-factor correlation, the variance explained for the total solution, and the variance explained by each single factor were also assessed. Criteria for salient factor loadings took into account the sample size

of the present study (i.e., 277) and used the formula for the standard error of a correlation coefficient doubled (i.e., $[1/ \sqrt{(N-1)}]*2$; Stevens, 2009) illustrated in Stevens' (2009) "Critical Values for a Correlation Coefficient" (p. 332). In the case of double loadings, I examined the factor structure with and without the double loadings and determined which structure yielded the best solution.

Convergent validity for the CBCCS was assessed using the ARBS-FM and the Biphobia Scale. A univariate regression analysis was conducted with the ARBS-FM and the Biphobia Scale. The predictor variable was the CBCCS, and the criterion variable was the ARBS-FM. In addition, a univariate regression analysis was conducted using the CBCCS and the Biphobia Scale. The predictor variable was the CBCCS, and the criterion variable with the Biphobia Scale.

Discriminant validity for the CBCCS was assessed by the group differences approach (Inman et al., 2001). Three groups of participants with varying levels of exposure to working with bisexual clients in a clinical setting to their knowledge were compared because they were expected to differ on the construct (i.e., counseling competency with bisexual clients). One group encompassed participants who had worked with zero bisexual clients, another group consisted of participants who had worked with one to five bisexual clients, and the final group consisted of participants who had worked with over five bisexual clients. Examining the differences between these three groups was important to illustrate the potential for the CBCCS to discriminate among different groups. The responses of these three groups were compared in terms of scores on the CBCCS. A one-way MANOVA was conducted using the three exposure-to-bisexual-clients groups as predictor variables and the CBCCS as the criterion variable.

Impression management and response style in terms of social desirability were assessed using the M-CSDS. To explore the relationship between the CBCCS and social desirability, a univariate regression analysis was conducted using the CBCCS and the M-CSDS. The predictor variable was the CBCCS and the MCSDS was the criterion variable.

Reliability of the CBCCS was determined through internal consistency analysis. Specifically, I calculated the Cronbach alphas for the entire scale and for each subscale. I also explored the intercorrelations of the three subscales. Finally, I conducted an item analysis on the scale in this stage. Item analysis permits the examination of the internal consistency of a scale or subscale when each item is either retained or removed. In addition to factor analysis and content, convergent, and discriminant validity, item analysis can be used as an additional tool for decision-making in determining which items to retain in the final version of the CBCCS.

Stage 4: Test-Retest Reliability

Participants

To determine the stability of the measure over time, test-retest reliability was assessed and test-retest coefficients were calculated. The participants for this stage consisted of some of the participants from the third stage (i.e., trainees working toward Master's or Doctoral Degrees in counseling psychology, clinical psychology, school psychology, social work, and family therapy). Participants in the third stage of the study were asked if they would be willing to participate in a retest of the CBCCS, and they self-selected to re-take the CBCCS. Specifically, 224 participants from the third stage volunteered to participate in the fourth stage and were emailed an invitation to access a

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PsychData survey. Of these 224 individuals, 50 participants accessed the website and 19 of these participants were removed due to not completing the survey. Therefore, there were 31 re-test participants for this stage. This test-retest method has been used in previous studies (e.g., Bidell, 2005; Inman et al., 2001) with comparable response rates. Of the 31 re-test participants, 27 were women and 4 were men, all averaging 27.23 years in age (SD=3.8). For this stage, most of the participants identified racially as European-American/White (27, 87.1%) and identified their sexual identities as Heterosexual (24, 77.4%). For more information on the demographics of participants in Stage 4 and a comparison of the demographics of the participants in Stage 3 and Stage 4 of this study, see Table 4.

Confidentiality was ensured through procedures previously described . To match their original survey results with the retest of the CBCCS, the participants were asked for their email address, their favorite type of food, and a three digit code that they created. The responses were kept confidential in that only the primary researcher had access to the identities of the participants through their email addresses, and utmost care was taken protecting the privacy of the participants' identities. The email addresses were used to contact potential participants and not to match their survey results. The participants were provided with an informed consent form, a demographic questionnaire, and the CBCCS (See Appendices T, U, and V). The participants were informed that their responses would be kept confidential. They were informed that their participation was voluntary and they may cease participation at any time.

Measure

      Counseling Bisexual Clients Competency Scale (CBCCS). The CBCCS is a self-report measure created and developed through this study. The purpose of the CBCCS is to assess one's self-perceived counseling competency with bisexual clients. The scale was designed for use with both trainees and professionals. Based on multicultural counseling literature (Sue et al., 1982; Sue et al., 1992), theory on the continuum of sexual orientation and existence of bisexuality (Kinsey et al., 1948, 1953; Klein, 1993), and scale development literature (Ancis et al., 2008; Bidell, 2005; Inman et al., 2001), the CBCCS has three dimensions related to self-awareness, knowledge, and skills. The Cronbach alpha for the CBCCS total scale was .915, for Factor 1 (Skills) was .879, for Factor 2 (Self-Awareness) was .874, and for Factor 3 (Knowledge) was .880.

      Demographic questionnaire. The participants were asked to report their age, gender, race, ethnicity, sexual identity, nationality, religious/spiritual identity, and socioeconomic status. The participants were also queried concerning their field of study, year in program, theoretical orientation, highest degree earned, current practicum/internship setting (if applicable), current employment setting (if applicable), licensure status, total number of months experience providing counseling, total number of clients seen, and total number of bisexual clients seen of which participant is aware. Participants were also asked about their multicultural counseling competency training in terms of number of general multicultural courses, number of courses in which general multicultural issues were integrated, number of general multicultural trainings, number of LGB-specific courses, number of courses in which LGB-specific issues were integrated, and number of LGB-specific trainings.

Procedure

A test-retest procedure was conducted to assess the stability of the measure over time. The primary researcher emailed the participants from the third stage of the study who volunteered to participate in the retest. The participants were emailed a link to a PsychData website that contained an informed consent form, a demographic questionnaire, and the CBCCS approximately two to three weeks after they had originally completed the online survey. The informed consent statement consisted of eligibility requirements to participate in the study, the purpose of the study, an explanation of the rights of participants (e.g., the right to discontinue participation at any time, the right to anonymity, etc.) and contact information for the researchers and the university's institutional review board (IRB) representative. The participants were not asked to include their name, institutional affiliation, or any other identifying information in the survey. The participants were asked to enter their favorite food and the three digit code they entered previously in the third stage of the study. The responses were kept confidential in that only the primary researcher had access to the identities of the participants through their email addresses, and utmost care was taken protecting the privacy of the participants' identities.

Data Analyses

Pairwise correlations were conducted for the total score of the CBCCS and the scores of the subscales for Self-awareness, Knowledge, and Skills. These calculations were reported and used to assess the test-retest reliability of the CBCCS. In addition, an item analysis was conducted for the total scale and for each subscale. The item analysis provided information on scale mean, scale variance, and Cronbach alpha with each item

removed. In addition, the participants who volunteered for the test-retest stage were compared with the rest of the participant sample from the third stage to assess if there were any unique characteristics of the participants who volunteered for the test-retest stage. That is, I compared the demographics of the participants who volunteered for the fourth stage of the study to all of the participants in the third stage.

Chapter IV

Stage 2 Results

Expert and Stakeholder Review

During Stage 2 of this study, expert and stakeholder reviewers provided ratings and feedback on the 78 items. Hence, the CBCCS was reduced to 47 items. That is, some items were omitted due to negative ratings. For example, the item "Bisexual individuals will never be satisfied with one gender (i.e., either men or women)" was omitted due to negative ratings by reviewers. In addition, some items were omitted due to disagreement among reviewers on the most appropriate subscale for the item. For example, the item "Bisexual individuals are really lesbians and gay men who are trying to hold onto heterosexual privilege" was omitted due to non-consensus regarding subscale. Some items were also rewritten using reviewer feedback. For example, an item that originally read as "I challenge my biases toward bisexual men" was revised to read "I seek supervision regarding my biases toward bisexual men" because some of the reviewers commented that "challenge" was vague and that "seeking supervision" added specificity to the item.

Stage 3 Results

Preliminary Analyses and Descriptive Analyses

Upon completion of data collection, 311 participants had completed the online survey. Six participants were removed because they were not trainees. Participants who had completed less than 90% of any given scale were also removed. That is, if participants omitted two or more items for the ARBS, three or more for Biphobia Scale, two or more for CBCCS, and four or more for MCSDS, they were removed before data

analysis. Through this process, 28 additional participants were removed, with 126 total values remaining missing. Of the 126 missing values, no more than one value was missing per participant (i.e., 6% for ARBS, 3% for Biphobia Scale, 2% for CBCCS, and 3% for MCSDS). SPSS calculations employing interpolation were used to substitute for the missing values. The final number of participants used in the analyses was 277.

Univariate normality was checked by assessing the skewness and kurtosis of the primary variables. Skewness and kurtosis for the Biphobia scale, ARBS, MCSDS, CBCCS were all between -2 and +2 except for the skewness (3.268) and kurtosis (14.698) for the Biphobia Scale and the kurtosis (3.674) for the ARBS. These skewness and kurtosis results indicate that the Biphobia Scale may have been slightly skewed in the positive direction and there may have been limited variance around the mean for the Biphobia Scale and the ARBS. It is a limitation of this study that these particular measures may not have captured sufficient variance to find a difference among the measures in the regression and MANOVA analyses, however the results do not pose a threat to normality to data after examining the p-plots, which were within normal range (i.e., elliptical shape). Means and standard deviations of all scales are reported in Table 5, and a correlation table of the primary variables in the study is reported in Table 6.

Exploratory Factor Analysis

A principle axis factor analysis was conducted using both an orthogonal (i.e., Varimax) and an oblique rotation (i.e., Promax) for the 47-item scale. The criteria for extracting factors included retention of factors with eigenvalues greater than one, assessment of the location in which the scree plot points level off, retention of factors with at least 5% variance added by each factor, retention of factors with at least three

items per factor, retention of factors with at least .7 Cronbach alpha (i.e., internal consistency) for each factor, and interpretation of meaning of the factor solution based on previous theory and research (Floyd & Widaman, 1995; Stevens, 2009). The criterion for salient factor loadings was calculated using Stevens' (2009) "Critical Values for a Correlation Coefficient" (p. 332) for this study's sample size of 277 participants and was determined to be .312.

The initial un-rotated factor extraction yielded 10 factors with eigenvalues greater than one. All factor solutions were significant ($p < .001$) and had high KMO values (*KMO* = .879). According to this un-rotated factor extraction, the first factor accounted for 23.29% of the variance, the second factor accounted for 8.93%, the third factor accounted for 7.12%, and the fourth factor accounted for 5.10%; whereas, the fifth factor accounted for only 3.71%. Therefore, four factor solutions were examined because these factor solutions met five of the six criteria, excluding the criteria of interpretation of meaning. That is, the one-, two-, three-, and four-factor solutions had *Eigenvalues* > 1, had at least three items in each factor, added at least 5% variance explained by each factor, and the Cronbach alpha coefficients for each factor in all four factor solutions rotated both obliquely and orthogonally were above .7. In addition, the scree plot leveled off at about 5 points. Hence, the one-, two-, three-, and four-factor solutions fell within this range.

One-, two-, three-, four-, and five-factor solutions were obtained and evaluated. . One- and two-factor solutions were not chosen as the final solution with regard to interpretation of meaning since multicultural counseling competency theory suggests no less than three factors. Multicultural counseling competency theory suggests at least three

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components and possibly more. Therefore, the one- and two-factor solutions do not

adequately capture the nuances of multicultural competencies (e.g., self-awareness,

knowledge, and skills). Further, the items in the one- and two-factor solution were not

parsimonious in that each factor contained multiple items that related to self-awareness,

knowledge, and skills. In addition, examination of the items that loaded on the first and

second factors in the two-factor solution did not produce cohesive themes. The four-

factor solution was also not chosen as the final solution due to interpretation of meaning

with regard to multicultural counseling competency theory, since multicultural

counseling competency theory indicates three components. In addition, the fourth factor

appears to have low power compared to the other factors in the four-factor solution. That

is, the fourth factor adds only 5.10% variance and contains only four items with one of

these items double-loading. Comparatively, the first, second, and third factors in the four-

factor solution add 23.29%, 8.93%, and 7.12%, respectively, and contain 16, 15, and 11

items, respectively. However, it is important to note that the potential statistical viability

of a four-factor solution suggests that multicultural counseling competency theory may

be limited as it stands and an additional component may be warranted. This will be

addressed further in the Discussion section. See Table 7 for an outline of the decision

making process in choosing the final solution and Table 8 for an outline of the four

different factor structures with regard to rotation, Eigenvalue, total variance, and amount

of variance added by each additional factor.

A three-factor solution was chosen because this solution has interpretability as it

aligned with the theoretical basis of this study in terms of multicultural counseling

competency (i.e., self-awareness, knowledge, and skills) and the items were interpretable

as they loaded on the factors. This solution accounts for 39.34% of the total variance, which is comparable to similar scales in the counseling psychology field (e.g., Ancis et al., 2008; Bidell, 2005; Sodowsky et al., 1994). The oblique rotation was chosen because this rotation yielded only one double-loading item(i.e., item 4 "I do not provide validation of a bisexual identity with clients") on Factor 1 (Skills) and Factor 2 (Self-Awareness), whereas the orthogonal rotation yielded three double loadings (i.e., item 1 "I challenge my heterosexist attitudes (i.e., viewing heterosexuality as the norm and superior to non-heterosexual orientations)," item 4, and item 15 "I support bisexual clients who desire non-monogamous relationships (i.e., romantic relationships with more than one person at a time)." Aside from the differences with double-loading items, the items in the three-factor solution loaded exactly the same using the oblique and orthogonal rotations except that item 22 "I seek supervision regarding my biases toward bisexual men" loaded on factor 1 using the orthogonal rotation, whereas this item did not load at all using the oblique rotation. Eigenvalues for the three factors are 10.948 for factor 1, 4.196 for factor 2, and 3.347 for factor 3. In short, the three-factor solution with oblique rotation yielded the most parsimonious or "simple structure" (Fabrigar et al., 1999; Thurstone, 1947) for the CBCCS. In terms of salient loadings (i.e., .312 or greater) for this solution, 15 items loaded on the first factor (Skills), 15 items loaded on the second factor (Self-Awareness), and 11 items loaded on the third factor (Knowledge). One item double loaded and five items did not load on any factor, and these items were removed from the scale (e.g., item 41 "I seek supervision to address my biases toward bisexual individuals of color."

With regard to the double-loading item (i.e., item 4), the three-factor solution with oblique rotation was examined with and without the item. The Cronbach alphas for the

three factors and inter-factor correlations with and without the item were calculated, and removal of this item from both factors 1 and 2 did not worsen the alphas or inter-factor correlations (See Table 9). In addition, the eigenvalues and variance explained by each factor were calculated with and without the double-loading item, and these numbers and percentages did change slightly. However, the eigenvalues and variance did not change enough to alter the analysis. For more detailed information on the eigenvalues and variance explained with and without the double-loading item, please see Table 10. For the factor loadings, means, and standard deviations of all the items of the final three-factor solution with oblique rotation of the CBCCS, please see Table 11.

Convergent Validity, Discriminant Validity, and Social Desirability

To establish convergent validity of the CBCCS, univariate regression analyses were conducted with the ARBS-FM and the Biphobia Scale. In the first univariate regression, the predictor variable was the CBCCS, and the criterion variable was the ARBS-FM. The results indicated a significant relationship ($F(1) = 141.299$, $p < .001$). In addition, the ARBS-FM was positively correlated with the CBCCS at .583 ($p < .001$; See Table 6). In the second univariate regression, the predictor variable was the CBCCS, and the criterion variable with the Biphobia Scale. The results indicated a significant relationship ($F(1) = 95.632$, $p < .001$). Further, the Biphobia Scale was negatively correlated with the CBCCS at -.508 ($p < .001$; See Table 6).

To establish discriminant validity, participants were asked how many clients to their knowledge they had seen in a clinical setting who self-identified as bisexual, and three groups of participants with varying levels of exposure to their knowledge with working with bisexual clients in a clinical setting were compared (i.e., those who have

worked with zero bisexual clients, those who have worked with one to five bisexual clients, and those who have worked with over five bisexual clients). A one-way MANOVA was conducted using the three exposure-to-bisexual-clients groups as predictor variables and the CBCCS as the criterion variable. The results indicated a significant relationship ($F(2) = 20.018$, $p < .011$) and illustrated that the means for each group increased as the number of bisexual clients counseled increased (See Table 12 and Figure 1).

To assess social desirability, a univariate regression with the CBCCS as the predictor variable and the MCSDS as the criterion variable was conducted with results indicating a significant relationship ($F(1) = 16.644$, $p < .001$). Additionally, the MCSDS was negatively correlated with the CBCCS at -.239 ($p < .001$; See Table 6).

Internal Consistency Reliability

The results indicated moderate to very high internal consistency through assessment of Cronbach alphas. For the final solution (i.e., three-factor solution with oblique rotation), the full scale CBCCS Cronbach alpha was .915; and the Cronbach alpha for the first factor was .879, for the second factor was .874, and for the third factor was .880. The Cronbach alpha for the ARBS-FM was .877, for the Biphobia Scale was .864, and for the MCSDS was .868. An item analysis was also conducted on the CBCCS in the third stage of the study; and scale mean, scale variance, and Cronbach alpha with each item deleted did not substantially influence the results (See Table 13). These results illustrate that the items hold together well within the respective factor.

<div align="center">

Stage 4 Results

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Test-Retest Reliability

For the test-retest stage of the study, 31 participants completed the CBCCS a second time approximately two to three weeks after initial completion. Similar test-retest methods have been used in previous studies (e.g., Bidell, 2005). Test-retest reliability was assessed through the calculation of pairwise correlations of the CBCCS scores for the total score of the CBCCS and the scores of the three factors from Stage 3 and from Stage 4. Results of Pearson Correlation analyses indicate that the total scores from CBCCS in Stage 3 and in Stage 4 correlate significantly at .938 ($p < .001$) and the scores from the three factors also highly correlate (i.e., Factor 1 at .909 ($p < .001$), Factor 2 at .918 ($p < .001$), Factor 3 at .883 ($p < .001$) (See Table 14). The Cronbach alphas for the three factors for stage 4 are displayed in Table 15. An item analysis was also conducted on the CBCCS in the fourth stage of the study; and scale mean, scale variance, and Cronbach alpha with each item deleted did not substantially influence the results (See Table 16). These results illustrate that the items hold together well within the respective factor. Demographics of participants who volunteered for the retest stage were compared with the rest of the participant sample from the third stage to assess if there are any unique characteristics of the participants who volunteered for the retest stage using Pairwise Pearson Correlations. Results indicated that no significant differences.

Chapter V

Discussion

The purpose of this study was to develop and evaluate the psychometric

properties of a scale to assess multicultural counseling competency when counseling

bisexual clients. This discussion will address the findings of the results in terms of

internal structure, external structure, and reliability of the CBCCS. The discussion

integrates the findings from the EFA to assess internal structure and the results of the

convergent and discriminant validity and social desirability assessments to assess external

structure. The internal consistency assessments (i.e., Cronbach alphas and Test-retest

reliability); threats to validity; the limitations of the study; the theoretical, practical, and

empirical implications of the study; and directions for future research are also addressed.

Internal Structure

Through examination of the EFA results, a three-factor structure for the CBCCS

was chosen, which addressed RQ_2: What factor structure will be the result of an

exploratory factor-analytic examination? This result aligns parsimoniously with

multicultural counseling competency theory focusing on the three components of self-

awareness, knowledge, and skills (Sue et al., 1982, 1992). It is important to note,

however, that the items did not load on the three factors exactly as they were assigned by

the expert and stakeholder reviewers. Overall, themes from Factor 1 included skills,

training, therapy, theories, research, and therapeutic tasks; themes from Factor 2 included

attitudes and beliefs about bisexuality and bisexual individuals; and themes from Factor 3

included communities, social validation, pressure to identify in a particular way, identity,

and biphobia.

For Factor 1, Skills, of the 15 items, nine were assigned to the Skills category by the reviewers. The remaining six items had originally been assigned to both Self-Awareness and Knowledge categories: Item 8 – "I am familiar with theories of bisexual identity development," Item 16 – "I address my potential biphobia (i.e., the denial of bisexuality as a valid sexual identity and discomfort with bisexual individuals) in supervision," Item 24 – "I am familiar with theories of fluidity in sexuality," Item 31 – "I am not knowledgeable of the unique psycho-social issues impacting bisexual individuals," Item 44 – "I am not familiar with theories portraying sexuality along a continuum," and Item 46 – "I am aware of research examining the concept of being on the "down low" in African American male communities (i.e., in which men identify as heterosexual but have sex with other men often in secret)." Item 16 was originally placed into the Self-Awareness category and may have loaded into this factor due to the focus on addressing one's biases in supervision. Use of supervision for interpersonal growth can be interpreted as a skill of a multiculturally competent counselor. The remaining five items were assigned into the Knowledge category and themes from these five items include knowledge of theories of sexuality and psycho-social issues and concepts. Although these items were originally deemed Knowledge items, they may have loaded into this category due to the focus on theories and concepts. A focus on theories and concepts may be closely related to skills-based focus on trainings and case presentations and, thus, explain why these items loaded together. That is, other Skills items in this dimension include Item 5 "I have experience with trainings (e.g., seminars) focusing on clinical skills with bisexual issues," Item 6 "I have the skills to do a case presentation of a bisexual client," and Item 40 – "I have not received adequate clinical training to

counseling bisexual clients." These items illustrate a focus on clinical trainings and case presentations that are typically emphasized in academic programs in clinical and counseling psychology. Therefore, items focusing on theories and concepts may have loaded in this dimension due to their connection to clinical training and the development of clinical skills. It is important to note that all of the items focusing on theories and concepts loaded together in the Skills dimension and none loaded in the Knowledge dimension.

For Factor 2, Self-Awareness, 11 of the 15 items were assigned to the Self-Awareness category by the reviewers, whereas the remaining four items had originally been assigned to the Knowledge and Skills categories: Item 3 – "A bisexual orientation can be stable over time," Item 19 – "A bisexual orientation always changes over time," Item 34 – "Bisexual people are more uncertain about their sexual identity compared with lesbian women and gay men," and Item 45 – "I would support bisexual clients maintaining relationships with those of any sexual orientation." Item 45, which is the only item loading on Factor 2 that reviewers assigned to the Skills category, may have loaded on this factor due to the emphasis on relationships. Several of the Self-Awareness items on Factor 2 address relationships, such as Item 26 "Bisexual individuals are unable to be monogamous (i.e., a relationship with only one person at a time) in a romantic relationship." Therefore, Item 45 may best be suited in the Self-Awareness dimension due to its emphasis on relationships. The other three items were deemed Knowledge items by the reviewers, which may be because research (e.g., Brown, 2002) has shown that a bisexual orientation can be stable over time and bisexual individuals can be certain of their sexual identity and orientation. Thus, agreement with these items would indicate

knowledge of bisexual concerns in the realm of multicultural counseling competency. However, these items also highlight potential beliefs and attitudes toward bisexual individuals and, therefore, could fit well in the Self-Awareness dimension.

For Factor 3, Knowledge, all 11 items were originally assigned to the Knowledge category by the reviewers. This suggests parsimony for these items. However, the Knowledge items were most often interfering with other dimensions of the scale (i.e., the Self-Awareness and Skills dimensions), which illustrates an overlap in the three constructs, especially with regard to Knowledge. Future research on the CBCCS would benefit from a tighter focus on the Knowledge items of the scale.

Additionally, some items were omitted from the scale because they double-loaded on two factors or loaded lower than .312 on all factors. For example, Item 4 – "I do not provide validation of a bisexual identity with clients" loaded on both Factor 1, Skills, and Factor 2, Self-Awareness. This item was originally assigned to the Skills category by the reviewers and did load onto this dimension. This item may have loaded onto the Self-Awareness dimension as well due to the focus on validation and bisexual identity. For example, Item 33 – "Bisexuality is a valid sexual orientation" also mentions validation but focuses more on an attitude that bisexuality is valid rather than providing validation. However, this similarity could explain why this item also loaded onto the Self-Awareness dimension. Also, Item 39 – "I believe bisexual individuals need to be with men and women simultaneously to maintain their bisexual identity" refers to a bisexual identity as does Item 4. Again this similar wording could explain why Item 4 also loaded on the Self-Awareness dimension.

In addition, five items loaded weakly on the scale. That is, four items originally assigned to the Self-Awareness category: Item 13 – "Bisexual individuals are untrustworthy partners in romantic relationships," Item 14 – "I am aware of my biases toward bisexual individuals," Item 22 – "I seek supervision regarding my biases toward bisexual men," and Item 41 – "I seek supervision to address my biases toward bisexual individuals of color;" and one item originally assigned to the Knowledge category: Item 28 – "Research supports that there is more than one type of bisexual man." A few themes that emerge from the non-loading items involve seeking supervision and awareness of biases. The remaining items refer to beliefs about bisexual individuals trustworthiness as romantic partners and research on there being more than one type of bisexual man. These items may not have loaded on any factor due these themes not relating enough to other themes in the factors. However, it is interesting to note that romantic relationships was a theme in the Self-Awareness dimension, Factor 2. Therefore, future research, such as further exploratory factor analysis or confirmatory factor analysis, may benefit from continuing to include these items to assess their utility in the CBCCS.

Although the three-factor solution was chosen due to it being the most parsimonious or "simple structure" (Fabrigar et al., 1999; Thurstone, 1947), it is important to note that a four-factor solution was statistically viable. In this four-factor solution, the first three factors have similar themes as in the three-factor solution, and a fourth factor is added that contains themes related to seeking supervision and providing information to clients (i.e., a therapeutic task). For example, items include Item 16 – "I address my potential biphobia (i.e., the denial of bisexuality as a valid sexual identity and discomfort with bisexual individuals) in supervision," Item 22 – "I seek supervision

regarding my biases toward bisexual men," and Item 41 – "I seek supervision to address my biases toward bisexual individuals of color." Additionally, Item 42 – "I provide information on bisexuality to clients" double-loaded on the fourth and second factor, which contained themes primarily focused on skills. Therefore, two items from this fourth factor did not load saliently on the three-factor solution, and the other two items loaded onto the Skills dimension. This suggests that this fourth factor could be related to skills. However, these findings also suggest that that multicultural counseling competency theory as it stands may be limited, and a fourth component of multicultural counseling competency, such as capacity to seek supervision and consultation regarding multicultural counseling competency, may exist and warrants further research.

External Structure

Evaluation of the external structure of the CBCCS focused on the assessment of validity with similar scales, the ability of the CBCCS to differentiate groups of participants, and the influence of social desirability. Convergent construct validity was assessed using the ARBS-FM and Biphobia Scale. The CBCCS was positively and highly correlated with the ARBS-FM, which addressed $RQ_{3a:}$ Will the scale and subscales demonstrate convergent construct validity as demonstrated by high correlation with another theoretically related measurement (i.e., ARBS-FM)? Additionally, the CBCCS had negative correlation with the Biphobia Scale, thus affirming $RQ_{3b:}$ Will the scale and subscales demonstrate convergent construct validity as demonstrated by low correlation with another theoretically related measurement (i.e., Biphobia Scale)? These results illustrate convergent construct validity. Thus, the results suggest that the CBCCS is measuring what it intends to measure (i.e., one's counseling competency with bisexual

individuals as related to one's attitudes regarding bisexuality and bisexual individuals).

The ARBS-FM and Biphobia Scale primarily focus on attitudes and, therefore, are

limited in terms of multicultural counseling competency, since they do not assess

knowledge and skills. However, these results provide initial validity information and

future research can continue to assess the validity of the CBCCS.

With respect to discriminant construct validity, results indicated that the CBCCS

was able to differentiate groups with varying levels of exposure to working with bisexual

clients in a clinical setting. Groups with more exposure to working with bisexual clients

scored higher on the CBCCS than those with less exposure, thus, affirming RQ_4: Will the

scale and subscales demonstrate discriminant construct validity as demonstrated by

differences between three demographically different populations (i.e., three groups with

varying levels of exposure to working with bisexual clients in a clinical setting)? That is,

will those who have had more exposure to bisexual clients score higher than those who

have had less or none? The findings from this study suggest that those with more

exposure to bisexual clients in a clinical setting results in high counseling competency

with bisexual clients. However, it is worth noting that the three groups were not

composed of equal numbers of participants. That is, the first group had 128 participants,

the second group had 121, and the third group had 28 (See Table 12). Therefore, the third

group, which was composed of those with the most exposure to bisexual clients, had

considerably less participants. This illustrates a limitation of this study and should be

noted when considering the implications of the findings.

In terms of assessing the influence of social desirability, the results reveal a

negative correlation of the CBCCS and the MCSDS. Therefore, these results suggest

support for the construct validity of the CBCCS (RQ$_5$) with a sample of graduate level mental health trainees: Will the scale and subscales be independent of social desirability as demonstrated by a low correlation with a measure of social desirability (M-CSDS)? That is, the results indicate that those who had high scores on the CBCCS did not have high scores on the M-CSDS. This negative correlation suggests that, with regard to the participants in this study, the results from the CBCCS were likely not influenced by impression management social desirability. This is important to note as impression management can often be a factor when assessing multicultural counseling competency because trainees are often drawn to want to appear competent and may present themselves as more competent than they are. The findings from this study suggest that impression management most likely did not interfere with participants' assessments of themselves.

Reliability

Reliability (both internal consistency and test-retest) is an important characteristic of a measure since it is necessary to determine the stability and coherence of the measure. Results from the Cronbach alpha calculations illustrated internal consistency of the CBCCS, which addresses RQ$_{6a}$: Will the scale and subscales be stable and internally consistent as reflected by moderate Cronbach alpha internal consistency? The test-retest provides an assessment of stability, and the results from this assessment address RQ$_{6b}$: Will the scale and subscales be stable and internally consistent as reflected by adequate test-retest reliability? Therefore, the combination of internal consistency and test-retest reliability suggests initial support for the reliability of the CBCCS with a sample of mental health trainees at the graduate level.

Another noteworthy finding from the demographic information of the re-test participants includes a comparison of the experience counseling, number of clients counseled, and number of multicultural and LGB-specific courses taken and trainings attended with the Stage 3 participants. That is, the re-test participants in Stage 4 reported lower numbers for these categories than participants in Stage 3 (See Table 4). Therefore, those who chose to participate in the re-test appear to have less experience overall in counseling and with multicultural courses and trainings on average. It is important to interpret these findings with caution as there were 277 participants in Stage 3 and 31 participants in Stage 4, making statistically comparisons difficult. However, through a descriptive comparison, one can see that those who chose to participate in the re-test seem to have less experience clinically and academically focusing on multicultural competency. This difference could be due to the re-test participants having interest in this type of research but not yet having the opportunities to explore this area on their own. Future research with larger sample sizes of re-test participants would be beneficial to further examine these demographic issues.

Implications of study

The overarching research question of this study was RQ_1: Can a reliable and valid scale be developed to measure counselor attitudes and competencies in working with bisexual clients? The previously described findings provide initial support for the reliability and validity of a scale assessing counseling competency working with bisexual clients through the appraisal of self-awareness, knowledge, and skills of the counselor. Since the literature on multicultural counseling competency focusing on the concerns of bisexual individuals is sparse, this study expands on this literature by adding a scale

focusing on addressing the unique counseling concerns of bisexual clients. Further

theoretical implications of this study include an expansion of the prior work on

multicultural counseling competency (Sue et al., 1982, 1992; Brooks, 2009; Bidell, 2005)

and bisexual counseling concerns (Brooks et al., 2010). That is, the three-factor solution

chosen in this study supports the theory of multicultural counseling competency, which

has three dimensions of self-awareness, knowledge, and skills. However, the finding

from this study that a fourth factor was also statistically viable suggests that multicultural

counseling competency theory may be limited. In previous research on multicultural

counseling competency, an additional factor was found with a relationship focus

(Sodowsky et al., 1994). In the current study, a potential fourth factor focused primarily

on seeking supervision. Therefore, the CBCCS could potentially be expanded to

incorporate a fourth factor by adding items that addressed seeking supervision,

consultation, and training regarding counseling with bisexual clients to flesh out this

factor. An example of a potential item for the fourth factor could be "I seek supervision

regarding my counseling work with bisexual client" or "I seek consultation with other

counseling professionals when I have questions about my counseling competency with

bisexual clients.

With regard to empirical implications, future research studies focusing on

counseling competency with bisexual clients could use the CBCCS to assess such

competency. That is, researchers (e.g., Brooks, 2009) no longer need to adapt scales

designed for LGB populations as a whole (e.g., SOCCS). Instead, researchers could

assess counseling competency with bisexual clients directly and specifically. This

specificity could advance research on within group differences among the LGBT

population and may even increase the number of research studies conducted on counseling competency with bisexual clients. For example, future research could compare counseling competency with LG individuals and bisexual individuals. Worthington and Reynolds (2009) argue that the complexity of sexual orientation is often misunderstood and commonly perceived in binary terms of gay and heterosexual. Research using the CBCCS would add to the needed literature on within-group differences among the LGBT population (Fassinger & Arseneau, 2007; Worthington & Reynolds, 2009).

Practical implications for the proposed study include drawing attention to the importance of developing counseling competency with bisexual clients. In APA's "Guidelines for Psychological Practice With Lesbian, Gay, and Bisexual Clients," the importance of self-awareness, knowledge, and skills when working with bisexual clients is underlined. For example, the guidelines encourage counselors to examine their attitudes and biases toward nontraditional relationships in which bisexual individuals may engage, increase their knowledge of bisexual identity development, and develop skills working with bisexual clients that may differ from skills needed working with LG clients. Further, the CBCCS may be used in clinical training for future therapists and counselors. That is, therapists- and counselors-in-training can complete the CBCCS to reflect upon their self-perceived self-awareness, knowledge, and skills concerning counseling bisexual clients. This may be useful for both novice trainees who have not seen bisexual clients to prepare them and more advanced trainees who may have seen bisexual clients for counseling and could benefit from developing their skills. Assessing one's abilities and competencies is a valuable aspect of training in counseling, and the CBCCS could be

helpful in this regard by providing a concrete tool for trainees to use to assess their counseling competency with bisexual clients. In addition, the CBCCS could potentially be used by clients. That is, bisexual clients could use the CBCCS as a tool to assess their counselor's competency in terms of bisexual counseling concerns.

Limitations and threats to validity

There were several limitations to this study. For example, all of the scales used in the study are self-report measures. This creates a threat to construct validity in the form of mono-method bias. That is, there may be a common respondent bias that another method (e.g., an observed variable) might counteract (Heppner et al., 2008). However, including a social desirability scale addressed this threat to some degree by highlighting a potential respondent bias. In addition, another threat to construct validity in the form of mono-operation bias is present in this study because using a single measure may not be adequate to represent the construct accurately (Heppner et al., 2008). For example, the CBCCS was the only measure used to assess counseling competency with bisexual clients, yet it may have access perceived counseling competency rather than actual counseling competency (e.g., from the perspective of the client).

In terms of threats to external validity, there is potential for interaction of the causal relationships with the units. That is, the generalizability of the conclusions of the study is threatened due to the self-selection of the participants (Heppner et al., 2008). Individuals who self-select to participate could have something in common that does not generalize to the population at large of counselors, clinicians, and social workers. For example, individuals interested in bisexual counseling concerns may have disproportionately chosen to participate in this study, thus impacting generalizability.

Similarly, participants may have chosen to partake in the retest stage of this study due to a commonality, such as interest in bisexual counseling concerns. However, this limitation was addressed through a comparison of the demographic variables of those who chose to take the retest and the rest of the participants from the original study and no significance was found. Another threat to the generalizability of the results is the limited variability with regard to the demographics of participants (i.e., majority of the participants were White, European-American heterosexual women). Although women are increasing in numbers in the counseling psychology field, the participants of this study may not adequately represent the diversity of trainees in counseling psychology.

Some limitations related to the methods used in this study. For example, the expert and stakeholder reviewers were given only three categories of self-awareness, knowledge, and skills for use in sorting the items. Future research could incorporate additional categories (e.g., seeking supervision, focus on relationship, etc.) to address this limitation. Additionally, the participants were grouped in terms of bisexual clients they had seen in a clinical setting to the best of their knowledge for the discriminant validity check. This is a limitation because some clients may not have disclosed a bisexual identity to their counselor and the mere fact that a counselor worked with a self-identified bisexual client does not necessarily mean that bisexual-specific counseling concerns were addressed clinically. Future research on the CBCCS would benefit from asking more targeted questions of participants of their clinical work with clients on bisexual-specific counseling concerns. Further, some items (e.g., "I support bisexual clients who desire non-monogamous relationships (i.e., romantic relationships with more than one person at a time," "Bisexual individuals may desire multiple partners at one time," and "I believe

bisexual individuals need to be with men and women simultaneously to maintain their bisexual identity") could use further clarification as to whether they are referring to dating activity, sexual activity, both, or some other activity.

Finally, the CBCCS may have limits in terms of clinical utility. That is, the CBCCS may not adequately capture the counseling concerns of this population as bisexual individuals are very diverse. For example, clients identifying on different points of the Kinsey Scale or Klein Grid may have different counseling needs, and there may be different skills needed to be competent counseling these various individuals. The difficulty of capturing the varied needs of a diverse population limits the clinical utility of the scale. Therefore, future research may benefit from developing several scales focusing on the needs of bisexual men, bisexual women, individuals identifying on one end of the Kinsey Scale or the other, individuals identifying at the midpoint of the Kinsey Scale, and others. This future research may help to target the diversity of bisexual individuals so that they are more thoroughly and accurately represented.

Future research directions

As stated, an important next step in this line of research is conducting a CFA on the CBCCS. CFA could explore the potential for the replication of a three-factor solution and the possibility of a four-factor solution as an alternative model. Future research directions could also include adding items to a potential fourth factor in the four-factor solution to see if this method would add power to a potential fourth factor. In addition, further EFA calculations would also be valuable. Studies using both EFA and CFA to further develop and strengthen the CBCCS will be very important to promote the utility

and value of the CBCCS. In addition, research studies could explore the relationships of counselor attitudes and empathy with counseling competency with bisexual clients (Brooks, 2009). Future research could also explore the relationship of perceived counseling competency with actual counseling competency with bisexual clients (Brooks, 2009). Overall, the CBCCS will likely add depth to future research on counseling competency with bisexual clients and bisexual counseling concerns by improving the ease with which researchers can explore these topics and increasing the visibility in counseling psychology literature of bisexual individuals and their concerns.

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Table 1

CBCCS Subscales and Facets (Jackson, 1977; Sue et al., 1982, 1992)

Subscale	Sue et al. (1992) Definition	Subscale Definition	Facet
Self-awareness	Counselor is "*actively in the process of becoming aware of his or her own assumptions about human behavior, values, biases, preconceived notions, personal limitations, and so forth* [emphasis in original]" (Sue et al., 1992, p. 75).	Awareness of attitudes, values and beliefs toward bisexuality and bisexual individuals. The need to be aware of and to keep in check own biases, assumptions, and stereotypes of bisexuality and bisexual individuals. Awareness of how values and biases influence counseling with bisexual clients.	Awareness of own attitudes, values, and biases concerning bisexuality and bisexual individuals
			Valuing and respecting differences in experiences of bisexual clients
			Comfort level with potential differences between self and bisexual clients
Knowledge	Counselor has capacity to "*actively attempt to understand the worldview of his or her culturally different client without negative judgments* [emphasis in original]" (Sue et al., 1992, p. 75).	Having good knowledge and understanding of own worldview and different worldviews regarding bisexuality. Having specific knowledge of experiences and counseling concerns of bisexual individuals. Understanding sociopolitical and cultural contexts	Knowledge concerning differences in experience and identity of different sexual orientations (e.g., gay, lesbian, bisexual, heterosexual)

			affecting bisexual individuals.
			Knowledge concerning the diverse life experiences (including identity development) of bisexual individuals
			Knowledge concerning homophobia and biphobia
Skills	Counselor is in "*process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with his or her culturally different clients* [emphasis in original]" (Sue et al., 1992, p. 75).	Having specific skills in terms of intervention strategies and techniques for working with bisexual clients. Having skills at both individual and institutional level for working with bisexual clients.	Ability to help client identify homophobia and biphobia in client's life and make potential connections to client's counseling concerns
			Ability to differentiate counseling concerns related to sexual identity (bisexuality) and those that are not
			Ability to use appropriate language regarding client partner (e.g., gender neutral pronouns)

Note. For each subscale, some items were be negatively phrased and some were positively phrased to prevent response set bias.

Table 2

CBCCS Original 78 Items Organized by Subscale and Facet

Subscale	Facet	Items
Self-awareness	Awareness of own attitudes, values, and biases concerning bisexuality and bisexual individuals	I challenge my heterosexist attitudes.
		I challenge my biases toward bisexual individuals.
		I challenge my biases toward bisexual women.
		I am aware of my positive biases toward bisexual individuals.
		I have not thought about my biases concerning bisexual individuals.
		I challenge my biases toward bisexual men.
		I am aware of my negative biases toward bisexual individuals.
	Valuing and respecting differences in experiences of bisexual clients	Bisexual individuals will never be satisfied in a monogamous relationship (i.e., a relationship with one person).
		Bisexual individuals might desire multiple partners at one time.
		Bisexual individuals are less likely to be monogamous (i.e., be in a relationship with one person) than lesbian and gay individuals.
		Bisexual individuals need to be with men and women simultaneously to maintain their bisexual identity.
		Individuals may adopt a bisexual identity regardless of the number of partners they have at one time.
		Bisexual individuals are incapable of monogamy.
		Bisexual individuals are less likely to be loyal to their romantic partner than heterosexual individuals.
		Bisexual individuals are more likely to give a sexually transmitted infection/disease to their romantic partner than heterosexual individuals.
		Bisexual individuals will never be satisfied with one gender (i.e., either men or women).
	Comfort level with potential differences	Bisexual clients should view a heterosexual orientation as ideal.

	between self and bisexual clients	
		Bisexual individuals are not trustworthy.
		Bisexual individuals make unreliable romantic partners.
		I challenge my own biphobia.
		All bisexual individuals are confused about their sexual identity.
		Bisexual individuals are immature.
		Bisexuality is a sin.
		Bisexuality is a valid and stable sexual orientation.
		Bisexuality does not exist.
		Bisexual individuals are overly sexual.
		Bisexual individuals are very sexually experienced.
		Bisexual individuals are really lesbians and gay men who are trying to hold onto heterosexual privilege.
		Bisexuality is a mental disorder.
		Bisexual individuals are going through a phase.
		Bisexual individuals are promiscuous.
		Identifying as bisexual is a phase.
		Bisexuals are in denial of "true" sexual orientation.
		Bisexuality is pathological.
		Bisexual individuals are really gay/lesbian or heterosexual.
		It is not possible to be attracted to both men and women.
		Bisexuality is always a transitional sexual orientation.
		Bisexuality is a legitimate sexual orientation.
Knowledge	Knowledge concerning differences in experience and identity of different sexual orientations (e.g., gay, lesbian, bisexual, heterosexual)	Research supports that there is more than one type of bisexual man.
		Bisexual people may be more uncertain about their identity compared with lesbians and gay men.
		Bisexual individuals often feel like they do not fit in with either the gay/lesbian or heterosexual communities.

	Men and women who come out as bisexual after identifying as gay and lesbian often feel ostracized by the gay and lesbian community.
	Fear of being ostracized from their community (e.g., gay, lesbian, or heterosexual) often prevents bisexual individuals from openly coming out as bisexual.
	Bisexual individuals feel less connected to sexual minority communities than do lesbians and gay men.
Knowledge concerning the diverse life experiences (including identity development) of bisexual individuals	Bisexual women experience pressure to identify as lesbian if they are partnered with a woman.
	I am familiar with theories portraying sexuality along a continuum.
	A bisexual orientation is always stable over time.
	I am knowledgeable of the unique psychological/social issues impacting bisexual individuals.
	Bisexual women experience pressure to identify as heterosexual if they are partnered with a man.
	Bisexual individuals experience a lack of social validation.
	I am familiar with theories of bisexual identity development.
	Women who come out as bisexual after identifying as lesbian often feel as if they are "betraying" the lesbian community.
	I am aware of research examining the concept of being on the "down low" in black male communities.
	A bisexual orientation always changes over time.
	I am familiar with theories of fluidity in sexuality.
Knowledge concerning homophobia and biphobia	Bisexual individuals often feel internalized biphobia.
	Biphobia exists in both heterosexual and lesbian/gay communities.
	Counselors frequently impose their values concerning sexuality onto bisexual clients.
	Many mental health professionals are biphobic.
	Many mental health professionals are heterosexist.

Skills	Ability to help client identify homophobia and biphobia in client's life and make potential connections to client's counseling concerns	I support bisexual clients in maintaining their relationships with partners who are not bisexual (e.g., lesbian/gay, heterosexual, etc.).
		I validate bisexual identity with bisexual clients.
		I support bisexual clients in their search for non-monogamous relationships.
		I support bisexual clients in maintaining their relationships with partners who are also bisexual.
		I portray bisexuality as a healthy identity to bisexual clients.
		I validate the notion of bisexuality as a legitimate sexual orientation.
	Ability to differentiate counseling concerns related to sexual identity (bisexuality) and those that are not	I challenge my biases toward bisexual individuals of color.
		I provide information on bisexuality to bisexual clients.
		I have the skills to do a case presentation with a bisexual client.
		I can assess the mental health needs of a bisexual person.
		I have the clinical skills to demonstrate positive counseling outcomes with bisexual clients.
	Ability to use appropriate language regarding client partner (e.g., gender neutral pronouns)	I provide affirmative therapy to bisexual clients.
		I support bisexual clients in their search for monogamous relationships (i.e., a relationship with one person).
		I have received adequate clinical training and supervision to counsel bisexual clients.
		I have participated in trainings (e.g., seminars) focusing on clinical skills with bisexual issues.
		I monitor my competency working with bisexual clients by the use ongoing education and training.
		I advocate in support of bisexual issues.
		I identify sources of support for bisexual clients.

Table 3

CBCCS 47 Items Revised Using Reviewer Feedback Organized by Subscale and Facet

Subscale	Facet	Items
Self-awareness	Awareness of own attitudes, values, and biases concerning bisexuality and bisexual individuals	I challenge my heterosexist attitudes (i.e., viewing heterosexuality as the norm and superior to non-heterosexual orientations).
		I am aware of my biases toward bisexual individuals.
		I seek supervision regarding my biases toward bisexual men.
		I seek supervision to address my biases toward bisexual individuals of color.
	Valuing and respecting differences in experiences of bisexual clients	Bisexual individuals are unable to be monogamous in a romantic relationship.
		I support bisexual clients who are searching for a monogamous relationship (i.e., a relationship with only one person at a time).
		I believe bisexual individuals need to be with men and women simultaneously to maintain their bisexual identity.
	Comfort level with potential differences between self and bisexual clients	Bisexual individuals are untrustworthy partners in romantic relationships.
		I address my potential biphobia (i.e., the denial of bisexuality as a valid sexual identity and discomfort with bisexual individuals) in supervision.
		I believe there is no such thing as a bisexual orientation.
		Bisexual individuals are promiscuous.
		I believe that bisexuality is a mental disorder.
		Bisexual individuals are in denial of their "true" sexual orientation.
		I believe that identifying as bisexual is a phase.
		Bisexuality is a valid sexual orientation.
		Bisexual individuals should view a heterosexual orientation as ideal.
Knowledge	Knowledge concerning differences in	I am familiar with theories of bisexual identity development.

experience and identity of different sexual orientations (e.g., gay, lesbian, bisexual, heterosexual)

Bisexual individuals often feel like they do not fit in with either the gay/lesbian or heterosexual communities.

Bisexual individuals feel less connected to sexual minority communities than do lesbians and gay men.

Fear of being ostracized from social community (e.g., gay, lesbian, or heterosexual) often prevents bisexual individuals from openly coming out as bisexual.

Research supports that there is more than one type of bisexual man.

Bisexual women may experience pressure to identify as heterosexual if they are partnered with a man.

Bisexual women may experience pressure from others to identify as lesbian if they are partnered with a woman.

Bisexual people are more uncertain about their sexual identity compared with lesbian women and gay men.

Bisexual individuals may desire multiple partners at one time.

Knowledge concerning the diverse life experiences (including identity development) of bisexual individuals

A bisexual orientation can be stable over time.

A bisexual orientation always changes over time.

I am familiar with theories of fluidity in sexuality.

I am not knowledgeable of the unique psycho-social issues impacting bisexual individuals.

Women who come out as bisexual after identifying as lesbian often feel as if they are "betraying" the lesbian community.

I am not familiar with theories portraying sexuality along a continuum.

I am aware of research examining the concept of being on the "down low" in African American male communities (i.e., in which men identify as

		heterosexual but have sex with other men often in secret).
	Knowledge concerning homophobia and biphobia	Biphobia exists in the heterosexual community.
		Bisexual individuals experience a lack of social validation of their bisexual identity.
		Biphobia exists in the lesbian/gay community.
		Bisexual individuals may struggle with internalized biphobia.
Skills	Ability to help client identify homophobia and biphobia in client's life and make potential connections to client's counseling concerns	I do not validate a bisexual identity with clients.
		I would support bisexual clients maintaining relationships with those of any sexual orientation.
	Ability to differentiate counseling concerns related to sexual identity (bisexuality) and those that are not	I have the skills to do a case presentation of a bisexual client.
		I have the clinical skills to help bisexual clients make progress with their counseling goals.
		I can assess the mental health needs of a bisexual individual.
		I provide information on bisexuality to clients.
	Ability to use appropriate language regarding client partner (e.g., gender neutral pronouns)	I provide LGB-affirmative therapy (i.e., therapeutic models that affirm and foster the development of lesbian, gay, and bisexual identities) to bisexual clients.
		I have experience with trainings (e.g., seminars) focusing on clinical skills with bisexual issues.
		I communicate sources of support for bisexual clients.
		I support bisexual clients who desire non-monogamous relationships.
		I have not received adequate clinical training to counsel bisexual clients.

Table 4

Comparison of Demographics of Participants in Stage 3 and Stage 4 of the Study

Demographics	Stage 3 Participants	Stage 4 Re-test Participants
Gender		
Women	235	27
Men	37	4
Genderqueer	1	NA
MTF transsexual	1	NA
Unknown	2	NA
Mean Age		
	28.93 ($SD = 6.3$)	27.23 ($SD = 3.8$)
Race		
African-American/Black	11 (4.0%)	NA
Asian-American/Asian	14 (5.0%)	1 (3.2%)
Biracial	6 (2.1%)	NA
European-American/White	227 (81.9%)	27 (87.1%)
Latino/a	15 (5.4%)	2 (6.5%)
Middle Eastern	2 (.7%)	NA
Native American	1 (.4%)	NA
Persian	1 (.4%)	NA
Other	NA	1 (3.2%)
Ethnicity		
African-American/Black	9 (3.2%)	NA
Asian-American/Asian	14 (5.1%)	1 (3.7%)
Caucasian/White	72 (26.0%)	17 (63%)
European	68 (24.5%)	6 (22.2%)
Jewish	11 (4.0%)	NA
Latino/Hispanic	7 (2.5%)	NA
Middle Eastern	3 (1.1%)	NA
Multiple Ethnicities	19 (6.9%)	1 (3.7%)
North American	28 (10.1%)	2 (7.4%)
Other	15 (5.4%)	NA
Unknown	31 (11.2%)	4 (14.8%)
Sexual identity		
Bisexual	32 (11.6%)	4 (12.9%)
Gay	9 (3.2%)	1 (3.2%)
Heterosexual	204 (73.6%)	24 (77.4%)
Lesbian	12 (4.3%)	1 (3.2%)
Queer	11 (4.0%)	NA
Asexual	1 (.4%)	1 (3.2%)
Bi-Curious	1 (.4%)	NA
Pansexual	1 (.4%)	NA
Queer Dyke/Lesbian	1 (.4%)	NA

Questioning	1 (.4%)	NA
Other or Unlabeled	4 (1.4%)	NA
Religion		
Agnostic/Atheist	48 (17.3%)	8 (26.7%)
Christian	107 (38.6%)	17 (56.7%)
Eastern Spirituality	13 (4.7%)	1 (3.3%)
Hindu	2 (.7%)	1 (3.3%)
Humanist	4 (1.4%)	NA
Islam	4 (1.4%)	NA
Jewish	18 (6.5%)	1 (3.3%)
Pagan	3 (1.1%)	NA
Spiritual but not religious	24 (8.7%)	NA
None	32 (11.6%)	2 (6.7%)
Other	13 (4.7%)	NA
Unknown	9 (3.2%)	1 (3.3%)
SES		
Low	45 (16.2%)	8 (25.8%)
Middle	195 (70.4%)	21 (67.7%)
High	24 (8.7%)	2 (6.5%)
Other	12 (4.3%)	NA
Nationality		
United States citizen	236 (85.2%)	25 (80.6%)
Canadian	7 (2.5%)	NA
Other	24 (8.7%)	6 (19.4%)
Unknown	10 (3.6%)	NA
Training Field		
Clinical Psychology	118 (42.6%)	14 (45.2%)
Counseling Psychology	88 (31.8%)	9 (29.0%)
School Psychology	23 (8.3%)	2 (6.5%)
Social Work	3 (1.1%)	NA
Family Therapy	14 (5.1%)	1 (3.2%)
Other	28 (10.1%)	5 (16.1%)
Unknown	3 (1.1%)	NA
Degree Working Toward		
Ph.D.	118 (42.6%)	13 (41.9%)
Psy.D.	55 (19.9%)	7 (22.6%)
M.A.	49 (17.7%)	4 (12.9%)
M.S.	27 (9.7%)	4 (12.9%)
M.Ed.	12 (4.3%)	3 (9.7%)
M.S.W.	1 (.4%)	NA
M.F.T.	3 (1.1%)	NA
Ed.D.	1 (.4%)	NA
Other	11 (4.0%)	NA
Year in Program		
First	60 (21.7%)	10 (32.3%)
Second	78 (28.2%)	6 (19.4%)

Third	31 (11.2%)	5 (16.1%)
Fourth	39 (14.1%)	4 (12.9%)
Fifth	44 (15.9%)	5 (16.1%)
Sixth	11 (4.0%)	1 (3.2%)
Other	12 (4.3%)	NA
Theoretical Orientation		
Cognitive-Behavioral	153 (55.2%)	17 (54.8%)
Existential	38 (13.7%)	3 (9.7%)
Feminist	53 (19.1%)	4 (12.9%)
Gestalt	21 (7.6%)	4 (12.9%)
Humanistic	92 (33.2%)	10 (32.3%)
Integrative	104 (37.5%)	11 (35.5%)
Interpersonal-Process	72 (26.0%)	6 (19.4%)
Psychodynamic	67 (24.2%)	7 (22.6%)
Systems	72 (26.0%)	9 (29.0%)
Other	40 (14.4%)	3 (9.7%)
Highest Degree Earned		
B.A.	87 (31.4%)	10 (32.3%)
B.S.	42 (15.2%)	5 (16.1%)
M.A.	70 (25.3%)	8 (25.8%)
M.S.	44 (15.9%)	5 (16.1%)
M.Ed.	11 (4.0%)	2 (6.5%)
M.S.W.	2 (.7%)	NA
Psy.D.	2 (.7%)	NA
Other	16 (5.8%)	1 (3.2%)
Unknown	3 (1.1%)	NA
Current Practicum/Internship Settings		
College Counseling Center	66 (23.8%)	5 (20.8%)
Community Mental Health Center	57 (20.6%)	4 (16.7%)
State Hospital	11 (4.0%)	1 (4.2%)
Private Hospital	14 (5.1%)	1 (4.2%)
Veteran Administration Hospital	5 (1.8%)	NA
Elementary/Middle/High School	26 (9.3%)	3 (12.6%)
Other	59 (21.3%)	10 (42%)
Unknown	39 (14.1%)	7 (29.4%)
Current Employment Settings		
Academic Setting	70 (25.3%)	7 (28.0%)
College Counseling Center	25 (9.0%)	3 (12.0%)
Community Mental Health Center	13 (4.7%)	1 (4.0%)
State Hospital	4 (1.4%)	1 (4.0%)

Private Hospital	8 (2.9%)	2 (8.0%)
Other	51 (18.4%)	11 (44.0%)
Not currently employed	29 (10.5%)	NA
Unknown	77 (27.8%)	6 (24.0%)
Clinical License		
Do not have	269 (97.1%)	29 (93.5%)
Have	8 (2.9%)	2 (6.5%)
Mean Months of Experience Counseling		
	24.97 ($SD = 24.6$)	18.52 ($SD = 21.1$)
Mean of Clients Counseled		
	60.05 ($SD = 92.4$)	32.83 ($SD = 43.2$)
Mean of Multicultural Courses Taken		
	1.57 ($SD = 1.3$)	1.10 ($SD = .6$)
Mean of Courses in which Multicultural Issues were Integrated		
	9.17 ($SD = 7.5$)	7.34 ($SD = 9.1$)
Mean of LGB-Specific Courses Taken		
	.16 ($SD = .4$)	.07 ($SD = .3$)
Mean of Courses in which LGB-Specific Issues were Integrated		
	4.39 ($SD = 2.9$)	3.07 ($SD = 3.6$)
Mean of Multicultural and/or LGB-Specific Trainings		
	.66 ($SD = 1.5$)	.20 ($SD = .4$)
Mean of Bisexual Clients Seen in a Clinical Setting		
	2.28 ($SD = 3.7$)	1.67 ($SD = 2.3$)

Table 5

Means and Standard Deviations of Measures Used in Study

Measure	Mean	Standard Deviation
Biphobia Scale	36.81	9.44
Attitudes Regarding Bisexuality Scale-Female/Male version	81.07	8.54
Marlowe-Crowne Social Desirability Scale	44.92	6.23
Counseling Bisexual Clients Competency Scale	253.79	30.74

N=277

Table 6

Correlations Among Measures Used in Study

	Biphobia Scale	ARBS	MCSDS	CBCCS
Biphobia Scale	1			
ARBS	-.731**	1		
MCSDS	.064	-.108	1	
CBCCS	-.508**	.583**	-.239**	1

N=277

** = p < .001

Table 7

Decision Making Process for Final Solution Selection

Steps	Action Taken
Step 1	Criteria for salient factor loadings calculated to .312
Step 2	Initial un-rotated factor extraction yielded 10 factors with eigenvalues greater than one
Step 3	Scree plot leveled off at five points
Step 4	One-, two-, three-, and four-factor solutions satisfy eigenvalue, scree plot, percentage variance added by factor, and internal consistency criteria
Step 5	Eight factor solutions were examined (i.e., one-, two-, three-, and four-factor solutions using both oblique and orthogonal rotation)
Step 6	All factor solutions obtained were significant ($p<.001$), had *Eigenvalues*>1, and had at least three items in each factor

Step 7	One- and two-factor solutions with both oblique and orthogonal rotations were eliminated
	  Multicultural theory suggests no less than three factors
	  Both solutions contained multiple self-awareness, knowledge, and skills items
	  Both solutions did not produce factors with cohesive themes among the items

Step 8	Four-factor solution with both oblique and orthogonal rotations was eliminated
	  Multicultural theory suggests three factors
	  Fourth factor adds only 5.10% variance and contains only four items with one of these items double-loading

Step 9	Three-factor solution was chosen
	  Theoretical interpretability in terms of multicultural counseling competency (i.e., awareness, knowledge, and skills)
	  Three-factor solution accounts for 39.34% of the total variance
	  Third factor adds 7.12% variance

Step 10	Three-factor solution with oblique rotation was chosen
	  Orthogonal rotation yielded three double loadings
	  Oblique rotation yielded only one double loading
	  Three-factor oblique rotation yields best "simple structure" (Fabrigar et al., 1999; Thurstone, 1947)

Table 8

Information for Four Factor Solutions

Factor Structure	Rotation	Eigenvalue	Total Variance	Variance Added by Each Additional Factor
One-factor	Oblique	10.95	23.29%	NA
	Orthogonal	10.95	23.29%	NA
Two-factor	Oblique	4.20	32.22%	8.93%
	Orthogonal	4.20	32.22%	8.93%
Three-factor	Oblique	3.35	39.34%	7.12%
	Orthogonal	3.35	39.34%	7.12%
Four-factor	Oblique	2.40	44.44%	5.09%
	Orthogonal	2.40	44.44%	5.09%

Table 9

Cronbach Alphas and Inter-Factor Correlations for the Three Factor-Solution with and without Double Loading Item for Stage 3

Statistic	Without Double Loading Item				With Double Loading Item			
	Whole Scale	Factor 1	Factor 2	Factor 3	Whole Scale	Factor 1	Factor 2	Factor 3
Cronbach Alpha	.92	.88	.87	.88	.92	.88	.88	.88

	Without Double Loading Item			With Double Loading Item		
Inter-Factor Correlation	Factors 1 and 2	Factors 1 and 3	Factors 2 and 3	Factors 1 and 2	Factors 1 and 3	Factors 2 and 3
	.37	.40	.45	.39	.40	.45

Table 10

Eigenvalues and Variance Explained for the Three-Factor Solution with and without Double Loading Item for Stage 3

Statistic	Without Double Loading Item			With Double Loading Item		
	Factor 1	Factor 2	Factor 3	Factor 1	Factor 2	Factor 3
Eigenvalue	10.660	4.193	3.299	10.95	4.20	3.35

Statistic	Without Double Loading Item			With Double Loading Item		
	Factor 1	Factor 2	Factor 3	Factor 1	Factor 2	Factor 3
Variance Explained by Each Factor	23.17%	9.16%	7.17%	23.29%	8.93%	7.12%

Table 11

CBCCS Final Three-Factor Solution Using Oblique Rotation with Factor Loadings, Means, and Standard Deviations

Factor	Items	Factor Loading	Mean	Standard Deviation
Factor 1 (Skills)	Item 2: I provide LGB-affirmative therapy (i.e., therapeutic models that affirm and foster the development of lesbian, gay, and bisexual identities) to bisexual clients.	.53	5.25	1.59
	Item 5: I have experience with trainings (e.g., seminars) focusing on clinical skills with bisexual issues.	.54	3.16	2.05
	Item 6: I have the skills to do a case presentation of a bisexual client.	.71	4.188	1.96
	Item 8: I am familiar with theories of bisexual identity development.	.73	3.394	1.87
	Item 10: I have the clinical skills to help bisexual clients make progress with their counseling goals.	.82	5.03	1.68
	Item 11: I can assess the mental health needs of a bisexual individual.	.78	5.30	1.49
	Item 12: I can communicate sources of support for bisexual clients.	.58	5.45	1.46
	Item 15: I support bisexual clients who desire non-monogamous relationships (i.e., romantic relationships with more than one person at a time).	.34	5.15	1.65
	Item 16: I address my	.32	4.29	1.52

	potential biphobia (i.e., the denial of bisexuality as a valid sexual identity and discomfort with bisexual individuals) in supervision.		
	Item 24: I am familiar with theories of fluidity in sexuality.	.68	4.62	2.19
	Item 31: I am not knowledgeable of the unique psycho-social issues impacting bisexual individuals.	.61	4.05	1.84
	Item 40: I have not received adequate clinical training to counsel bisexual clients.	.66	3.40	1.80
	Item 42: I provide information on bisexuality to clients.	.48	3.79	1.62
	Item 44: I am not familiar with theories portraying sexuality along a continuum.	.52	5.56	1.91
	Item 46: I am aware of research examining the concept of being on the "down low" in African American male communities (i.e., in which men identify as heterosexual but have sex with other men often in secret).	.34	4.76	2.12
Factor 2 (Self-Awareness)	Item 1: I challenge my heterosexist attitudes (i.e., viewing heterosexuality as the norm and superior to non-heterosexual orientations).	.35	5.63	1.50
	Item 3: A bisexual orientation can be stable over time.	.38	5.98	1.21
	Item 19: A bisexual	.38	5.82	1.27

orientation always changes over time.			
Item 20: I believe there is no such thing as a bisexual orientation.	.73	6.63	0.99
Item 21: Bisexual individuals are promiscuous.	.66	6.21	1.25
Item 26: Bisexual individuals are unable to be monogamous (i.e., a relationship with only one person at a time) in a romantic relationship.	.54	6.57	1.12
Item 27: I believe that bisexuality is a mental disorder.	.70	6.86	0.66
Item 29: Bisexual individuals are in denial of their "true" sexual orientation.	.76	6.46	0.99
Item 32: I believe that identifying as bisexual is a phase.	.67	6.23	1.12
Item 33: Bisexuality is a valid sexual orientation.	.75	6.46	1.11
Item 34: Bisexual people are more uncertain about their sexual identity compared with lesbian women and gay men.	.41	5.10	1.62
Item 36: I support bisexual clients who are searching for a monogamous relationship (i.e., a relationship with only one person at a time).	.36	6.40	0.95
Item 39: I believe bisexual individuals need to be with men and women simultaneously to maintain their bisexual identity.	.62	6.51	0.97
Item 45: I would support bisexual clients	.54	6.36	1.16

	maintaining relationships with those of any sexual orientation.			
	Item 47: Bisexual individuals should view a heterosexual orientation as ideal.	.64	6.63	1.01
Factor 3 (Knowledge)	Item 7: Biphobia (i.e., the denial of bisexuality as a valid sexual identity and discomfort with bisexual individuals) exists in the heterosexual community.	.37	6.37	1.16
	Item 9: Bisexual individuals often feel like they do not fit in with either the gay/lesbian or heterosexual communities.	.72	5.79	1.14
	Item 17: Bisexual women may experience pressure to identify as heterosexual if they are partnered with a man.	.73	5.88	1.12
	Item 18: Bisexual individuals feel less connected to sexual minority communities than do lesbian women and gay men.	.63	5.31	1.30
	Item 23: Fear of being ostracized from social communities (e.g., gay, lesbian, or heterosexual) often prevents bisexual individuals from openly coming out as bisexual.	.74	5.55	1.16
	Item 25: Bisexual women may experience pressure from others to identify as lesbian if they are partnered with a woman.	.82	5.79	1.07
	Item 30: Bisexual	.61	5.59	1.30

individuals experience a lack of social validation of their bisexual identity.			
Item 35: Biphobia exists in the lesbian/gay community.	.63	5.76	1.21
Item 37: Bisexual individuals may desire multiple partners at one time.	.40	5.31	1.24
Item 38: Women who come out as bisexual after identifying as lesbian often feel as if they are "betraying" the lesbian community.	.66	5.15	1.20
Item 43: Bisexual individuals may struggle with internalized biphobia.	.54	5.74	1.16

Table 12

Means and Standard Deviations for Three Exposure-to-Bisexual Clients Groups

Exposure-to-Bisexual Clients Group	Mean	Standard Deviation	N
No bisexual clients	243.11	31.71	128
1-5 bisexual clients	259.89	26.63	121
Over 5 bisexual clients	276.27	23.33	28

Table 13

Item Analysis for Stage 3 Organized by Factor

Factor	Item Organized by Factor	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Cronbach Alpha if Item Deleted
Factor 1	Item 2: I provide LGB-affirmative therapy (i.e., therapeutic models that affirm and foster the development of lesbian, gay, and bisexual identities) to bisexual clients.	248.549	889.326	.915
	Item 5: I have experience with trainings (e.g., seminars) focusing on clinical skills with bisexual issues.	250.639	898.773	.918
	Item 6: I have the skills to do a case presentation of a bisexual client.	249.606	880.821	.915
	Item 8: I am familiar with theories of bisexual identity development.	250.401	887.040	.915
	Item 10: I have the clinical skills to help bisexual clients make progress with their counseling goals.	248.769	883.329	.914
	Item 11: I can assess the mental health needs of a bisexual individual.	248.495	894.206	.915
	Item 12: I can communicate sources of support for bisexual clients.	248.343	902.627	.916
	Item 15: I support bisexual clients who	248.643	894.939	.916

desire non-monogamous relationships (i.e., romantic relationships with more than one person at a time).			
Item 16: I address my potential biphobia (i.e., the denial of bisexuality as a valid sexual identity and discomfort with bisexual individuals) in supervision.	249.509	913.539	.917
Item 24: I am familiar with theories of fluidity in sexuality.	249.171	860.290	.914
Item 31: I am not knowledgeable of the unique psycho-social issues impacting bisexual individuals.	249.744	892.932	.916
Item 40: I have not received adequate clinical training to counsel bisexual clients.	250.397	894.847	.916
Item 42: I provide information on bisexuality to clients.	250.000	898.013	.916
Item 44: I am not familiar with theories portraying sexuality along a continuum.	248.231	874.669	.914
Item 46: I am aware of research examining the concept of being on the "down low" in African American male communities	249.038	902.036	.918

	(i.e., in which men identify as heterosexual but have sex with other men often in secret).			
Factor 2	Item 1: I challenge my heterosexist attitudes (i.e., viewing heterosexuality as the norm and superior to non-heterosexual orientations).	248.161	896.609	.915
	Item 3: A bisexual orientation can be stable over time.	247.812	906.233	.915
	Item 19: A bisexual orientation always changes over time.	247.975	910.311	.916
	Item 20: I believe there is no such thing as a bisexual orientation.	247.166	920.431	.917
	Item 21: Bisexual individuals are promiscuous.	247.583	916.707	.917
	Item 26: Bisexual individuals are unable to be monogamous (i.e., a relationship with only one person at a time) in a romantic relationship.	247.227	921.656	.917
	Item 27: I believe that bisexuality is a mental disorder.	246.939	927.357	.917
	Item 29: Bisexual individuals are in denial of their "true" sexual orientation.	247.339	915.937	.916
	Item 32: I believe that identifying as bisexual is a phase.	247.569	912.832	.916
	Item 33: Bisexuality	247.336	913.323	.916

	is a valid sexual orientation.			
	Item 34: Bisexual people are more uncertain about their sexual identity compared with lesbian women and gay men.	248.699	909.939	.917
	Item 36: I support bisexual clients who are searching for a monogamous relationship (i.e., a relationship with only one person at a time).	247.390	921.741	.917
	Item 39: I believe bisexual individuals need to be with men and women simultaneously to maintain their bisexual identity.	247.283	917.833	.916
	Item 45: I would support bisexual clients maintaining relationships with those of any sexual orientation.	247.437	912.448	.916
	Item 47: Bisexual individuals should view a heterosexual orientation as ideal.	247.170	918.632	.916
Factor 3	Item 7: Biphobia (i.e., the denial of bisexuality as a valid sexual identity and discomfort with bisexual individuals) exists in the heterosexual community.	247.422	920.402	.917
	Item 9: Bisexual individuals often feel like they do not fit in	248.007	910.937	.916

with either the gay/lesbian or heterosexual communities.			
Item 17: Bisexual women may experience pressure to identify as heterosexual if they are partnered with a man.	247.915	907.461	.915
Item 18: Bisexual individuals feel less connected to sexual minority communities than do lesbian women and gay men.	248.480	917.151	.917
Item 23: Fear of being ostracized from social communities (e.g., gay, lesbian, or heterosexual) often prevents bisexual individuals from openly coming out as bisexual.	248.249	915.570	.916
Item 25: Bisexual women may experience pressure from others to identify as lesbian if they are partnered with a woman.	248.007	905.110	.915
Item 30: Bisexual individuals experience a lack of social validation of their bisexual identity.	248.209	909.012	.916
Item 35: Biphobia exists in the lesbian/gay community.	248.040	901.221	.915
Item 37: Bisexual	248.480	926.604	.918

individuals may desire multiple partners at one time.			
Item 38: Women who come out as bisexual after identifying as lesbian often feel as if they are "betraying" the lesbian community.	248.643	909.196	.916
Item 43: Bisexual individuals may struggle with internalized biphobia.	248.056	904.683	.915

Table 14

Correlation Analyses of Original and Retest CBCCS Scores of Whole Scale and Three Factors

Whole scale	Factor 1	Factor 2	Factor 3
.938**	.909**	.918**	.883**

** = $p < .001$

Table 15

Cronbach Alphas for the Whole Scale CBCCS and Three Factors for Stage 4

Whole Scale	Factor 1	Factor 2	Factor 3
.915	.905	.833	.934

Table 16

Item Analysis for Stage 4 Organized by Factor

Factor	Item Organized by Factor	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Cronbach Alpha if Item Deleted
Factor 1	Item 2: I provide LGB-affirmative therapy (i.e., therapeutic models that affirm and foster the development of lesbian, gay, and bisexual identities) to bisexual clients.	242.867	1039.068	.928
	Item 5: I have experience with trainings (e.g., seminars) focusing on clinical skills with bisexual issues.	244.967	1030.568	.929
	Item 6: I have the skills to do a case presentation of a bisexual client.	243.700	1025.614	.928
	Item 8: I am familiar with theories of bisexual identity development.	244.833	1032.989	.928
	Item 10: I have the clinical skills to help bisexual clients make progress with their counseling goals.	243.033	1039.706	.929
	Item 11: I can assess the mental health needs of a bisexual individual.	242.467	1072.654	.930
	Item 12: I can communicate sources of support for bisexual clients.	242.733	1072.564	.931
	Item 15: I support bisexual clients who	242.733	1049.806	.928

desire non-monogamous relationships (i.e., romantic relationships with more than one person at a time).			
Item 16: I address my potential biphobia (i.e., the denial of bisexuality as a valid sexual identity and discomfort with bisexual individuals) in supervision.	243.933	1076.737	.931
Item 24: I am familiar with theories of fluidity in sexuality.	244.067	1015.944	.929
Item 31: I am not knowledgeable of the unique psycho-social issues impacting bisexual individuals.	243.867	1069.516	.932
Item 40: I have not received adequate clinical training to counsel bisexual clients.	244.400	1045.093	.929
Item 42: I provide information on bisexuality to clients.	244.200	1055.528	.930
Item 44: I am not familiar with theories portraying sexuality along a continuum.	243.400	1041.162	.931
Item 46: I am aware of research examining the concept of being on the "down low" in African American male communities	243.367	1042.775	.930

	(i.e., in which men identify as heterosexual but have sex with other men often in secret).			
Factor 2	Item 1: I challenge my heterosexist attitudes (i.e., viewing heterosexuality as the norm and superior to non-heterosexual orientations).	242.467	1068.723	.930
	Item 3: A bisexual orientation can be stable over time.	241.900	1076.593	.930
	Item 19: A bisexual orientation always changes over time.	242.467	1123.895	.934
	Item 20: I believe there is no such thing as a bisexual orientation.	241.033	1106.568	.931
	Item 21: Bisexual individuals are promiscuous.	242.050	1108.420	.933
	Item 26: Bisexual individuals are unable to be monogamous (i.e., a relationship with only one person at a time) in a romantic relationship.	241.467	1115.757	.933
	Item 27: I believe that bisexuality is a mental disorder.	241.333	1113.247	.933
	Item 29: Bisexual individuals are in denial of their "true" sexual orientation.	241.633	1090.189	.931
	Item 32: I believe that identifying as bisexual is a phase.	241.800	1106.010	.932
	Item 33: Bisexuality	241.533	1060.033	.929

	is a valid sexual orientation.			
	Item 34: Bisexual people are more uncertain about their sexual identity compared with lesbian women and gay men.	242.600	1103.852	.933
	Item 36: I support bisexual clients who are searching for a monogamous relationship (i.e., a relationship with only one person at a time).	241.800	1065.941	.929
	Item 39: I believe bisexual individuals need to be with men and women simultaneously to maintain their bisexual identity.	241.500	1083.828	.930
	Item 45: I would support bisexual clients maintaining relationships with those of any sexual orientation.	241.667	1068.833	.930
	Item 47: Bisexual individuals should view a heterosexual orientation as ideal.	241.300	1075.441	.930
Factor 3	Item 7: Biphobia (i.e., the denial of bisexuality as a valid sexual identity and discomfort with bisexual individuals) exists in the heterosexual community.	241.633	1089.292	.930
	Item 9: Bisexual individuals often feel like they do not fit in	242.367	1069.844	.930

with either the gay/lesbian or heterosexual communities.			
Item 17: Bisexual women may experience pressure to identify as heterosexual if they are partnered with a man.	242.017	1072.629	.929
Item 18: Bisexual individuals feel less connected to sexual minority communities than do lesbian women and gay men.	242.500	1069.414	.929
Item 23: Fear of being ostracized from social communities (e.g., gay, lesbian, or heterosexual) often prevents bisexual individuals from openly coming out as bisexual.	242.300	1094.614	.931
Item 25: Bisexual women may experience pressure from others to identify as lesbian if they are partnered with a woman.	242.167	1078.333	.930
Item 30: Bisexual individuals experience a lack of social validation of their bisexual identity.	242.333	1078.247	.930
Item 35: Biphobia exists in the lesbian/gay community.	242.000	1073.603	.929
Item 37: Bisexual	242.467	1084.792	.930

individuals may desire multiple partners at one time.			
Item 38: Women who come out as bisexual after identifying as lesbian often feel as if they are "betraying" the lesbian community.	242.633	1066.292	.929
Item 43: Bisexual individuals may struggle with internalized biphobia.	242.133	1084.551	.930

Figure 1

Chart of Means for Three Exposure-to-Bisexual Clients Groups

Estimated Marginal Means of Total_CBCCS_Inter
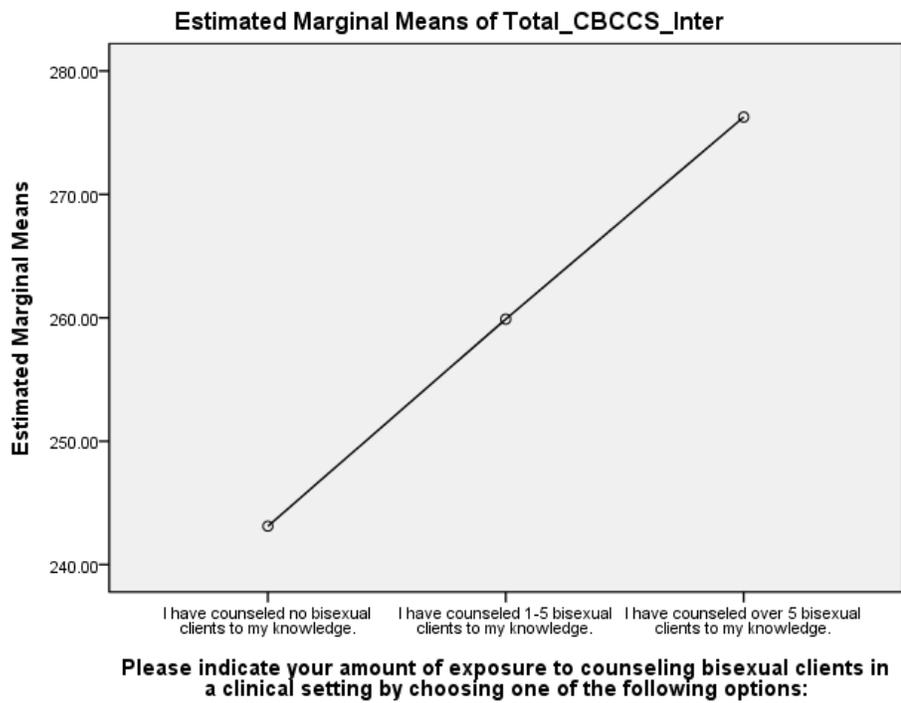
Appendix A: Expert Reviewer Cover Letter

Dear Colleague,

I am conducting a study on the development of a scale assessing counseling competency with bisexual clients. The purpose of this study is to develop and psychometrically evaluate this scale. For this stage of the study, I am seeking to recruit expert reviewers with experience in the area of counseling bisexual individuals. **Qualifications for an expert reviewer include being enrolled in or having completed a Master's degree or Doctoral degree in counseling or clinical psychology or a related field and having at least one year of experience either counseling or conducting research concerning bisexual individuals**. If you do not meet criteria for this study, please disregard this letter.

In this packet, you will find this cover letter, an informed consent form, a demographic questionnaire, information on definitions, a feedback form, and a sorting task. On the feedback form, you will be asked to rate each item in the scale using a rating system from +2 to -2 for (a) item clarity, (b) ease of response, (c) potential bias of item, (d) appropriateness of item for overall construct representation, and (e) accuracy of item for subscale. You will also be asked for open-ended feedback for improving the items. On the sorting task, you will be asked to sort the items into one of three subscales (i.e., self-awareness, knowledge, and skills). This packet will take approximately 60 minutes to complete.

The decision to participate in this study is voluntary and you are free to withdraw from this study at any time without jeopardizing your relationship with Lehigh University. This study seeks to improve training and research capabilities that may benefit others in the future in terms of counseling competency with bisexual clients. The potential risks involved with participation in this stage of the study include some risk of psychological discomfort associated with assessing items related to counseling competencies. However, likelihood of significant harm is minimal. This research has been reviewed and approved by the Lehigh University Institutional Review Board. If you have any direct questions in regard to your rights as a participant in this study, please contact Ruth Tallman of the Institutional Review Board at (610) 758-3024. If you have any questions or concerns specifically about this project, please contact Rebecca Klinger at (518) 225-1692 / rsk206@lehigh.edu or Dr. Arnold Spokane at (610) 758-3257 / ars1@lehigh.edu.

If you choose to participate, once we have received your packet and revised the measure using your feedback, we will contact you once more for further feedback on the revisions to see if they were done to your satisfaction. This will complete your participation.

I hope that you will find this project intriguing and agree to participate.

Thank you for your time and consideration.

Sincerely,

Rebecca Klinger, M.S.   Arnold Spokane, Ph.D.
Doctoral Student   Research Advisor, Professor
Counseling Psychology Program
Department of Education and Human Services
Lehigh University

Appendix B: Expert Reviewer Informed Consent Form

Dear Expert reviewer,

This is a request for your agreement to participate in a research project conducted by Rebecca Klinger, M.S., Doctoral Student, Counseling Psychology, Lehigh University under the supervision of Dr. Arnold Spokane, Professor, Counseling Psychology, Lehigh University. The purpose of this study is to develop and psychometrically evaluate a scale assessing counseling competency with bisexual clients.

Qualifications for an expert reviewer include being enrolled in or having completed a Master's degree or Doctoral degree in counseling or clinical psychology or a related field and having at least one year of experience either counseling or conducting research concerning bisexual individuals. The procedures for this stage of the study entail providing feedback on the Counseling Bisexual Clients Competency Scale (CBCCS) concerning (a) item clarity, (b) ease of response, (c) potential bias of item, (d) appropriateness of item for overall construct representation, and (e) accuracy of item for subscale. You will also be asked for open-ended feedback for improving the items and to complete a sorting task for the subscales. This packet will take approximately 60 minutes to complete.

This study seeks to improve training and research capabilities that may benefit others in the future in terms of counseling competency with bisexual clients. The potential risks involved with participation in this study include some risk of psychological discomfort associated with assessing items related to counseling competencies. Should you find yourself experiencing any psychological distress after completing this packet, please contact this national 24-hour hotline for support and appropriate referral: 1-800-273-TALK.

The decision to participate in this study is voluntary and you are free to withdraw from this study at any time without jeopardizing your relationship with Lehigh University. Your responses will be kept confidential. You will not be asked for your name, anyone else's name, or your institutional affiliation anywhere in the packet. You may skip any question you do not wish to answer. No individual results will be reported. Any data you provide will have no link to your identity and all data will be stored in a secure database. Your completion of the surveys will constitute as your informed consent to participate in this stage of the study. Once you finish the packet and send it in, your responses will be anonymously stored with all the other responses for this stage.

If you have any direct questions in regard to your rights as a participant in this study, please contact Ruth Tallman of the Institutional Review Board at (610) 758-3024. If you have any questions or concerns specifically about this project, please contact Rebecca Klinger at (518) 225-1692 / rsk206@lehigh.edu or Dr. Arnold Spokane at (610) 758-3257 / ars1@lehigh.edu.

Thank you very much for your participation.

Sincerely,

Rebecca Klinger, M.S.   Arnold Spokane, Ph.D.
Doctoral Student   Research Advisor, Professor
Counseling Psychology Program
Department of Education and Human Services
Lehigh University

Appendix C: Stakeholder Reviewer Cover Letter

Dear Colleague,

I am conducting a study on the development of a scale assessing counseling competency with bisexual clients. The purpose of this study is to develop and psychometrically evaluate this scale. For this stage of the study, I am seeking to recruit stakeholder reviewers with experience in the area of counseling bisexual individuals. **Qualifications for a stakeholder reviewer include being enrolled in a Master's or Doctoral degree program in counseling or clinical psychology or a related field**. If you do not meet criteria for this study, please disregard this letter.

In this packet, you will find this cover letter, an informed consent form, a demographic questionnaire, information on definitions, a feedback form, and a sorting task. On the feedback form, you will be asked to rate each item in the scale using a rating system from +2 to -2 for (a) item clarity, (b) ease of response, (c) potential bias of item, (d) appropriateness of item for overall construct representation, and (e) accuracy of item for subscale. You will also be asked for open-ended feedback for improving the items. On the sorting task, you will be asked to sort the items into one of three subscales (i.e., self-awareness, knowledge, and skills). This packet will take approximately 60 minutes to complete.

The decision to participate in this study is voluntary and you are free to withdraw from this study at any time without jeopardizing your relationship with Lehigh University. This study seeks to improve training and research capabilities that may benefit others in the future in terms of counseling competency with bisexual clients. The potential risks involved with participation in this stage of the study include some risk of psychological discomfort associated with assessing items related to counseling competencies. However, likelihood of significant harm is minimal. This research has been reviewed and approved by the Lehigh University Institutional Review Board. If you have any direct questions in regard to your rights as a participant in this study, please contact Ruth Tallman of the Institutional Review Board at (610) 758-3024. If you have any questions or concerns specifically about this project, please contact Rebecca Klinger at (518) 225-1692 / rsk206@lehigh.edu or Dr. Arnold Spokane at (610) 758-3257 / ars1@lehigh.edu.

If you choose to participate, once we have received your packet and revised the measure using your feedback, we will contact you once more for further feedback on the revisions to see if they were done to your satisfaction. This will complete your participation.

I hope that you will find this project intriguing and agree to participate.

Thank you for your time and consideration.

Sincerely,

Rebecca Klinger, M.S.   Arnold Spokane, Ph.D.

Doctoral Student   Research Advisor, Professor
Counseling Psychology Program
Department of Education and Human Services
Lehigh University

Appendix D: Stakeholder Reviewer Informed Consent Form

Dear Stakeholder reviewer,

This is a request for your agreement to participate in a research project conducted by Rebecca Klinger, M.S., Doctoral Student, Counseling Psychology, Lehigh University under the supervision of Dr. Arnold Spokane, Professor, Counseling Psychology, Lehigh University. The purpose of this study is to develop and psychometrically evaluate a scale assessing counseling competency with bisexual clients.

Qualifications for a stakeholder reviewer include being enrolled in a Master's or Doctoral degree program in counseling or clinical psychology or a related field. The procedures for this stage of the study entail providing feedback on the Counseling Bisexual Clients Competency Scale (CBCCS) concerning (a) item clarity, (b) ease of response, (c) potential bias of item, (d) appropriateness of item for overall construct representation, and (e) accuracy of item for subscale. You will also be asked for open-ended feedback for improving the items and to complete a sorting task for the subscales. This packet will take approximately 60 minutes to complete.

This study seeks to improve training and research capabilities that may benefit others in the future in terms of counseling competency with bisexual clients. The potential risks involved with participation in this study include some risk of psychological discomfort associated with assessing items related to counseling competencies. Should you find yourself experiencing any psychological distress after completing this packet, please contact this national 24-hour hotline for support and appropriate referral: 1-800-273-TALK.

The decision to participate in this study is voluntary and you are free to withdraw from this study at any time without jeopardizing your relationship with Lehigh University. Your responses will be kept confidential. You will not be asked for your name, anyone else's name, or your institutional affiliation anywhere in the packet. You may skip any question you do not wish to answer. No individual results will be reported. Any data you provide will have no link to your identity and all data will be stored in a secure database. Your completion of the surveys will constitute as your informed consent to participate in this stage of the study. Once you finish the packet and send it in, your responses will be anonymously stored with all the other responses for this stage.

If you have any direct questions in regard to your rights as a participant in this study, please contact Ruth Tallman of the Institutional Review Board at (610) 758-3024. If you have any questions or concerns specifically about this project, please contact Rebecca Klinger at (518) 225-1692 / rsk206@lehigh.edu or Dr. Arnold Spokane at (610) 758-3257 / ars1@lehigh.edu.

Thank you very much for your participation.

Sincerely,

Rebecca Klinger, M.S.   Arnold Spokane, Ph.D.
Doctoral Student   Research Advisor, Professor
Counseling Psychology Program
Department of Education and Human Services
Lehigh University

Appendix E: Expert and Stakeholder Reviewer Information on Definitions

Definition of bisexuality:
Bisexuality is defined as having the capacity for emotional, sexual, and relational attractions to members of the same and other genders, which may or may not result in sexual behavior with members of the same and other genders.

Definition of bisexual individuals:
Bisexual individuals are defined as those individuals who self-identify as bisexual.

Definition of counseling competency with bisexual clients (i.e., self-awareness, knowledge, and skills):
Counseling competency with bisexual clients is defined as having self-awareness (i.e., awareness of one's own assumptions, attitudes, beliefs and biases regarding bisexual individuals), knowledge (i.e., knowledge and understanding of the diverse worldviews, experiences, and identities of bisexual individuals), and skills (i.e., abilities regarding culturally appropriate treatments and interventions for bisexual individuals).

Appendix F: Expert Reviewer Demographic Questionnaire

Age:
Gender:
Race:
Ethnicity:
Highest academic degree obtained:
Field of study for highest academic degree:
Licensure status:
Theoretical approach to counseling:
Current counseling employment setting (if applicable):
Current research employment setting (if applicable):
Counseling population specialization:
Research population specialization:
Years of experience providing individual counseling:
Years of experience conducting research:

Do you have interest, clinical experience, and/or research experience in the area of counseling bisexual individuals?

Are you enrolled in or have completed a Master's degree in counseling or clinical psychology or a related field?

Do you have at least one year of experience either counseling or conducting research concerning bisexual individuals?

Appendix G: Stakeholder Reviewer Demographic Questionnaire

Age:
Gender:
Race:
Ethnicity:
Field of study:
Year in program:
Theoretical orientation:
Highest degree earned:
Current practicum/internship setting (if applicable):
Current employment setting (if applicable):
Licensure status:
Total number of months experience providing counseling:
Total number of clients seen:
Total number of bisexual clients seen (of which participant is aware):

Appendix H: Expert and Stakeholder Reviewer Feedback Form

Item #1

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #2

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2

	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased
Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #3

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear
Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer
Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased
Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #4

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #5

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #6

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #7

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #8

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall	2	1	-1	-2

appropriate
representation of
construct

	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #9

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #10

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #11

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of	2	1	-1	-2

construct

	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #12

	2	1	-1	-2
Item clarity	Very clear	Somewhat clear	Somewhat unclear	Very unclear

	2	1	-1	-2
Ease of response	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

	2	1	-1	-2
Potential bias of item	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

	2	1	-1	-2
Overall appropriate representation of construct	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #13

	2	1	-1	-2
Item clarity	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #14

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures	Somewhat	Does not	Does not

	construct very well	captures construct	capture construct very well	capture construct at all

Do you have any additional feedback concerning this item?

Item #15

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #16

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2

	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer
Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased
Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #17

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear
Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer
Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased
Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #18

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #19

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to	Very difficult to answer

answer			

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #20

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #21

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #22

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased
Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #23

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear
Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer
Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased
Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #24

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #25

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2

	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased
Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #26

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #27

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #28

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #29

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #30

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #31

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall	2	1	-1	-2

appropriate representation of construct

	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #32

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #33

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat	Very unclear

unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #34

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of	2	1	-1	-2

construct

	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #35

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer

Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased

Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Item #36

Item clarity	2	1	-1	-2
	Very clear	Somewhat clear	Somewhat unclear	Very unclear

Ease of response	2	1	-1	-2
	Very easy to answer	Somewhat easy to answer	Somewhat difficult to answer	Very difficult to answer
Potential bias of item	2	1	-1	-2
	Very unbiased	Somewhat unbiased	Somewhat biased	Very biased
Overall appropriate representation of construct	2	1	-1	-2
	Captures construct very well	Somewhat captures construct	Does not capture construct very well	Does not capture construct at all

Do you have any additional feedback concerning this item?

Appendix I: Expert and Stakeholder Reviewer Paper and Pencil Sorting Task

Item #1

    Subscale   Subscale   Subscale   Discard item
  Self-awareness   Knowledge   Skills

Item #2

    Subscale   Subscale   Subscale   Discard item
  Self-awareness   Knowledge   Skills

Item #3

    Subscale   Subscale   Subscale   Discard item
  Self-awareness   Knowledge   Skills

Item #4

    Subscale   Subscale   Subscale   Discard item
  Self-awareness   Knowledge   Skills

Item #5

    Subscale   Subscale   Subscale   Discard item
  Self-awareness   Knowledge   Skills

Item #6

    Subscale   Subscale   Subscale   Discard item
  Self-awareness   Knowledge   Skills

Item #7

    Subscale   Subscale   Subscale   Discard item
  Self-awareness   Knowledge   Skills

Item #8

    Subscale   Subscale   Subscale   Discard item
  Self-awareness   Knowledge   Skills

Item #9

    Subscale   Subscale   Subscale   Discard item
  Self-awareness   Knowledge   Skills

Item #10

      Subscale   Subscale   Subscale   Discard item
   Self-awareness   Knowledge   Skills

Item #11

      Subscale   Subscale   Subscale   Discard item
   Self-awareness   Knowledge   Skills

Item #12

      Subscale   Subscale   Subscale   Discard item
   Self-awareness   Knowledge   Skills

Item #13

      Subscale   Subscale   Subscale   Discard item
   Self-awareness   Knowledge   Skills

Item #14

      Subscale   Subscale   Subscale   Discard item
   Self-awareness   Knowledge   Skills

Item #15

      Subscale   Subscale   Subscale   Discard item
   Self-awareness   Knowledge   Skills

Item #16

      Subscale   Subscale   Subscale   Discard item
   Self-awareness   Knowledge   Skills

Item #17

      Subscale   Subscale   Subscale   Discard item
   Self-awareness   Knowledge   Skills

Item #18

      Subscale   Subscale   Subscale   Discard item
   Self-awareness   Knowledge   Skills

Item #19

    Subscale   Subscale   Subscale   Discard item
Self-awareness   Knowledge   Skills

Item #20

    Subscale   Subscale   Subscale   Discard item
Self-awareness   Knowledge   Skills

Item #21

    Subscale   Subscale   Subscale   Discard item
Self-awareness   Knowledge   Skills

Item #22

    Subscale   Subscale   Subscale   Discard item
Self-awareness   Knowledge   Skills

Item #23

    Subscale   Subscale   Subscale   Discard item
Self-awareness   Knowledge   Skills

Item #24

    Subscale   Subscale   Subscale   Discard item
Self-awareness   Knowledge   Skills

Item #25

    Subscale   Subscale   Subscale   Discard item
Self-awareness   Knowledge   Skills

Item #26

    Subscale   Subscale   Subscale   Discard item
Self-awareness   Knowledge   Skills

Item #27

    Subscale   Subscale   Subscale   Discard item
Self-awareness   Knowledge   Skills

Item #28

Subscale	Subscale	Subscale	Discard item
Self-awareness	Knowledge	Skills	

Item #29

Subscale	Subscale	Subscale	Discard item
Self-awareness	Knowledge	Skills	

Item #30

Subscale	Subscale	Subscale	Discard item
Self-awareness	Knowledge	Skills	

Item #31

Subscale	Subscale	Subscale	Discard item
Self-awareness	Knowledge	Skills	

Item #32

Subscale	Subscale	Subscale	Discard item
Self-awareness	Knowledge	Skills	

Item #33

Subscale	Subscale	Subscale	Discard item
Self-awareness	Knowledge	Skills	

Item #34

Subscale	Subscale	Subscale	Discard item
Self-awareness	Knowledge	Skills	

Item #35

Subscale	Subscale	Subscale	Discard item
Self-awareness	Knowledge	Skills	

Item #36

Subscale	Subscale	Subscale	Discard item
Self-awareness	Knowledge	Skills	

Appendix J: Expert and Stakeholder Reviewer Card Sorting Task

Item #1			

Self-awareness	Knowledge	Skills	Discard

Item #2			

Self-awareness	Knowledge	Skills	Discard

Item #3			

Self-awareness	Knowledge	Skills	Discard

Item #4			

Self-awareness	Knowledge	Skills	Discard

Item #5			

Self-awareness	Knowledge	Skills	Discard

Item #6			

Self-awareness	Knowledge	Skills	Discard

Item #7			

Self-awareness	Knowledge	Skills	Discard

Item #8			

Self-awareness	Knowledge	Skills	Discard

Item #9			

Self-awareness	Knowledge	Skills	Discard

Item #10

Self-awareness	Knowledge	Skills	Discard

Item #11

Self-awareness	Knowledge	Skills	Discard

Item #12

Self-awareness	Knowledge	Skills	Discard

Item #13

Self-awareness	Knowledge	Skills	Discard

Item #14

Self-awareness	Knowledge	Skills	Discard

Item #15

Self-awareness	Knowledge	Skills	Discard

Item #16

Self-awareness	Knowledge	Skills	Discard

Item #17

Self-awareness	Knowledge	Skills	Discard

Item #18

Self-awareness	Knowledge	Skills	Discard

| Item #19 | | | |

Self-awareness	Knowledge	Skills	Discard

| Item #20 | | | |

Self-awareness	Knowledge	Skills	Discard

| Item #21 | | | |

Self-awareness	Knowledge	Skills	Discard

| Item #22 | | | |

Self-awareness	Knowledge	Skills	Discard

| Item #23 | | | |

Self-awareness	Knowledge	Skills	Discard

| Item #24 | | | |

Self-awareness	Knowledge	Skills	Discard

| Item #25 | | | |

Self-awareness	Knowledge	Skills	Discard

| Item #26 | | | |

Self-awareness	Knowledge	Skills	Discard

| Item #27 | | | |

Self-awareness	Knowledge	Skills	Discard

Item #28

Self-awareness	Knowledge	Skills	Discard

Item #29

Self-awareness	Knowledge	Skills	Discard

Item #30

Self-awareness	Knowledge	Skills	Discard

Item #31

Self-awareness	Knowledge	Skills	Discard

Item #32

Self-awareness	Knowledge	Skills	Discard

Item #33

Self-awareness	Knowledge	Skills	Discard

Item #34

Self-awareness	Knowledge	Skills	Discard

Item #35

Self-awareness	Knowledge	Skills	Discard

Item #36

Self-awareness	Knowledge	Skills	Discard

Appendix K: Expert and Stakeholder Reviewer Cover Letter – Second Round of Feedback

Dear Colleague,

I am conducting a study on the development of a scale assessing counseling competency with bisexual clients. The purpose of this study is to develop and psychometrically evaluate this scale. For this stage of the study, I am seeking to recruit expert reviewers with experience in the area of counseling bisexual individuals.

You have begun participation in this study by completing the packet previously sent to you. The second and final phase of your participation consists of providing feedback on the revisions made to the measure to see if they were done to your satisfaction. Please read over the revised measure and provide feedback to the following questions: (a) was the measure revised to your satisfaction, (b) has the measure improved?, (c) were any changes made regarding the positive and negative wording of the items done to their satisfaction, (d) how is the ease of read and clarity of the measure, and (e) does the measure appear to measure what it is intended to measure.

The decision to participate in this study is voluntary and you are free to withdraw from this study at any time without jeopardizing your relationship with Lehigh University. This study seeks to improve training and research capabilities that may benefit others in the future in terms of counseling competency with bisexual clients. The potential risks involved with participation in this stage of the study include some risk of psychological discomfort associated with assessing items related to counseling competencies. However, likelihood of significant harm is minimal. This research has been reviewed and approved by the Lehigh University Institutional Review Board. If you have any direct questions in regard to your rights as a participant in this study, please contact Ruth Tallman of the Institutional Review Board at (610) 758-3024. If you have any questions or concerns specifically about this project, please contact Rebecca Klinger at (518) 225-1692 / rsk206@lehigh.edu or Dr. Arnold Spokane at (610) 758-3257 / ars1@lehigh.edu.

I hope that you will find this project intriguing and agree to participate.

Thank you for your time and consideration.

Sincerely,

Rebecca Klinger, M.S.   Arnold Spokane, Ph.D.
Doctoral Student   Research Advisor, Professor
Counseling Psychology Program
Department of Education and Human Services
Lehigh University

Appendix L: Expert and Stakeholder Review – Second Round of Feedback

Please answer the following questions with regard to the entire CBCCS. Feel free to be as specific or broad as you would like. If you have feedback concerning a specific item, please feel free to provide this.

 (a) Was the measure revised to your satisfaction?

 (b) Has the measure improved?

 (c) Were any changes made regarding the positive and negative wording of the items was done to their satisfaction?

 (d) How is the ease of read and clarity of the measure?

 (e) Does the measure appear to measure what it is intended to measure?

Appendix M: EFA Participant Recruitment Email

Dear Colleague,

I am conducting a study on the development of a scale assessing counseling competency with bisexual clients. The purpose of this study is to develop and psychometrically evaluate this scale. I am seeking to recruit **therapists- and counselors-in-training working toward Master's or Doctoral Degrees in counseling psychology, clinical psychology, school psychology, social work, and family therapy** to participate in this study by completing a brief online survey. If you do not meet criteria for this study, please feel free to forward this announcement to professional contacts and appropriate listservs.

The decision to participate in this study is voluntary and you are free to withdraw from this study at any time without jeopardizing your relationship with Lehigh University. This study seeks to improve training and research capabilities that may benefit others in the future in terms of counseling competency with bisexual clients. The potential risks involved with participation in this study include some risk of psychological discomfort associated with reflecting upon one's counseling competencies. However, likelihood of significant harm is minimal. This research has been reviewed and approved by the Lehigh University Institutional Review Board. If you have any direct questions in regard to your rights as a participant in this study, please contact Ruth Tallman of the Institutional Review Board at (610) 758-3024. If you have any questions or concerns specifically about this project, please contact Rebecca Klinger at (518) 225-1692 / rsk206@lehigh.edu or Dr. Arnold Spokane at (610) 758-3257 / ars1@lehigh.edu.

If you are interested in participating, please click on, or paste into your web browser, the following link: https://www.psychdata.com/s.asp?SID=140970. The survey will take approximately 20-30 minutes to complete. I hope that you will find this project intriguing and agree to participate.

Thank you for your time and consideration.

Sincerely,

Rebecca Klinger, M.S.   Arnold Spokane, Ph.D.
Doctoral Student   Research Advisor, Professor
Counseling Psychology Program
Department of Education and Human Services
Lehigh University

Appendix N: EFA Participant Informed Consent Form

Dear Participant,

This is a request for your agreement to participate in a research project conducted by Rebecca Klinger, M.S., Doctoral Student, Counseling Psychology, Lehigh University under the supervision of Dr. Arnold Spokane, Professor, Counseling Psychology, Lehigh University. The purpose of this study is to develop and psychometrically evaluate a scale assessing counseling competency with bisexual clients. Appropriate participants for this study include **therapists- and counselors-in-training working toward Master's or Doctoral Degrees in counseling psychology, clinical psychology, school psychology, social work, and family therapy**. The procedures entail completing a series of measures and a demographic questionnaire. The survey will take approximately 20-30 minutes to complete.

This study seeks to improve training and research capabilities that may benefit others in the future in terms of counseling competency with bisexual clients. The potential risks involved with participation in this study include some risk of psychological discomfort associated with reflecting upon one's counseling competencies. Should you find yourself experiencing any psychological distress after completing the survey, please contact this national 24-hour hotline for support and appropriate referral: 1-800-273-TALK.

The decision to participate in this study is voluntary and you are free to withdraw from this study at any time without jeopardizing your relationship with Lehigh University. Your responses will be completely anonymous. We never ask for your name, anyone else's name, or your institutional affiliation anywhere on the website. You may skip any question you do not wish to answer. No individual results will be reported. Any data you provide will have no link to your identity and all data will be stored in a secure database. Your completion of the surveys will constitute as your informed consent to participate in this study. Once you press the submit button at the end of the survey, your responses will be anonymously stored with all the other responses.

If you have any direct questions in regard to your rights as a participant in this study, please contact Ruth Tallman of the Institutional Review Board at (610) 758-3024. If you have any questions or concerns specifically about this project, please contact Rebecca Klinger at (518) 225-1692 / rsk206@lehigh.edu or Dr. Arnold Spokane at (610) 758-3257 / ars1@lehigh.edu.

Thank you very much for your participation.

Sincerely,

Rebecca Klinger, M.S.   Arnold Spokane, Ph.D.
Doctoral Student   Research Advisor, Professor
Counseling Psychology Program
Department of Education and Human Services

Lehigh University

Appendix O: EFA Participant Demographic Questionnaire

Please respond to each of the following items. If exact numbers are unknown for some items, please estimate to the best of your ability.

Age:
Gender:
Race:
Ethnicity:
Sexual identity:
Religious/spiritual identity:
Socioeconomic status:
Nationality:

Field of study:
Year in program:
Theoretical orientation:
Highest degree earned:
Current practicum/internship setting (if applicable):
Current employment setting (if applicable):
Licensure status:
Total number of months experience providing counseling:
Total number of clients seen:
Total number of bisexual clients seen (of which participant is aware):

Number of general multicultural courses:
Number of courses in which general multicultural issues were integrated:
Number of general multicultural trainings:
Number of LGB-specific courses:
Number of courses in which LGB-specific issues were integrated:
Number of LGB-specific trainings:

Please indicate your amount of exposure to counseling bisexual clients in a clinical setting by choosing one of the following options:
    (1) I have counseled no bisexual clients to my knowledge.
    (2) I have counseled 1-5 bisexual clients to my knowledge.
    (3) I have counseled over 5 bisexual clients to my knowledge.

Through which listserv did you find out about the study (used for response rate information only):

Would you be willing to participate in a retest for this study, which would consist of retaking the CBCCS only? If so, please complete the following 3 items:
    What is your favorite type of food?
    Please enter a 3 digit code using any combination of numbers that you can easily remember.

Please enter your email address.

Your email address will be used to send you a PsychData link for the retest. The information from the other 2 items will be used to identify your original CBCCS to match it with the retest. You will be asked to reenter this information (i.e., your favorite food and the 4 digit code) when you take the retest so that your original survey can be matched with the retest. All information from these items will be kept strictly confidential and only the primary researcher (Rebecca Klinger) will have access to this information.

Appendix P: Attitudes Regarding Bisexuality Scale–Female/Male Version

Please read each of the following statements and rate them according to how accurately they describe your attitudes and beliefs. Please respond honestly and answer every question according to the rating scale below.

1---------------2---------------3---------------4---------------5
Strongly   Strongly
Disagree   Agree

1. Most men who claim to be bisexual are in denial about their true sexual orientation.
1---------------2---------------3---------------4---------------5

2. The growing acceptance of female bisexuality indicates a decline in American values.
1---------------2---------------3---------------4---------------5

3. Most women who call themselves bisexual are temporarily experimenting with their sexuality.
1---------------2---------------3---------------4---------------5

4. Bisexual men are sick.
1---------------2---------------3---------------4---------------5

5. Male bisexuals are afraid to commit to one lifestyle.
1---------------2---------------3---------------4---------------5

6. Bisexual women have a clear sense of their true sexual orientation.
1---------------2---------------3---------------4---------------5

7. I would *not* be upset if my sister were bisexual.
1---------------2---------------3---------------4---------------5

8. Lesbians are less confused about their sexuality than bisexual women.
1---------------2---------------3---------------4---------------5

9. Bisexual men should *not* be allowed to teach children in public schools.
1---------------2---------------3---------------4---------------5

10. Female bisexuality is harmful to society because it breaks down the natural divisions between the sexes.
1---------------2---------------3---------------4---------------5

11. Male bisexuality is *not* usually a phase, but rather a stable sexual orientation.
1---------------2---------------3---------------4---------------5

12. Male bisexuals have a fear of committed intimate relationships.
1---------------2---------------3--------------4--------------5

13. Bisexuality in men is immoral.
1---------------2---------------3--------------4--------------5

14. The only true sexual orientations for women are homosexuality and heterosexuality.
1---------------2--------------3--------------4--------------5

15. As far as I'm concerned, female bisexuality is unnatural.
1---------------2--------------3--------------4--------------5

16. Just like homosexuality and heterosexuality, bisexuality is a stable sexual orientation for women.
1---------------2---------------3--------------4--------------5

17. Male bisexuality is *not* a perversion.
1---------------2---------------3--------------4--------------5

18. Most women who identify as bisexual have *not* yet discovered their actual sexual orientation.
1---------------2---------------3--------------4--------------5

Appendix Q: Biphobia Scale

Please read each of the following statements and rate them according to how accurately they describe your attitudes and beliefs. Please respond honestly and answer every question according to the rating scale below.

1---------------2---------------3---------------4---------------5---------------6
Strongly   **Strongly**
Disagree   **Agree**

1. I do not like bisexual individuals.
1---------------2---------------3---------------4---------------5---------------6

2. I think bisexuality is wrong.
1---------------2---------------3---------------4---------------5---------------6

3. I would like to have a bisexual person as a neighbor.
1---------------2---------------3---------------4---------------5---------------6

4. I would be friends with a person who is bisexual.
1---------------2---------------3---------------4---------------5---------------6

5. I am comfortable around bisexual individuals.
1---------------2---------------3---------------4---------------5---------------6

6. I discriminate against bisexual people.
1---------------2---------------3---------------4---------------5---------------6

7. I would hit a bisexual person for coming on to me.
1---------------2---------------3---------------4---------------5---------------6

8. Bisexual individuals spread AIDS to the heterosexual population.
1---------------2---------------3---------------4---------------5---------------6

9. Bisexual people make me nervous.
1---------------2---------------3---------------4---------------5---------------6

10. Bisexual individuals deserve to get discriminated against.
1---------------2---------------3---------------4---------------5---------------6

11. Bisexuality is acceptable to me.
1---------------2---------------3---------------4---------------5---------------6

12. I do not think that bisexual people should work with children.
1---------------2---------------3---------------4---------------5---------------6

13. I make derogatory remarks about bisexual people.
1--------------2--------------3--------------4--------------5--------------6

14. Bisexual people should not get married.
1--------------2--------------3--------------4--------------5--------------6

15. Bisexual individuals are not capable of monogamous relationships.
1--------------2--------------3--------------4--------------5--------------6

16. I would be comfortable having a bisexual roommate.
1--------------2--------------3--------------4--------------5--------------6

17. I tease and joke about bisexual people.
1--------------2--------------3--------------4--------------5--------------6

18. You cannot trust a person who is bisexual.
1--------------2--------------3--------------4--------------5--------------6

19. I would get angry if a bisexual person made sexual advances towards me.
1--------------2--------------3--------------4--------------5--------------6

20. I think I could work with a bisexual person.
1--------------2--------------3--------------4--------------5--------------6

21. I get anxious when I have to interact with bisexual people.
1--------------2--------------3--------------4--------------5--------------6

22. I avoid bisexual people.
1--------------2--------------3--------------4--------------5--------------6

23. When I meet a bisexual person I think, "What a waste."
1--------------2--------------3--------------4--------------5--------------6

24. I have rocky relationships with people I suspect are bisexual.
1--------------2--------------3--------------4--------------5--------------6

25. Bisexual people want to have sex with everybody.
1--------------2--------------3--------------4--------------5--------------6

26. Bisexual people are not capable of controlling their sexual impulses.
1--------------2--------------3--------------4--------------5--------------6

27. I feel uneasy around bisexual people.
1--------------2--------------3--------------4--------------5--------------6

28. I would not go to a public place where I knew there would be bisexual individuals.
1---------------2---------------3--------------4--------------5---------------6

29. It does not matter to me if my friends are bisexual.
1---------------2---------------3--------------4--------------5---------------6

30. I would not want to talk to someone I knew was bisexual.
1---------------2---------------3--------------4--------------5---------------6

Appendix R: The Marlowe-Crowne Social Desirability Scale
Personal Reaction Inventory

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is *true* or *false* as it pertains to you personally.

1. Before voting I thoroughly investigate the qualifications of all the candidates.
T   F

2. I never hesitate to go out of my way to help someone in trouble.
T   F

3. It is sometimes hard for me to go on with my work if I am not encouraged.
T   F

4. I have never intensely disliked anyone.
T   F

5. On occasion I have had doubts about my ability to succeed in life.
T   F

6. I sometimes feel resentful when I don't get my way.
T   F

7. I am always careful about my manner of dress.
T   F

8. My table manners at home are as good as when I eat out in a restaurant.
T   F

9. If I could get into a movie without paying and be sure I was not seen I would probably do it.
T   F

10. On a few occasions, I have given up doing something because I thought too little of my ability.
T   F

11. I like to gossip at times.
T   F

12. There have been times when I felt like rebelling against people in authority even though I knew they were right.
T   F

13. No matter who I'm talking to, I'm always a good listener.
T   F

14. I can remember "playing sick" to get out of something.
T   F

15. There have been occasions when I took advantage of someone.
T   F

16. I'm always willing to admit it when I make a mistake.
T   F

17. I always try to practice what I preach.
T   F

18. I don't find it particularly difficult to get along with loud mouthed, obnoxious people.
T   F

19. I sometimes try to get even rather than forgive and forget.
T   F

20. When I don't know something I don't at all mind admitting it.
T   F

21. I am always courteous, even to people who are disagreeable.
T   F

22. At times I have really insisted on having things my own way.
T   F

23. There have been occasions when I felt like smashing things.
T   F

24. I would never think of letting someone else be punished for my wrong-doings.
T   F

25. I never resent being asked to return a favor.
T   F

26. I have never been irked when people expressed ideas very different from my own.
T   F

27. I never make a trip without checking the safety of my car.
T   F

28. There have been times when I was quite jealous of the good fortune of others.

T   F

29. I have almost never felt the urge to tell someone off.
T   F

30. I am sometimes irritated by people who ask favors of me.
T   F

31. I have never felt that I was punished without cause.
T   F

32. I sometimes think when people have a misfortune they only got what they deserved.
T   F

33. I have never deliberately said something that hurt someone's feelings.
T   F

Appendix S: Counseling Bisexual Clients Competency Scale

Items rated on 7-point Likert-type scale 1–7
1 = I completely disagree with this statement
2 = I mostly disagree with this statement
3 = I somewhat disagree with this statement
4 = I neither agree nor disagree with this statement
5 = I somewhat agree with this statement
6 = I mostly agree with this statement
7 = I completely agree with this statement

1. I challenge my heterosexist attitudes (i.e., viewing heterosexuality as the norm and superior to non-heterosexual orientations).

2. I provide LGB-affirmative therapy (i.e., therapeutic models that affirm and foster the development of lesbian, gay, and bisexual identities) to bisexual clients.

3. A bisexual orientation can be stable over time.

4. I do not provide validation of a bisexual identity with clients.

5. I have experience with trainings (e.g., seminars) focusing on clinical skills with bisexual issues.

6. I have the skills to do a case presentation of a bisexual client.

7. Biphobia (i.e., the denial of bisexuality as a valid sexual identity and discomfort with bisexual individuals) exists in the heterosexual community.

8. I am familiar with theories of bisexual identity development.

9. Bisexual individuals often feel like they do not fit in with either the gay/lesbian or heterosexual communities.

10. I have the clinical skills to help bisexual clients make progress with their counseling goals.

11. I can assess the mental health needs of a bisexual individual.

12. I can communicate sources of support for bisexual clients.

13. Bisexual individuals are untrustworthy partners in romantic relationships.

14. I am aware of my biases toward bisexual individuals.

15. I support bisexual clients who desire non-monogamous relationships (i.e., romantic relationships with more than one person at a time).

16. I address my potential biphobia (i.e., the denial of bisexuality as a valid sexual identity and discomfort with bisexual individuals) in supervision.

17. Bisexual women may experience pressure to identify as heterosexual if they are partnered with a man.

18. Bisexual individuals feel less connected to sexual minority communities than do lesbian women and gay men.

19. A bisexual orientation always changes over time.

20. I believe there is no such thing as a bisexual orientation.

21. Bisexual individuals are promiscuous.

22. I seek supervision regarding my biases toward bisexual men.

23. Fear of being ostracized from social communities (e.g., gay, lesbian, or heterosexual) often prevents bisexual individuals from openly coming out as bisexual.

24. I am familiar with theories of fluidity in sexuality.

25. Bisexual women may experience pressure from others to identify as lesbian if they are partnered with a woman.

26. Bisexual individuals are unable to be monogamous (i.e., a relationship with only one person at a time) in a romantic relationship.

27. I believe that bisexuality is a mental disorder.

28. Research supports that there is more than one type of bisexual man.

29. Bisexual individuals are in denial of their "true" sexual orientation.

30. Bisexual individuals experience a lack of social validation of their bisexual identity.

31. I am not knowledgeable of the unique psycho-social issues impacting bisexual individuals.

32. I believe that identifying as bisexual is a phase.

33. Bisexuality is a valid sexual orientation.

34. Bisexual people are more uncertain about their sexual identity compared with lesbian women and gay men.

35. Biphobia exists in the lesbian/gay community.

36. I support bisexual clients who are searching for a monogamous relationship (i.e., a relationship with only one person at a time).

37. Bisexual individuals may desire multiple partners at one time.

38. Women who come out as bisexual after identifying as lesbian often feel as if they are "betraying" the lesbian community.

39. I believe bisexual individuals need to be with men and women simultaneously to maintain their bisexual identity.

40. I have not received adequate clinical training to counsel bisexual clients.

41. I seek supervision to address my biases toward bisexual individuals of color.

42. I provide information on bisexuality to clients.

43. Bisexual individuals may struggle with internalized biphobia.

44. I am not familiar with theories portraying sexuality along a continuum.

45. I would support bisexual clients maintaining relationships with those of any sexual orientation.

46. I am aware of research examining the concept of being on the "down low" in African American male communities (i.e., in which men identify as heterosexual but have sex with other men often in secret).

47. Bisexual individuals should view a heterosexual orientation as ideal.

Appendix T: Test-Retest Participant Informed Consent Form

Dear Participant,

This is a request for your agreement to participate in a research project conducted by Rebecca Klinger, M.S., Doctoral Student, Counseling Psychology, Lehigh University under the supervision of Dr. Arnold Spokane, Professor, Counseling Psychology, Lehigh University. The purpose of this study is to develop and psychometrically evaluate a scale assessing counseling competency with bisexual clients.

Appropriate participants for this study include **therapists- and counselors-in-training working toward Master's or Doctoral Degrees in counseling psychology, clinical psychology, school psychology, social work, and family therapy**. The procedures for this stage of the study entail completing the Counseling Bisexual Clients Competency Scale (CBCCS) and then completing it again 2-3 weeks later. The survey will take approximately 15-20 minutes to complete each time.

This study seeks to improve training and research capabilities that may benefit others in the future in terms of counseling competency with bisexual clients. The potential risks involved with participation in this study include some risk of psychological discomfort associated with reflecting upon one's counseling competencies. Should you find yourself experiencing any psychological distress after completing the survey, please contact this national 24-hour hotline for support and appropriate referral: 1-800-273-TALK.

The decision to participate in this study is voluntary and you are free to withdraw from this study at any time without jeopardizing your relationship with Lehigh University. Your responses will be completely anonymous. We never ask for your name, anyone else's name, or your institutional affiliation anywhere on the survey. You may skip any question you do not wish to answer. No individual results will be reported. Any data you provide will have no link to your identity and all data will be stored in a secure database. Your completion of the surveys will constitute as your informed consent to participate in this study. Once you finish the survey and hand it in, your responses will be anonymously stored with all the other responses.

If you have any direct questions in regard to your rights as a participant in this study, please contact Ruth Tallman of the Institutional Review Board at (610) 758-3024. If you have any questions or concerns specifically about this project, please contact Rebecca Klinger at (518) 225-1692 / rsk206@lehigh.edu or Dr. Arnold Spokane at (610) 758-3257 / ars1@lehigh.edu.

Thank you very much for your participation.

Sincerely,

Rebecca Klinger, M.S.   Arnold Spokane, Ph.D.
Doctoral Student   Research Advisor, Professor

Counseling Psychology Program
Department of Education and Human Services
Lehigh University

Appendix U: Test-Retest Participant Demographic Questionnaire

Please respond to each of the following items. If exact numbers are unknown for some items, please estimate to the best of your ability.

Age:
Gender:
Race:
Ethnicity:
Sexual identity:
Religious/spiritual identity:
Socioeconomic status:
Nationality:

Field of study:
Year in program:
Theoretical orientation:
Highest degree earned:
Current practicum/internship setting (if applicable):
Current employment setting (if applicable):
Licensure status:
Total number of months experience providing counseling:
Total number of clients seen:
Total number of bisexual clients seen (of which participant is aware):

Number of general multicultural courses:
Number of courses in which general multicultural issues were integrated:
Number of general multicultural trainings:
Number of LGB-specific courses:
Number of courses in which LGB-specific issues were integrated:
Number of LGB-specific trainings:

Please indicate your amount of exposure to counseling bisexual clients in a clinical setting by choosing one of the following options:
    (1) I have counseled no bisexual clients to my knowledge.
    (2) I have counseled 1-5 bisexual clients to my knowledge.
    (3) I have counseled over 5 bisexual clients to my knowledge.

For matching purposes, please complete the following 2 items:
      What is your favorite type of food?
      Please enter a 3 digit code using any combination of numbers that you can easily remember.

This information will be used to identify your original CBCCS to match it with the retest. All information from these items will be kept strictly confidential and only the primary researcher (Rebecca Klinger) will have access to this information.

Appendix V: Counseling Bisexual Clients Competency Scale Revised

Items rated on 7-point Likert-type scale 1–7
1 = I completely disagree with this statement
2 = I mostly disagree with this statement
3 = I somewhat disagree with this statement
4 = I neither agree nor disagree with this statement
5 = I somewhat agree with this statement
6 = I mostly agree with this statement
7 = I completely agree with this statement

1. I challenge my heterosexist attitudes (i.e., viewing heterosexuality as the norm and superior to non-heterosexual orientations).

2. I provide LGB-affirmative therapy (i.e., therapeutic models that affirm and foster the development of lesbian, gay, and bisexual identities) to bisexual clients.

3. A bisexual orientation can be stable over time.

4. I have experience with trainings (e.g., seminars) focusing on clinical skills with bisexual issues.

5. I have the skills to do a case presentation of a bisexual client.

6. Biphobia (i.e., the denial of bisexuality as a valid sexual identity and discomfort with bisexual individuals) exists in the heterosexual community.

7. I am familiar with theories of bisexual identity development.

8. Bisexual individuals often feel like they do not fit in with either the gay/lesbian or heterosexual communities.

9. I have the clinical skills to help bisexual clients make progress with their counseling goals.

10. I can assess the mental health needs of a bisexual individual.

11. I can communicate sources of support for bisexual clients.

12. I support bisexual clients who desire non-monogamous relationships (i.e., romantic relationships with more than one person at a time).

13. I address my potential biphobia (i.e., the denial of bisexuality as a valid sexual identity and discomfort with bisexual individuals) in supervision.

14. Bisexual women may experience pressure to identify as heterosexual if they are partnered with a man.

15. Bisexual individuals feel less connected to sexual minority communities than do lesbian women and gay men.

16. A bisexual orientation always changes over time.

17. I believe there is no such thing as a bisexual orientation.

18. Bisexual individuals are promiscuous.

19. Fear of being ostracized from social communities (e.g., gay, lesbian, or heterosexual) often prevents bisexual individuals from openly coming out as bisexual.

20. I am familiar with theories of fluidity in sexuality.

21. Bisexual women may experience pressure from others to identify as lesbian if they are partnered with a woman.

22. Bisexual individuals are unable to be monogamous (i.e., a relationship with only one person at a time) in a romantic relationship.

23. I believe that bisexuality is a mental disorder.

24. Bisexual individuals are in denial of their "true" sexual orientation.

25. Bisexual individuals experience a lack of social validation of their bisexual identity.

26. I am not knowledgeable of the unique psycho-social issues impacting bisexual individuals.

27. I believe that identifying as bisexual is a phase.

28. Bisexuality is a valid sexual orientation.

29. Bisexual people are more uncertain about their sexual identity compared with lesbian women and gay men.

30. Biphobia exists in the lesbian/gay community.

31. I support bisexual clients who are searching for a monogamous relationship (i.e., a relationship with only one person at a time).

32. Bisexual individuals may desire multiple partners at one time.

33. Women who come out as bisexual after identifying as lesbian often feel as if they are "betraying" the lesbian community.

34. I believe bisexual individuals need to be with men and women simultaneously to maintain their bisexual identity.

35. I have not received adequate clinical training to counsel bisexual clients.

36. I provide information on bisexuality to clients.

37. Bisexual individuals may struggle with internalized biphobia.

38. I am not familiar with theories portraying sexuality along a continuum.

39. I would support bisexual clients maintaining relationships with those of any sexual orientation.

40. I am aware of research examining the concept of being on the "down low" in African American male communities (i.e., in which men identify as heterosexual but have sex with other men often in secret).

41. Bisexual individuals should view a heterosexual orientation as ideal.

Vita

Rebecca Klinger, M.S.

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EDUCATION

PhD in progress, Counseling Psychology, Anticipated graduation: Sept. 2012
Lehigh University, Bethlehem, PA
Dissertation (in progress): *Counseling Bisexual Clients Competency Scale (CBCCS): Development and Psychometric Evaluation*
Chair: Arnold Spokane, PhD

MS, Rehabilitation Counseling Psychology, Dec. 2005
University at Albany, SUNY, Albany, NY

MA, Women's Studies, May 2004
San Diego State University, San Diego, CA
Thesis: *Claiming a Shy Feminist Identity: Exploring the Possible Conflict Between Being Feminist and Being Shy*
Chair: Oliva Espín, PhD

BA, Behavioral Science, May 2000
Drew University, Madison, NJ

FORMAL PREDOCTORAL PSYCHOLOGY INTERNSHIP

Aug. 2011- present
Predoctoral Psychology Intern
Colorado State University Health Network Counseling Services
Fort Collins, CO
- Provide individual and group counseling
- Provide supervision to 2nd year practicum student
- Provide after hours on-call emergency services
- Provide Behavioral Health referral services
- Conduct outreach
- Participate in trainings and seminars

Training Director: Jacqueline Voss, PhD
Supervisor: Helen Bowden, PhD

FORMAL DOCTORAL PRACITICA TRAINING

Aug. 2009-   *Doctoral Practicum Student*
May 2010   Moravian College Counseling Center
               Bethlehem, PA
               - Provided individual counseling for students
               - Participated in training and case conference sessions
               Supervisors: Ron Kline, PhD and Katherine Restuccia, PsyD

Aug. 2008-   *Doctoral Practicum Student*
May 2009   Allentown State Hospital
               Allentown, PA
               - Provided individual and group counseling for patients with
                 psychiatric disabilities (e.g., Dialectical Behavior Treatment
                 group therapy)
               - Administered and scored psychological assessments (e.g.,
                 Rorschach)
               - Participated in training sessions
               Supervisors: Jed Sterner, MS and William Schneller, PhD

Aug. 2007-   *Doctoral Practicum Student*
May 2008   Lehigh University Counseling Psychological Services
               Bethlehem, PA
               - Provided individual and group counseling for students (e.g.,
                 LGBT group therapy)
               - Administered and scored psychological assessments (e.g.,
                 Millon Clinical Multiaxial Inventory-III)
               - Participated in training and case conference sessions
               Supervisor: Deborah Gardner, PhD

OTHER CLINICAL EXPERIENCE

2009-2011   *Outpatient Counselor*
               Step by Step, Inc.
               Allentown, PA
               - Provided individual and group counseling and related
                 services for clients with alcohol and other drug and/or mental
                 health needs
               Supervisor: Paula Sanchez, PhD

2007-2008   *Behavior Specialist Consultant* (BSC) & *Mobile Therapist* (MT)
               Holcomb Behavioral Health Systems
               Bethlehem, PA
               - BSC: Responsible for developing, implementing, and
                 overseeing behavior modification planning for clients
                 (children ages 4-13)

- MT: Responsible for providing counseling and psychotherapy to clients (children ages 4-13)

Supervisor: Dawn Connor, LMFT

2005-2006 *IPRT Rehabilitation Specialist*
     Northeast Career Planning (Intensive Psychiatric Rehabilitation Treatment [IPRT] Program)
     Albany, NY
- Provided counseling for clients with psychiatric disabilities who have a goal to change their work, school, social, and/or living environments
- Taught workshops on functional skills
- Administrative duties

Supervisor: April Brown, MS, CRC

2005-2006 *Supported Education Counselor*
     Northeast Career Planning (Supported Education Program)
     Albany, NY and Schenectady, NY
- Provided counseling for clients with psychiatric disabilities who have a school-related goal
- Administrative duties

Supervisor: April Brown, MS, CRC

Jan. 2005- *Master's Level Practicum Student & Intern*
Dec. 2005 Northeast Career Planning (Intensive Psychiatric Rehabilitation Treatment [IPRT] Program)
     Albany, NY
- Provided counseling for clients with psychiatric disabilities who have a goal to change their work, school, social, and/or living environments
- Taught workshops on functional skills
- Administrative duties

Supervisor: April Brown, MS, CRC

OUTREACH EXPERIENCE

2011 Coming Out Group, GLBTQ Resource Center, CSU

2011 Stress Management Workshop, Black/African American Cultural Center, CSU

2011 Helping Skills Presentation, CSU

2011 Grief Presentation, CSU

2010 Promise of the Rainbow Program, Moravian College

2008   Alcohol and Other Drugs Outreach, Lehigh University

2008   LGBTQ Safe Zone Training, Lehigh University

2007   Dissertation Boot Camp Workshops, College of Education, Lehigh University
- Writer's block
- Having difficult dialogues with your advisor

SUPERVISION EXPERIENCE

Aug. 2008-   *Doctoral Student Clinical Supervisor*
May 2009   Lehigh University
Bethlehem, PA
- Provided face-to-face individual and group supervision to Master's level students in Counseling and Human Services in the United States
- Provided online supervision to Master's level students in Counseling and Human Services in Thailand and Uganda

Supervisor: Arpana Inman, PhD

Jan. 2005-   *Graduate Student Teaching Supervisor*
May 2005   Women's Studies 101: Introduction to Feminisms
University at Albany, SUNY
Albany, NY
- Responsible for the supervision of an introductory women's studies course taught by two undergraduate students
  - Supervised grading and submitted grades
  - Observed all classes and participated in discussions
  - Provided feedback on class administration

Supervisor: Maia Boswell-Penc, PhD

RESEARCH INTERESTS

Multicultural Counseling and Supervision Competency
LGBTQ Counseling Concerns
Intersecting Identities
Diversity and Fluidity of Sexuality
Feminist Theory/Therapy

RESEARCH EXPERIENCE

2009   Research Team Member: *Bisexual Counseling Competency:
Understanding the Contributing Factors* with Lindsey Brooks, MEd
(Doctoral student at Lehigh University)
- Qualitative data coding

2008-2009	Research Team Member: *Lesbian and Gay Affirmative Therapy Competency, Self-efficacy, and Personality* with Tiffany O'Shaughnessy, MEd (Doctoral student at Lehigh University)

- Qualitative data coding

2008	Research Team Leader: *Psychotherapist Embarrassment and Shame* (Lehigh University)

- Literature review
- Qualitative data coding
- Data analysis
- Write-up

2008	Research Team Member: *Supervisor Embarrassment and Shame* with Lauren Kulp, MEd (Doctoral student at Lehigh University)

- Qualitative data coding

2006-2007	Research Team Member: *Bisexual Women: Understanding the Invisible Population* with Lindsey Brooks, MEd (doctoral student at Lehigh University)

- Primary member of consensual qualitative research analysis team
- Qualitative data coding

2005-2006	Research Team Member: *Differences in Gender-Related Personality traits among Employed Men* with Nicole Surething, MS (doctoral student at University at Albany, SUNY)

- Participant recruitment
- Quantitative data entry and coding

2005-2006	Research Team Member: *Multicultural Counseling Training* with M. Nicole Coleman, PhD and LaRae M. Jome, PhD (University at Albany, SUNY)

- Revision of interview questions
- Transcription of individual telephone interviews

PUBLICATIONS

Ladany, N., **Klinger, R.**, & Kulp, L. (in press). Therapist Shame: Implications for Therapy and Supervision. In R. Dearing & J. Tangney (Eds.), *Shame in the therapy hour*.

Klinger, R.S., Ladany, N., & Kulp, L.E. (2011). It's too late to apologize: Therapist embarrassment and shame. *The Counseling Psychologist*, *XX*(X), 1-21. Retrieved at http://tcp.sagepub.com/content/early/2011/09/28/0011000011416372. doi: 10.1177/0011000011416372

Brooks, L.M., Inman, A.G., **Klinger, R.S.**, Malouf, M.A., Kaduvettoor, A. (2010). In Her Own Words: Ethnic-Minority Bisexual Women's Self-Reported Counseling Needs. *Journal of Bisexuality*, *10*(3), 253-267.

Brooks, L.M., Inman, A.G., Malouf, M.A., **Klinger, R.S.**, & Kaduvettoor, A. (2008). Ethnic-Minority Bisexual Women: Understanding the Invisible Population. *Journal of LGBT Issues in Counseling*, *2*, 260-284.

Cardozo, P.R., Marsden, A.L., **Klinger, R.S.**, & Rothblum, E.D. (2005). Lesbians. In N.J. Salkind (Ed.), *Encyclopedia of Human Development*. NY: Sage Publications.

REFEREED SCHOLARLY PRESENTATIONS

Klinger, R., Soheilian, S., Isenberg, D., Kulp, L., & Inman, A. G. (2010, August). Multicultural Supervision: A Supervisee's Perspective. Symposium presented at the 118th Annual American Psychological Association Convention, San Diego, CA.

Klinger, R., & Brooks, L. (2010, February). Self-care of LGBTQ Clinicians and Clinicians-in-training. Structured discussion presented at the 35th Annual Association for Women in Psychology Conference, Portland, Oregon.

Klinger, R. (2009, November). A Theoretical Conceptualization of the Role of Emotion in Self-Regulation. Poster presented at the 2009 Mid-Atlantic Regional Meeting of the Society for Psychotherapy Research, Philadelphia, PA.

Klinger, R., Ladany, N., & Kulp, L. (2009, August). Psychotherapist Embarrassment and Shame. Poster presented at the 117th Annual American Psychological Association Convention, Toronto, Ontario, Canada.

Kulp, L., Ladany, N., & **Klinger, R.** (2009, August). Supervisor Embarrassment and Shame. Poster presented at the 117th Annual American Psychological Association Convention, Toronto, Ontario, Canada.

O'Shaughnessy, T., Spokane, A., Franco, J., & **Klinger, R.** (2009, August). Lesbian & Gay Affirmative Therapy Competency, Self-efficacy, and Personality. Poster presented at the 117th Annual American Psychological Association Convention, Toronto, Ontario, Canada.

Klinger, R., Mehr, K., Kaduvettoor, A., & Mori, Y. (2009, March). Negotiating Feminist Principles within Supervision. Facilitated Discussion presented at the 34th Annual Association for Women in Psychology Conference, Newport, Rhode Island.

Bertsch, K., & **Klinger, R.** (2009, March). Comparing and Contrasting Feminist Therapy with Behavioral Approaches when Treating PTSD Relating to Interpersonal

Abuse. Poster presented at the 34th Annual Association for Women in Psychology Conference, Newport, Rhode Island.

Kulp, L., Ladany, N., Shoval, K., & **Klinger, R.** (2008, June). Shameful and Embarrassing Events in Supervision. Round table discussion presented at the International Interdisciplinary Conference on Clinical Supervision, Buffalo, NY.

Klinger, R., Franco, J., & Brooks, L. (2008, March). Feminist Perspectives in Counseling Psychology Programs and the Influence on Social Justice Activism. Round table discussion presented at the 33rd Annual Association for Women in Psychology Conference, San Diego, CA.

Kulp, L., **Klinger, R.**, & Ladany, N. (2007, October). The Experience of Embarrassment and Shame for Therapists and Supervisors. Poster presented at the Mid-Atlantic Regional Group Meeting of the Society for Psychotherapy Research, New York, NY.

Brooks, L., Inman, A. G., **Klinger, R.**, Malouf, M., & Kaduvettoor, A. (2007, August). Bisexual Women: Understanding the Invisible Population. Poster presented at the 115th Annual American Psychological Association Convention, San Francisco, CA.

Brooks, L., Inman, A. G., Malouf, M., **Klinger, R.**, & Kaduvettoor, A. (2007, August). Asian Bisexual Women: Understanding the Invisible Population. Poster presented at the 2007 Annual Asian American Psychological Association Annual Conference, San Francisco, CA.

Brooks, L., O'Shaughnessy, T., **Klinger, R.** (2007, March). The Space Between: Exploring the Utility of Continuums in Explaining Gender and Sexual Identity. Poster presented at the 32nd Annual Association for Women in Psychology Conference, San Francisco, CA.

Klinger, R., & Espín, O. (2004, February). Claiming a Shy Feminist Identity. Paper presented at the 29th Annual Association for Women in Psychology Conference, Philadelphia, PA.

Klinger, R., Schwartz, L., & Balisteri, M. (2003, June). Feminist Pedagogy: Negotiating Discomforts in the Feminist Classroom. Round table discussion presented at the 2003 National Women's Studies Association Conference, New Orleans, LA.

INVITED PRESENTATIONS

Klinger, R. (2004, December). Claiming a Shy Feminist Identity: Exploring the Possible Conflict Between Being Feminist and Being Shy. Paper presented at University at Albany, SUNY, Women's Studies Graduate Student Conference, Albany, NY.

Klinger, R. (2003, August). Women and Body Image. Lecture presented at San Diego State University class of Women's Studies 101: Self, Identity, and Society, San Diego, CA.

Klinger, R. (2003, August). Women's Sexuality. Lecture presented at San Diego State University class of Women's Studies 101: Self, Identity, and Society, San Diego, CA.

Klinger, R. (2000, March). The Value of Considering Intersections of Race, Class, and Gender in Women's Studies. Paper presented at Drew University Women's Studies Colloquium, Madison, NJ.

TEACHING EXPERIENCE

July 2008	*Teaching Assistant*
	Diversity and Multicultural Perspectives
	Lehigh University, Bethlehem, PA
	• Assisted Professor
	    o Guest lectured and led class discussions
	    o Graded student papers
	Supervisor: Arpana Inman, PhD

Aug. 2003- May 2004	*Graduate Teaching Associate* Women's Studies 101: Self, Identity, and Society San Diego State University, San Diego, CA • Responsible for teaching introductory women's studies course (one per semester) • Prepared all lecture material • Lectured and led class discussions • Graded all papers and exams Supervisor: Bonnie Kime Scot, PhD

Jan. 2003-
May 2003
	Graduate Assistant
	Women's Studies 325: Psychology of Women
	San Diego State University, San Diego, CA
	• Assisted Professor
	    o Conducted research for course material
	    o Graded student papers
	    o Guest lectured and led class discussions
	Supervisor: Oliva Espín, PhD

Aug. 2002-   *Graduate Assistant*
Dec. 2002   Women's Studies 360: Women's Sexuality and Body
                  San Diego State University, San Diego, CA
                  • Assisted Professor
                      o Conducted research for course material
                      o Graded student papers
                      o Guest lectured and led class discussions
                  Supervisor: Janet Kohen, PhD

EDITORIAL EXPERIENCE

2010   *Student Advisory Reviewer*, Psychology of Women Quarterly
                  • Reviewed manuscripts submitted for publication
                  Editor: Janice D. Yoder, PhD, University of Akron

2007-2009   *Editorial Assistant*, Comparative and International Education Program,
                  College of Education, Lehigh University, Bethlehem, PA
                  • Edited manuscripts
                  Supervisors: Alex Wiseman, PhD and Iveta Silova, PhD

RELATED WORK EXPERIENCE

2006-2007   *Graduate Assistant*, Counseling Psychology Program, College of
                  Education, Lehigh University, Bethlehem, PA
                  • Assisted Program Coordinator with administrative duties
                  Supervisors: Tina Richardson, PhD and Arnold Spokane, PhD

July 1999-   *Program Coordinator & Head Lifeguard*, Center for the Disabled
Aug. 1999   (Program: Clover Patch Camp), Albany, NY
                  • Supervised and organized camp programs
                  • Supervised all swimming in an outdoor pool
                  Supervisor: Kelly Hart

PROFESSIONAL MEMBERSHIPS AND POSITIONS

2006-present   American Psychological Association
2009-present   American Psychological Association, Division 35
               Volunteer: Taskforce for Division 35 Executive Committee
2006-present   Association for Women in Psychology
               Volunteer: Treasurer Subcommittee Chair for 2011 National Conference
2008-2009   Association for Women in Psychology, Philadelphia Chapter
               Officer: Treasurer