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The effects of participation in a human sexuality workshop on the attitudes of counselors in training toward homosexuality

Lawrence Craig Perry
Wayne State University,

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**THE EFFECTS OF PARTICIPATION IN A HUMAN SEXUALITY
WORKSHOP ON THE ATTITUDES OF COUNSELORS IN TRAINING
TOWARD HOMOSEXUALITY**

by

LAWRENCE CRAIG PERRY

DISSERTATION

Submitted to the Graduate School

of Wayne State University,

Detroit, Michigan

in partial fulfillment of the requirements

for the degree of

DOCTOR OF PHILOSOPHY

2011

MAJOR: COUNSELING

Approved by:

Advisor

Date

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DEDICATION

I dedicate this effort to my parents, Frank and Ginny Perry.

Everything is easier standing on the shoulders of giants.

Thank you for your unconditional love, patience, and support.

ACKNOWLEDGMENTS

I would like to thank my committee chair, Dr. JoAnne Holbert who gave me the encouragement to finish what I started. Without her support this study would not have been possible. I would also like to thank Drs. Stuart Itzkowitz, Tami Wright, and Antonio Gonzalez-Prendes who were supportive committee members and who gave me the inspiration I needed.

To the students who participated in my study by completing the surveys, attending the seminar, and offering their words of encouragement. June Cline my statistician, a remarkable teacher, and a friend. Not only was your help invaluable, but your patience and ability to help me conceptualize and understand how a research project comes together will never be forgotten.

I would like to thank my two very good friends, Dr. Dianna Belyea and Jason Wilkinson whose intellectual contributions were only surpassed by their genuine kindness, concern and support for me as their friend. I also want to thank Jowana Hakim. There really are no words to describe all you have done for me. You truly are my muse.

Lastly, I would like to thank my family who gave me their unconditional support. I have always believed that my mother, father, and brother believed I could accomplish anything I attempted.

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CHAPTER ONE

INTRODUCTION

Discrimination against gay, lesbian and bisexual minorities stands as one of the few remaining socially acceptable and institutionally sanctioned forms of prejudice, (Vaid, 1995). The inequities that gay men, lesbian, bisexual men and women, and transgendered people (GLBT) confront include the inability to marry, sodomy statutes, lack of tax shelters and no federally recognized inheritance laws. The lack of legal parity for homosexual citizens creates an environment where attitudes of hate and beliefs of superiority are fostered. These conditions have cultivated an atmosphere in which implicit discrimination is commonplace, and explicit discrimination may lead to violent hate crimes.

The accumulated data have documented that youth are at special risk for experiencing violence, with approximately half of the violence occurring within their families (Martin & Hetrick, 1988) while further studies report higher rates of community and school-based violent victimization (Saewyc, et al, 1998).

The clinical maltreatment of GLBTs was sanctioned historically by the mental health profession, until 1980 when homosexuality was removed from the Diagnostic Statistical Manual (DSM III) as a diagnosable mental illness. Following the revision the belief within the profession was that professionals would instantly “shift their own attitudes and behaviors from a sickness model to a model whereby gay people would be helped to self-actualize as gay people” (Dworkin & Gutierrez, 1989, p. 7). What was missed during the paradigm shift was education; counselors reported that they thought their knowledge of lesbian and gay issues was inadequate. Thirty years following the

depathologizing of homosexuality counselor attitudes were often inconsistent with their clinical behaviors.

Attitudes toward homosexuality have began to change over the past several decades, with an increasing liberal trend (Loftus, 2001). Judging from empirical data, the changing trends are sometimes specific to certain aspects of attitudes toward homosexuality (Yang, 1997). It appears these attitudinal shifts have resulted in increased media attention to homosexual issues, expansion of gay and lesbian culture, and political conflict over gay and lesbian rights (Andersen & Fetner, 2008). For mental health professionals to work effectively with this minority population, knowledge about their issues is required (Corey, Corey & Callanan 1998). Hall & Fradkin (1992) added that before counselors begin working with clients with differing sexual orientations, mental health professionals should explore their own sexual attitudes.

Ethical standards of the American Counseling Association (ACA, 1995), and accreditation standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2001), and professional guidelines of the Association for Gay, Lesbian, and Bisexual Issues in Counseling, have clearly established that counselors are charged with the responsibility of providing sensitive and competent services for lesbian, gay, bisexual, and transgender (GLBT) clients and that training programs are responsible for helping counselors develop competence with this client population. According to Aberra (2000) students who demonstrate empathy, tolerance, a sense of well-being, social intelligence, self-esteem, and psychological mindedness are more likely to become effective counselors and be considered competent. In addition to advocating for the inclusion of GLBT issues in counselor training, some authors and accreditation standards have recommended specific approaches to such training. In

particular, it has been suggested that counselors may benefit from receiving accurate information about GLBT individuals and exploring their attitudes toward them (CACREP, 2001; Israel, 2003; Phillips, 2000; Phillips & Fischer, 1998).

The importance of addressing information and attitudes has empirical support. Attitudes toward homosexuality have generally included dimensions of attitudes about same-sex sex behavior, attitudes toward homosexual individuals, and attitudes toward civil rights (Davies, 2004). Researchers have identified counselors' lack of education about GLBT issues as problematic in working with clients (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991; Liddle, 1996), and numerous studies have found counselors to be biased against GLBT individuals (e.g., Mohr, Israel, & Sedlacek, 2001; Rudolph, 1990). Although counselors' self-reported attitudes are more favorable when compared with the attitudes of the general public (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000), some studies have noted that counselors' self-reported attitudes are inconsistent with their behaviors in counseling situations (Gelso, Fassinger, Gomez, & Latts, 1995; Hayes & Gelso, 1993). Phillips (2000) suggested that providing accurate information might help dispel myths and stereotypes about GLBT individuals and increase the likelihood of counselors developing GLBT -affirming attitudes, and she recommended that counselor training be used to help counselors become aware of their own attitudes and to develop more affirming attitudes.

Statement of the Problem

The counseling profession has been charged by the ACA to deliver sensitive and competent mental health services to sexual minority clients. It is the counselor educator's responsibility to expose students to the effects of negative attitudes and the danger of imposing those attitudes in the counseling relationship (ACA, 2005). In order for

counselors to facilitate personal growth of their GLBT clients, they must be familiar with and become sensitive to the special needs of this population. Currently counselors and counselor trainees may not have the knowledge necessary to meet the needs of this minority population. To ensure that counselor trainees are aware of their own attitudes and knowledgeable about the unique needs of this discriminated minority group, an educational curriculum should be mandated for all counselor training programs. Currently each counselor education program has the option to provide the material or not.

Purpose of the Study

The purpose of the study is to examine the impact of a human sexuality workshop on the implicit and explicit attitudes of graduate counseling students toward homosexuality. Practicing counselors can expect to have clients who are gay or lesbian; ethically it is essential that counselors are aware of their own attitudes toward individuals from these groups (Corey et al., 1998). Literature suggests that counselors who have positive opinions regarding homosexuality are more helpful to their gay and lesbian clients while on the other hand counselors with negative attitudes are less helpful and may be harmful to these clients (Buhrke and Douce, 1991).

In an effort to effect the knowledge and attitudes of counselor trainees at an urban state university, issues of homosexuality are taught within a seminar titled, Human Sexuality. The course is taught within the Counselor Education Graduate Program. During the intensive seminar graduate students are presented with information about the wide spectrum of normal and healthy human sexual behavior. During the course, students were presented with empirical information and personal accounts on homosexuality.

This study examined master and doctoral level counseling student's attitudes towards human sexuality. Students' attitudes were measured before and after the educational workshop.

Research Questions

The following research questions were addressed in this study:

1. Does participation in a workshop about human sexuality with a session on homosexuality change graduate level students' attitudes toward homosexuality from pre- to posttest?
2. Is there a difference from pre- to posttest in attitudes toward homosexuality between graduate level students based on age ranges?
3. Is there a difference from pre- to posttest between the attitudes toward homosexuality of graduate level students relative to their gender?
4. Is there a difference from pre- to posttest between attitudes toward homosexuality of graduate level students in the relationship to the years they have been enrolled in a Graduate Studies Program?

Significance of the Study

This study can provide information to graduate counseling students and counselor training programs to help ensure that homosexual clients are not implicitly or explicitly discriminated against. The findings of this study may add to the current body of knowledge that recommends that human sexuality is a required course for all future counseling students. This study may also provide information that could impact counselor licensure as well as CAREP accreditation.

Assumptions

The primary assumptions for this study are: (a) participants answered the questions honestly, (b) all persons who participate in the study are graduate counseling students, (c) all participants are capable of understanding the questions, (d) all participants attended 80% of the workshop sessions.

Limitations

This study was limited to graduate counseling students at one large urban university. Generalizations to other populations must be made with caution. This study was limited to self-report and pencil and paper instruments. The instruments which were used include The Homosexuality Attitude Scale (HAS; Kite & Deaux, 1986). The HAS is a 21-item scale that was developed to measure perceptions of the stereotypes, misconceptions, and anxieties that people have regarding homosexuality. The HAS also purports to determine the extent to which participants have either favorable or unfavorable attitudes about homosexual men and women. The Brief Sexual Attitudes Scale (BSAS; Hendrick, Hendrick, & Reich, 2006) also was used and was an adaptation of the Sexual Attitudes Scale (Hendrick & Hendrick as cited in Hendrick et al., 2006). The BAS measures attitudes about sex. The students were not interviewed or observed to determine the extent to which their attitude may or may have not changed.

Definition of Terms

Attitude:	A hypothetical construct that represents an individual's degree of like or dislike for an item.
Bisexual:	A term of identity given to individuals who are sexually and emotionally attracted to some males and females (GLSEN, 2002).
Explicit Attitude:	A person's conscious views toward people, objects, or concepts. That is, the person is aware of the feelings he or she holds in a certain context.

Gay:	a term of identity typically given to males who are sexually and emotionally attracted to some other males (GLSEN, 2002).
Graduate Student:	Any student who has completed a bachelor's degree and is enrolled in a college/university to complete an advanced degree.
Heterosexuality:	a term of identity typically given to both males and females who are sexually and emotionally attracted to people of the opposite sex.
Homophobia:	A psychological term originally developed by Weinberg (1973) to define an irrational hatred, anxiety, and or fear of homosexuality. More recently, homophobia is a term used to describe the fear, discomfort, intolerance, or hatred of homosexuality or samesex attraction in others and in oneself (internalized homophobia; Gay, Lesbian, Straight, Education Network [GLSEN], 2002).
Homosexuality:	A romantic and/or sexual attraction or behavior among members of the same sex or gender.
Human Sexuality Workshop:	A course taught within the Counselor Education Graduate Program with curriculum about the wide spectrum of normal and healthy human sexual behaviors.
Implicit Attitude:	An attitude which is unacknowledged or outside of awareness, but has effects that are measurable through sophisticated methods using people's response times to stimuli.
Kinsey Scale:	The Kinsey scale attempts to describe a person's sexual history or episodes of their sexual activity at a given time. It uses a scale from 0, meaning exclusively heterosexual, to 6, meaning exclusively homosexual.
Lesbian:	A term of identity given to females who are sexually and emotionally attracted to some females (GLSEN, 2002).
Self Efficacy Beliefs:	People's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances.
Social Cognitive Theory:	A learning theory based on the ideas that people learn by watching what others do and that human thought processes are central to understanding personality.

Transgender: An umbrella term for individuals whose gender expression (at least sometimes) runs against societal expectations of gender, including transsexuals, crossdressers, dragkings, dragqueens, gender queer individuals, and those who do not identify with either of the two sexes currently defined (GLSEN, 2002).

Summary

The premise for the research study being considered was covered in Chapter One. Counselor education programs have the responsibility to teach empirical information about the physical, emotional and social issues of homosexuality to counseling trainees. Counselor attitudes toward homosexuality may affect the outcome of the counseling relationship; therefore it is the responsibility of counselor education programs to provide an opportunity for trainees to explore their attitudes and increase their knowledge base. Sections summarizing the statement of the problem, purpose of the study, research questions, and significance of the study, assumptions, limitations, and the definition of terms of the study were included to further provide a foundation for the presentation of the research.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Introduction

The purpose of this literature review is to provide theoretical and empirical support for this study on counselor's attitudes toward homosexuality. The chapter is organized with an introduction to Social Cognitive Theory (SCT) and the theoretical orientation of the investigation. Followed with an in depth review, which include a brief history of homosexuality. Lastly, a comprehensive review of the empirical literature is presented.

Theoretical Framework

Social cognitive theory (SCT) is a learning theory based on the ideas that people learn by watching what others do and that human thought processes are central to understanding personality. Social cognitive theory (Bandura, 1977) focuses on learning that occurs within a social context. Behavior is thought to be learned through a combination of environmental and psychological factors. SCT offers an explanation of how complex learning, such as counseling skills, are learned. Self-efficacy beliefs, in conjunction with cognitive, affective, and motivational processes, become the causal link between knowing what to do and accomplishing the action (Bandura, 1990).

SCT posits that human beings exercise control over their thought processes, motivation, and actions. Because judgments and actions are partly self-determined, people can effect change in themselves and their situations through their own efforts. SCT concerns the self-determining mechanism through which such changes are realized.

According to Martin (1999) people learn by observing the behavior of others within their environment; behavior and cognition are the chief factors in influencing

development. These factors are not static or independent; rather, they are all reciprocal. For example, each behavior witnessed can change a person's way of thinking (cognition).

Applying Bandura's (1977) SCT, Larson (1998) defined counseling self-efficacy "as one's beliefs or judgments about one's capabilities to effectively counsel a client in the near future" (p. 221). Accomplished counselors are flexible and employ various skills (e.g., attending, responding, probing, challenging, interpreting, and reflecting feelings) instinctively throughout the counseling session. To be effective, counseling students need to portray confidence and competence and be able to handle dynamic counseling sessions. According to Larson (1998), five factors reflect counseling students' confidence: (a) executing microskills, (b) attending to process, (c) dealing with difficult client behaviors, (d) behaving in a culturally competent way, and (e) being aware of one's own values. Counselors with higher self-efficacy beliefs are expected to have internal positive thinking that could enhance their ability to set and achieve realistic, yet challenging goals.

Bandura (1989, 1991, 1993) emphasized that for complex actions such as counseling, a person is not simply behaving but is simultaneously processing information from her or his behavior and environment. Counselor action has been limited to the behavioral manifestations of action, but it is noted that the counselor is simultaneously translating her or his actions during counseling sessions.

Bandura (1982) and others (Kelly, 1955, Martin, 1999) explain human behavior not by focusing on the consequences of the behavior or on the individual differences of the person, although both of these are important. Rather, Bandura argues that trying to change complex behaviors (i.e., training novice counselors to become effective counselors) involves attention to the self-determining aspects of the counselor.

Counselor characteristics provide the rich internal context of the counselor. When they are within acceptable ranges so as not to interfere with effective learning, they provide the counselor with a good context to learn how to be an effective counselor. This term good enough is adapted from Winnecotts (1965) term good enough mothering, to refer to the infant's development. In the model, if any counselor characteristic is outside the acceptable range, it would become a barrier.

Homosexuality

Varying attitudes have been held toward gay men and lesbians throughout history. Cabaj (1998) noted, for instance, that during certain historical periods (e.g., first-century Rome) gay men and lesbians were esteemed, whereas other times they were feared and persecuted. These negative perspectives toward and hostile acts against minority populations are often associated with homophobic attitudes (Herek, 1988) and heterosexism. The latter term is defined as “a belief system that values heterosexuality as superior to and/or more “natural” than homosexuality” (Morin, 1974, p. 629).

The history of empirical research into homosexuality begins in the late 1800s in Germany. Researchers studied homosexuality as a disease (Cabaj, 1998). Currently this model is unpopular with many, especially GLBT persons, because the early researchers actually viewed themselves as reformers working against the prevailing model of homosexuality as sinful and criminal (Sears, 2006). Krafft-Ebing published *Psychopathia Sexualis* in 1887, which perpetuated this disease model (Herek, 1988). Famed scholar Magnus Hirschfeld published the pamphlet *Sappho and Socrates* in 1896 and formed the Scientific-Humanitarian Committee a year later. The organization was committed to abolishing Germany's sodomy laws and included as members Krafft-Ebing, as well as early activists Brand (publisher of *Der Eigene*) and researcher Freidlander. *Der Eigene*

was the first gay journal in the world, published from 1896 to 1932 by Adolf Brand in Berlin. In 1918, Hirschfeld founded the Institute of Sex Science in Berlin. Despite being called an early gay liberator, Hirschfeld still adhered to a type of disease model and considered homosexual men to be an “intermediate sex.” It was this position that caused his rift with Brand and Freidlander (Sears, 2006).

Freud in the early twentieth century widened the scope of the disease model to include psychological components. Freud’s position was that homosexuality is an arrest in psychosexual development and a deviation from the normal developmental path to heterosexuality (Murphy, 1991). In the 1950s, clinical research focused on the origins of homosexuality. This included examining the question of whether or not it was an inborn trait or an acquired condition. Both psychoanalytic and behavioral approaches to treating homosexuality were reported in the literature during this time period. Prior to the 1970s, much of the research was still based on the disease model and mental health professionals were still focused on changing the orientation of GLBT persons (Berube, 1991). The U.S. military was also interested in studying homosexual behavior in men. This research was done as a way to understand the behavior and to prevent it from occurring. The military used large numbers of men in all-male environments to conduct these studies throughout World War I and World War II (Berube, 1991).

It was shortly after this time that researchers began to study homosexuality as it occurs in the population, with an emphasis on homosexuality as a normal part of human behavior. Kinsey directed a landmark study and produced the book *Sexual Behavior in the Human Male* (Kinsey, Pomeroy, & Martin, 1948), followed by *Sexual Behavior in the Human Female* (Kinsey, Pomeroy, Martin, & Gebhard, 1953). It was Kinsey’s creation of the “Kinsey Scale” that placed sexual orientation on a continuum and shocked many

with reported rates of homosexual behavior far above general expectations. The Kinsey scale attempts to describe a person's sexual history or episodes of their sexual activity at a given time. It uses a scale from 0, meaning exclusively heterosexual, to 6, meaning exclusively homosexual.

During the 1940s into the 1960s in the United States research began to change how homosexuality was viewed in psychology and psychiatry. In 1973, a committee of activists met with the American Psychiatric Association, and argued that declassifying homosexuality as a diagnosable disorder would help eliminate discrimination and foster civil protection for gay people (Silverstein, 2009). They believed that declassifying homosexuality as a disorder was essential "because the psychiatric profession was one of the 'gate-keepers' of society's attitudes" (Silverstein, 2009, p. 161). The American Psychiatric Association decided to officially remove homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders-III (DSM-III)*. Then in 1975, the American Psychological Association followed suit by issuing a statement that homosexuality implies no impairment in judgment, stability, reliability, or general social or vocational capabilities. The studies of this time began to move away from a debate about homosexuality as a disease (O'Donohue & Caselles, 1993); however, these did not completely disappear.

After 1972 researchers began to shift away from using the disease model to explain homosexuality however did not completely abandon the model. During this time researchers Masters and Johnson (1979) argued from their research that homosexuality was not a disease. However they continued to provide therapies designed to change (cure?) homosexuality. It was also during this time that some researchers began to

explore the possibilities that there were biological causes of homosexuality. Some researchers hoped to be reformers and tried to remove the stigma of sin and crime from homosexuality. There were also studies of genetic causes, including studies into twins (Hershberger, 1997). Gender nonconformity was another area examined with the hope of explaining what led children to homosexuality in adulthood. These studies were called the “sissy” and “tomboy” studies (Rottnek, 1999). Some of these became clearly focused on homosexuality as a disease, which it was argued could be treated in childhood (Zucker & Green, 1993).

Despite the intentions and the achievements of the American Psychiatric Association and the American Psychological Association, efforts to reorient GLBT persons continued in the form of conversion therapies. These types of therapies caused significant ethical debates in health care for GLBT persons (Haldeman, 1994). In 1992, a group of scientists founded the National Association for Research and Therapy of Homosexuality (www.narth.com). This organization openly supported a disease model of homosexuality and engaged in activism against GLBT rights movements. Another tactic was to accuse researchers who tried to change policies in schools of attempting to recruit the young into GLBT lifestyles, and used their own research to support this perspective.

Instead of focusing on the causes or cures of homosexuality, research began to study non-GLBT persons and their mostly negative attitudes toward homosexuality (O’Donohue & Caselles, 1993). The “disease model” began to be applied to non-GLBT persons to describe their reactions to homosexuality. Another important development of this time was that the research began to focus on describing and understanding what it was like to be a GLBT person.

Around the same time of the removal of homosexuality from the *Diagnostic Statistical Manual*, a new term came into existence that referred to psychological pathology in heterosexual persons who had negative attitudes toward homosexuality: homophobia. Weinberg (1972) is credited with originating the term “homophobia,” but the concept had earlier origins. Researchers had implied that negative societal attitudes are responsible for generating difficulties for gay and lesbian people before homosexuality was removed from the *DSM* (Churchill, 1967; Cory, 1951; Hoffman, 1968; Hooker, 1965; Szasz, 1965). Although the term “homophobia” is commonly understood to refer to discrimination related to homosexuals, the term was created initially to reflect a fear of homosexuality (Weinberg, 1972) based on a fear of being or becoming gay (Herek, 1994). As Weinberg himself explained, he “‘coined the term homophobia to mean it was a phobia about homosexuals.... It was a fear of homosexuals which seemed to be associated with a fear of contagion’” (Herek, 2006, p. 7).

Researchers have found that the role of personal contact with GLBT persons has an effect in reducing negative attitudes toward homosexuality. Many researchers claim that persons with more positive attitudes toward homosexuality were more likely to know GLBT persons (Glassner & Owen, 1976; Hansen, 1982a, 1982b; Herek, 1984a, 1984b, 1991; Herek & Glunt, 1993; Millham et al., 1976; Morin, 1974). Millham et al. (1976) found that heterosexual people who reported knowing someone homosexual, such as a friend or family member, were significantly less anxious, less discriminatory, and less likely to believe homosexuality is dangerous, sinful, or morally wrong. An important component of this correlation, is the discovery that persons who possess characteristics making them more likely to have positive attitudes toward homosexuality (educated, liberal, young), also made them more likely to know GLBT persons. Contrarily,

extremely homophobic persons were less likely to know GLBT persons. The explanation was that personal contact reduced negative attitudes toward homosexuality and positive attitudes also seemed to cause persons to come into contact with GLBT persons (Herek & Glunt, 1993).

Psychiatric and Substance Abuse Disorders

Recent studies have revealed an increased risk for depression or suicidality in gay and bisexual individuals compared to heterosexuals (e.g., Fergusson, Horwood, & Beauvais 1999; Safren & Heimberg, 1999) and that sexual minority men may be at higher risk for eating disorders (Russell & Keel, 2002; Siever, 1994). More than 90% of suicides are associated with mental and addictive disorders, which are major risk factors for suicide attempts (Moscicki, 1997). Because a psychiatric disorder is generally a necessary condition for suicide (Barraclough, Bunch, Nelson, & Sainsbury, 1974; Moscicki, 1997), the presence or absence of a psychiatric disorder does not distinguish people who suicide from those who do not. This means that many people who exhibit a psychiatric disorder do not attempt suicide, but among persons attempting or dying by suicide, most are afflicted by one or more psychiatric disorders. Analyses of population-based mental health surveys have found evidence for higher rates of major depression, anxiety, mood, panic, substance use disorders, psychological distress, experiences with discrimination, childhood emotional and physical maltreatment and suicide symptoms in individuals disclosing same-sex sexual behavior or identifying as homosexual compared to the rest of those surveyed (Cochran & Mays, 2000a; Cochran & Mays, 2000b; Cochran, Sullivan, & Mays, 2003; Corliss, Cochran, & Mays, 2002).

Social stigma is a stressor with profound mental health consequences. This stigma can produce inwardly directed feelings of shame and self-hatred that give rise to low self-

esteem, suicidality, depression, anxiety, substance abuse, and feelings of powerlessness and despair that limit health-seeking behaviors (Meyer 2001). Lesbians report higher rates of alcohol and drug dependence compared to women who report no homosexual behavior, and homosexually active men report higher rates of major depression and panic attack compared to men who report no homosexual behavior (Cochran & Mays, 2000a). A study in New Zealand of GLBT youths found these youths to be at higher risk for major depression, generalized anxiety disorder and conduct disorders than were non GLBT youth (Fergusson, Horwood, & Beautrais 1991). Among 515 transsexuals sampled in San Francisco in 2001, Clements-Nolle and colleagues reported depression among 62% of the transgender women and 55% of the transgender men; 32% of the sample had attempted suicide (Clements-Nolle et al., 2001). Adolescents are the most uninsured and underinsured among all age groups, and GLBT youths perhaps face the greatest barriers to appropriate, sensitive care (Garofalo et al., 2006).

Berg and colleagues studied the “Mental Health Concerns of Gay and Bisexual Men Seeking Mental Health Services.” They reviewed the mental health information of all HIV-negative gay and bisexual men during their intake at a large urban GLBT - focused health center over a six-month period. The problems most frequent presenting were depression, anxiety, and relationship issues, issues similar to the mental health concerns expressed among other population groups, but characterized by psychosocial stressors unique to sexual minorities, including stigma, homophobia and isolation (Berg et al., 2008).

Substance use increases the risk of HIV transmission directly, through contaminated injections, as well as indirectly, through decreased antiretroviral medication adherence (Crepaz & Marks, 2001). A review of 25 years of research by Bux (1996) on

alcohol use and abuse among GLBT people reported the following: gay men are not at higher risk for heavy drinking or alcohol abuse than heterosexual men; rates of problem drinking may be higher for lesbians than for heterosexual women, and the rates are more similar to those for gay and heterosexual men (for whom rates are higher than those for heterosexual women); gay men and lesbians are less likely to abstain from alcohol than heterosexuals; and drinking and drinking-related problems among gay men have decreased over time, perhaps because of changes in community norms about alcohol.

Gay men and lesbians have been found to use a broad array of drugs, and at rates that are in some instances higher than those for heterosexual samples (Skinner, 1994). It was reported that gay men are more likely than heterosexual men to use a variety of drugs; certain drugs are particularly popular among gay men (e.g., amyl nitrate and amphetamines); and despite polydrug use over time, few gay men abuse any one drug.

Health Care Issues

A national public health goal is to eliminate disparities in healthcare among minorities (US DHHS, 2000). However, stigmatizing social conditions, particularly among youth, racial/ethnic minorities, transgender and intersex individuals, contribute to a number of health disparities shared to varying degrees among GLBT populations. These include access and utilization of programs and services. An example is the Women's Health Initiative, a US sample of 96,000 older women, found that lesbians and bisexual women were significantly more likely to be uninsured compared to heterosexual women (10, 12 and 7%, respectively) (Valanis et al., 2000). It has been reported that in the United States men who have sex with men continue to be disproportionately affected by HIV/AIDS, accounting for 49% of all HIV/AIDS cases diagnosed in 2005 (CDC, 2006), with depression occurring among 20-37% of infected individuals (Olatunji et al.,

2006). Adolescents are the most uninsured and underinsured among all age groups, and GLBT youths perhaps face the greatest barriers to appropriate, sensitive care (Garofalo et al., 2006).

Several cross-sectional studies have established relationships between mental health symptoms and HIV transmission behaviors (e.g., Bing et al., 2001). The results of these studies are important, given the high rates of mental health symptoms and disorders among GLBT population (Lyketsos, Hanson, Fishman, McHugh, & Treisman, 1994). Similar to substance use, sexual risk-taking, as measured by both the number of unprotected vaginal or anal sex acts and the number of sexual partners of unknown or HIV-negative serostatus, is associated with HIV transmission.

By the beginning of the 21st century, the American Public Health Association had acknowledged the special health concerns of GLBT populations with a policy statement on the need for research on gender identity and sexual orientation and a subsequent journal issue wholly dedicated to the topic in 2001 (American Public Health Association, 1999; Meyer, 2001). In a show of support the U.S. government published an Institute of Medicine report on lesbian health in 1999 (Solarz, 1999) and included gays and lesbians in *Healthy People 2010*, the 10-year blueprint for public health produced by the Federal Department of Health and Human Services, and published the landmark *Healthy People 2010 Companion Document for GLBT Health* (U.S. Department of Health and Human Services, 2000; Gay and Lesbian Medical Association et al., 2001). These policies are meant to potentially influence research, funding and programs that directly impact the lives and well-being of GLBT people and their families.

Discrimination

Inequalities that individuals with alternative sexualities confront include the inability to marry in most states, sodomy statutes, lack of tax shelters and no federally recognized inheritance laws. Lesbian and gay parents do not have access to the same benefits and protections afforded to married people. These include legal affirmations of partners' responsibilities and commitment to each other and their children, tax privileges, and protections related to medical decisions, death, finances, and custody (Pawelski et al., 2006). Inequities such as these create an atmosphere where individuals with alternative sexualities lack basic human rights (Amnesty International, 1999). Regardless of the specific model of prejudice, empirical evidence has supported both the existence of modern sexism, as well as its relationship to other social science constructs and discriminatory behaviors (Yakushko, 2005).

Legislation and ballot initiatives that limit the rights of gay, lesbian, bisexual, and transgender individuals have become prevalent in recent years. Constitutional amendments that restrict marriage to one man and one woman (Human Rights Campaign, 2006) have been enacted in 26 states. Eight states passed such legislation in 2006 alone. The Defense of Marriage Act, passed in 1996, allowed individual states to refuse to recognize same-sex unions sanctioned in other states and established that the federal government will not recognize same-sex unions for any reason, even if said union is recognized by a state government (Feigen, 2004; Herek, 2006). In the United States, there are 1,138 federal provisions available only to couples with a marriage license (Pawelski et al., 2006). Therefore, lesbian and gay parents who are denied the privilege to marry are also denied access to these many benefits and protections.

Exploring changes in attitudes toward homosexuality in the United States over three decades, Loftus (2001) reports that Americans have become more supportive of civil liberties for lesbians and gay men, and reports that there has been an overall significant improvement in general attitudes over the last decade. However, concurrent with the increased support of civil liberties for lesbians and gay men is the continued belief that homosexuality is immoral (Loftus, 2001). Lesbians and gay men continue to be one of the top social groups targeted for hate crimes and harassment (Berrill, 1992; Houser & Ham, 2004; U.S. Department of Justice, 2001; Whitley, 2001), and there has been an increase in highly publicized violence against the population (Lacayo, 1998). Gay men who have come out tend to earn less income than heterosexual men, and gay men who come out during adolescence have significantly lower levels of educational achievement than do heterosexual men (Kenneavy, 2003). Harassment and violence can be manifestations of discrimination and homophobia. Many GLBT people report a history of verbal, physical, or sexual abuse at the hands of peers, family members, other community members, and even teachers, often due to their sexual orientation or perceived sexual orientation (Hershberger & D'Augelli, 1999). Although adolescents who have non-heterosexual friends are more accepting of homosexuality (Heinz & Horn, 2009), out of high school students 1 in 10 said they had been physically harassed as a result of their "real or perceived sexual orientation" (Brown & Henriquez, 2008).

Loftus, (2001) explored the relationship between the family of origin and graduate counseling student's beliefs and attitudes toward lesbians and gay men. The research study measured three specific dimensions of family functioning: conflict, intellectual-cultural orientation, and moral-religious emphasis. Current literature suggests that these constructs have a significant correlation with adults who hold a decidedly strong attitude

toward homosexuality (Moos & Moos, 1986). Thirty years ago the American Psychological Association (APA), deemed that homosexuality was not a mental illness (APA, 1980). However, long held beliefs and attitudes are not changed with the new edition of a text. The transition from mental illness to sexual orientation in the beliefs and attitudes of counseling professionals should start in the training programs (Israel & Hackett, 2004) where future practitioners can be equipped with the knowledge, training, and supervision required to work with this diverse population.

Kissinger's (2009) research study participants were graduate counseling (34%), social work (33.1%), and rehabilitation (8.1%) students (one-fourth provided multiple responses), enrolled in one of two southern universities. A total of 143 students participated in the study, 85.9% female and 14.1% male. The ethnicity of the participants was: 85.1% Caucasian, 9.2% African American, and 2.1% Asian. The median age of the participants was 28.21.

Participants were given a survey packet consisting of demographic questions, a copy of the Family Environment Scale (Moos & Moos, 1986) and a copy of the Attitudes toward Lesbians and Gay Men scale (ATLG; Herek, 1994). The FES-R was used to differentiate between normal and dysfunctional families and family types. The FES-R is a 90-question self-report questionnaire that generates standard scores on three subscales: relationship, personal growth, and system maintenance. The ATLG is a 20 item, self-report, 9-point Likert-type scale developed to measure attitudes toward lesbians and gay men. Studies of the ATLG (Herek, 1988, 1994) have consistently reported a very high reliability, from .90 to .95.

The results of this study were consistent with the findings that conflict, intellectual-cultural-orientation, and moral-religious emphasis are predictors of strong

attitudes toward sexual minorities. The conflict dimension refers to the degree in which anger and conflict are openly displayed in the home. In the study homes with higher levels of conflict reported higher levels of negativity toward gay men. The researchers found conflict a necessary step in the change process. Stating that, “ For some men, this family dynamic may provide the safety necessary to openly express negative attitudes toward sexual minorities and initiate the process of constructing more accepting narratives toward sexual minorities” (Kissinger, 2010).

The moral-religious dimension was significantly correlated with negative attitudes toward lesbians and gay men. The intellectual-cultural orientation dimension refers to a family’s interest in political, intellectual, or cultural events. These factors were found to have less negative attitudes toward lesbians and gay men. It has been suggested in the literature that younger people have a more favorable attitude toward sexual minorities (Sax et al., 2001) however, that was not found in this study. This study found that the younger graduate counseling students continued to adopt the attitude of the family of origin, positive or negative.

Trusty (2007) conducted a research study to measure the attitudes of Master’s-Level counseling students toward gay men and lesbians. Because most counselors can expect to have clients who are gay (Corey et al., 1998), ethical counseling practitioners must be aware of their attitudes toward individuals who are a sexual minority. Rochlin (1985) asserted that counselors who have positive opinions about individuals who are homosexual are more likely to be helpful to their gay and lesbian clients. While the inverse is also true, a counselor who has negative attitudes may be less helpful, or possibly be harmful (Buhrke & Douce, 1991).

The research questions in this study included: which variables (gender, place of residence, previous experience with gay men, previous experience with lesbians, political views, religiosity, the interaction of political views and religiosity, and experience as a client in counseling) best predict the attitudes reported by heterosexual master's- level counseling students?

Participants in the study were enrolled in a Master's Counseling program that was accredited by the CACREP (Council for the Accreditation of Counseling and Related Educational Programs) in a medium-size, regional university. Of the 132 participants the majority were female 85.6%, and 14.4% male. All participants reported that they were heterosexual, and planned to practice counseling when finished with their counseling program; additionally they consented to the study before they were included.

The instruments that were used included an extensive Information Questionnaire, the Attitudes Toward Lesbians and Gay Men Scale (ATLG; Herek, 1988), and the Balanced Inventory of Desirable Responding (BIDR; Paulhus, 1988). The BIDR was developed to measure two types of biased responding: self-deception and image management. Paulhus (1991) defined response bias as "a systematic tendency to respond to a range of questionnaire items on some basis other than the specific item content" he defined self deception as "honest but overly positive self presentation".

The research study found that 58% of the predictor variables could account for the variability in attitudes toward gay men and lesbians. A positive experience with a lesbian was a moderate predictor of a positive attitude toward lesbians. Although experience with gay men showed similar results as that with lesbians, the relationship was not as strong. Religiosity was found to have a strong correlation. The data indicated that the more religious counselors-in-training were, the more negative their attitudes were. Political

views had a similar association. The more conservative a participant's political views were, the more negative their attitude. Conversely, the more liberal the political views the more positive the attitude toward gay men and lesbians.

Counselor educators are not charged to change the religious and political views of their counselor trainees; however it is the counselor educator's responsibility to expose students to the effects of negative attitudes and the danger of imposing those attitudes in the counseling relationship (ACA, 2005). The educators must help the counseling students reconcile their ethical obligation to work effectively with sexual minority clients with their personal views and beliefs.

Cochran, Sullivan and Mays (2003) conducted a research study on the prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. Though the "illness" model of homosexuality no longer exists, there is increasing concern that the social stigma of being homosexual may be the cause of increased psychological disorders (Fife & Wright, 2000). The purpose of this investigation was to examine the association between sexual orientation and psychological morbidity.

The data for this study were obtained from the MacArthur Foundation National Survey of Midlife Development in the United States (MIDUS; Brim et al., 1996) a recently conducted population study of over 3,000 American adult's ages 25 to 74 years. Sexual orientation was ascertained from the study as well as 1- year prevalence of several mental health disorders along with a broad range of additional mental health indicators. Additionally, the study examined the mental health use of sexual minorities. Two recent studies have found that this population may use mental health service at a higher rate than others (Cochran and May, 2000b).

The MIDUS study was conducted in 1995 to investigate the social and psychological determinants of physical health and psychological well-being among Americans at mid-life (Brim et al., 1996). The method for sampling was a random digit-dial telephone-sampling of noninstitutionalized, English-speaking citizens in the contiguous United States. One individual was selected from each household and interviewed over the phone in Phase I. Phase II consisted of respondents completing and returning a questionnaire.

The study findings indicated that gay and bisexual men were more likely to be diagnosed with at least five mental health disorders. Specifically, gay and bisexual men were 3 times as likely to meet the criteria for major depression and 4.7 times more likely to meet the criteria for panic disorder, than heterosexual men.

Differences between lesbian-bisexual and heterosexual women in prevalence of individual mental health disorders were less common than the differences between men. Only generalized anxiety disorder appeared more prevalent in lesbian-bisexual women than heterosexual women. However, gay-bisexual men and lesbian-bisexual women were five times more likely to be dually diagnosed than the heterosexual population.

Over half of the gay-bisexual men reported using one of four mental health services in the past 12 months. The services included seeing a mental health professional, seeing a general practitioner for mental health reasons, attending a support group, or taking a prescribed medication for an emotional or mental health complaint. Two-thirds of lesbian-bisexual women reported using the same mental health services. Sexual orientation is associated with higher levels of mental health issues than heterosexual individuals, however it is important to note that 58% of the GLBT study respondents did not evidence any mental health issues, nor did they access any mental health care.

D'Augelli, Hershberger, and Pilkington (1998) conducted an international survey study to discover the suicidality patterns and sexual orientation related factors among lesbian, gay, and bisexual youths. The evidence has indicated that lesbian, gay, and bisexual youths are at increased risk for a range of mental health issues (D'Augelli & Hershberger, 1993). There is additional evidence of increased alcohol and drug abuse, risky sexual behaviors, and a higher risk for suicide attempts (e.g., D'Augelli & Hershberger, 1993).

A population-based study conducted in Minnesota in 1998 (Remafedi et al., 1998) confirmed an association between sexual orientation and suicide risk. Among the gay-bisexual males 28% reported a suicide attempt compared to 4% of the heterosexual males. The difference in females was not as pronounced: 28% of lesbian reported an attempt, while 14% of heterosexual reported an attempt. The reasons for the increased risk for suicide attempt are directly related to sexual orientation: it is the unique issue of rejection solely because of sexual identity that leaves the GLBT teen at risk. Disclosure of sexual orientation is a particularly dangerous time. 51% of youths who told their families of their sexual orientation reported a suicide attempt, compared to 12% who did not disclose their sexual identity (D'Augelli & Hershberger, 1998).

The study examined the suicidal thinking and suicide attempts of a sample of 350 youths' ages 14 to 21 years of age. The researchers attempted to explore gender differences as well as the increased risk of suicidality due to openness about sexual orientation. It was predicted that parents' negative reaction to the disclosure of sexual orientation would be associated with more suicide attempts.

The survey data were compiled by sending out 1000 surveys to 39 community-based organizations listed in a national registry for social and recreational groups for

GLBT teens, 260 survey packets were returned. The organizations were located in the United States, Canada, and New Zealand. Additional surveys were sent to colleges in the same countries and 90 returned surveys were used for the study.

The responses regarding the desire to commit suicide indicated that 42% of the respondents had sometimes or often thought of taking their own lives, and one-quarter of the youths stated that they had seriously thought of taking their own life in the past year. A substantial finding is that 22% clearly said that thoughts of suicide were directly related to their sexual orientation, while 53% said that their suicidal thoughts were not very or not at all related to their sexual orientation. Significantly, the data showed that 116 of the study participants had reported a past suicide attempt. The number of attempts ranged from 1 to 16, averaging 3. Of the entire sample 10%, n=35 reported an attempt in the last year. 62% of the attempts required medical treatment. The mean age of the suicide attempts was 15.7.

Disclosure to parents about sexual orientation, of the 81 youths who have told their mothers about their sexual orientation 66% (n=53) made their first suicide attempt before telling their mothers, and 16% (n=13) made their first attempt after their mothers were informed. Fathers learned about the sexual orientation at or about the same time as mothers, so the same suicidality pattern holds true for fathers. The rates of suicidal ideation and behaviors in lgb teens are substantially higher than their heterosexual peers. Important gender differences were established. Young lesbian and bisexual females were more likely to express a desire to hurt themselves, while gay and bisexual males reported more often feeling that they would like to be dead because of their sexual orientation.

D'Augelli, Hershberger, and Pilkington (1998) examined the factors that differentiated youth whose parents were aware of their child's sexual orientation from

youth, compared to parents who were not aware. The process of disclosing homosexuality to family members is stressful (Savin-William, 1994). Fear of negative parental reactions accounts for the secrecy and the wide variety of disclosure rates. D'Audelli et al. (1998) found that lesbian, gay men, and bisexual men and women teens who disclosed were at more risk of verbal and physical abuse than teens that did not disclose.

D'Audelli et al. (1998) examined findings from their study that are related to parent's awareness of their child's sexual orientation. The researchers analyzed atypical characteristics that may be associated with the recognition of sexual orientation. The researchers hypothesized that youth that were more gender atypical would be recognized as lesbian, gay men and bisexual by their parents. Additionally, the study inquired about past psychological parental abuse and youth's openness about sexual orientation; internalized homophobia and perceived family support.

Participants in the study were interviewed privately by master's-level health clinicians. The 293 participants were ages 15-19 living in New York City or surrounding suburbs. They were recruited from three community-based organizations providing social, recreational, and educational services to lesbian, gay men, and bisexual youth. Youth at the centers were offered \$30.00 to participate in the 2 to 3 hour interview.

Youth who identified themselves as more lesbian or gay than bisexual and who had more atypical gender characteristics were more likely to have aware parents. Being more atypical provides parents with "clues" and may also have prompted such youth to tell their parents. Study findings substantiated results showing that past verbal abuse on the basis of sexual orientation by parents is related to parent's awareness of youth's

sexual orientation. Youth with aware parents reported less homophobia and less fear of parental victimization about being lesbian, gay men, and bisexual.

Conversely, the youth that had more typical characteristics appeared to have a harder time telling their parents. Over one-third of the youth had parents who did not know, because the youth were fearful of the consequences. Nearly half of the youth whose fathers did not know stated that they would never tell their fathers, these youth were raised by these men, perhaps their reluctance is justified.

Corliss, Cochran, and Mays (2002) analyzed the data obtained by adult respondents to the MIDUS (1996), a survey conducted by the John D. and Catherine T. MacArthur Foundation Network on Successful Midlife Development, to discover reports of parental maltreatment during childhood in a United States population-based survey of homosexual, bisexual, and heterosexual adults. The prevalence of maltreatment during childhood, including physical, sexual, psychological, and emotional abuse and/or neglect remains an important health concern in the United States. There appears to be some specific characteristics that lead to a higher incidence of maltreatment such as: physical or mental disability, the exhibition of opposite-sex linked behaviors (McConaghy & Silove, 1992), and identification as gay, lesbian, or bisexual (Tjaden, Thoennes, & Allison, 1999).

Research in the area of maltreatment of GLBT has been collected through reports by youth seeking services through agencies serving homosexually oriented youth. Martin and Herek (1988) found that 40% of youth seeking help reported physical violence, with approximately half of the violence occurring within their families of origin. Twenty-two percent of these youth reported experiencing sexual abuse. Furthermore, several studies conducted in Massachusetts (Faulkner and Cranston, 1998) and Minnesota (Saewyc,

1999) discovered higher rates of violence toward lesbian, gay men, and bisexual youth within their school and community.

The MIDUS survey consisted of 3032 eligible participants who volunteered to answer verbal question and also completed a written questionnaire. The findings of the research study indicate that adults who are GLBT are more likely to have experienced maltreatment than heterosexual men and women. The researchers of the current study have identified four factors that may contribute to the likelihood of childhood maltreatment: (a) direct disclosure of being a sexual minority, (b) youth from a sexual minority group may be more likely to engage in disruptive behaviors, (c) children who grow up to be a sexual minority may display gender atypical behavior, and (d) youth who identify as GLBT by 21 may come from homes that have been disrupted; separation, divorce, parental criminal behavior. The authors of this study have identified several limitations but unequivocally submit that the current findings cannot be underestimated, it is essential that service providers for this population are aware of potential early maltreatment and its effect on subsequent mental and physical disorders.

Lyons, Brenner, and Lipman (2010) conducted a research study on the patterns of career and identity interference for lesbian, gay and bisexual young adults. Theorists in this field have asserted that GLBT young adults are at a heightened risk for lack of career preparation (McFarland, 1998) because their “primary developmental task” is sexual identity development. The rationale for this theory is that competing demands of sexual identity development and career choice are at the same phase of life. Further interference in career choice is legalized discrimination in the workplace, lack of same-sex partner benefits and/or state policies that do not protect GLBT against discrimination based on sexual minority status.

Participants in the study were 127 individuals who identified themselves as GLBT; they resided in 27 states with a median age of 22.43. The educational attainment of the participants ranged from: four-year college degree 37.8%, some four-year college, 37.8%, or high-school graduate 8.7%. The results of the study indicated that the vast majority of participants indicated that among the two variables, they had found equilibrium, or a lack of competition between the two developmental processes. A possible factor in the outcome of the study is the changing culture and societal stigmas associated with a minority sexual orientation. Furthermore, the age at which the current generation struggles with a vocational identity is later in their 20's, when the task of forming a sexual identity and acceptance of their sexual orientation no longer overlaps.

Summary

This chapter has provided a detailed analysis of the current literature as it pertains to counselor's attitudes and homosexuality. Social Cognitive Theory was used to explain how learning occurs within a social context and that behavior is thought to be learned through a combination of environmental and psychological factors. The literature continues to support the need for continued research into counselors' attitudes toward homosexuality.

CHAPTER THREE

METHODOLOGY

Introduction

This chapter presents a description of the methods that were used to collect and analyze the data needed to address the research questions developed for this study. The topics that are included in this chapter are: restatement of the purpose, research design, setting for the study, participants, instrumentation, data collection procedures, and data analysis. Each of these topics is presented separately.

Restatement of the Purpose

The purpose of the study is to examine the impact of a human sexuality workshop on the implicit and explicit attitudes of graduate counseling students toward homosexuality. Practicing counselors can expect to have clients who are gay or lesbian. Ethically it is essential that counselors should be aware of their own attitudes toward individuals from these groups (Corey et al., 1998). Literature suggested that counselors who have positive opinions regarding homosexuality are more helpful to their gay and lesbian clients, while conversely, negative attitudes are less helpful and may be harmful to these clients (Buhrke & Douce, 1991).

Research Design

This study used a quasi-experimental research design to examine changes in perceptions of homosexuality among master and doctoral level students in a counseling program. A one-group pretest-posttest design formed the basis for this study (Campbell & Stanley, 1963). Because the study did not include a control group, Campbell and Stanley have described it as a pre-experimental design. Figure 1 presents a graphical representation of the research design.

Figure 1

One-Group Pretest-Posttest Design

O ₁	X	O ₂
O ₁ Pretest		
X Experimental Treatment		
O ₂ Posttest		

Quasi-experimental and experimental research designs are subject to threats to the internal and external validity of the design. Historically, the first threat to internal validity occurs when events take place in the period between the pretest and posttest that could affect responses to the surveys. Because participants participated in the seminar for three consecutive days two weeks apart, the probability that an event would occur that could affect their responses was minimal. Maturation may be a second threat that could affect the ability of the study to be generalized to a larger population. An additional threat to the research design is testing that could influence posttest outcomes. The seminar participants possibly could learn from the pretest, with their posttest scores indicating that learning. The use of analysis of covariance procedures to remove the influence of pretest scores from the posttest provided a means of controlling for this threat. Testing was a threat that could affect posttest outcomes as participants could learn from the pretest and their scores on the posttest could reflect that learning. The use of analysis of covariance procedures to test the hypotheses could control for this threat to the internal validity. The threat related to instrumentation was of limited concern as the researcher was using valid, reliable measures to collect quantitative data.

Setting for the Study

A large, urban university was the setting for the present study. This university is a doctoral/research intensive university and is located in the Midwest. In the winter, 2010 semester, a total of 31,786 students were enrolled in 350 undergraduate, post-bachelor's, masters, doctoral, professional, specialist and certificate programs in 13 schools and colleges. Men and women from 49 states and more than 70 countries are attending the university, making it the most ethnically diverse student body in Michigan. The counselor education program includes both master and doctoral level students who are eligible to obtain licensure in the state of Michigan as professional counselors and/or work in K-12 schools as guidance counselors. Approximately 350 students are enrolled in graduate counseling education program at this university.

Participants

Graduate level students in the counselor education program in the College of Education at the large, urban university were asked to participate in the study. These students were enrolled in a human sexuality workshop in the winter semester of 2011. They completed a six-day seminar on human sexuality, of which homosexuality was included as a topic. Two semester credit hours were earned in this workshop. Twenty-three students participated in the winter seminar. All students who were enrolled in the course were invited to participate in the study.

Instruments

The graduate students were asked to complete three instruments; the Homosexuality Attitude Scale (Kite & Deaux, 1986), the Brief Sexual Attitudes Scale (Hendrick, Hendrick, & Reich, 2006), and an original demographic survey developed by the researcher.

Homosexuality Attitude Scale (HAS)

The Homosexuality Attitude Scale (HAS; Kite & Deaux, 1986) is a 21-item scale that was developed to measure perceptions of the stereotypes, misconceptions, and anxieties that people have regarding homosexuality. The unidimensional scale uses a 5-point Likert scale to determine the extent to which participants have either favorable or unfavorable attitudes about homosexual men and women. The higher numbers on the scale are more indicative of negative perceptions.

Participants rated each of the scale items from 1 for strongly agree to 5 for strongly disagree. The numeric values for each item were summed to obtain a total score. The total score was then divided by 21 to obtain a mean score that reflected the original scale.

Reliability.

According to Kite and Deaux (1986), the reliability of the instrument was determined using Cronbach alpha coefficients to establish internal consistency and test-retest correlations to measure stability. The obtained alpha coefficient of .92 provided support that the instrument has good internal consistency. The test-retest correlation of .71 indicated that the scale has adequate stability.

Validity.

The validity of the scale was determined by correlating the scores on the HAS with different measures. For example a statistically significant correlation ($r = .50, p < .001$) was found between the HAS and the FEM Scale (Kite & Deaux, 1986). The FEM measures attitudes regarding feminism. In contrast, the HAS was not related to the agency/communion factors of the Personal Attributes Questionnaire (Spence, Helmreich, & Stapp as cited in Kite & Deaux, 1986) or the Bem Sex Role Inventory (Bem as cited in

Kite & Deaux, 1986). Kite and Deaux (1986) reported no statistically significant correlations were obtained between the HAS and Snyder's Self-monitoring scale, Marlowe-Crown Social Desirability Scale, or the Rosenberg Self-esteem Scale. Based on these findings, it appears that the HAS has good criterion validity.

A factor analysis using an oblique rotation was conducted by Kite and Deaux (1986) using scores obtained from a large sample of male and female students at Purdue University. Results of this analysis indicated that the 21 items on the survey loaded on a single factor that measured attitudes toward homosexuality.

The Brief Sexual Attitudes Scale (BSAS)

The Brief Sexual Attitudes Scale (BSAS; Hendrick, Hendrick, & Reich, 2006) was an adaptation of the Sexual Attitudes Scale (Hendrick & Hendrick as cited in Hendrick et al., 2006). The 23-item scale includes four subscales (permissiveness, birth control, communion, and instrumentality) that measure attitudes about sex. The items on the scale are rated using a 5-point Likert scale ranging from 1 for strongly agree to 5 for strongly disagree. Table 1 presents the items on the survey for each subscale.

Table 1

Subscales on the Brief Sexual Attitudes Scale

Subscale	Conceptual Definition	Survey Items	α
Permissiveness	Casual sexuality	1, 2, 3, 4, 5, 6, 7, 8, 9, 10	.93
Birth Control	Responsible, tolerant sexuality	11, 12, 13	.84
Communion	Idealistic sexuality	14, 15, 16, 17, 18	.71
Instrumentality	Biological, utilitarian sexuality	19, 20, 21, 22, 23	.77

The scoring on this instrument was accomplished by summing the numeric values for the items associated with each subscale. The total score for each subscale was then divided by the number of items on that subscale to obtain a mean score for the subscale.

The use of mean scores allowed measurement in the original rating scale and also provided a way to compare directly subscale scores that had a different number of items.

Reliability.

Cronbach alpha coefficients as measures of internal consistency were reported by Hendrick et al. (2006). The coefficients for permissiveness (.95), birth control (.88), communion (.73), and instrumentality (.77) were indicative of adequate internal consistency as a measure of reliability.

Validity.

Hendrick et al. (2006) reported on the correlations between the Love Attitudes Scale, Short Form (Hendrick et al., 1998) and the BSAS. The correlations were statistically significant in the expected direction, indicating that the instrument has good criterion validity.

An exploratory principal components factor analysis with a varimax rotation was used to determine construct validity of the 23 items on the BSAS. The results of the analysis produced four factors, permissiveness, birth control, communion, and instrumentality, each with an eigenvalue greater than 1.00, providing evidence that each factor was explaining a statistically significant amount of variance in the latent variable. A confirmatory factor analysis was used to determine the construct validity of the BSAS. The results of this analysis indicated that the four subscales were explaining statistically significant amounts of variance in the latent variable, sexual attitudes. Based on these findings, it appeared that the BSAS has good construct validity.

Demographic Survey

The participants were asked to complete a short demographic survey that was used to provide a composite description of the sample. The items on this survey used a

combination of fill-in-the-blanks and forced choice response formats. The participants were asked to select a four digit code (the last four numbers of their telephone number) to maintain control over the outstanding surveys and provide a way to match pretests with posttests. The items included on the demographic survey are: age, gender, marital status, education, current education program, current employment, and number of years working as a helping professional. The participants also were asked to indicate if they had worked with homosexuals in their professional practices. A comments section was provided if the participants want to add any remarks regarding their attitudes about human sexuality.

Workshop on Human Sexuality

The Human Sexuality Workshop was an elective that counseling students could take to complete their degree. The 2-credit hour course is conducted over two weekends and consists of:

1. Physical Anatomy (a review of the morphology of the human body);
2. HIV and ADIS (overview of the acquired immunodeficiency syndrome as a disease of the human immune system caused by the human immunodeficiency virus with emphasis on the sexual transmission of the disease);
3. Adolescent Sexuality (lecture addressing the sexual feelings, behavior and development in adolescents as a stage of human sexuality);
4. Treatment of Sexual Problems (Discussion of treatment modalities for sexual problems. Problems were defined as difficulty during any stage (desire, arousal, orgasm, and resolution) of the sexual act, which prevents the individual or couple from enjoying sexual activity);
5. Sex Education (Discussion of formal programs of instruction on a wide range of issues relating to human sexuality, including sexual reproduction, sexual

intercourse, reproductive health, emotional relations, reproductive rights and responsibilities, abstinence, contraception, and other aspects of human sexual behavior).

After each session, the students met in groups to discuss the presentations and what they learned from the lectures. This immediate reflection on the topic allowed students to internalize what they had learned and reinforced their understanding by sharing information with fellow students. The students were randomly assigned to their groups prior to the first session and remain in the groups throughout the workshop.

Data Collection Procedures

Following approval from the Human Investigation Committee (HIC) at Wayne State University, the researcher began the data collection process. He developed survey packets that included a copy of the research information sheet and copies of all surveys. The researcher counterbalanced surveys to reduce order effect that could occur by having all participants answer the surveys in the same order. The research information sheet contained all information on an informed consent form, but did not require a signature. The return of the completed surveys indicated the participant's willingness to participate in the study.

The researcher entered the classroom where the workshop was being held at a mutually agreeable time with the instructor. He explained the purpose and importance of the study. The participants were informed of the voluntary nature of the study and were told they could withdraw at any time. Along with assuring of the voluntary nature of the study the researcher also provided assurance of confidentiality for all of the participants. He then distributed consent forms along with the research information sheets to participants and asked them to review the information. Participants were also encouraged

to ask any questions regarding their involvement in the study. After the questions had been answered, the researcher distributed survey packets that contained surveys for the study. The researcher remained in the room while the students completed the surveys. He answered questions on a one-on-one basis, unless a question needed to be addressed to the class as a whole. The students were instructed to return their completed surveys in the envelope in which they were distributed. All data collection for the pretest was completed at the first meeting of the workshop.

At the second meeting, the same procedure was used to collect the data for the posttest, except the survey packet did not include a demographic survey. The students were asked to write the last four digits of their phone number on the survey. After completing the surveys, the students were instructed to place the surveys in the envelope in which they were distributed. No surveys were allowed out of the classroom. All data collection was completed at the end of the second meeting.

Data Analysis

The data collected from the surveys were matched using the phone numbers placed on the survey by the students. The survey responses were entered into a computer file using IBM-SPSS Ver. 19.0. The data analysis was presented in three sections. The first section used descriptive statistics (frequency distributions, crosstabulations, and measures of central tendency and dispersion) to provide a profile of the sample. The second section provided baseline data on the scaled variables. The results of the inferential statistical analyses used to address the research questions and test the associated hypotheses were included in the third section of the chapter. All results on the inferential statistical analyses were made using an alpha level of .05. Table 2 presents the statistical analyses that were used to address each research questions.

Table 2

Statistical Analysis

Research Questions and Hypotheses	Variables	Statistical Analysis
<p>1. To what extent does participation in a workshop about human sexuality with a session on homosexuality change graduate level students' attitudes toward homosexuality from pre- to posttest?</p> <p>H₀₁: Participation in a workshop about human sexuality with a session on homosexuality does not change graduate level students' attitudes toward homosexuality.</p> <p>H₁: Participation in a workshop about human sexuality with a session on homosexuality changes graduate level students' attitudes toward homosexuality.</p>	<p>Pretest scores for Homosexuality Attitude Scale Brief Sexual Attitudes Scale</p> <p>Posttest scores for Homosexuality Attitude Scale Brief Sexual Attitudes Scale</p>	<p>Paired t-tests were used to determine if scores for attitudes toward homosexuality and sexual attitudes differed from pretest to posttest.</p>
<p>2. Is there a difference from pre- to posttest between the attitudes toward homosexuality of graduate level students relative to their age?</p> <p>H₀₂: There is no difference between the attitudes toward homosexuality of graduate level students relative to their age.</p> <p>H₂: There is a difference between the attitudes toward homosexuality of graduate level students relative to their age.</p>	<p><u>Dependent Variable</u> Homosexuality Attitude Scale</p> <p><u>Independent Variable</u> Age of Students</p> <p><u>Covariate</u> Pretest scores on Homosexuality Attitude Scale</p>	<p>A one-way analysis of covariance (ANOVA) were used to determine if attitudes toward homosexuality differ among workshop participants of different age levels after adjusting for pretest scores on attitudes toward homosexuality</p>
<p>3. Is there a difference from pre- to posttest between the attitudes toward homosexuality of graduate level students relative to their gender?</p> <p>H₀₃: There is no difference between the attitudes toward homosexuality of graduate level students relative to their gender.</p> <p>H₃: There is a difference between the attitudes toward</p>	<p><u>Dependent Variable</u> Homosexuality Attitude Scale</p> <p><u>Independent Variable</u> Gender</p>	<p>A Mann-Whitney test for two independent samples was used to determine if there was a difference on attitudes toward homosexuality between male and female students.</p>

Research Questions and Hypotheses	Variables	Statistical Analysis
<p>homosexuality graduate level students relative to their gender.</p> <p>4. Is there a difference from pre- to posttest between attitudes toward homosexuality of graduate level students in the relationship to the years they have been enrolled in a Graduate Studies Program?</p> <p>H₀₄: There is no difference between attitudes toward homosexuality of graduate level students in the relationship to the years they have been enrolled in a Graduate Studies Program.</p> <p>H₄: There is a difference between attitudes toward homosexuality of graduate level students in the relationship to the years they have been enrolled in a Graduate Studies Program.</p>	<p><u>Dependent Variable</u> Homosexuality Attitude Scale</p> <p><u>Independent Variable</u> Political affiliation of students</p>	<p>A one-way analysis of covariance (ANOVA) were used to determine if attitudes toward homosexuality differ among workshop participants who are new to the graduate program and those who have been enrolled for longer periods.</p>

CHAPTER FOUR

RESULTS OF DATA ANALYSIS

Introduction

Chapter IV presents the results of the data analysis that was used to describe the sample and address the research questions and hypotheses developed for the study. The chapter is divided into two sections. The first section uses frequency distributions and measures of central tendency and dispersion to provide a profile of the participants. The second section of the study uses inferential statistical analyses to address the research questions.

Restatement of the Problem

The purpose of the study is to examine the impact of a human sexuality workshop on the implicit and explicit attitudes of graduate counseling students toward homosexuality. Practicing counselors can expect to have clients who are gay or lesbian. Ethically it is essential that counselors are aware of their own attitudes toward individuals from these groups (Corey et al., 1998). The literature suggests that counselors who have positive opinions regarding homosexuality are more helpful to their gay and lesbian clients, while conversely, negative attitudes are less helpful and may be harmful to these clients (Buhrke & Douce, 1991).

Description of the Sample

Twenty-three participants in the study attended the Human Sexuality Workshop as part of their educational programs. All of the students participated in the study by completing the instruments pretest and posttest. The demographic survey was completed only at pretest. The participants provided their age, gender, and marital status on the survey. Table 3 presents the summary of their responses using frequency distributions.

Table 3

Frequency Distributions – Personal Characteristics (N = 23)

Personal Characteristics	Number	Percent
Age		
20 to 24	5	21.7
25 to 30	5	21.7
31 to 40	7	30.4
41 to 45	3	13.1
Over 45	3	13.1
Gender		
Male	4	17.4
Female	19	82.6
Marital Status		
Married	4	17.4
Single, Never Married	14	60.9
Divorced	4	17.4
Other	1	4.3

The largest group of students (n =7, 30.4%) were between 31 and 40 years of age. Three (13.1%) each were between 41 and 45 years and over 45 years of age. The majority of the participants (n =19, 82.6%) indicated their gender was female. Fourteen (60.9%) of the participants were single, never married, with 4 (17.4%) reporting their marital status as married and divorced.

The participants were asked to provide information regarding their educational programs. Their responses were summarized using frequency distributions. Table 4 presents results of these analyses.

Table 4
Frequency Distributions – Program Characteristics (N = 23)

Program Characteristics	Number	Percent
Degree Program Level		
Master	22	95.7
Doctorate	1	4.3
Current Educational Program		
Counseling	21	91.4
Educational Psychology	1	4.3
Other	1	4.3
First Year in Graduate Program		
Yes	13	56.5
No	10	43.5
Number of Years Enrolled		
1	1	10.0
2	6	60.0
4	1	10.0
5	1	10.0
10	1	10.0

Twenty-two (95.7%) participants indicated they were in a master's degree program. Of the 23 participants, 21 (91.4%) were enrolled in the counseling program, with 1 (4.3%) in the educational psychology program and 1 (4.3%) in another program. The participants were asked if they were in the first year of their graduate programs. Thirteen (56.5%) indicated yes, with 10 (43.5%) indicating no. Of those who were not in the first year of their graduate program, 6 (60.0%) were in the second year of their programs, with the number of years enrolled from 1 to 10 years.

The participants were asked about their employment. Their responses were summarized using frequency distributions for presentation in Table 5.

Table 5

Frequency Distributions – Employment Characteristics (N = 23)

Employment Characteristics	Number	Percent*
Current employment		
School counseling	1	4.3
Public/governmental agency	4	18.2
Other	17	77.3
Missing	1	
Years working in a helping profession		
None	3	18.8
1 to 3	4	25.0
4 to 6	3	18.8
7 to 10	3	18.8
Over 10	3	18.8
Missing	7	
Clients who have self-identified as homosexual		
Yes	6	28.6
No	15	71.4
Missing	2	

Percentages may not add to 100.0% because of rounding

The majority of the participants (n = 17, 77.3%) reported other as their current employment. However, they did not provide additional information regarding their employment. When asked about the number of years in a helping profession, four (25.0%) reported 4 to 6 years, with the 3 (18.8%) reporting none, 4 to 6 years, 7 to 10 years, and over 10 years. Seven participants did not provide a response to this question. Six (28.6%) participants, when asked if they had clients who have self-identified as homosexuals, answered yes, with 15 (71.4%) indicating no. Two participants did not provide a response to this question.

Research Questions

Four research questions were developed for this study. Each of the questions were addressed using inferential statistical analyses. All decisions on the statistical significance of the findings were made using a criterion alpha level of .05.

Research question 1: Does participation in a workshop about human sexuality with a session on homosexuality change graduate level students' attitudes toward homosexuality from pre- to posttest?

H₀₁: Participation in a workshop about human sexuality with a session on homosexuality does not change graduate level students' attitudes toward homosexuality.

H₁: Participation in a workshop about human sexuality with a session on homosexuality changes graduate level students' attitudes toward homosexuality.

The students' pretest and posttest scores on the Homosexuality Attitudes Scale and the Brief Sexual Attitudes Scale were compared using t-tests for paired samples. The results of this analysis are presented in Table 6.

Table 6

t-Tests for Paired Samples – Attitudes Regarding Homosexuality and Sex

Scale	Number	Mean	SD	DF	t	sig
Homosexuality Attitudes						
Pretest	22	2.82	.30	21	-.14	.887
Posttest	22	2.83	.24			
Permissiveness						
Pretest	22	2.40	.74	21	.40	.692
Posttest	22	2.36	.70			
Birth Control						
Pretest	22	4.24	1.04	21	-1.65	.114
Posttest	22	4.58	.74			
Communion						
Pretest	22	3.44	.71	21	-.99	.331
Posttest	22	3.64	.73			
Instrumentality						
Pretest	22	2.69	.75	21	.06	.950
Posttest	22	2.68	.78			

The t-tests for paired samples provided no evidence of statistically significant change from pretest to posttest. These findings indicated that the attitudes of students who participated in the Human Sexuality Workshop regarding homosexuality and sexuality did not change after participating in the program. Based on the results of the analysis the null hypothesis is accepted.

Research question 2: Is there a difference from pre- to posttest in attitudes toward homosexuality between graduate level students based on age ranges?

H₀₂: There is no difference between the attitudes toward homosexuality of graduate level students relative to their age.

H₂: There is a difference between the attitudes toward homosexuality of graduate level students relative to their age.

A one-way analysis of covariance was used to determine if attitudes toward homosexuality differed relative to the age of the participant. The posttest scores on attitudes toward homosexuality were used as the dependent variable, with the pretest scores used as the covariate. The ages of the participants were divided into two groups: between 21 and 30 years and over 30 years to allow their use as the independent variable. The results of this analysis are presented in Table 7.

Table 7

One-Way Analysis of Covariance – Attitudes Toward Homosexuality by Age of Student

Source	Sum of Squares	DF	Mean Square	F Ratio	Sig	Effect Size
Covariate	.25	1	.25	5.00	.037	.21
Between	.01	1	.01	.10	.756	.01
Within	.96	19	.05			
Total	1.22	22				

The results of the one-way analysis of covariance comparing attitudes toward homosexuality between students who were between 21 and 30 years of age and those who were over 30 years of age were not statistically significant, $F(1, 19) = .10$, $p = .756$, $d = .01$. The covariate, pretest scores for attitudes toward homosexuality was statistically significant, $F(1, 19) = 5.00$, $p = .037$, $d = .21$. To further explore this lack of statistically significant results, descriptive statistics were obtained for posttest scores on attitudes toward homosexuality, adjusted for the covariate, pretest scores on attitudes toward homosexuality. Table 8 presents results of this analysis.

Table 8

Descriptive Statistics – Attitudes Toward Homosexuality by Age of Students

Group	Number	Mean*	SE
21 to 30 years of age	12	2.84	.07
Over 30 years of age	10	2.81	.06

*Adjusted for pretest scores on attitudes toward homosexuality

The mean scores were similar between the two groups, indicating that age was not responsible for differences in attitudes toward homosexuality among older and younger students. Based on the results of the analysis the null hypothesis is accepted.

Research question 3: Is there a difference from pre- to posttest between the attitudes toward homosexuality of graduate level students relative to their gender?

H₀₃: There is no difference between the attitudes toward homosexuality of graduate level students relative to their gender.

H₃: There is a difference between the attitudes toward homosexuality of graduate level students relative to their gender.

The planned one-way analysis of covariance could not be completed because the independent variable was too skewed to allow its use. Of the 23 participants in the study, 19 were female and 4 were male. To address this research question, a nonparametric analysis using Mann-Whitney test for two independent samples was used. Table 9 presents results of this analysis.

Table 9

Mann-Whitney Test for Two Independent Samples – Attitudes Toward Homosexuality by Gender

Gender	Number	Mean	SD	Mean Rank	Z value	Sig
Male	4	2.84	.29	11.88	-.13	.902
Female	18	2.82	.24	11.42		

The results of the Mann-Whitney test for two independent samples comparing attitudes toward homosexuality between male and female students was not statistically significant, $Z = -.13$, $p = .902$. Based on this finding, it does appear that male and female students' attitudes toward homosexuality were similar. Based on the results of the analysis the null hypothesis is accepted.

Research question 4: Is there a difference between attitudes from pre- to posttest toward homosexuality of graduate level students in the relationship to the years they have been enrolled in a Graduate Studies Program?

H_{04} : There is no difference between attitudes toward homosexuality of graduate level students in the relationship to the years they have been enrolled in a Graduate Studies Program.

H₄: There is a difference between attitudes toward homosexuality of graduate level students in the relationship to the years they have been enrolled in a Graduate Studies Program.

A one-way analysis of covariance was used to determine if a difference existed between attitudes toward homosexuality between students in the first year of their graduate programs and those who had been in their programs for longer periods of time. The dependent variable was the posttest scores for attitudes toward homosexuality, with the pretest scores on this measure used as the covariate. The length of time in graduate programs was the independent variable. Table 10 presents results of this analysis.

Table 10

One-Way Analysis of Covariance – Attitudes toward Homosexuality by Time in Graduate Program

Source	Sum of Squares	DF	Mean Square	F Ratio	Sig	Effect Size
Covariate	.25	1	.25	4.93	.039	.21
Between	.01	1	.01	.07	.797	.01
Within	.96	19	.05			
Total	1.22	21				

The results of the one-way ANCOVA comparing attitudes toward homosexuality by time in a graduate program was not statistically significant, $F(1, 19) = .07, p = .797, d = .01$. The covariate, pretest scores on attitudes toward homosexuality, was statistically significant, $F(1, 19) = 4.93, p = .039, d = .21$. To further explore the lack of statistically significant differences, descriptive statistics were obtained for attitudes by homosexuality between students who were new to graduate programs and those who had been in the graduate program for longer periods. Table 11 presents results of this analysis.

Table 11

Descriptive Statistics – Attitudes Toward Homosexuality by Length of Time in Graduate Program

Group	Number	Mean*	SE
First year in graduate program	12	2.81	.07
In graduate program for more than one year	10	2.84	.07

*Adjusted for pretest scores on attitudes toward homosexuality

The adjusted mean scores for attitudes toward homosexuality by length of time in graduate program were similar for both groups of students. Based on these findings, it does not appear that students new to graduate programs and those in the program for longer periods of time differ in their attitudes toward homosexuality. Based on the results of the analysis the null hypothesis is accepted.

Summary

The results of the data analysis used to describe the sample and address the research questions have been presented in this chapter. Conclusions and recommendations based on these findings are included in Chapter Five.

CHAPTER FIVE

SUMMARY, DISCUSSION, AND RECOMMENDATIONS

Summary

The purpose of this study was to examine the impact of a human sexuality workshop on the implicit and explicit attitudes of graduate counseling students toward homosexuality. Counseling students' attitudes toward sexuality and homosexuality were measured before and after participating in an educational workshop on human sexuality.

A counselor's attitude toward homosexuality is important to the treatment of gay men, lesbian, bisexual men and women, and transgendered (GLBT) clients. Positive attitudes assist recovery from the damage of negative stigmatization that has occurred and continues to occur (Coleman, 1981/1982). It can be difficult for counselors to acquire positive attitudes within the context of American culture (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991; Liddle, 1996). Although some counselors are intellectually positive, their emotional response may hinder them from conveying full acceptance and encouraging GLBT clients to explore or experiment with their sexuality in the same ways that they help other clients focus on their opposite-sex feelings.

Heesacker, Conner, and Prichard (1995) have examined how attitudes are changed with clients in counseling. Their suggestions may be useful in influencing change in counseling students. These suggestions include using good, accurate information; engaging the client in a meaningful way; and being consistent in the quality of that information. This influencing change can be accomplished in counselor education by providing opportunities for students to role-play these methods. As suggested by Buhrke and Douce (1991), introducing gay male and lesbian topics into training courses in a matter-of-fact manner could help create an atmosphere in which gay male and

lesbian issues would not be perceived as unusual or taboo. This attitude may help create an atmosphere where sexual minority students would feel more comfortable and would allow other students to have more opportunities for positive experiences with such individuals. The current research study measured attitudes of counselors in training toward sexuality and homosexuality before and after participation in an educational intervention.

The counseling relationship is an interactive process between the client and the counselor, in which the client needs to tell his or her unique story within the atmosphere of genuineness, empathy, and unconditional positive regard (Meador & Rogers, 1973). The counselor's attitudes, experiences, and feelings influence the counseling process. It is presumptuous to assume that counselors who have been taught valuable concepts like unconditional positive regard are able to apply them with GLBT clients if they are unaware of their own heterosexist and homophobic attitudes (Thompson & Fishburn, 1977).

The importance of addressing counselor's knowledge and attitudes about working with GLBT clients has empirical support. Researchers have identified counselors' lack of education about GLBT issues as problematic in working with clients (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991; Liddle, 1996), and numerous studies have found counselors to be biased against GLBT individuals (e.g., Mohr, Israel, & Sedlacek, 2001; Rudolph, 1990). Although counselors' self-reported attitudes are favorable compared with the attitudes of the general public (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000), some studies have noted that counselors' self-reported attitudes are inconsistent with their behaviors in counseling situations (Gelso, Fassinger, Gomez, & Latts, 1995; Hayes & Gelso, 1993). Phillips (2000) suggested that providing accurate

information might help dispel myths and stereotypes about GLBT individuals and increase the likelihood of counselors developing GLBT-affirming attitudes, and she recommended that counselor training be used to help counselors become aware of their attitudes and to develop more affirming attitudes.

Counselors confront themselves through countertransference that is ever present in the counseling relationship. Working with GLBT clients presents counselors with opportunities to discover the complexity of their own myths, stereotypes, and sexual feelings towards persons of the same and opposite sex. When encouraged and discussed in training, such awareness may allow counselors to differentiate between their own homophobia and that of the clients. Counselors who are unaware of their own attitudes toward sexuality and homosexuality may assume that those attitudes emanate from the client. Counselors considered best suited to work with GLBT clients are those who are aware of and feel comfortable with their own homosexuality, bisexuality, and heterosexuality, including their thoughts, feelings, fantasies, dreams, behaviors, and lifestyles (Clark, 1977; Landis & Miller, 1975; Riddle & Sang, 1978). It may be argued that heterosexual clients deserve similar standards as well.

Knowledge and training have been linked to more positive attitudes toward GLBT clients (Kim et al., 1998) and positive changes in awareness are thought to be linked to reductions in prejudice (Ponterotto et al., 1996; Sue & Sue, 1990). Exploration of these attitudes requires counselors in training to explore how they overtly and covertly perpetuate homophobic and heterosexist attitudes and feelings. Practicing counselors can expect to have clients who are gay or lesbian. Ethically it is essential that counselors are aware of their own attitudes toward individuals from these groups (Corey et al., 1998). The literature suggests that counselors who have positive opinions regarding

homosexuality are more helpful to their gay and lesbian clients, while conversely, negative attitudes are less helpful and may be harmful to these clients (Buhrke & Douce, 1991).

Methodology

A quasi-experimental research design was used in the present study. The setting for the study was a large Midwestern urban university. The instruments used for the study included the Homosexuality Attitude Scale (HAS; Kite & Deaux, 1986), the Brief Sexual Attitudes Scale (BSAS; Hendrick, Hendrick, & Reich, 2006), and an original demographic survey developed by the researcher specifically for this study. The participants were 23 graduate level counseling students who were enrolled in a human sexuality workshop. The principal investigator explained to the students the nature and purpose of the study and reiterated that participation was voluntary and decisions not to participate would not affect their grade in the workshop. All students completed the three instruments prior to participating in the human sexuality workshop. At the end of the workshop, the students completed the Homosexuality Attitude Scale and the Brief Sexual Attitudes Scale a second time.

Findings

The largest group of students ($n = 7, 30.4\%$) were between 31 and 40 years of age, with 5 (21.7%) in the 20 to 24 year age group and 5 (21.7%) in the 25 to 30 year age group. The majority of the participants were female ($n = 19, 82.6\%$). Most of the participants ($n = 14, 60.9\%$) were single, never married. The majority of participants was at the master's level and enrolled in the counseling program. Thirteen (56.5%) participants were in the first year of their programs. Most of the participants were working in helping professions, with 9 (56.4%) having more than 4 years experience in

their field. When asked if they had clients who self-identified as homosexual, the majority (n = 15, 71.4%) indicated no.

Research Questions

Four research questions were developed for the present study. Each of these questions was addressed using inferential statistical analysis. All decisions on the statistical significance of the findings were made using a criterion alpha level of .05.

Research question 1. Does participation in a workshop about human sexuality with a session on homosexuality change graduate level students' attitudes toward homosexuality from pre- to posttest?

H₀₁: Participation in a workshop about human sexuality with a session on homosexuality does not change graduate level students' attitudes toward homosexuality.

H₁: Participation in a workshop about human sexuality with a session on homosexuality changes graduate level students' attitudes toward homosexuality.

The students' pretest and posttest scores on the Homosexuality Attitudes Scale and the Brief Sexual Attitudes scales were compared using t-tests for paired samples. The results of the analyses provided no evidence of statistically significant differences in the scales from prior to and following participation in the Human Sexuality Workshop.

Research question 2. Is there a difference from pre- to posttest in attitudes toward homosexuality between graduate level students based on age ranges?

H₀₂: There is no difference between the attitudes toward homosexuality of graduate level students relative to their age.

H₂: There is a difference between the attitudes toward homosexuality of graduate level students relative to their age.

A one-way analysis of covariance (ANCOVA) was used to determine if attitudes toward homosexuality differed between younger (21 to 30 years of age) and older (over 30 years) students. The posttest scores on attitudes toward homosexuality were used as the dependent variable, with pretest scores on this scale used as the covariate. The results of this analysis were not statistically significant, indicating that after controlling for pretest scores on attitudes toward homosexuality, the posttest scores did not differ between younger and older students.

Research question 3. Is there a difference from pre- to posttest between the attitudes toward homosexuality of graduate level students relative to their gender?

H₀₃: There is no difference between the attitudes toward homosexuality of graduate level students relative to their gender.

H₃: There is a difference between the attitudes toward homosexuality of graduate level students relative to their gender.

Mann-Whitney test for independent samples were used to determine if attitudes toward homosexuality differed between male and female students. The results of this analysis were not statistically significant, indicating similarity in attitudes toward homosexuality.

Research question 4. Is there a difference from pre- to posttest between attitudes toward homosexuality of graduate students in the relationship to the years they have been enrolled in a Graduate Studies Program?

H₀₄: There is no difference between attitudes toward homosexuality of graduate level students in the relationship to the years they have been enrolled in a Graduate Studies Program.

H₄: There is a difference between attitudes toward homosexuality of graduate level students in the relationship to the years they have been enrolled in a Graduate Studies Program.

A one-way ANCOVA was used to determine if there was a difference in attitudes toward homosexuality relative to the years they had been enrolled in a graduate studies program. The dependent variable was posttest scores for attitudes toward homosexuality, with pretest scores used as the covariate. The students were divided into two groups, first year in their graduate programs and more than one year in their graduate programs. Results of this analysis were not statistically significant, indicating attitudes toward homosexuality did not differ relative to the number of years in their graduate programs.

Discussion of the Findings

The participants in this study were enrolled in graduate level counseling programs at a single university. Their ages varied indicating differing levels of life experiences. The representation of men and women in the study was considered typical of the profession, which employs a greater number of women than men.

The statistically insignificant changes in attitudes may be due to Americans' ever-changing attitudes toward homosexuality. Attitudes toward homosexuality have changed greatly over the past several decades, with an increasing liberal trend (Loftus, 2001). Judging from empirical data, the changing trends are sometimes specific to certain aspects of attitudes toward homosexuality (Yang, 1997). Practically, these shifts in attitude have resulted from increased media attention to homosexual issues, expansion of

gay and lesbian culture, and political conflict over gay and lesbian rights (Andersen & Fetner, 2008). Several studies have examined attitudes toward homosexuality using General Social Surveys (GSS) data (Irwin & Thompson, 1978; Dejowski, 1992; Loftus, 2001; Treas, 2002).

In examining perceptions of the graduate-level counseling students regarding homosexuality, the pretest mean scores ($m = 2.82$, $sd = .30$) were slightly below the neutral point of 3.00. The posttest scores ($m = 2.83$, $sd = .24$) did not change significantly from prior to and following participation in the Human Sexuality Workshop. This finding indicated that the counseling students were neutral regarding homosexuality and their perceptions regarding homosexuals did not change substantially following the workshop.

The counseling students' perceptions of homosexuality were not significantly different when compared by age, gender, and number of years in their programs. These lack of statistically significant differences may be the result of changes in attitudes in the general public about homosexuality. However, regarding age, research has found that young people with non-heterosexual friends have less negative attitudes toward homosexuality (Heinze & Horn, 2009). Research has also stated that proximity to homosexual individuals could result in changes occurring over time, with younger people being more accepting of homosexuality. The conclusion however was not definitive whether age differences were due to "birth cohort effects, period effects or a combination of the two" (Anderson & Fetner, 2008, p. 314), but age differences are clear, with younger individuals having less negative attitudes toward homosexuality (Adamczyk & Pitt, 2009). It was the researcher's assumption that older students may have had more negative perceptions of homosexuality than younger students who tend to be more liberal in regards to sexuality in general.

Females generally are more accepting of homosexuality than males (Herek, 2006). However, in the present study, the differences between male and female graduate counseling students were not statistically significantly different. This lack of difference may be due to the nature of the programs they are completing. Working in helping professions, such as counseling, may reduce negative judgmental attitudes regarding homosexuality for both men and women.

The lack of differences between graduate counseling students who have been in the program for more than one year and those who are new to the program may be a result of attitudes toward homosexuality that they brought to the program. Graduate students in counseling programs may be more open to sexual differences in the population regardless of how long they have been in the program.

Implications for Counseling Education

The purpose of the study is to examine the impact of a human sexuality workshop on the implicit and explicit attitudes of graduate counseling students toward homosexuality. The subscale and total scores for perceptions regarding homosexuality and sex did not provide evidence of statistically significant changes from pretest to posttest. These findings indicated that the attitudes of students who participated in the Human Sexuality Workshop regarding homosexuality and sexuality did not change after participating in the program.

Helping GLBT clients “circumvent discrimination, scapegoating, and inequities...” (Savage, Harley, & Nowak, 2005) requires mental health professionals to be knowledgeable of unique issues that GLBT clients encounter, mindful of personal attitudes, and judicious in the selection and implementation of therapeutic interventions. For students, development of these attributes relies heavily on skills and knowledge they

acquire in counselor educational programs. Counselor educational programs should continue to study pedagogical and clinical strategies that could be beneficial to helping students explore their attitudes toward homosexuality and the personal and professional implications therein.

Limitations

A number of limitations may have affected the outcomes of the study. The sample size was too small to achieve the necessary power to produce statistically significant results. The generalizability of the findings of this study is limited because participants were a convenience sample from one counselor education course. The self-report instruments may have been susceptible to participant bias in an attempt to provide socially correct responses. The length of time between sessions may not have been long enough to create a change in the student's attitudes towards homosexuality or sexuality.

Recommendations for Further Research

Future research is needed to determine the influence of different information content or different approaches to change on knowledge and attitudes. Researchers should study counselors' development qualitatively to learn when and how attitudes toward a controversial topic (i.e., homosexuality) change. A longitudinal research design could be used to examine the effects of multiple training interventions and identify the conditions necessary to illicit changes in attitudes. Research could also be conducted to account for other possible predictors by expanding the study to additional counseling programs throughout Michigan. Furthermore, the mental health field could benefit from a multidimensional model of counselor competence with GLBT clients (Israel, Ketz, Detrie, Burke, & Shulman, 2003), similar to the multicultural counseling literature has articulated for working with ethnic minority clients (Sue, Arredondo, & McDavis, 1992).

In addition to developing accurate measures of counselors' knowledge and attitudes, a behavioral evaluation of counselor competence could capture some of what may not be evident from paper-and-pencil attitude measures. Such endeavors can contribute to the creation of empirically sound educational models for counselors and, consequently, effective mental health services for GLBT individuals.

APPENDIX A**Instruments****DEMOGRAPHIC SURVEY**

Participant Number _____
(Last 4 Digits Phone Number)

Date ____/____/2011

Age

Gender

- Male
 Female

Marital Status

- Married
 Single, Never Married
 Divorced
 Widowed
 Other _____

Program Level

- Master
 Doctorate

Current Educational Program

- Counseling
 Social Work
 Nursing
 Educational Psychology
 Other _____

Current Employment

- Private Practice
 School Counseling
 Public/Governmental Agency
 Other _____

Is this your first year in a graduate program?

- Yes No

Have you had clients who have self-identified as homosexuals?

- Yes No

Number of years working as a helping professional

_____ years

Please use the following space for any comments you may have about working with homosexuals.

BRIEF SEXUAL ATTITUDE SCALE

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Place a check mark in the column that most closely matches your agreement with each of the following statements.				
1. I do not need to be committed to a person to have sex with him/her.				
2. Casual sex is acceptable.				
3. I would like to have sex with many partners.				
4. One-night stands are sometimes very enjoyable.				
5. It is okay to have ongoing sexual relations with more than one person at a time.				
6. Sex as a simple exchange of favors is okay if both people agree to it.				
7. The best sex is with no strings attached.				
8. Life would have fewer problems if people could have sex more freely.				
9. It is possible to enjoy sex with a person and not like that person very much.				
10. It is okay for sex to be just good physical release.				
11. Birth control is part of responsible sexuality.				
12. A woman should share responsibility for birth control.				
13. A man should share responsibility for birth control.				
14. Sex is the closest form of communication between two people.				
15. A sexual encounter between two people deeply in love is the ultimate human interaction.				
16. At its best, sex seems to be the merging of two souls.				
17. Sex is a very important part of life.				
18. Sex is usually an intensive, almost overwhelming experience.				
19. Sex is best when you let yourself go and focus on your own pleasure.				
20. Sex is primarily the taking of pleasure from another person.				
21. The main purpose of sex is to enjoy oneself.				
22. Sex is primarily physical.				
23. Sex is primarily a bodily function, like eating.				

HOMOSEXUALITY ATTITUDE SCALE

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Place a check mark in the column that most closely matches your agreement with each of the following statements.				
1. I would not mind having a homosexual friend.				
2. Finding out that an artist was gay would have no effect on my appreciation of his/her work.				
3. I won't associate with known homosexuals if I can help it.				
4. I would look for a new place to live if I found out my roommate was gay.				
5. Homosexuality is a mental illness.				
6. I would not be afraid for my child to have a homosexual teacher.				
7. Gays dislike members of the opposite sex.				
8. I do not really find the thought of homosexual acts disgusting.				
9. Homosexuals are more likely to commit deviant sexual acts, such as child molestation, rape, and voyeurism (Peeping Toms), than are heterosexuals.				
10. Homosexuals should be kept separate from the rest of society (i.e., separate housing, restricted employment).				
11. Two individuals of the same sex holding hands or displaying affection in public is revolting.				
12. The love between two males or two females is quite different from the love between two persons of the opposite sex.				
13. I see the gay movement as a positive thing.				
14. Homosexuality, as far as I'm concerned, is not sinful.				
15. I would not mind being employed by a homosexual.				
16. Homosexuals should be forced to have psychological treatment.				
17. The increasing acceptance of homosexuality in our society is aiding in the deterioration of morals.				
18. I would not decline membership in an organization just because it had homosexual members.				
19. I would vote for a homosexual in an election for public office.				
20. If I new someone was gay, I would still go ahead and form a friendship with that individual.				
21. If I were a parent, I could accept my son or daughter being gay.				

APPENDIX B

Research Information Sheet

Title: The Effects of Participation in a Human Sexuality Workshop on the Attitudes of Counselors in Training Toward Homosexuality

Principal Investigator: Lawrence Craig Perry

RESEARCH INFORMATION LETTER

I. Introduction and Purpose

The purpose of the study is to examine the impact of the workshop on the implicit and explicit attitudes of graduate counseling students toward homosexuality. Practicing counselors can expect to have clients who are gay or lesbian. Ethically it is essential that counselors be aware of their own attitudes toward individuals from these groups (Corey et al., 1998). Literature suggested that counselors who have positive opinions regarding homosexuality are more helpful to their gay and lesbian clients while counselors with negative attitudes may be less helpful and may be harmful to these clients (Buhrke and Douce, 1991).

II. Procedure

Participants will be asked to complete three questionnaires: Homosexuality Attitude Scale (Kite & Deaux, 1986), the Brief Sexual Attitudes Scale (Hendrick, Hendrick, & Reich, 2006), and an original demographic survey at the Human Sexuality Workshop. Five weeks later, they will complete the Homosexuality Attitude Scale and the Brief Sexual Attitudes Scale again. The questionnaires should not require more than 10 minutes to complete each time.

III. Benefits

There are no benefits to the participants.

IV. Risks

No risks or additional effects are likely to result from your participation in this study. In the unlikely event of an injury arising from participation in this study, no reimbursement, compensation, or free medical treatment is offered by Wayne State University or the researcher.

Title: The Effects of Participation in a Human Sexuality Workshop on the Attitudes of Counselors in Training Toward Homosexuality

Principal Investigator: Lawrence Craig Perry

V. Voluntary Participation/Withdrawal

Your participation in this study is voluntary, with the return of your completed survey evidence of your willingness to participate in the study. Once you have returned your completed survey, you can withdraw until the end of the data collection period. Following this period, your survey will not be identifiable, preventing your withdrawal.

VI. Costs

There are no costs involved in your participation in the study.

VII. Compensation

There is no compensation being offered for participation in the study.

VIII. Confidentiality

All information collected during the course of this study will be kept confidential to the extent permitted by law. All information will be presented in aggregate, with no individual participant identifiable in the study.

IX. Questions

If you have any questions regarding the items on the survey or the purpose of the study, please feel free to contact me at your earliest convenience. I can be reached at (248) 376-1969 or by email at Lawrence.perry@uticak12.org. If you would like information regarding your rights regarding participation in this study, please contact the chairperson of the Wayne State University Behavioral Investigation Committee at (313) 577-1628.

X. Consent to Participate in a Research Trial

The return of your completed survey is evidence of your willingness to participate in this study. If you would like to receive a copy of the results, please include a business card with your survey. Please retain this information sheet in case you have any questions or would like additional information regarding this study.

APPENDIX C

Human Investigation Committee Approval

**WAYNE STATE
UNIVERSITY**

HUMAN INVESTIGATION COMMITTEE
87 East Canfield, Second Floor
Detroit, Michigan 48201
Phone: (313) 577-1628
FAX: (313) 993-7122
<http://hlc.wayne.edu>



NOTICE OF EXPEDITED APPROVAL

To: Lawrence Perry
College of Education

From: Dr. Scott Millis *S. Millis, PhD*
Chairperson, Behavioral Institutional Review Board (B3)

Date: January 07, 2011

RE: HIC #: 125310B3E

Protocol Title: The Effects of an Educational Intervention on the Implicit and Explicit Attitudes of Graduate Counseling Students Towards Homosexuality

Funding Source:

Protocol #: 1012009166

Expiration Date: January 06, 2012

Risk Level / Category: Research not involving greater than minimal risk

The above-referenced protocol and items listed below (if applicable) were **APPROVED** following *Expedited Review Category (#7)** by the Chairperson/Designee for the Wayne State University Institutional Review Board (B3) for the period of 01/07/2011 through 01/06/2012. This approval does not replace any departmental or other approvals that may be required.

- Revised Protocol Summary Form, received January 6, 2011.
 - Receipt of a Letter permitting the PI to conduct his research for the Winter 2011 Semester.
 - Receipt of a Research Information Sheet, dated 01-03-11.
 - Receipt of a research protocol
-

- * Federal regulations require that all research be reviewed at least annually. You may receive a "Continuation Request Form" approximately two months prior to the expiration date; however, it is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date. Data collected during a period of lapsed approval is unapproved research and can never be reported or published as research data.
- * All changes or amendments to the above-referenced protocol require review and approval by the HIC **BEFORE** implementation.
- * Adverse Reactions/Unexpected Events (AR/UE) must be submitted on the appropriate form within the timeframe specified in the HIC Policy (<http://www.hlc.wayne.edu/rlapo.html>).

NOTE:

1. Upon notification of an impending regulatory site visit, hard notification, and/or external audit the HIC office must be contacted immediately.
2. Forms should be downloaded from the HIC website at each use.

*Based on the Expedited Review List, revised November 1999

REFERENCES

- Aberra, T. (2000). A comparison of 16 PF findings between high- and low ranked students in a clinical psychology graduate program. *Dissertation Abstracts International, 61*, 6B. (UMI No. 95024-237)
- Adamczyk, A., & Pitt, C. (2009). Shaping attitudes about homosexuality: The role of religion and cultural context. *Social Science Research, 38*, 338–351.
- American Counseling Association. (2005). *ACA code of ethics and standards of practice*. Alexandria, VA: American Counseling Association.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington D.C.: Author.
- American Public Health Association (1999) Policy statement 9819: the need for public health research on gender identity and sexual orientation. *American Journal of Public Health, 89*, 444-445.
- Anderson, A., & Fetner, T. (2008). Cohort differences in tolerance of homosexuality: Attitudinal change in Canada and the United States, 1981-2000. *Public Opinion Quarterly, 72*, 311-330.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavior change. *Psychology Review, 84*, 191-215.
- Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist, 37*, 122-147.
- Bandura, A. (1989). Self-efficacy: Toward a unifying theory of behavior change. *Psychology Review, 84*, 191-215.
- Bandura, A. (1990). Conclusion: Reflections on ability determinants of competence. In R.J. Steinberg & J. Kolligan, Jr. (Eds.), *Competence considered* (pp. 315-409).

- Hew Haven, CT: Yale University Press.
- Bandura, A. (1991). Social cognitive theory of self regulation, *Organizational Behavior and Human Decision Processes*, 50, 248-287.
- Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Educational Psychologist*, 28, 117-148.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York, NY: Freeman.
- Barnett, M. (2007). What brings you here? An exploration of the unconscious motivations of those who choose to train and work as psychotherapists and counselors. *Psychodynamic Practice*, 13(3), 257 - 274.
- Barraclough, B., Bunch, J., Nelson, B., & Sainsbury, P. (1974). A hundred cases of suicide: Clinical aspects. *British Journal of Psychiatry*, 125, 355-373.
- Berube, A. (1991). *Coming Out Under Fire. The History of Gay Men and Women in World War Two*. New York: Haworth Press.
- Bieschke, K. J., McClanahan, M., Trozer, E., Grzegorek, J.L., & Park, J. (2000). Programmatic research on the treatment of lesbian, gay, and bisexual clients: The past, the present, and the course of the future. In R.M. Perez, K.A. DeBond, & K.J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 309-335). Washington, DC: American Psychological Association.
- Bing E. G., Burnam M. A., Longshore D., Fleishman J. A., Sherbourne C. D., London A. S. et al. (2001). Psychiatric disorders and drug use among human immunodeficiency virus-infected adults in the United States. *Archives of General Psychiatry*; 58, 721-728.
- Brim, O. G., Baltes, P. B., Bumpass, L. L., Cleary, P. D., Featherman, D. L., & Hazzard,

- W. R. . . . Shweder, R. A. (1996). *National Survey of Midlife Development in the United States (MIDUS), 1995–1996*. Retrieved from: <http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/02760>
- Buhrke, R. A., & Douce, L. A. (1991). Training issues for counseling psychologists in working with lesbian women and gay men. *The Counseling Psychologist, 19*, 216-234.
- Bux., D. A. (1996). The epidemiology of problem drinking in gay men and lesbians: A critical review. *Clinical Psychology Review, 16*, 227-298.
- Cabaj, R. P. (1998). History of gay acceptance and relationships. In R. P. Cabaj & D. W. Purcell (Eds.) *On the road to same sex marriage* (pp. 1-28). San Francisco: Jossey-Bass.
- Centers for Disease Control and Prevention (2006) *HIV/AIDS Surveillance Report, 2005* 17. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention,
- Churchill, W. (1967). *Homosexual behavior among males*. Englewood Cliffs, NJ: Prentice Hall,
- Clark, D. (1977). *Loving someone gay*. Millbari, CA: Celestial Arts.
- Clements-Nolle, K., & Marx, R., (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: implications for public health intervention. *American Journal of Public Health, 91*, 915-921.
- Cochran, S. D. & Mays, V. M. (2000a) Lifetime prevalence of suicide symptoms and affective disorders among men reporting same-sex sexual partners: Results from NHANES III. *American Journal of Public Health, 90*, 573-578.
- Cochran, S. D. & Mays, V. M. (2000b) Relation between psychiatric syndromes and

- behaviorally defined sexual orientation in a sample of the US population. *American Journal of Epidemiology*, 151, 516-523.
- Cochran, S. D., Sullivan, J. G. & Mays, V. M. (2003) Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. ED. National Lesbian Health Care Survey: Implications for mental health care. *Journal of Consulting & Clinical Psychology* 71, 53-61.
- Coleman, E. (1981/1982). Developmental stages of the coming out process. *Journal of Homosexuality*, 7(2/3), 31-43.
- Corey, G., Corey, M. S., & Callanan, P. (1998). *Issues and ethics in the helping professions* (5th ed.). Pacific Grove, CA: Brooks/Cole.
- Corliss, H. L. , Cochran, S. D. and Mays, V. M. (2002) Reports of parental maltreatment during childhood in a United States population-based survey of homosexual, bisexual, and heterosexual adults. *Child Abuse and Neglect*, 26, 1165-1178.
- Cory, D. W. (1951). *The homosexual in America*. Greenberg, New York
- Council for Accreditation of Counseling and Related Educational Programs. (2001). *The 2001 standards*. Retrieved January 14, 2004, from <http://www.counseling.org/cacrep/2001standards700.htm>
- Crepaz, N., Marks, G., Mansergh, G., Murphy, S., Miller, L. C. & Appleby, P. R. (2002). Age-related risk for HIV infection in men who have sex with men: Examination of behavioral, relationship, and serostatus variables. *AIDS Education and Prevention*, 12, 405-415.
- D'Augelli, A. R., & Hershberger, S. (1993). Lesbian, gay, and bisexual youths in community settings: Personal challenges and mental health problems. *Journal of*

- Community Psychology*, 21, 421-448.
- D'Augelli, A. R., Hershberger, S., & Pilkington, N. W. (1998). Lesbian, gay, and bisexual youths and their families: Disclosure of sexual orientation and its consequences. *American Journal of Orthopsychiatry*, 68, 361-371.
- Davies, M. (2004). Correlates of negative attitudes toward gay men: Sexism, male role norms, and male sexuality. *Journal of Sex Research*, 41, 259-266.
- Dejowski, E. F. (1992). Public endorsement of restrictions on three aspects of free expression by homosexuals. *Journal of Homosexuality*, 23, 1-18.
- Dworkin, S. H. & Gutierrez, F. (1989) Counselors be aware: Clients come in every size, shape, color, and sexual orientation. *Journal of Counseling & Development* 68, 6-8.
- Faulkner, A.H. & Cranston, K. (1998). Correlates of same-sex behavior in a random sample of Massachusetts high school students. *American Journal of Public Health*, 88, 262-266.
- Feigen, B. (2004). Same-sex marriage: An issue of Constitutional rights not moral opinions. *Harvard Women's Law Journal*, 27, 345.
- Fergusson, D. M., Horwood, L. J. & Beautrais, A. L. (1991). Is sexual orientation related to mental health problems and suicidality in young people?. *Archives of General Psychiatry*, 56, 876-880.
- Garnets, L., Hancock, K. A., Cochran, S. D., Goodchilds, J., & Peplau, L. A. (1991). Issues in psychotherapy with lesbians and gay men. *American Psychologist*, 46, 964-972.
- Garofalo, R., Deleon, J., Osmer, E., Doll, M. and Harper, G. W. (2006) Overlooked, misunderstood and at-risk: exploring the lives and HIV risk of ethnic minority

- male-to-female transgender youth. *Journal of Adolescent Health, 38*(3), 230-236.
- Garofalo, R., Wolf, R., Cameron, M. S., Kessel, S., Palfrey, J., & DuRant, R.H. (1998). The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics, 101*, 895-902.
- Gay and Lesbian Medical Association, & LGBT Health Experts. (2001). *Healthy People 2010 companion document for lesbian, gay, bisexual and transgender (LGBT) health* [Online].
- Gay, Lesbian, Straight, Education Network (GLSEN; 2002). *Talking the talk*. Retrieved from http://www.glsen.org/binarydata/GLSEN_ATTACHMENTS/file/2401.pdf
- Gelso, C. J., Fassinger, R. E., Gomez, M. J., & Latts, M. G. (1995). Countertransference reactions to lesbian clients: The role of homophobia, counselor gender, and countertransference management. *Journal of Counseling Psychology, 42*, 356-364.
- Glassner, B. & Owen, W. (1976) Variations in attitudes towards homosexuality. *Cornell Journal of Social Relations, 11*(2), 161-176.
- Haldeman, D. C. (1994). The practice and ethics of sexual orientation conversion therapy. *Journal of Consulting and Clinical Psychology, 62*, 221-227.
- Hall, A. S., & Fradkin, H. R. (1992). Affirming gay men's mental health: Counseling with a new attitude. *Journal of Mental Health Counseling, 14*, 362-374.
- Hansen, G. L. (1982a) Measuring prejudice against homosexuality (homosexism) among college students: A new scale. *Journal of Social Psychology, 117*, 233-236.
- Hansen, G. L. (1982b) Androgyny, sex-role orientation, and homosexuality. *Journal of Psychology, 112*(1), 39-45.
- Hayes, J., & Gelso, C. T. (1993). Male counselors' discomfort with gay and HIV-infected

- clients. *Journal of Counseling Psychology*, 40, 86-93.
- Heesacker, M., Conner, K., & Prichard, S. (1995). Individual counseling and psychotherapy: Applications from the social psychology of attitude change. *The Counseling Psychologist*, 23, 611-632.
- Hendrick, S. S., Hendrick, C., & Reich, D. (2006). The brief sexual attitudes scale. *Journal of Sexual Research* 43, 76-86.
- Herek, G. M. (1984) Attitudes toward lesbians and gay men: A factor-analytic study. *Journal of Homosexuality*, 10(1/2), 39-51.
- Herek, G. M. (1988) Heterosexuals' attitudes toward lesbian and gay men: Correlates and gender differences. *The Journal of Sex Research*, 25, 451-477.
- Herek, G. M. (1989) Hate crimes against lesbian and gay men: Issues for research and policy. *American Psychologist*, 44, 948-955.
- Herek, G. M. (1994) Assessing attitudes toward lesbians and gay men: A review of empirical research with the ATLG scale. *Lesbian and gay psychology: Theory, research, and clinical applications*. pp. 206-224. Sage, Thousand Oaks, CA
- Herek, G. M. (2006). Legal recognition of same-sex relationships in the United States. *American Psychologist*, 61, 607-621.
- Herek, G. M. & Glunt, E. K. (1993) Interpersonal contact and heterosexuals' attitudes toward gay men: Results from a national survey. *The Journal of Sex Research* 30(3), 239-244.
- Hershberger, S. L., (1997). Predictors of suicide attempts among gay, lesbian, and bisexual youth. *Journal of Adolescent Research*, 12, 477-497.
- Hoffman, M. (1968) *The gay world: Male homosexuality and the social creation of evil*. New York: Basic Books.

- Hooker, E. & Marmor, J. (ed) (1965) Male homosexuals and their worlds. *Sexual inversion* (pp. 83-107). New York: Basic Books.
- Irwin, P., & Thompson, N. L. (1978). Acceptance of the rights of homosexuals: A social profile. *Journal of Homosexuality*, 3, 107-120.
- Israel, T. (2003). What counselors need to know about working with sexual minority clients. In D. R. Atkinson & G. Hackett (Eds.). *Counseling diverse populations* (pp. 347-364). New York: McGraw-Hill.
- Israel, T., & Hackett, G. (2004). Counselor education on lesbian, gay and bisexual issues: Comparing information and attitude exploration. *Counselor Education and Supervision*, 43, 179-191.
- Israel, T., Ketz, K., Detrie, P., Burke, M., & Shulman, J. (2003). Identifying counselor competencies for working with lesbian, gay, and bisexual clients. *Journal of Gay and Lesbian Psychotherapy*, 7(4), 3-22.
- Kelly, G. A. (1955). *The psychology of personal constructs* (2 Vols.). New York: Norton.
- Kenneavy, K. (2003). The mass media are an important context for adolescents' sexual behavior. *Journal of Adolescent Health*, 38, 186-192.
- Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male*. Philadelphia: Saunders.
- Kite, M. E., & Deaux, K. (1986). Attitudes toward homosexuality: Assessment and behavioral consequences. *Basic and Applied Social Psychology*, 7(2), 137-162.
- Lacayo, R. (1998) The new gay struggle. *Time* 152, 33-36.
- Landis, C.E., & Miller, H.R. (1975). Sexual awareness training for counselors. *Teachers of Psychology*, 2, 33-36.
- Larson, L. M. (1998). Review of the counseling self-efficacy literature. *The Counseling*

- Psychologist*, 26, 179-218.
- Liddle, B. J. (1996). Therapist sexual orientation, gender, and counseling practices as they relate to ratings of helpfulness by gay and lesbian clients. *Journal of Counseling Psychology*, 43, 394-401.
- Loftus, J. (2001) America's liberalization in attitudes toward homosexuality, 1973 to 1998. *American Sociological Review*, 66, 762-782.
- Lyketsos, C. G., Hanson, A., Fishman, M., McHugh, P. R., & Treisman, G. J. (1994). Screening for psychiatric morbidity in a medical outpatient clinic for HIV infection: The need for a psychiatric presence. *International Journal of Psychiatry in Medicine*, 24, 103-113.
- Martin, A. D., & Hetrick, E. S. (1988). The stigmatization of the gay and lesbian adolescent. *Journal of Homosexuality*, 15, 163-168.
- Martin, J. (1999). A rationale and proposal for cognitive-mediational research on counseling and psychotherapy. *The Counseling Psychologist*, 17, 111-135.
- McConaghy, N., & Silove, D. (1992). Do sex-linked behaviors in children influence relationships with their parents? *Archives of Sexual Behavior*, 21, 469-479.
- Meador, B.D., & Rogers, C.R. (1973). Client-centered therapy. In R.Corsini (Ed.), *Current psychotherapies* (119-165). Itasca, IL: Peacock.
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36, 38-56.
- Meyer, I. H. (ed) (2001) Lesbian, gay, bisexual, and transgender health. *American Journal of Public Health*, 91, 841-1004.
- Millham, J., San Miguel, C. L. & Kellog, R. (1976) A factor-analytical conceptualization of attitudes toward male and female homosexuals. *Journal of Homosexuality*,

- 2(1), 3-10.
- Mohr, J. J., Israel, T., & Sedlacek, W. (2001). Counselors' attitudes regarding bisexuality as predictors of counselors' clinical responses: An analogue study of a female bisexual client. *Journal of Counseling Psychology, 48*, 212-222.
- Moos, R. H. & Moos, B. S. (1986) *Family Environment Scale* (2nd Ed.), Consulting Psychologists Press, Palo Alto, CA
- Morin, S. F. (1974) Educational programs as a means of changing attitudes toward gay people. *Homosexual Counseling Journal 1*(4), 160-165.
- Moscicki, E.K. (1997). Identification of suicide risk factors using epidemiological studies. *Psychiatric Clinics of North America, 20* 499-517.
- Murphy, B. C. (1991) Educating mental health professionals about gay and lesbian issues. *Journal of Homosexuality, 22*(3/4), 229-246.
- O'Donohue, W., & Caselles, C. E. (1993) Homophobia: Conceptual, definitional and value issues. *Journal of Psychopathology and Behavioral Assessment, 15*, 177-195
- Olatunji, B. O., Mimiaga, M. J., O'Cleirigh, C. and Safren, S. A. (2006) Review of treatment studies of depression in HIV. *Topics in HIV Medicine 14*(3), 112-124.
- Pawelski, J. G., Perrin, E. C., Foy, J. M., Allen, C. F., Crawford, M. D. M. & Kaufman, M. (2006). The effects of marriage, civil union, and domestic partnership laws on the health and well-being of children. *Pediatrics, 118*, 349-364.
- Phillips, J. C. (2000). Training issues and considerations. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 337-358). Washington, DC: American Psychological Association.

- Phillips, J. C., & Fischer, A. R. (1998). Graduate students' training experiences with lesbian, gay, and bisexual issues. *The Counseling Psychologist*, 26, 712-734.
- Riddle, D.I., & Sang, B. (1978). Psychotherapy with lesbians. *Journal of Social Issues*, 34(3), 84-100.
- Rottnek, M. (1999). *Sissies and tomboys: Gender nonconformity and homosexual childhood*. New York, NY, US: New York University Press.
- Rudolph, J. (1990). Counselors' attitudes toward homosexuality: Some tentative findings. *Psychological Reports*, 66, 1352-1354.
- Russell, C. J. & Keel, P. K. (2002) Homosexuality as a specific risk factor for eating disorders in men. *International Journal of Eating Disorders* 31, 300-306.
- Saewyc, E. M., Bearinger, L. H., Blum, R. W., & Resnick, M. D. (1999). Sexual intercourse, abuse and pregnancy among adolescent women: Does sexual orientation make a difference? *Family Planning Perspectives*, 31, 127-131.
- Saewyc, E. M., Bearinger, L. H., Heinz, P. A., Blum, R. W., & Resnick, M. D. (1998). Gender differences in health and risk behaviors among bisexual and homosexual adolescents. *Journal of Adolescent Health*, 23, 181-188.
- Safren, S. A., & Heimberg, R. G. (1999) Depression, hopelessness, suicidality, and related factors in sexual minority and heterosexual adolescents. *Journal of Consulting & Clinical Psychology*, 67, 859-866.
- Santrock, J. (2008). *Essentials of life-span development*. New York, McGraw-Hill, p .512
- Savage, T. A., Harley, D. A. and Nowak, T. M. (2005) Applying social empowerment Strategies as tools for self-advocacy in counseling lesbian and gay male clients. *Journal of Counseling and Development*, 83, 131-137.
- Savin-Williams, R. C. (1994). Verbal and physical abuse as stressors in the lives of

- lesbian, gay male, and bisexual youths: Associations with school problems, running away, substance abuse, prostitution, and suicide. *Journal of Consulting and Clinical Psychology*, 62, 261–269.
- Sears, J. T. (2006). *Sexuality and the curriculum: The politics and practices of sexuality education. Critical issues in curriculum*. New York: Teacher College Press.
- Siever, M. D. (1994) Sexual orientation and gender as factors in socioculturally acquired vulnerability to body dissatisfaction and eating disorders. *Journal of Consulting & Clinical Psychology* 62, 252-260.
- Silverstein, C. (2009). The implications of removing homosexuality from the DSM as a mental disorder. *Archives of Sexual Behavior*, 38, 161-163.
- Skinner, W. F. (1994). The prevalence and demographic predictors of illicit and licit drug use among lesbians and gay men. *American Journal of Public Health*, 84, 1307-1310.
- Solarz, A. (ed) (1999) *Lesbian health: Current assessment and directions for the future* National Academy Press , Washington, DC — Institute of Medicine, National Institutes of Health, United States Department of Health and Human Services.
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development*, 70, 477-486.
- Szasz, T. C. Marmor, J. (ed) (1965) Legal and moral aspects of homosexuality. *Sexual inversion* (pp. 124-139). New York: Basic Books.
- Thompson, G.H., & Fishburn, W.R. (1977). Attitudes toward homosexuality among graduate counseling students. *Counselor Education and Supervision*, 17(2), 121-130.

- Tjaden, P., Thoennes, N., & Allison, C. J. (1999). Comparing violence over the life span in samples of same-sex and opposite-sex cohabitants. *Violence & Victims, 14*, 413–425.
- Treas, J. (2002). How cohorts, education, and ideology shaped a new sexual revolution on American attitudes toward nonmarital sex, 1972-1998. *Sociological Perspectives, 45*, 267–283.
- Trusty, J. (2007). Advocacy competencies for professional school counselors. *Professional School Counseling, 8*, 259-265.
- U.S. Department of Health and Human Services (2000) *Healthy People 2010: Understanding and improving health* (2nd Ed.), U.S. Government Printing Office, Washington, DC
- Vaid, U. (1995). *Virtual equality: The mainstreaming of gay and lesbian liberation*. New York: Doubleday.
- Valanis, B. G., Bowen, D. J., Bassford, T., Whitlock, E., Charney, P. & Carter, R. A. (2000) Sexual orientation and health: Comparisons in the women's health initiative sample. *Archives of Family Medicine 9*(9), 843-853.
- Weinberg, G. (1972). *Society and the healthy homosexual*. New York: St. Martin's Press,
- Weinberg, G. (1973). *Society and the healthy homosexual*. New York: Doubleday.
- Winnecott, D. W. (1965). *The maturational processes and the facilitating environment*. New York. International Universities Press.
- Yakushko, O. (2005). Immigrant women and counseling: The invisible others. *Journal of Counseling and Development, 83*, 292-298.
- Yang, A. S. (1997). The polls – trends: Attitudes toward homosexuality. *Public Opinion Quarterly, 61*, 477-507.

Zucker, K. J., & Green, R. (1993). Psychological and familial aspects of gender identity disorder. *Child and Adolescent Psychiatric Clinics of North America*, 2, 513-542.

ABSTRACT**THE EFFECTS OF PARTICIPATION IN A HUMAN SEXUALITY
WORKSHOP ON THE ATTITUDES OF COUNSELORS IN TRAINING
TOWARD HOMOSEXUALITY**

by

LAWRENCE CRAIG PERRY

December 2011

Advisor: Dr. JoAnne Holbert**Major:** Counseling Education**Degree:** Doctor of Philosophy

The purpose of this study was to examine the impact of an educational workshop on the implicit and explicit attitudes of graduate counseling students toward homosexuality. Counseling students' attitudes toward sexuality and homosexuality were measured before and after participating in an educational workshop on human sexuality. The setting for the study was a human sexuality workshop being taught within a counselor education graduate program. The weekend workshop was an elective class for graduate students who were enrolled at a large urban university. A total of 23 individuals volunteered to participate in the study.

The participants were asked to complete three surveys; the Homosexuality Attitude Scale, the Brief Sexual Attitudes Scale, and an original demographic survey developed by the researcher at the beginning and following the completion of the human sexuality workshop. The workshop consisted of two weekends with a one weekend interval between the sessions. The survey responses were entered into a computer file using IBM-SPSS Ver. 19.0. The subscale and total scores for perceptions regarding homosexuality and sex did not provide evidence of statistically significant changes from

pretest to posttest. These findings indicated that the attitudes of students who participated in the Human Sexuality Workshop regarding homosexuality and sexuality did not change after participating in the program. Limitations of this study were greatly influenced by small sample size and the time span over which the study was conducted. Suggestions that further research is needed to determine the influence of different information content or different approaches to change on knowledge and attitudes. Researchers should study counselors' development qualitatively to learn when and how attitudes toward a controversial topic (i.e., homosexuality) change. A longitudinal research design was suggested as a way to examine the effects of multiple training interventions and identify the conditions necessary to illicit changes in attitudes.

AUTOBIOGRAPHICAL STATEMENT

Lawrence Craig Perry

Education

2011

Doctor of Philosophy
Wayne State University, Detroit, Michigan
Counseling

1998

Master of Arts
Oakland University, Rochester Hills, Michigan
Counseling

1994

Bachelor of Science
Eastern Michigan University, Ypsilanti, Michigan
Education

Professional Experience

1996 – Present

Utica Community Schools
Sterling Heights, Michigan
Counselor

2005 – 2006

Wayne State University
Detroit, Michigan
Instructor

Licensure/Credentials

1994 – Present

Teacher Certification

2000 – Present

Licensed Professional Counselor