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Understanding Factors Which Contribute to LGBT Ally Identity Development

Stephanie Ann Moore
Walden University

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Walden University

College of Counselor Education & Supervision

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Stephanie A. Moore

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Walden University
2021

Abstract

Understanding Factors Which Contribute to LGBT Ally Identity Development

by

Stephanie A. Moore

MSEd., Youngstown State University, 2012

MA, Youngstown State University, 2007

BA, The Ohio State University, 2004

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

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February 2021

Abstract

Graduate counseling programs do not currently provide sufficient learning opportunities to address the counseling needs of lesbian, gay, bisexual, and transgender (LGBT) clients, so these clients will likely be underserved in counseling unless counselors have cultivated a personal interest in developing an LGBT-affirmative ally identity. However, the experiences that lead to increased levels of LGBT ally identity are not explicitly defined in the existing literature. The purpose of this study was to examine how LGBT-specific mentorship, supervision, education, advocacy efforts, and personal relationships with members of the LGBT community (independent variables) impacted counselors' scores on the Ally Identity Measure (AIM), a survey which assesses for the presence of attitudes and behaviors of allies to the LGBT community. The AIM was chosen because it aligned with the Getz-Kirkley model of ally-identity development. The main research involved whether the independent variables had a relationship to the participant's AIM score. The second research question was whether Council for the Accreditation of Counseling and Related Education Program affiliation had an impact on AIM score, and the third question was about whether participants were self-ranking level of allyship congruent with AIM scores. A quantitative cross-sectional survey of 214 heterosexual and cisgender allies was conducted to assess their ally identity development activities and also had participants complete the AIM. Using linear regression, the study revealed all independent variables positively impacted AIM scores, yet there were average participation rates of 0 for LGBT mentorship, supervision, and advocacy. The results of this study could offer suggestions for strategies for ally identity development.

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Dedication

I dedicate this dissertation to my son, Knox, who entered my life during the middle of my doctoral journey and has been with me every step of the way. Thank you for being patient with me through this process, and for allowing me to achieve something that will open doors for us both. I want you to know that the things that are worth your time and energy in life are almost never easy, but the rewards will outweigh the struggle. I love you, and I hope I make you proud.

Love,

Mom.

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Chapter 1: Introduction to the Study

Introduction

In this study, I examined experiences of counselors in training (CITs), licensed counselors, and counselor educators that were relevant to developing their ally identity and assessed which activities most strongly predicted higher levels of ally identity development as measured by the Ally Identity Measure (AIM). The results of this study revealed what experiences best prepare counseling professionals to develop ally identities, which informed counselors and counselor education programs in terms of how to cultivate these identities.

The results of this inquiry could promote social change in a few ways. First, Having a better understanding of what counseling professionals do to develop their ally identities and how these activities increased their AIM scores will provide a context for improving lesbian, gay, bisexual, and transgender (LGBT)-affirmative training in counseling programs. The results of this study will include data regarding which specific activities correlated most strongly with higher levels of ally identity development, which could inform the development of further LGBT-affirmative training opportunities in counselor education programs. Cumulative results of these efforts could provide opportunities for CITs to graduate from their training programs with more specialized training in terms of how to effectively counsel LGBT clients. In this chapter, I discuss background information that supports the rationale for this inquiry, the problem statement, overall purpose of the study, and research questions and hypotheses.

Background

Getz and Kirkley (2003) conducted a qualitative analysis of the experiences of allies to the LGBT community and from the results, offered a five-stage model of the ally identity development process. The five stages are entry, fear of the unknown, acknowledgment of privilege, engagement, and conscious identification as an ally or advocate. The authors reported parallels between the ally identity development process and many racial identity development models.

Troutman and Packer-Williams (2014) discussed the need for counselor education programs to expand on minimum LGBT-competency recommendations from the Council for Accreditation of Counseling and Related Educational Programs (CACREP) to more adequately prepare CITs for clinical work with LGBT clients. Their recommendations include having opportunities for CITs to work with supervisors who will challenge heterosexism and infuse ally identity development into supervision in an intentional way. Furthermore, they recommend incorporating more opportunities for CITs to gain experience working with the LGBT population during their practicum and internship.

McGeorge and Stone Carlson (2016) surveyed marriage and family therapist education programs to identify the current LGBT ally identity development practices of the faculty. Findings revealed a lack of specific standards set by the universities as well as discrepancies between the intentions and actual behaviors of the faculty regarding the infusion of LGBT-specific content into the curriculum. Future recommendations include moving beyond just LGBT-inclusive nondiscrimination policies to also infuse LGBT-specific course content and training throughout all areas of the counseling curriculum.

Asta and Vacha-Haase (2013) conducted qualitative interviews with pre-doctoral psychology interns to examine their ally identity development process. Findings revealed five common themes: ally meaning and essence, ally growth and development, ally challenges, the relationship between social justice and training, and diversity within the LGBT community. The authors discuss the responsibilities of allyship as well as common experiences of allies that facilitate their growth.

Jones, Brewster, and Jones (2014) provided an overview of the process by which they created the AIM, which is a survey instrument that can be used to assess an individual's current levels of ally identity development. The developers designed the AIM to assess for the presence or absence of specific behaviors and thoughts that are indicative of an ally identity. The authors discussed other examples in the literature of attempts to develop measures to assess ally identity levels. However, the authors asserted that the AIM was more comprehensive in that it assesses for the ally's willingness to engage in the behaviors of an ally as opposed to merely having affirmative views toward the LGBT community.

Whitman and Bidell (2014) offered recommendations for how to infuse LGBT-competency into counseling curriculums to enhance CITs capability to counsel LGBT clients upon completion of counseling programs effectively. The authors also summarized some of the risk factors that appear to contribute to non-affirmative practices with LGBT clients. They offered strategies for how to facilitate affirmative counseling skills while respecting the cultural values of the CIT, which they may perceive as conflicting with their ability to provide affirmative counseling.

Plöderl and Tremblay (2015) provided an overview of the mental health needs of sexual minority clients, and they discussed recommendations to include more focused training standards for the cultivation of LGBT-specific training competencies in CACREP counseling programs. They also provided historical context to the inclusion of LGBT-specific standards of care in the American Counseling Association's (ACA) *Code of Ethics*. The authors recommended that counselor education programs consider offering additional education and training, including opportunities for CITs to challenge heteronormative values and self-reflect on any barriers to developing affirmative practices.

Chui, McGann, Ziemer, Hoffman, and Stahl (2018) provided information on how supervision can be used to develop supervisees' competencies with LGBT clients. The authors conducted interviews with six heterosexual supervisees and six lesbian, gay, or queer (LBQ) supervisees to explore how supervisee sexual identity impacts the supervision relationship as well as the supervisee's work with clients around issues of sexual identity. The authors provided recommendations for best practices for supervisors wishing to improve their abilities to deliver LGBT-affirmative supervision. Their findings suggested that the benefits of LGQ-affirmative supervision likely extend to supervisees' work with heterosexual clients as well, suggesting that affirmative supervision is beneficial for supervisees' clinical development as a whole and not just with LGQ clients.

Hope and Chappell (2015) offered recommendations for incorporating LGBT-specific competencies into counseling programs, including a reflection on which courses

(e.g., skills-based versus theoretical) these infusions will be most productive. The authors recommended counselor education programs offer opportunities to challenge beliefs and attitudes in addition to expanding students' knowledge base on LGBT issues. The authors also strongly encouraged counselor education programs to actively recruit LGBT CITs to add further diversity to their programs and opportunities for non-LGBT students to learn from their peers.

Cohen-Filipic and Flores (2014) reviewed recent anti-LGBT legislation and court cases involving counselors with values conflicts as a rationale for the importance of developing strategies for supporting ally identity development in supervision. The authors provided recommendations for infusing consistent, competency-based supervision practices into counselor education programs. The authors also offered specific strategies to supervisors for how to facilitate supervisee growth and development when values conflicts are present. What was unknown from existing literature was what factors most significantly contributed to counselors' ally identity development processes. This study was needed to understand the extent to which individual factors can enhance levels of allyship. Furthermore, this study will reveal what combination of factors are optimal during the ally identity development process.

Problem Statement

LGBT clients present to counseling with elevated risks for depression, anxiety, substance abuse, and suicidality (including rates of completed suicide) when compared with their cisgender and heterosexual peers (Plöderl & Tremblay, 2015). However, many CITs report feeling unprepared to effectively counsel LGBT clients upon completion of

their counseling programs (Chui et al., 2018; Cohen-Filipic & Flores, 2014; Whitman & Bidell, 2014). Because graduate counseling programs do not currently provide sufficient training to prepare CITs to effectively address the counseling needs of LGBT clients (Chui et al., 2018; Cohen-Filipic & Flores, 2014; Whitman & Bidell, 2014), these clients will likely be underserved in the counseling field unless they work with a counselor who has cultivated a personal interest in developing LGBT-affirmative ally practices.

However, experiences that lead to increased levels of LGBT ally identity and competency in terms of the LGBT population are not explicitly defined. Counselors, CITs, and counselor educators would benefit from a clear understanding of what types of experiences best facilitate ally identity development and competency with LGBT clients so that there may be opportunities for training, reflection, and education regarding curriculum in counselor education programs.

Purpose of the Study

The purpose of this quantitative survey study was to examine which LGBT-specific competency development activities CITs, counselors, and counselor educators are participating in and how participation affected their scores on the AIM. The independent variables were participation in LGBT-specific mentorship, LGBT-specific clinical supervision, LGBT-specific educational training, advocacy efforts, and presence of personal relationships with members of the LGBT community. The dependent variable was counselors' scores on the AIM. The results of this study were used to determine which activities predict higher scores on the AIM, and therefore, higher levels of ally identity development.

Research Questions and Hypotheses

RQ1: Does a model of participant engagement variables including mentorship, supervision, training, advocacy, and personal relationships have a statistically significant relationship with each of the subscales of the Ally Identity Measure including knowledge and skills, openness and support, and oppression awareness?

H₁₀: A model of participant engagement variables including mentorship, supervision, training, advocacy, and personal relationships has no statistically significant relationship with each of the subscales of the Ally Identity Measure including knowledge and skills, openness and support, and oppression awareness?

H_{1a}: A model of participant engagement variables including mentorship, supervision, training, advocacy, and personal relationships has a statistically significant relationship with each of the subscales of the Ally Identity Measure including knowledge and skills, openness and support, and oppression awareness?

RQ2: Are there significant differences between AIM scores of counselors or CITs who report graduation from or enrollment in CACREP counseling programs and those in non-CACREP counseling programs?

H₀₂: There are no significant differences between AIM scores of counselors or CITs who report graduation from or enrollment in CACREP counseling programs and those in non-CACREP counseling programs.

H_{a2}: There are significant differences between AIM scores of counselors or CITs who report graduation from or enrollment in CACREP counseling programs and those in non-CACREP counseling programs.

RQ3: Is there a statistically significant correlation between how counselors self-identify their levels of allyship and the results of their AIM score?

H3₀: There is no statistically significant correlation between how counselors self-identify their levels of allyship and the results of their AIM score?

H3_a: There is a statistically significant correlation between how counselors self-identify their levels of allyship and the results of their AIM score.

Theoretical Framework

Getz and Kirkley (2003) proposed a five-stage model of ally and advocate identity development. The five stages: entry, fear of the unknown, acknowledgment of privilege, engagement, and conscious self-identification as an ally or advocate (Getz & Kirkley, 2003). Each stage of ally identity development has distinct goals and challenges before conscious self-identification as an ally or advocate (Getz & Kirkley, 2003).

During the entry stage, potential allies will have varying motivations for their involvement in ally development experiences. These diverse motivations could lead to discord. During the second stage, fear of the unknown, potential allies may experience a variety of emotions as they acknowledge stereotypes and recognize challenges faced by members of the LGBT community. During the acknowledgment of privilege stage, potential allies may experience resistance involved with coming to terms with heteronormative assumptions and internalized heterosexism, including the role of religious beliefs, as they could be barriers to developing an ally identity. During the engagement stage, potential allies begin to accept their emerging ally identities, including an acceptance that not everyone will be understanding of their new mission to serve as an

ally or advocate to the LGBT community. Finally, allies will enter the conscious self-identification stage in which they feel comfortable integrating their personal identities with their ally identities. During this final stage, they begin to grow into their role as allies or advocates by exhibiting affirmative behaviors, engaging in advocacy opportunities, and openly identifying as allies.

Getz and Kirkley's model of ally identity development was relevant to this inquiry because the stages align with how the AIM classifies levels of allyship. This study also examined which stage of ally identity development counselors self-identified versus which stage their behaviors actually aligned with. Finally, findings granted me the opportunity to examine correlations between participation in certain activities (LGBT-specific supervision, mentorship, and training) and how they aligned with stages of Getz and Kirkley's model. In Chapter 2, I provide a more in-depth discussion of the relevance of the Getz-Kirkley model and how it has been used in recent literature.

Nature of the Study

I used a cross-sectional survey methodology to gather demographic information related to counselors' ally identity development behaviors as well as scores on the AIM. The survey methodology was preferable for this inquiry because it was used to provide a numeric representation of behaviors of counselors as well as a quantitative measure (by way of the AIM) of the degree to which counselors were behaving as allies. I surveyed counselors and CITs to understand which ally identity development behaviors they engaged in. Then, I had participants complete the AIM and gathered some demographic information from each participant (gender identity, age, whether they attended a

CACREP or non-CACREP accredited university, and whether they self-identified as an ally). Because the AIM was normed for heterosexual and cisgender participants, I excluded anyone who identified as lesbian, gay, bisexual, transgender, queer, questioning, intersex, or asexual (LGBTQQIA) from this study. I screened potential participants with a sample question asking if they identified as LGBTQQIA at the start of the survey, and they were disqualified accordingly.

I analyzed data using regression analysis to examine relationships between demographic information related to ally development behaviors captured at the categorical level and AIM scores, which was captured at the interval-ratio level as a continuous variable. I conducted a t-test to examine differences in AIM scores between counselors and CITs who were affiliated with CACREP accredited programs versus those who were affiliated with non-CACREP accredited programs. I used correlations to examine relationships between counselors' self-identification as allies and AIM scores. I also used hierarchical linear regression to examine whether demographic information and ally identity development behaviors predicted participants' AIM scores.

Definitions

Ally: An ally to the LGBT-community is broadly defined as any person who engages in behaviors that are supportive of the LGBT-community (Worthen, 2011).

Allyship: The term allyship is used to refer to the degree to which a person is acting as an ally to the LGBT-community.

The key independent variables in this study were advocacy or political efforts, LGBT-specific clinical supervision, LGBT-specific educational training opportunities,

LGBT-specific mentorship, and personal relationships with members of the LGBT community. Below I provide literature-supported definitions for each.

Advocacy or political efforts: Engagement in advocacy or political efforts is defined as any self-reported behaviors that have been in an attempt to improve social conditions and cultural influences on the LGBT-community (Duhigg et al., 2010; Ji et al., 2009; Rostosky et al., 2015).

LGBT-specific Clinical supervision: Clinical supervision is a more formal professional relationship between a higher licensed counselor and a lower level counselor in which a formal evaluation process exists (Moe, Perera-Diltz, & Supulveda, 2014). Supervision differs from mentorship in that an evaluation-based relationship exists during supervision but may not exist with mentorship.

LGBT-specific educational training opportunities: Educational training opportunities will be defined as any classroom, continuing education, or community-based opportunity to receive knowledge on the LGBT-community from educators or volunteers (Asta & Vacha-Haase, 2013; Case & Meier, 2014; Dillon et al., 2004; Ji et al., 2009; Ji & Fujimoto, 2013; McGeorge & Carlson, 2016, Rivers & Swank, 2017).

LGBT-specific mentorship: Mentorship is an informal (i.e., non-supervisory) relationship between two counseling professionals in which the mentor offers guidance to the mentee about their development of an ally identity. This definition is provided based on a synthesis of the relevant literature which discusses mentorship (Asta & Vacha-Haase, 2013; Duhigg, Rostosky, Gray, & Wimsatt, 2010; Ji et al., 2009).

Personal relationships with members of the LGBT community: Participants were asked to self-identify with whether they have existing personal relationships with members of the LGBT-community, which could include family members, friends, professional relationships, or acquaintances.

Assumptions

During the development of the demographic questionnaire for this survey, I assumed that each demographic question provided sufficient response options to capture all potential responses, therefore avoiding a lack of specificity in the results. I was also mindful to prevent phrasing of demographic questions that had built-in assumptions, as this too could have skewed the results. Because a quantitative inquiry of this nature had not been previously conducted, I assumed that the variables of interest were predictive of increasing levels of allyship in counselors based on variables' reported relevance in varying qualitative accounts that existed regarding the subject of ally identity development. I also assumed that participants in the study engaged in some ally-identity development activities and were not asserting without proof they were professional allies to the LGBT community and had educational or clinical training to increase their competency or knowledge regarding how best to serve LGBT clients. These assumptions were necessary to provide a foundation for this study.

Scope and Delimitations

Relevant qualitative literature on the topic of LGBT-ally identity development involved ally-specific mentorship, clinical supervision with an ally focus, LGBT-specific educational training opportunities, advocacy and political efforts, and personal

relationships with or opportunities to engage with members of the LGBT community. I selected the most frequently-mentioned activities for this study to more fully examine whether they were predictive in terms of increasing levels of allyship and to what degree participating in more than one activity increased levels of allyship. I chose these variables based on the frequency with which they were mentioned in qualitative research as having been influential in terms of increasing counselors' levels of allyship.

All CITs and licensed counselors were eligible to participate in this study. There were no geographic limitations on participation. This study had the potential for broad generalizability due to surveying CITs, counselors, and counselor educators from a variety of backgrounds, locations, teaching platforms, and faculty statuses (full or core faculty as well as adjunct).

I excluded the topic of LGBT competence from this inquiry as the literature demonstrated that clinical competence was distinct from allyship, with allyship having more to do with affirmative views and advocacy efforts and competence relating more to counselors' ability to conceptualize client issues related to their LGBT identity effectively. Although competency and ally behaviors are related in some ways, they are distinct. One of the goals of this inquiry was that by more accurately identifying experiences that contribute to improved levels of allyship, counselor educators might be able to better include opportunities for ally identity development and ultimately enhanced clinical competency with LGBT clients. I also excluded helping professionals (e.g., clinical social workers, and psychologists) who were not counselors, as I was interested

in better understanding the development of LGBT-ally identities of only counselors at this time.

Limitations

The survey was only available online, which may have excluded some potential participants due to lack of access to or understanding of Internet-based survey programs. Possible exclusion of participants was a limitation in terms of disseminating the survey in an online format. However, I ultimately decided that the benefits of online surveys (including cost-effectiveness and greater access to diverse participants) were significant enough to justify conducting the study in this manner.

Because the study relied on self-reports and memory, participants may not have recalled all the specific experiences they participated in as a means to cultivate their ally identities. I provided examples of each type of activity to improve participants' likelihood of remembering participation in relevant activities. Social desirability bias may have been present if participants wanted to appear to be more active in their roles as allies, which may have affected the accuracy of their AIM scores. Additionally, participants may have interpreted questions regarding their religious practices or cultural values to be threatening, which could have led to inaccurate results as well. These threats were mitigated by keeping each participant's results anonymous to improve the likelihood that they were honest and open about their behaviors, attitudes, and activities.

Significance

The results of this inquiry have the potential to better inform counselor education programs, mentors, and clinical supervisors about personal and professional experiences

that improve the likelihood that counselors will want to pursue the development of their ally identities. By better understanding experiences and learning opportunities that most highly contribute to this motivation, training programs can more effectively expose counseling students to LGBT-specific issues in a way that enhances their interest in becoming affirmative allies and LGBT-competent counselors. This study has the potential to lead to social change related to the ability of counselors to more effectively serve LGBT clients, perhaps improving treatment outcomes for this population.

Summary

Although LGBT clients access counseling services at a higher rate than their cisgender heterosexual peers, counseling professionals consistently report feeling underprepared by their counselor education programs to effectively counsel members of the LGBT community. Qualitative inquiries into the topic of ally identity development have revealed common themes in terms of experiences that facilitate this development. However, no studies currently exist which examine predictive relationships between these experiences and improved levels of allyship. The results of this inquiry will better inform counselor education programs and clinical supervisors about the experiences and activities most influential in terms of cultivating ally identities. In Chapter 2, I present the research that currently exists regarding the topic of ally identity development, and more thoroughly discuss specific questions that I explored in the present inquiry.

Chapter 2: Literature Review

Introduction

Members of the LGBT community present to counseling at an increased rate compared to their heterosexual and cisgender peers (Johnson & Federman, 2014; Plöderl & Tremblay, 2015), yet many CITs report a lack of sufficient training experiences in terms of how to best serve LGBT clients (Asta & Vacha-Haase, 2013; Chui et al., 2018; Cohen-Filipic & Flores, 2014; Johnson & Federman 2014; Rivers & Swank, 2017; Whitman & Bidell, 2014). Counselors would benefit from the results of a more thorough analysis of what experiences and training opportunities best prepare CITs and even more experienced counselors to enhance their ally identities and improve their competency with the LGBT community. In the following, I present literature search strategies used to examine the topic of inquiry, theoretical foundation, and a review of relevant literature related to this inquiry.

Literature Search Strategy

I used the Thoreau and ERIC databases and supplemented these searches with inquiries through Google Scholar. Key search terms used were *ally*, *ally identity*, *ally identity development*, *heterosexual ally*, *ally identity measure*, *LGBT+ ally*, and *allyship*. I reviewed relevant articles' references and then located those sources as well. Seminal sources were published between 1995 and 2003, and the most recent sources were from 2018. The majority of the sources used were from peer-reviewed journals. However, I also included relevant conference presentations as well as ethical codes from relevant accrediting bodies. In total, I discuss 26 sources I identified as being relevant background

information for this proposed inquiry, so they are synthesized in the following to provide context for this study.

Theoretical Foundation

An ally is any person who acts in personal or professional ways that benefit oppressed populations (Worthen, 2011). More specifically, LGBT allies include “heterosexual and cisgender individuals involved in support for the LGBT community. Self-labeling as an ally may inhibit overall growth since a potential ally may believe there is an end-level of allyship (Ji et al., 2009; Worthen, 2011).

Furthermore, members of the LGBT community may view allies as being self-serving by self-identifying as allies only for accolades or recognition (DeTurk, 2011; Grzanka et al., 2015). Heterosexual and cisgender allies will never be able to truly understand the lived experiences of members of the LGBT community, and therefore their ability to function as allies and advocates is limited (DeTurk, 2011). At a minimum, being an ally to the LGBT community requires willingness to challenge biased language and behaviors (Asta & Vacha-Haase, 2013; Ji & Fujimoto, 2013) and acknowledge that affirmative beliefs are separate from a willingness to engage in pro-LGBT advocacy efforts (Grzanka, 2015; Ji & Fujimoto, 2013).

Getz-Kirkley Model of Ally Identity Development

After examining models of racial identity development (Hardiman-Jackson, 1992) and previously existing models of ally identity development (Gelberg-Chojnacki, 1995), Getz and Kirkley (2003) ultimately proposed a new model of the ally identity development process which clarifies the common developmental struggles that occur for

allies and advocates. The Getz-Kirkley model has five distinct stages of ally identity development: entry, fear of the unknown, acknowledgment of privilege, engagement, and conscious identification as an ally or advocate.

The first stage of the process is entry, during which potential allies may each experience different motivations for wanting to facilitate their growth as allies. For a potential ally to successfully move through the entry stage, they must be willing to examine any conflicting emotions they may have related to inner conflict related to their new identity as an ally. Potential allies generally begin to challenge internalized stereotypes about the LGBT community during this initial stage.

The second stage of the process is fear of the unknown, during which potential allies may begin to recognize many of the hetero- and cisnormative assumptions they may have internalized. Common experiences during this stage involve emotions ranging from fear to excitement as they acknowledge their role as allies. Some potential allies experience isolation or sadness during this stage as they begin to acknowledge stereotypes and assumptions that have caused pain to members of the LGBT community.

During the third stage of the ally identity development process, emerging allies engage in the acknowledgement of privilege. Potential allies need to further examine and challenge any heteronormative beliefs or assumptions they may have adopted. Specifically, many emerging allies find it necessary to challenge any firmly held religious beliefs that conflict with their developing ally identities.

The fourth stage is the engagement stage, during which potential allies begin to act in accordance with their emerging ally identities. A significant stressor during this

stage involves accepting that they may face backlash in their new role as an ally. Allies during this stage of their identity development come to accept that behaving as an ally may have social costs for them in terms of losing relationships with those who disagree with their ally behaviors and beliefs.

The final stage of the Getz-Kirkley model is the conscious self-identification stage. When allies reach this stage, they openly identify as allies to the LGBT community and begin to engage in advocacy efforts. Additionally, allies are in the process of synthesizing their personal identities with their new ally identities, finding congruence between beliefs and behaviors.

Getz and Kirkley developed their model around the experiences of heterosexual and cisgender individuals who had received preliminary exposure to ally identity development through participation in an on-campus training experience. Participants included faculty, staff, and students of the university, so their model of identity development was not necessarily developed from a study consisting of counseling professionals. Although the Getz-Kirkley model may have broader applicability than just counseling professionals' experiences, it is worthwhile to note that the model was not explicitly developed from the experiences of just CITs.

Previous Use of the Getz-Kirkley Model in the Literature

The Getz-Kirkley model has been referenced throughout the literature as one of the first existing models of what the ally identity development process may look like, and many later inquiries into the development process have found similar results to their study. For example, Asta and Vacha-Haase (2013) referenced the Getz-Kirkley model in

their study and yielded common themes of exploring what it is expected of an ally in terms of behaviors, the growth process that occurs, the challenges associated with the development process, and more. Although common themes were present, they did not readily align with any existing model, suggesting that the ally identity development process is unique (Asta & Vacha-Haase, 2013). Rivers and Swank's (2017) inquiry also revealed themes of self-awareness and the intersectionality of identities which align with the stages of the Getz-Kirkley model in which a potential ally begins to consciously identify as an ally through challenging heterosexist assumptions and biases.

Pinto (2014) used the Getz-Kirkley model to discuss the development of allies to the asexual community, including an awareness of how discrepancies between inward views and outward behaviors might cause incongruence and anxiety. Pinto's exploration of the challenges associated with developing an ally identity to the asexual community was based, in part, from the stages of the Getz-Kirkley model and the identity development challenges it highlights. Although the Getz-Kirkley model is referenced throughout the literature as a foundational theory, it has not been used exclusively in the existing literature as I am proposing to use it here for this research inquiry.

Relevance of the Getz-Kirkley Model

Getz and Kirkley's model of ally identity development was relevant for this inquiry due to the similar way in which the construct of ally identity is presented in the AIM. The five stages of ally identity development include acquiring the necessary knowledge of issues faced by the LGBT community, an opportunity to challenge emotional and cognitive dissonance that develops as a result of a newly emerging ally

identity, and an acceptance that openly identifying as an ally or advocate may have social ramifications (Getz & Kirley, 2003). The AIM was developed around similar constructs of the needed traits and behaviors of allies and advocates, including knowledge and skills, openness and support, and oppression awareness (Jones et al., 2014).

Literature-Based Rationale for Research Questions

A variety of experiences were reported in the literature as having a positive impact on ally identity development. These experiences included engagement in LGBT-specific mentorship or having an ally-role model (Asta & Vacha-Haase, 2013; Duhigg et al., 2010; Ji et al., 2009), clinical supervision (Moe et al., 2014), educational training (Asta & Vacha-Haase, 2013; Case & Meier, 2014; Dillon et al., 2004; Ji et al., 2009; Ji & Fujimoto, 2013; McGeorge & Carlson, 2016; Rivers & Swank, 2017), advocacy or political efforts (Duhigg et al., 2010; Ji et al., 2009; Rostosky et al., 2015), and having personal relationships with or exposure to members of the LGBT community (Asta & Vacha-Haase, 2013; Dillon et al., 2004; Duhigg et al., 2010; Gzanka et al., 2015; Ji et al., 2009; Rostosky et al., 2015). RQ1 sought to identify which experiences or combination of experiences predicted higher scores on the AIM, therefore, suggesting more advanced levels of ally identity development.

The Association for lesbian, gay, bisexual, and transgender issues in counseling (ALGBTIC) Competencies Taskforce (2013) detailed best practices related to effectively counseling lesbian, gay, bisexual, queer, questioning, intersex, and ally (LGBQQIA) clients. At a minimum, these standards reference the importance of using inclusive language, challenging privilege and bias, understanding the complexity of the

sociocultural factors which impact LGBQQIA clients, seeking supervision and consultation with more advanced allies in the counseling field, and undergoing a self-reflective process that facilitates growth as an ally. However, no specific directions exist about how to achieve these goals. Because CITs report feeling unprepared to effectively counsel LGBT clients upon completion of counselor education programs (Asta & Vacha-Haase, 2013; Rivers & Swank, 2017), RQ2 examined any differences in AIM scores of counselors or CITs who graduated from or are enrolled in CACREP-accredited and non-CACREP accredited institutions to determine if there were differences between the two broad categories of counselor preparation. The ACA *Code of Ethics* (2014) stresses the importance of not doing harm by avoiding the imposition of personal values (A.4.a; A.4.b), respecting client rights in terms of their multicultural backgrounds (B.1.a), and the ethical obligation to seek training before embarking on a new specialty area within a counselor's scope of competence (C.2.b). However, the standards do not make explicit mention of how to achieve these standards, leaving it up to the individual counselor to self-determine how best to remain ethical.

Similarly, the 2016 CACREP standards do not explicitly identify competency related to LGBT-clients in particular; however the standards do place an overall call to action on issues related to social and cultural diversity in the areas of theories of multicultural counseling, competency with diverse groups, examining one's personal view of others, examining issues related to power and privilege, and a call for advocacy work around eliminating oppression and societal barriers (CACREP, 2016; Rivers & Swank, 2017). The 2016 standards also do not require any specific training for

supervisors regarding the ability to challenge bias, privilege, or features of the multicultural counseling component (CACREP, 2016). Although the 2016 standards do require supervisors to have training in supervision theory, beyond that, there is no explicit call to action for the type of experiences CITs will have with their supervisors. By asking counselors to identify whether they completed a CACREP or non-CACREP accredited program, RQ2 identified trends and further clarified a need for more explicit standards regarding how to foster CITs with competency in working with LGBT clients.

Some of the literature indicated that discrepancies may exist between the extent to which counselors identify as allies to the LGBT community and how active they are in performing the behaviors of an ally (Grzanka et al., 2015; Johnson & Federman, 2014; McGeorge & Carlson, 2016). RQ3 examined whether any differences exist between a counselor's self-identification as an ally, as measured by a likert scale from 1 to 10 (high), and the extent to which they were engaged in the behaviors of an ally, as measured by their AIM score. RQ3 helped to distinguish between counselors who hold affirmative views toward the LGBT community and therefore self-identified as an ally, without actively engaging in the behaviors that are indicative of an ally identity (Jones & Brewster, 2017).

Literature Review Related to Key Variables and Concepts

Although the topic of ally identity development lacks thorough exploration on a quantitative level, there are multiple qualitative and mixed-methods studies that have explored the topic. Many of these accounts provide insight into the lived experiences of

helping professionals seeking to develop their ally identities and increase their competency regarding LGBT issues. These accounts are summarized below.

Qualitative Inquiries

A variety of qualitative inquiries exist which have explored the lived experiences and reflections of allies seeking to establish or grow their ally identities. Some of these inquiries examined the experiences of helping professionals outside the field of counseling. Asta and Vacha-Haase (2013) studied the experiences of pre-doctoral psychology interns to understand any commonalities in their ally identity development processes better. The goals of the study were to develop an increased understanding of the word “ally.” The authors identified five core themes: ally meaning and essence, ally growth and development, ally challenges, the relationship between social justice and training, and diversity within the LGBT community. Findings supported the common issue that some counseling students may feel unprepared to work with LGBT clients, which is supported elsewhere in the literature as well (Rivers & Swank, 2017).

Ji et al. (2009) explored the topic of ally identity development more broadly than other qualitative accounts by examining the experiences of honors students at a large university who voluntarily participated in an ally identity development course. Following their participation in the course, all students reported feeling more secure in their ally identities, which supports the recommendation that a more intentional infusion of ally identity development in the counseling curriculum may yield an improvement in CITs growth in this area (Asta & Vacha-Haase, 2013; Dillon et al., 2004; Ji et al., 2009; Ji & Fujimoto, 2013; McGeorge & Carlson, 2016; Rivers & Swank, 2017). The participants

also reported finding great value in having access to role models or instructors with whom to process concerns or conflicts, a finding mirrored in Dillon et al. (2004). Additionally, all students reported improved ability to function as allies and advocates while forming relationships with those in the LGBT community.

Chui et al. (2018) explored the impact of the supervisory relationship on ally identity development, particularly competency with LGBT clients. The authors conducted a qualitative study with predoctoral psychology interns by exploring their supervisory experiences while conceptualizing clients who identified as LGBT. Findings revealed that LGBT-affirming supervisory practices, regardless of the supervisor's sexual orientation, led to more favorable outcomes for the client and improved supervisory experience and development of LGBT-competency for the supervisee.

The value of having personal relationships and interactions with members of the LGBT community was well-documented in the qualitative explorations of ally identity development (Duhigg et al., 2010; Grzanka et al., 2015; Ji et al., 2009; Rostosky et al. 2015). Interestingly, the findings of Grzanka et al. (2015) indicated that although participants reflected on their upbringings as having some effect on their ally identities in adulthood, the participants did not share common backgrounds, with some reporting their childhood homes were pro-LGBT and other homes having condemning ally attitudes. Therefore, the findings support the notion that other factors outside of upbringing must also influence ally identity development.

Quantitative Inquiries

Quantitative accounts on the topic of ally identity development are minimal; however, the studies that do exist are helpful in terms of highlighting variables of interest for further exploration. In 2016, McGeorge and Carlson (2016) explored the ally identity development practices of couples and family therapy faculty by using a survey to explore their current behaviors. The results of their inquiry revealed that faculty often held strong intentions of infusing LGBT-specific content into their curriculums but did not follow through to implementation, indicating that the intentions and actual behaviors of allies may be discrepant. The results of their inquiry reinforced the need for universities to evolve beyond the simple call for LGBT-inclusive nondiscrimination policies and toward the need for requirements to include LGBT-specific content into all areas of the counseling curriculum.

Scheer and Poteat (2016) examined the motivating factors behind high school students' willingness to join gay-straight alliances. The findings were not unique, but served to further reinforce existing hypotheses which highlighted that having LGBT friends was a predictive factor in whether someone volunteered to participate in an ally training (Asta & Vacha-Haase, 2013; Dillon et al., 2004; Duhigg et al., 2010; Gzanka et al., 2015; Ji et al., 2009; Rostosky et al., 2015). Also, having a personal interest in social justice issues was another predictive factor, another finding that reinforces existing hypotheses on motivating factors for allyship (Duhigg et al., 2010; Ji et al., 2009; Rostosky et al., 2015).

Ji and Fujimoto's (2013) inquiry comes closest to the goal of the present inquiry without fully exploring the topic in the ways I did for this inquiry. Ji and Fujimoto (2013) developed an instrument to measure LGBT ally identity development, although this instrument ultimately measured the extent to which a person was functioning as an ally as opposed to measuring how the ally identity development process occurred or what factors contributed to it. It is in this last regard that my inquiry differs since I am ultimately interested in better understanding which factors contribute and to what extent they contribute to the ally identity development process.

Mixed Methods Inquiries

Rivers and Swank (2017) conducted a mixed-methods study with one of their inquiries examining whether counseling students' competency to serve LGB clients increased after participating in an ally training (the study did not look at transgender counseling competency). Findings revealed that ally training increased skills and knowledge, but a significant increase in attitude was not found from the study; participants did, however, indicate that their beliefs and previously held assumptions were challenged as a result of participating in the study.

Worthen (2011) conducted a mixed-methods study to explore similar concerns about the effects of participation in, and reactions to, an on-campus ally training program. The study did not explicitly use future counselors as the participants; however, the qualitative results are still helpful in illuminating the efficacy of ally training programs toward increasing empathy, sensitivity, and basic knowledge of the LGBT community. The quantitative data from the study revealed that those who were aware of ally training

programs but opted not to participate in them might have chosen to remain “strategically ignorant” (p. 367) due to lack of interest in furthering their knowledge or support of the LGBT community.

Previous approaches: Strengths and limitations.

Inquiries into ally identity development have been mostly qualitative in nature (Asta Vacha-Haase, 2013; Dillon et al., 2004; Duhigg et al., 2010; Grzanka et al., 2015; Ji et al., 2009; Rostosky et al. 2015), so while these inquiries have produced a broad understanding of some of the themes related to the experience of ally identity development, a limitation to the qualitative approach is the inability to generalize broadly or determine causal links between experiences and increased levels of allyship. Rivers and Swank (2017) conducted a mixed-methods approach that examined the experience of counseling students participating in ally training, which also measured the effectiveness of the training at increasing competency. Although this study is more generalizable and begins to determine what factors have been useful in determining competence and facilitating ally identity development, the inquiry did not account for any other factors (mentorship, supervision, personal experiences, etc.) outside of the training opportunity and thus is limited in the scope of its results.

Another broad limitation of the existing literature is that there is a lack of studies conducted explicitly on counseling professionals. Worthen (2011) explored college students’ attitudes in general, but he did not gather data to determine whether the students were pursuing careers in the helping professions. Studies exist that have focused on psychology professionals, which can be used as a starting point for developing a similar

inquiry into the beliefs and behaviors of counseling professionals (Asta & Vacha-Haase, 2013; Chiu et al., 2018; Johnson & Federman, 2014). Asta and Vacha-Haase (2013) approached understanding the ally identity development process of doctoral psychology interns from a phenomenological perspective to better understand the common experiences of allies. A significant strength of this inquiry is that it focused on doctoral psychology interns with long histories (10+ years) of allyship, which is more likely to fully capture the overall process of ally identity development than studies that focused on allies with less experience. For Johnson and Federman (2014), a significant limitation is the absence of an objective measure of competence, since they only used participant self-report. Also, the authors did not ask participants to self-identify their gender and sexual orientation, which may have influenced the generalizability of the results.

Justification for the Variables in this Study

As I explained in the rationale for the research questions as well as in the summary of relevant inquiries on this topic, the existing inquiries revealed a variety of variables that were of interest to this study. Specifically, the following variables emerged: LGBT-specific mentorship, clinical supervision with an ally focus, LGBT-specific educational training, advocacy or political efforts, and personal relationships with or opportunities to engage with members of the LGBT community. Next, I will briefly discuss what is known about each of these variables and how they were relevant to this proposed inquiry.

Ally-Specific Mentorship

A lack of access to competent mentors is a limiting factor for counseling professionals, particularly in the area of LGBT ally identity development (Ji, 2007; Ji, 2009). In their qualitative study on ally identity development, Ji et al. (2009) found that exposure to LGBT issues and persons, advocacy opportunities, exposure to role models made it more likely for an ally identity development to emerge due to having the opportunity to explore some of the challenges associated with ally identity development with a person who has already gone through the process. This finding was mirrored throughout the literature with the overall theme of LGBT-specific mentorship or having an ally-role model being a helpful component of the ally identity development process (Asta & Vacha-Haase, 2013; Duhigg et al., 2010; Ji et al., 2009).

LGBT-Specific Clinical Supervision

Moe et al. (2014) determined that more research is needed to explore how helpful clinical supervision can be to the ally identity development process. However, they offered some preliminary suggestions for how supervision can be used to increase ally competence and begin to facilitate ally identity development. Chiu et al. (2018) also reinforced that an affirming supervision approach and supervisor competence with LGBT issues can both lead to improved outcomes for the client. A further complication, however, is that in the absence of any explicit requirements from relevant codes (eg., ACA, CACREP) that supervisors develop competence in LGBT issues explicitly, supervisors may lack the ability to provide LGBT-competent and affirming supervision to trainees (Asta & Vacha-Haase, 2013).

LGBT-Specific Educational Training

Access to and participation in formal educational training opportunities is perhaps the most well-documented variable in the literature with multiple sources emphasizing its importance (Asta & Vacha-Haase, 2013; Case & Meier, 2014; Dillon et al., 2004; Ji et al., 2009; Ji & Fujimoto, 2013; McGeorge & Carlson, 2016; Rivers & Swank, 2017).

Aside from just participation in educational based training opportunities, however, Rivers and Swank (2017) revealed a specific need for exposure to LGBT clients during training opportunities in order to develop competence with the LGBT community. It is unclear whether education-based training or clinical-based training (i.e., having access to LGBT clients during practicum or internship) is more effective in this regard, or whether the two training opportunities should occur together for optimal outcomes.

Advocacy or Political Efforts

The importance of having an interest in advocacy or political activism was mentioned as being a contributing factor to whether someone would develop an ally identity (Duhigg et al., 2010; Ji et al., 2009; Rostosky et al., 2015). Scheer and Poteat (2016) found that students were more likely to participate in gay-straight alliances if they have an interest in social justice issues and having LGBT friends. However, Asta and Vacha-Haase (2013) identified that a lack of direction exists in graduate programs regarding how to become engaged in advocacy efforts, meaning that there may be some counseling trainees with an interest in advocacy but no knowledge of how to begin in their efforts.

Personal Relationships with LGBT Community

Having personal relationships with or exposure to members of the LGBT community was revealed to be one of the strongest motivators for a person's interest in ally identity development (Asta & Vacha-Haase, 2013; Dillon et al., 2004; Duhigg et al., 2010; Gzanka et al., 2015; Ji et al., 2009; Rostosky et al., 2015). However, little is known about whether this factor is a necessary condition of ally identity development or to what extent it is a contributing factor in someone's overall level of allyship. Still, multiple studies emphasized that participants having personal relationships with members of the LGBT community were drawn to engage in ally work suggesting that it is an influential variable in the ally identity development process.

Summary and Conclusion

The variables of mentorship, clinical supervision, educational training, advocacy or political efforts, and personal relationships or exposure to the LGBT community were identified in multiple sources as variables of interest in the ally identity development process. However, a limitation to the previous literature on this topic was the lack of quantitative exploration to determine how significant each variable or combination of variables was to the overall outcome of ally identity development. In particular, there existed some discussion about whether personal relationships with members of the LGBT community might be a necessary condition for ally identity development (Duhigg et al., 2010; Grzanka et al., 2015). Furthermore, Rivers and Swank (2017) determined that training can increase competency but not necessarily affirmative attitudes toward the LGBT community, meaning that education is not the only factor in whether someone will

develop an ally identity. What I explored in this inquiry was how each of the identified variables impacts the overall level of allyship as measured by the AIM as well as whether specific combinations of variables yielded higher results than any individual variable.

The preceding was a concise summary of what the current literature revealed to be the most impactful variables in whether someone engages in the ally identity development process. For this inquiry, I examined whether the presence of one or more of these variables was predictive in determining a person's level of allyship as measured by the AIM inventory. In Chapter 3, I discuss the specific methodology and how I explored relationships between these variables.

Chapter 3: Research Methods

Introduction

The purpose of this quantitative study was to examine activities in which CITs, licensed counselors, and counselor educators have participated to facilitate their development as LGBT allies in the counseling profession. By examining those activities and analyzing their effect on levels of allyship as measured by the AIM, the results of this inquiry will inform counselor education programs and clinical supervisors regarding ally identity development activities that are most influential in terms of increasing levels of allyship. In this chapter, I discuss the research design for this inquiry, the methodology and data analysis plan, the specific instrument (AIM) that was used, threats to validity, and ethical procedures.

Research Design and Rationale

For this inquiry, I used a quantitative cross-sectional survey design. I determined five independent variables derived from existing literature as influential in terms of LGBT-allies looking to cultivate their ally identities. The independent variables for this study were: participation in LGBT-specific mentorship, LGBT-specific clinical supervision, LGBT-specific educational training, advocacy or political efforts, and personal relationships with members of the LGBT community. The dependent variable for this inquiry was participants' score on the AIM. An exclusionary question was asked to eliminate any potential participants who personally identify as LGBT, as this inquiry only focused on straight and cisgender allies to the LGBT population. Questions were asked regarding demographic information as well, including participants' gender and age,

whether they graduated from or were enrolled in a CACREP-accredited counseling program, and how they ranked their current level of allyship on a Likert scale from 1 (low) to 10 (high). The independent variables were appropriate for my study because a careful review of the existing literature revealed that qualitative accounts of ally development commonly referenced these variables as influential for participants during their growth. AIM score was appropriate for my study because it involved measuring ally identity development, including the degree to which a person is functioning as an ally to the LGBT community.

Survey Design and Rationale

I used a quantitative cross-sectional survey design to examine activities in which CITs, licensed counselors, and counselor educators participated in for the purpose of increasing their levels of allyship. This allowed me to more easily examine the correlation those activities had with their levels of allyship within each of the AIM subscales. Additionally, this design allowed me to examine which activity or combination of activities was most predictive of higher levels of allyship.

The self-administered survey was cross-sectional with data gathered at a single point in time to identify activities in which counseling professionals had already engaged. Surveys were self-administered privately to encourage participants to be more honest about their current levels of allyship as measured by the AIM, which included questions related to ally-specific behaviors that some participants may feel compelled to report they were engaging in out of desire to appear to be strong allies. However, this desire to

appear more engaged in ally-specific behaviors could lead to social desirability bias, so anonymous surveys were used to mitigate this bias.

This research design allowed me to examine not only the effects of each independent variable on levels of allyship, but also how combinations of activities or various demographic variables also are predictive of higher levels of allyship. This type of design advances knowledge in the counseling field by allowing for a targeted understanding of specific activities that are most influential in developing participants' ally identities, which will then inform counselor education programs and clinical training opportunities.

Time and resource constraints for this inquiry were minimal. CITs and counselor educators could have been on academic break during my data collection time frame, which may have meant they were not checking email as often and may therefore have been unaware of the survey. However, not all universities have scheduled breaks during the same weeks, so this may not have had a large effect. Similarly, because the survey was distributed online only, this may have excluded some potential participants due to lack of access.

Connection to Research Questions

Because the research questions were focused on better understanding factors that contributed to ally identity development processes, variables were measured in a quantitative manner, thereby allowing me to examine them for predictive trends. The cross-sectional survey design allowed me to gather data from a large number of participants in an efficient manner, thereby increasing my ability to generalize about

factors that were most strongly predictive of higher levels of allyship. Additionally, by offering the survey online, I increased geographic and demographic diversity of the sample, which further enhanced my ability to generalize the results to a broader population.

Methodology

I surveyed CITs, licensed counselors, and counselor educators. I collected demographic data to assess their current level of training and licensure and whether they were currently enrolled in or had graduated from a CACREP or non-CACREP accredited university. According to the American Counseling Association (ACA, 2011), the total population of professional counselors in the United States is upwards of 120,000, with a steady upward trend. Because the AIM was normed for heterosexual and cisgender participants, I excluded anyone who identified as LGBTQQIA from this study. According to G*power 3.1.7, I needed a total of 200 participants for a medium effect size F of .25, alpha of .05, and power of .80, which is commonly accepted in the social sciences.

Sampling Procedures

I used criterion sampling to select participants who were most applicable to my inquiry. I used criterion sampling to select only heterosexual and cisgender CITs, licensed counselors, and counselor educators for participation in this study. Although it is not ideal for generalizability, I used a convenience sampling strategy to solicit participants from various professional listservs such as CES-NET and state counseling boards, as well as social media sites which CITs, counselors, or counselor educators may

visit. Convenience sampling was a potential limitation to generalizability due to the risk that the population sampled would not be representative of the broader population . I also used a snowball sampling method by inviting participants to share the survey link with colleagues they thought might be interested in and appropriate for the study. A limitation of the snowball sampling method was that it could have increased the number of participants without resulting in a more representative sample of the population.

Procedures for Recruitment and Data Collection

Participants were recruited through the use of counselor, counselor educator, and supervisor-specific listservs and social media sites as well as snowball sampling by way of encouraging participants to share the survey with colleagues who met criteria for participation and may not have seen the survey via CES-NET or other listservs.

Participants were provided informed consent forms at the start of the survey. The informed consent form included a statement of the goal of the research, including who was eligible to participate in the study, contact information for the researcher, a confidentiality statement, and an overview of any risks or benefits of participation.

Participants then had the option to discontinue the survey if they preferred.

If they chose to continue to the survey, participants answered an exclusionary question of whether they personally identified as LGBT as well as whether they practice as a helping professional other than counseling (e.g., clinical social worker, psychologist, psychiatrist, etc.). Participants who answered yes to either question were excluded from the study. After the exclusionary questions, participants were invited to share a small amount of demographic data including: gender, age (grouped in 5-year increments),

whether they graduated from or were currently enrolled in a CACREP or non-CACREP accredited counseling program, and how they ranked their current LGBT-ally identity on a likert scale from 1 -10 (high). I developed the demographic questions to be as inclusive of all possible responses as was feasible so as to avoid underreporting of relevant answers by lack of an appropriate option (Bradburn et al., 2004). I collected data via the Survey Monkey platform and analyzed the data using the Statistical Package for the Social Sciences (SPSS) software. Participants exited the survey as they completed the questionnaire. There were no formal follow-up procedures with participants. However, participants were given the option of contacting the researcher through a hotline if they wanted to further discuss their experience with the survey.

Instrumentation and Operationalization of Constructs

I used the Ally Identity Measure (AIM; Jones et al., 2014) for this study. K. Nicole Jones, primary developer of the AIM, granted permission to me on September 29, 2019 for the AIM to be used in this study. Jones et al. developed the AIM in 2014 as a tool for measuring the degree to which a person is engaging in the behaviors and attitudes of an ally to the LGBT community (Jones et al., 2014). They developed the AIM in a two-step process, first by recruiting participants through various email listservs, relevant discussion boards, Facebook, and Craigslist to recruit heterosexuals who identified as allies to the LGBT community (Jones et al., 2014). The developers report that they decided to exclude anyone who personally identifies as LGBT because they wanted to be able to accurately assess ally identity and including members of the LGBT community in the survey may affect the results (Jones et al., 2014).

After screening for items that did not have a sufficient level of interitem correlation, they included the remaining 40 items that had strong internal consistency reliability ($r = .93$) and strong split half reliability ($r = .96$; Jones et al., 2014). The authors reported internal consistency reliabilities to be high on the AIM subscales with Cronbach's alpha scores of $\alpha = .91$ on the knowledge and skills subscale, $\alpha = .90$ on the openness and support subscale, and $\alpha = .79$ on the oppression awareness subscale (Jones et al., 2014). The authors computed discriminant and convergent validity using bivariate correlations, which revealed that the subscales of knowledge and skills, oppression awareness, and openness and support all yielded strong positive correlations with the corresponding scales on the Lesbian, Gay, and Bisexual Knowledge and Attitudes Scale for Heterosexuals (LGB-KASH), an instrument the authors referenced to inform their development of the AIM (Jones et al., 2014). Test-retest validity for the AIM is $r = .73$ (Jones et al., 2014). Internal consistency reliability for the full AIM is $r = .88$ (Jones et al., 2014).

The AIM has been used in two other studies to date. Bristol, Kostelec, and MacDonald (2018) used the AIM to assess emergency health care workers' ability to function as allies before and after an LGBT training opportunity. The sample consisted of 135 emergency services personnel (i.e., nurses, doctors, nurse practitioners, and administrative support persons) working in an urban community hospital setting in the mid-Atlantic region of the United States. Demographic data of the participants was collected regarding their role in the emergency setting (RN = 71; provider = 17; support services = 41; missing = 6), gender, with all participants identifying as cisgender (male =

22; female = 107; missing = 6), age (18-30 = 44; 31-40 = 35; 41-50 = 21; 51+ = 29; missing = 6), sexual orientation (heterosexual = 117; gay or lesbian = 5; bisexual = 5; missing = 8), education (high school or less = 28; associate's degree = 20; bachelor's degree = 48; graduate degree = 32; missing = 7), and ethnicity (Caucasian = 98; African American = 24; American Indian = 1; Asian or Pacific Islander = 3; Multiple = 1; Missing = 8). The results of their inquiry revealed an increase in the subscores of all dimensions of LGBT-competency following the training opportunity (Bristol et al., 2018).

Casazza, Ludwig, and Cohn (2015) adapted questions from the AIM for their inquiry into whether there are geographic differences in heterosexual attitudes and behaviors toward bisexuals. Their sample consisted of 278 college students attending a midsized university in the southeastern region of the United States. They collected a variety of demographic data including sex (male = 65; female = 210; transgender = 2), age (17-21 = 259; 22-26 = 16; 27-31 = 2), race/ethnicity (White/Caucasian = 216; Black/African American = 42; Hispanic/Latino = 7; Asian = 4; Native Hawaiian/Other Pacific Islander = 1; Other = 5), and geographic location raised in (urban = 54; suburban = 141; rural = 81). Their results indicated a significant difference in the scores of participants from various geographic regions, with those raised in rural environments being more likely to have higher levels of heterosexism and lower levels of bi-positivity (Casazza et al., 2015).

The AIM was appropriate for this study for multiple reasons. First, the developers created the AIM with the Getz-Kirkley Model in mind, referencing specific elements of

ally identity development such as exploration of privilege as being considered during the creation of the survey items (Jones et al., 2014). Second, the AIM includes questions that capture the construct of ally identity development and behaviors, including knowledge and skills; oppression awareness; and openness and support (Jones et al., 2014). By having the various elements of ally characteristics and behaviors measured in this manner, the results of this study allow me to draw conclusions about which particular ally identity development activities (ie., the independent variables in this study) most strongly relate to each category of ally identity. A final reason for the selection of the AIM was that the authors assert that they developed the AIM particularly for the use in broad scale quantitative research that can be generalized to larger populations, such as the study I conducted (Jones et al., 2014).

The AIM score of each participant serves as the dependent variable for this study. The scores of the AIM are computed into a continuous whole number ranging from 19 to 95, with higher numbers being more indicative of higher levels of allyship (Jones et al., 2014). Each question on the AIM is presented as a statement to which the participants rank their agreement with the statement on a Likert scale from 1 to 5 with 1 = (low) and 5 = (high). Additionally, the AIM contains three subscales (knowledge and awareness, openness and support, and oppression awareness) which can further reveal levels of allyship in each of the specific dimensions. For example, the first item on the AIM is from the Knowledge and Skills subscale and states: *I keep myself informed through reading books and other media about various issues faced by sexual minority groups, in order to increase my awareness of their experiences.* An item from the Openness and

Support subscale reads: *I am comfortable in knowing that, in being an ally to sexual minority individuals, many people may assume I am a sexual minority person.*

Operationalization of Variables

This inquiry included demographic data from each participant including gender, age, and participation in a CACREP or non-CACREP accredited counseling program. Additionally, I collected data on five independent variables related to ally identity development activities and one dependent variable (participant's AIM score). In the following, I discuss each independent variable and the dependent variable in more detail.

LGBT-Specific Mentorship

The first independent variable was participation in LGBT-specific mentorship opportunities. I provided a definition of LGBT-specific mentorship to the participants with LGBT-specific mentorship defined as any non-supervisory guidance from a more experienced counselor related to developing competencies with the LGBT community (i.e., mentor was not functioning in a formal supervisory capacity; Asta & Vacha-Haase, 2013; Duhigg, Rostosky, Gray, & Wimsatt, 2010; Ji et al., 2009). Examples of mentors included colleagues, instructors, or leaders in the field. Participants entered a whole number indicating in how many instances of LGBT-specific mentorship they had engaged, making this a continuous variable.

Clinical Supervision

The second independent variable was participation in clinical supervision with a focus in developing LGBT-specific competencies (Moe, Perera-Diltz, Supulveda, 2014). I defined this for participants as having participated in any clinical supervision that was

explicitly focused on helping to develop LGBT-competencies. This included university supervision or site supervision, and could have occurred during group, triadic, or individual supervision. Participants entered a whole number indicating in how many instances of LGBT-specific clinical supervision they had engaged, making this a continuous variable.

LGBT-Specific Educational Training

The third independent variable was participation in educational training opportunities designed to enhance LGBT-specific knowledge and skills (Asta & Vacha-Haase, 2013; Case & Meier, 2014; Dillon et al., 2004; Ji et al., 2009; Ji & Fujimoto, 2013; McGeorge & Carlson, 2016, Rivers & Swank, 2017). I defined LGBT-specific education training opportunities for the participants as LGBT-oriented continuing education opportunities, lectures, discussions, or courses offered at the graduate level (Asta & Vacha-Haase, 2013; Case & Meier, 2014; Dillon et al., 2004; Ji et al., 2009; Ji & Fujimoto, 2013; McGeorge & Carlson, 2016, Rivers & Swank, 2017).. Participants entered a whole number indicating in how many instances of LGBT-specific educational training opportunities they had engaged, making this a continuous variable.

Advocacy or Political Efforts

The fourth independent variable was participation in advocacy or political efforts related to advancing the rights of, or empathy toward, the LGBT-community. I provided a definition of advocacy or political efforts for participants which included examples of attending rallies or LGBT-specific events, engaging in discussion related to LGBT-specific legislation, publishing or speaking on LGBT-related issues, or presenting on

LGBT-specific topics (Duhigg et al., 2010; Ji et al., 2009; Rostosky et al., 2015).

Participants answer yes or no to whether they had participated in LGBT-specific advocacy efforts, making this a categorical variable. Participants entered a whole number indicating in how many instances of advocacy or political efforts they had engaged, making this a continuous variable.

Personal Relationships with Members of the LGBT Community

The fifth and final independent variable was whether participants had personal relationships with members of the LGBT community. I provided a definition of personal relationships for participants which included examples of relationships such as friends, family members, extended family, colleagues at work, etc. Participants answered yes or no to whether they had personal relationships with members of the LGBT community, making this a categorical variable. Participants entered a whole number indicating in how many personal relationships they had with members of the LGBT community, making this a continuous variable.

Data Analysis Plan

For data analysis, I used the Statistical Package for Social Sciences (SPSS) software version 24. I screened the collected data to ensure that all questions had been answered by all participants to ensure that a complete data set was collected from each participant. The survey settings only allowed participants to answer one question at a time, and they were not able to advance to the next question until completing the previous question. Only complete data sets (i.e., demographic information, answers to all five

independent variables, and completion of the AIM in full) were accepted for the study. Any incomplete surveys were not transferred to SPSS for analysis.

RQ1: Does a model of participant engagement variables including mentorship, supervision, training, advocacy, and personal relationships have a statistically significant relationship with each of the subscales of the Ally Identity Measure including knowledge and skills, openness and support, and oppression awareness?

H1₀: A model of participant engagement variables including mentorship, supervision, training, advocacy, and personal relationships has no statistically significant relationship with each of the subscales of the Ally Identity Measure including knowledge and skills, openness and support, and oppression awareness?

H1_a: A model of participant engagement variables including mentorship, supervision, training, advocacy, and personal relationships has a statistically significant relationship with each of the subscales of the Ally Identity Measure including knowledge and skills, openness and support, and oppression awareness?

I examined this research question by running three regression analyses to determine how participation in the ally-identity development activities (independent variables) influenced each participant's scores on the AIM subscales (Knowledge and Skills, Openness and Support, Oppression Awareness; Dependent variables). That is, I used the regression analysis to determine if having participated in multiple ally identity development opportunities yielded increased levels of allyship (as measured by the AIM subscales).

RQ2: Are there significant differences between AIM scores of counselors or CITs who report graduation from or enrollment in CACREP counseling programs and those in non-CACREP counseling programs?

H₀2: There are no significant differences between AIM scores of counselors or CITs who report graduation from or enrollment in CACREP counseling programs and those in non-CACREP counseling programs.

H_a2: There are significant differences between AIM scores of counselors or CITs who report graduation from or enrollment in CACREP counseling programs and those in non-CACREP counseling programs.

I examined RQ2 with a one way ANOVA to determine if there was a difference in the AIM scores of participants currently enrolled in or having graduated from CACREP accredited institutions and those who had not. Affiliation or non-affiliation in a CACREP program was the independent variable captured at the categorical level (yes or no) and the AIM score was the dependent variable.

RQ3: Is there a statistically significant correlation between how counselors self-identify their levels of allyship and the results of their AIM score?

H₃₀: There is no statistically significant correlation between how counselors self-identify their levels of allyship and the results of their AIM score?

H_{3a}: There is a statistically significant correlation between how counselors self-identify their levels of allyship and the results of their AIM score.

For RQ3, I ran a correlation to examine how participants' self-identified level of allyship on a Likert scale ranging from 1 (low) to 10 (high) correlated with their scores

on each of the subscales of the AIM. The results of RQ3 helped to determine whether participants were self-identifying as allies in a congruent manner with the results of their AIM score.

Threats to Validity

As previously stated, I used a quantitative, cross-sectional, survey design with each participant being surveyed only once. Due to each participant answering the survey only once (as opposed to before and after a treatment, as in an experimental design), many of the potential threats to internal validity were not applicable to my inquiry (Cresswell, 2014). For example, the potential threats of history, maturation, regression, mortality, testing, and instrumentation were not a risk to this study due to data only being collected once from each participant (Cresswell, 2014).

There were, however, some potential threats to external validity with this inquiry. The interaction of selection and treatment was a potential threat because I surveyed counselors in training, licensed counselors, and counselor educators (Cresswell, 2014). Therefore, the results of this inquiry are not generalizable to other helping professionals such as social workers or psychologists. I am mindful in discussing the results of my inquiry that I can only generalize about counselor experiences and how they influence the AIM score. Additionally, I was mindful that depending on whether I ended up with an equal distribution of counselors in training, licensed counselors, and counselor educators, I may not have been able to generalize broadly about all three demographics, either. Finally, the potential threat of interaction of history and treatment was a concern because I cannot use the results to make generalizations about past or future situations (Cresswell,

2014). That is, I should consider replicating the study at a future point in time to determine if the results are consistent over time (Cresswell, 2014).

Potential threats to construct validity were minimized by including specific definitions of each of the independent variables to ensure that participants were answering items according to the researcher's definition of the construct (Cresswell, 2014). Statistical conclusion validity was monitored by ensuring that I accurately inputted and analyzed the data and drew valid conclusions from the results of that data (Cresswell, 2014). I ensured that statistical assumptions were accurate for all the analyses I performed prior to interpreting the data (Cresswell, 2014).

Ethical Procedures

Ethical concerns are an important consideration for any research study, particularly those involving human participants (Cresswell, 2014). First, I ensured all participants had an understanding of the potential risks and benefits of participating in this inquiry. I provided them with a thorough informed consent at the outset of the survey, and they were free to exit the survey at any time. The informed consent also included a general statement about the intended use of the results of this study, which will be to inform counselors and counselor education programs about the activities most likely to result in improved levels of allyship. I first obtained approval through my university's Institutional Review Board (IRB) before collecting any data.

The participants of this study were CITs, counselors of all levels of licensure, and counselor educators. I reached out to potential participants in an online setting, using professional listservs and snowball sampling to recruit additional participants who may

have been interested in the study. No incentives were offered for participation.

Participants were made aware in the email invitation that their participation was entirely voluntary, and they could quit the survey at any time. At this time, I do not have any ethical concerns related to recruitment as participants were thoroughly informed that their participation was voluntary and there were no incentives to participation.

All information was gathered via Survey Monkey, which is a secure encrypted website therefore keeping data confidential. Furthermore, I did not collect identifying information (such as name or address) from any participants, making it anonymous as well. Per my university's data collection guidelines, I will keep the raw data for five years before destroying it. I used a password protected computer to analyze the data. I only analyzed data in my private office, therefore minimizing the risk that inadvertent disclosure of the data to others was possible.

Summary

The purpose of this quantitative study was to examine the activities in which counselors in training, licensed counselors, and counselor educators had participated in an effort to facilitate their development as LGBT-allies in the counseling profession and better understand their effects on allyship. In the preceding chapter, I have discussed the research design for this inquiry, the methodology and data analysis plan, the specific instrument (AIM) to be used, threats to validity, and ethical procedures. It is my hope that by examining those activities and analyzing their effect on levels of allyship as measured by the AIM, the results of this inquiry could inform counselor education programs and clinical supervisors of the ally identity development activities that were most influential

in increasing levels of allyship. In the next chapter, I present the results of my data collection and analysis.

Chapter 4: Presentation of Results and Findings

Introduction

The purpose of this quantitative survey inquiry is to better understand ally identity development behaviors of counseling students, practicing counselors, and counselor educators. There were three research questions for this inquiry. The independent variables for this study were participant engagement in ally-identity development activities such as LGBT-specific mentorship, supervision, training, advocacy and personal relationships with members of the LGBT community. Participants were also asked to self-identify their perceived level of allyship. The dependent variable for this study was participants' cumulative AIM score.

RQ1: Does a model of participant engagement variables including mentorship, supervision, training, advocacy, and personal relationships have a statistically significant relationship with each of the subscales of the Ally Identity Measure including knowledge and skills, openness and support, and oppression awareness?

H1₀: A model of participant engagement variables including mentorship, supervision, training, advocacy, and personal relationships has no statistically significant relationship with each of the subscales of the Ally Identity Measure including knowledge and skills, openness and support, and oppression awareness?

H1_a: A model of participant engagement variables including mentorship, supervision, training, advocacy, and personal relationships has a statistically significant relationship with each of the subscales of the Ally Identity Measure including knowledge and skills, openness and support, and oppression awareness?

RQ2: Are there significant differences between AIM scores of counselors or CITs who report graduation from or enrollment in CACREP counseling programs and those in non-CACREP counseling programs?

H₀2: There are no significant differences between AIM scores of counselors or CITs who report graduation from or enrollment in CACREP counseling programs and those in non-CACREP counseling programs.

H_a2: There are significant differences between AIM scores of counselors or CITs who report graduation from or enrollment in CACREP counseling programs and those in non-CACREP counseling programs.

RQ3: Is there a statistically significant correlation between how counselors self-identify their levels of allyship and the results of their AIM score?

H₃0: There is no statistically significant correlation between how counselors self-identify their levels of allyship and the results of their AIM score?

H₃a: There is a statistically significant correlation between how counselors self-identify their levels of allyship and the results of their AIM score.

In this chapter, I discuss my data collection procedures, including how they were modified from the original plan presented in Chapter 3. I also discuss the results of the inquiry, both in terms of the original research questions and additional findings that emerged from the data. Finally, I provide a transition to Chapter 5, in which I will discuss recommendations for future research and social change implications.

Data Collection

The data collection time frame for this survey was from February 25, 2020 to July 23, 2020. During this time, 294 individuals responded to the survey. Of those who started the survey, 39 were disqualified by indicating that they did not identify as heterosexual and cisgender; this disqualification criteria was selected based on norms for the AIM as well as existing literature on ally-identity development focusing on hetero and cis allies specifically. An additional 42 participants did not answer all questions on the survey, so they were disqualified as well. Out of 294 survey initiations, I collected a total of 213 complete surveys.

I completed the data collection process as outlined in Chapter 3 with minimal adjustments. I distributed the survey to multiple professional listservs. Additionally, I posted the survey on two separate social media pages developed for counseling students and professionals, as well as a professional counseling organization's community discussion page. Although some of these outlets required change of request procedures, they did not deviate from the original recruitment categories.

I used convenience sampling by way of professional listservs and social media groups, but I also used criterion sampling by asking potential participants whether they identified as heterosexual and cisgender to ensure only allies to the LGBT community completed the survey. Of the 213 participants, 56 were CITs, 117 were licensed or provisionally licensed counselors, and 40 were both licensed counselors and counselor educators (see Table 1). Female participants accounted for 85.4% of the sample ($n = 182$). Approximately 73.3% of all professional counselors are female (NAME OF

AUTHOR, 2017), making this response rate slightly higher than what is typical for the profession. Participants' ages ranged between 20 and 61 years of age, with 65% of participants between 20 and 40 and 21% between 26 and 30 ($n = 45$). Additionally, 82.2% ($n = 175$) reported they were affiliated with or graduated from a CACREP-accredited counselor education program.

Table 1

Demographics and Other Variables

Variable	<i>N</i>	%
Level of Licensure		
Counselor in Training	56	26.3
Licensed Counselor	117	54.9
Counselor Educator	40	18.8
Gender		
Male	31	14.6
Female	182	85.4
Age of Respondent		
20yo-25yo	32	15.0
26yo-30yo	45	21.1
31yo-35yo	35	16.4
36yo-40yo	27	12.7
41yo-45yo	17	8.0
46yo-50yo	19	8.9
51yo-55yo	16	7.5
56yo-60yo	12	5.6
61yo and older	10	4.7
CACREP vs. Non-CACREP Affiliation		
Enrolled in or graduated from a CACREP program	175	82.2
Enrolled in or graduated from a non-CACREP program	38	17.8

Results

In the following paragraphs, I will review hypotheses associated with each research question and discuss findings for each. First, I will report what the rates of participation were for each individual variable, and then discuss overall findings for each research question. I will first discuss how I screened data to ensure it met basic assumptions for my analyses.

Assumptions

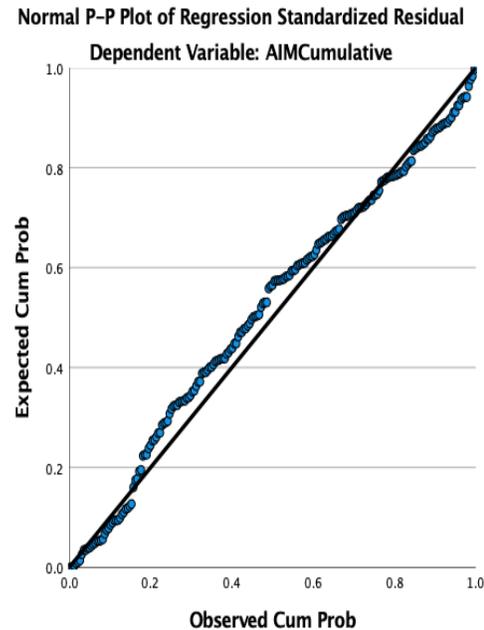
Before proceeding to the data analysis, I examined the data to ensure it met the basic assumptions for each of the analyses I chose to run. For the regression analysis, I ensured that the dependent variable (AIM score) was continuous and the independent variables (ally identity development behaviors) were also continuous. Additionally, I ensured that the relationship between the independent variables and the dependent variable is linear, and each of the measures are independent. For linear regression, there are five assumptions that must be met for the data: linearity, absence of multicollinearity, independence of observations, normality of residuals, and homoscedasticity.

Linearity

The assumption of linearity verifies that the relationship between variables is linear in nature, which improves the generalizability of the findings (Field, 2009). I used a scatterplot to determine if linearity exists (see Figure 1). The scatterplot clearly reveals a linear relationship between the means of the variables, indicating that the assumption of linearity is met.

Figure 1

Scatterplot for Assumption of Linearity



Absence of Multicollinearity

The assumption for the absence of multicollinearity verifies that there is no perfect linearity between two or more of the independent variables (Field, 2009). The presence of multicollinearity would make it difficult to distinguish between the individual effects of each of the independent variables. I assessed for multicollinearity by reviewing the variance inflation factor (VIF), which tells me whether one independent variable has a strong linear relationship with other independent variables (see Table 2). Although there is no absolute answer for a VIF value that is cause for concern, it is generally accepted that values over 1 indicate some amount of multicollinearity and that a value of 10 indicates a great deal of multicollinearity. The VIF values for my independent variables range between 1.353 and 1.719 indicating a low to moderate amount of multicollinearity

(see Table 2). Since the values fall within the low to moderate range, I will move forward with interpretation of the data.

Table 2

VIF Measurements to Assess for Multicollinearity

Statistics	Unstandardized		Standardized			Collinearity	
	Coefficients		Coefficients				
	B	Std. Error	Beta	t	Sig.	Tolerance	VIF
(Constant)	47.865	2.241		21.360	.000		
Mentorship	.025	.068	.024	.365	.715	.659	1.518
Supervision	.097	.076	.088	1.272	.205	.594	1.684
Education	-.065	.082	-.055	-.789	.431	.582	1.719
Advocacy	.135	.062	.135	2.184	.030	.739	1.353
Personal Relationships	.056	.044	.080	1.269	.206	.706	1.416

Independence of Observations

The assumption for independence of observations checks for whether the residuals of any two observations are correlated (Field, 2009). I checked this assumption by interpreting the Durbin-Watson value, which revealed a value of 1.976 (see Table 3). A Durbin-Watson value of 2 indicates that the residuals are uncorrelated, so the current

Durbin-Watson value indicates a positive correlation between the residuals. Because the Durbin-Watson value falls above 1 and below 3, I will move forward with interpreting the results with the assumption of independence of observations being met.

Table 3

Durbin-Watson to Assess for Independence of Observations

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.647 ^a	.418	.401	9.138	1.976

a. Predictors: (Constant), Mentorship, Supervision, Education, Advocacy, Personal Relationships

b. Dependent Variable: AIM Cumulative

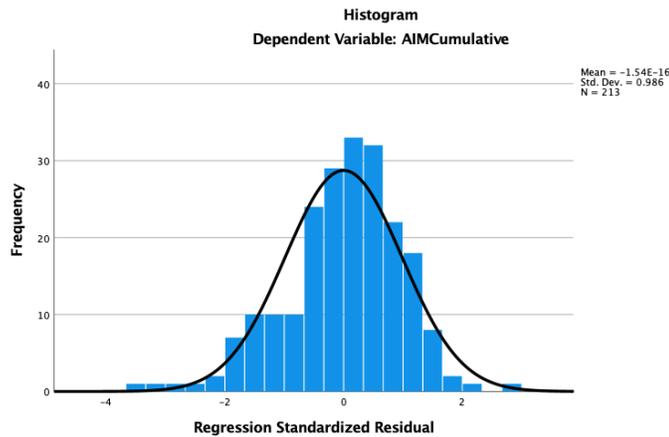
Normality of Residuals

The assumption for normality of the residuals will determine if the data are normally distributed (Field, 2009). I checked this assumption by generating a histogram to observe whether there was a normal distribution curve. Because there is a normal curve on the histogram, I am interpreting this assumption as being met (see Figure 2).

Figure 2

Histogram to Assess for Normality of the Residuals

(Figure Continues)



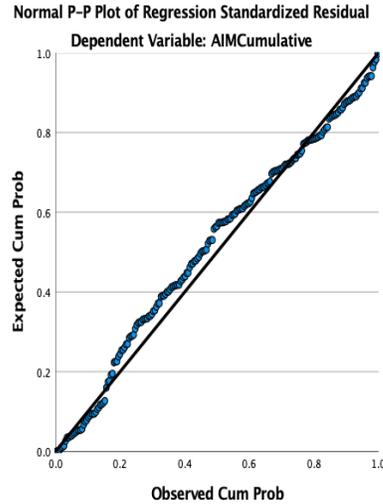
Homoscedasticity

The assumption of homoscedasticity will determine whether the variance of the residuals for each independent variable are consistent (Fields, 2009). Homoscedasticity is determined by reviewing a scatterplot to determine if the residuals have roughly the same variance. Because there are no major variances in the distance between the mean and the points on the scatterplot, I am interpreting the assumption of homoscedasticity as being met (see Figure 3).

Figure 3

Scatterplot to Assess Homoscedasticity

(Figure Continues)



RQ1 Results

RQ1- Does a model of participant engagement variables including mentorship, supervision, training, advocacy, and personal relationships have a statistically significant relationship with each of the subscales of the Ally Identity Measure including knowledge and skills, openness and support, and oppression awareness?

H₁₀ – A model of participant engagement variables including mentorship, supervision, training, advocacy, and personal relationships has no statistically significant relationship with each of the subscales of the Ally Identity Measure including knowledge and skills, openness and support, and oppression awareness?

H_{1a} – A model of participant engagement variables including mentorship, supervision, training, advocacy, and personal relationships has a statistically significant relationship with each of the subscales of the Ally Identity Measure including knowledge and skills, openness and support, and oppression awareness?

I tested Null hypothesis 1 by conducting three multiple linear regression analyses, one for each of the AIM subscales. Null hypothesis 1 states a model of participant engagement variables including mentorship, supervision, training, advocacy, and personal relationships has no statistically significant relationship with each of the subscales of the Ally Identity Measure including knowledge and skills, openness and support, and oppression awareness. The relationships between predictor variables and AIM scores vary, however the overall effect of all the independent variables was that they all have a positive correlation with the AIM subscales. As noted previously, there are three subscales for the AIM: Knowledge and Skills, Openness and Support, and Oppression Awareness. I was interested to examine whether there were statistically significant relationships between any of the individual ally identity development behaviors and the three subscales of the AIM. I conducted linear regression analyses on the ally-identity development behaviors and each of the individual subscales to examine these relationships.

Knowledge and Skills Subscale of AIM

The regression between the predictor variables and the Knowledge and Skills subscale of the AIM was statistically significant, $F_{(5,212)} = 11.068$, $p = .000$ (see Table 4) indicating that the combined effects of the predictor variables have a statistically significant relationship with the Knowledge and Skills subscale. In terms of individual predictor variables, rates of participation in education, advocacy, and having personal relationships with members of the LGBT community were statistically significantly related to Knowledge and Skills (see Table 5). As education experiences increased, the

Knowledge and Skills subscale score increased by .159 ($\beta = .159$, $t = 2.015$, $p < .045$; see Table 5). As advocacy efforts increased, the Knowledge and Skills subscale score increased by .195 ($\beta = .195$, $t = 2.733$, $p < .007$). As personal relationships increased, the Knowledge and Skills subscale score increased by .208 ($\beta = .208$, $t = 2.920$, $p < .004$). Interestingly, mentorship and supervision were not found to have a statistically significant relationship to an increase in Knowledge and Skills. These results indicate that education, advocacy efforts, and having personal relationships with members of the LGBT community have the most meaningful relationship to increased scores in the Knowledge and Skills subscale.

Table 4

Effects of Predictor Variables on Knowledge and Skills Subscale

Model		Sum of Squares	df	Mean Square	F	Sig
1	Regression	2190.380	5	438.076	11.068	.000 ^b
	Residual	18312.999	211	86.791		
	Total	29557.728	212			

a. Dependent Variable: AIM Knowledge and Skills Subscale

b. Predictors: (Constant), Mentorship, Supervision, Education, Advocacy, Personal Relationships

* $p < .05$

Table 5*Ally-Identity Behaviors and Knowledge and Skills Subscale*

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	24.596	.640		38.425	.000*
Mentorship	.033	.047	.054	.715	.475
Supervision	.047	.052	.054	.715	.475
Education	.111	.055	.159	2.015	.045*
Advocacy	.116	.042	.195	2.733	.007*
Personal Relationships	.086	.030	.208	2.920	.004*

a. Dependent Variable: AIM Knowledge and Skills Subscale

b. Predictors: (Constant), Mentorship, Supervision, Education, Advocacy,
Personal Relationships

* $p < .05$

Openness and Support Subscale of the AIM

The regression between the predictor variables and the Openness and Support subscale of the AIM was statistically significant at .000, $F_{(5,212)} = 6.821$, $p = .000$ (see Table 5) indicating that the combined effects of the predictor variables have a statistically significant relationship with the Openness and Support subscale. For the individual predictor variables, personal relationships were found to be statistically significant at .001, increasing the Openness and Support subscale by .259 with each additional personal relationship with a member of the LGBT community ($\beta = .259$, $t = 3.491$, $p < .001$; see

Table 5 and Table 6). None of the other ally identity development behaviors were found to be significantly related to the subscore of Openness and Support. These results indicate that personal relationships with members of the LGBT community have the most meaningful relationship to an increase in scores in the openness and support subscale.

Table 6

Effects of Predictor Variables on Openness and Support Subscale

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig
1	Regression	579.421	5	115.884	6.821	.000 ^b
	Residual	35116.560	207	16.988		
	Total	4095.981	212			

a. Dependent Variable: AIM Openness and Support Subscale

b. Predictors (Constant): Mentorship, Supervision, Education, Advocacy, Personal Relationships

* $p < .05$

Table 7

Ally-Identity Behaviors and Openness and Support Subscale

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	23.386	.419		55.767	.000
Mentorship	.009	.031	.023	.291	.772

(Table Continues)

Supervision	.024	.034	.057	.688	.492
Education	.016	.036	.036	.435	.664
Advocacy	.051	.028	.138	1.849	.066
Personal Relationships	.068	.019	.259	3.491	.001*

a. Dependent Variable: AIM Openness and Support Subscale

b. Predictor Variables: Mentorship, Supervision, Education, Advocacy, Personal Relationships

* $p < .05$

Oppression Awareness Subscale of the AIM

The regression between the predictor variables and the Oppression Awareness subscale of the AIM was not statistically significant at .000, $F_{(5,212)} = 1.344$, $p = .247$ (see Table 7) indicating that the combined effects of the predictor variables did not have a statistically significant relationship with the Oppression Awareness subscale. Only one predictor variable was found individually to have a statistically significant relationship to an increased Oppression Awareness score, and that was personal relationships with members of the LGBT ($p = .001$; See Table 8). For each increase in personal relationships, the score on the Oppression Awareness subscale increased by 1.88 ($\beta = .188$, $t = 2.378$, $p < .018$; see Table 8). Interestingly, advocacy efforts were not found to have a statistically significant relationship to increased Oppression Awareness subscale scores. This finding was counterintuitive, given that those engaging in advocacy related efforts tend to do so because they are aware of injustices that can lead to oppressive societal standards.

Table 8*Effects of Predictor Variables on Oppression Awareness Subscale*ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	41.692	5	8.338	1.344	.247 ^b
	Residual	1284.430	207	6.205		
	Total	1326.122	212			

a. Dependent Variable: AIM Oppression Awareness Subscale

b. Predictors: (Constant) Mentorship, Supervision, Education, Advocacy, Personal Relationships

Table 9*Ally-Identity Behaviors and Oppression Awareness Subscale*

Unstandardized Coefficients Standardized Coefficients

	B	Std. Error	Beta	t	Sig.
(Constant)	18.050	.253		71.218	.000
Mentorship	-.002	.018	-.010	-.115	.909
Supervision	.008	.021	.035	.397	.692
Education	.019	.022	-.076	-.863	.389
Advocacy	.040	.017	.188	2.378	.018*

(Table Continues)

Personal Relationships	-.004	.012	-.030	-.384	.701
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- a. Dependent Variable: AIM Opression Awareness Subscale
 - b. Predictor Variable: Mentorship, Supervision, Education, Advocacy, Personal Relationships
- *p < .05

RQ2 Results

RQ2: Are there significant differences between AIM scores of counselors or CITs who report graduation from or enrollment in CACREP counseling programs and those in non-CACREP counseling programs?

H₀₂: There are no significant differences between AIM scores of counselors or CITs who report graduation from or enrollment in CACREP counseling programs and those in non-CACREP counseling programs.

H_{a2}: There are significant differences between AIM scores of counselors or CITs who report graduation from or enrollment in CACREP counseling programs and those in non-CACREP counseling programs.

I tested RQ2 with a one-way ANOVA to determine if there is a difference in the AIM scores of participants currently enrolled in or having graduated from CACREP accredited institutions and those who have not. Affiliation or non-affiliation in a CACREP program was the independent variable and the AIM score was the dependent variable. The results of this analysis indicate that the mean AIM score of CACREP-affiliated participants was 71.78 (SD = 11.945) and the mean score for non-CACREP affiliated participants was 68.68 (SD = 10.945; see Table 10).

Table 10*CACREP vs. Non-CACREP AIM Cumulative*

	<i>N</i>	Mean	SD
CACREP Affiliation	175	71.78	11.945
Non-CACREP Affiliation	38	68.68	10.945
Total	213	71.23	11.808

The results of this analysis indicate that there is no statistically significant difference in AIM scores of CACREP affiliated participants and non-CACREP affiliated participants, $F_{(1,212)} = 2.162$, $p = .143$ (See Table 11). Therefore, I will accept the null hypothesis that there is no statistically significant difference between participants' AIM scores and whether or not they have an affiliation with a CACREP accredited counseling program.

Table 11*Effects of CACREP vs. Non-CACREP and AIM Cumulative*

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	299.769	1	299.769	2.162	.143
Within Groups	29257.959	211	138.663		
Total	29557.728	212			

RQ3 Results

RQ3: Is there a statistically significant correlation between how counselors self-identify their levels of allyship and the results of their AIM score?

H3₀: There is no statistically significant correlation between how counselors self-identify their levels of allyship and the results of their AIM score?

H3_a: There is a statistically significant correlation between how counselors self-identify their levels of allyship and the results of their AIM score.

I tested null hypothesis 3, using a correlation to examine how participants' self-identified level of allyship on a Likert scale ranging from 1 (low) to 10 (high) correlated with their AIM score. The correlation between AIM score and self-identified levels of allyship was .617 indicating a moderate positive correlation, which was statistically significant ($p = .000$; See Table 12). Therefore, I will reject the null hypothesis that there is no statistically significant correlation between how counselors self-identify their levels of allyship and the results of their AIM score.

Table 12*Correlation Between Self-Ranked Allyship and AIM Cumulative*

		Self-Ranked Allyship	AIM Cumulative
Self-Ranked Allyship	Pearson Correlation	1	.617*
	Sig. (2-tailed)		.000**
	N	213	213
AIM Cumulative	Pearson Correlation	.617*	1
	Sig. (2-tailed)	.000**	
	N	213	213

* *Moderate positive correlation*** $p < .05$ **Level of Licensure and AIM Cumulative**

A final relationship I wanted to explore was whether there was any difference between participants' level of licensure and their cumulative AIM score. Although there were slight variations between the three groups, the only statistically significant difference was within the counselor educator group, which had a slightly higher mean AIM cumulative score compared to the other two groups (see Table 13) and narrowly met the criteria for statistical significance with a p value of .044 (see Table 14).

Table 13*Mean AIM Scores by Licensure Level**(Table Continues)*

Level of Licensure	Mean	<i>n</i>	SD
CIT	68.20	56	12.159
Licensed Counselor	70.21	117	12.120
Counselor Educator	78.48	40	6.500
Total	75.23	213	11.808

a. Dependent Variable: AIM Cumulative

b. Predictor Variable: Level of Licensure

Table 14

Effect Size of Level of Licensure and AIM Cumulative

		Sum of Squares	df	Mean Square	F	Sig.
CIT	Between Groups	10.685	46	.232	1.260	.148
	(Combined)					
	Within Groups	30.592	166	.184		
	Total	41.277	212			
Licensed Counselor	Between Groups	12.561	46	.273	1.128	.287
	(Combined)					
	Within Groups	40.171	166	.242		
	Total	52.732	212			
Counselor Educator	Between Groups	9.359	46	.203	1.460	.044*
	(Combined)					
	Within Groups	23.130	166	.139		
	Total	32.488	212			

a. Dependent Variable: AIM Cumulative

b. Predictor Variable: Level of Licensure

* $p < .05$

Summary

The findings of this analysis are meaningful in that they indicate a collectively statistically significant relationship between all of the ally-identity development behaviors and the participants' cumulative AIM scores. Individually, the statistically significant effects came from engagement in education, advocacy, and having personal relationships to members of the LGBT community. However, the overall low participation in some of the key ally-identity development behaviors indicates that many participants are not engaging in key behaviors that could help them develop their ally-identities. Specifically, the most frequently reported participation score of 0 for mentorship, supervision, and advocacy indicate that a large number of participants are engaging in few, if any, opportunities for ally-identity development in this area. No statistically significant difference was found in the AIM scores of participants who were affiliated with CACREP institutions compared to those that were not. Finally, participants' self-ranked levels of allyship were overall consistent with their scores on the AIM, indicating that they are self-reporting their allyship in an accurate manner.

In Chapter 5, I will discuss the overall interpretations of the findings, as well as the limitations of this study. I will also offer my recommendations that resulted from the findings. Finally, I will present potential implications for positive social change that could result from these recommendations.

Chapter 5: Discussion, Conclusion, and Recommendations

Introduction

The purpose of this quantitative survey inquiry was to examine the LGBT-specific competency development activities in which counseling students and professionals engaged and how participation in those activities was related to their scores on the AIM. I conducted this study to understand what activities counseling professionals had already engaged in and whether those activities were related to higher scores on the AIM, and therefore might also be related to higher LGBT ally identity development levels. Findings revealed that although all independent variables had statistically significant relationships with AIM scores, the most significant relationships were from participants who had personal relationships with members of the LGBT community and were engaged in advocacy efforts. However, most participants indicated that they did not participate in mentorship, supervision, advocacy efforts, or supervision as a means of growing their ally identity. In Chapter 5, I discuss key findings organized by research question regarding how results of the current study are similar to or different from previous studies, as well as limitations of the current study, recommendations for further inquiry, and social change implications.

Interpretation of the Findings

Existing qualitative research on the subject of ally identity development identifies LGBT-specific mentorship, supervision, educational training, advocacy efforts, and having personal relationships with members of the LGBT community, as meaningful experiences related to developing LGBT ally identities. This study confirmed a

statistically significant relationship between the independent variables and participants' AIM scores, indicating that the more ally identity behaviors a participant engaged with, the more likely he or she was to have an increased AIM score. This statistically significant relationship between variables supports findings in the existing literature, which were largely qualitative in nature, indicating that these specific activities were meaningful to their ally identity development process. However, findings also revealed that the majority of participants were not engaging in three of the identified activities.

RQ1 Discussion

RQ1: Does a model of participant engagement variables including mentorship, supervision, training, advocacy, and personal relationships have a statistically significant relationship with each of the subscales of the Ally Identity Measure including knowledge and skills, openness and support, and oppression awareness?

H1₀: A model of participant engagement variables including mentorship, supervision, training, advocacy, and personal relationships has no statistically significant relationship with each of the subscales of the Ally Identity Measure including knowledge and skills, openness and support, and oppression awareness?

H1_a: A model of participant engagement variables including mentorship, supervision, training, advocacy, and personal relationships has a statistically significant relationship with each of the subscales of the Ally Identity Measure including knowledge and skills, openness and support, and oppression awareness?

I rejected the null hypothesis for this research question because the regression analysis revealed that the combined effects of all the predictor variables had a statistically

significant relationship with an increase in the AIM subscales, indicating that participation in these specific ally-identity development activities was likely to yield a higher level of allyship as measured by the AIM. This finding was expected, given that qualitative accounts of the actions counseling professionals find helpful in growing their ally identities routinely mention the predictor variables of LGBT-specific mentorship, supervision, education, advocacy, and having personal relationships with members of the LGBT-community.

The most common entry for supervision, mentorship, and advocacy was a participation rate of 0. This means that most participants in this study had not engaged in any of these three activities. It was unclear from the current inquiry whether these low scores were due to lack of access to opportunities or if participants chose not to engage in them. I offer my recommendations later in this chapter regarding how future inquiries might examine whether low scores were due to lack of access.

Knowledge and Skills Subscale

The combined effects of all the predictor variables was statistically significantly correlated with an increase in the Knowledge and Skills subscale of the AIM, with three key variables having statistically significant effects on their own: education, advocacy, and having personal relationships with members of the LGBT community. It was not surprising to learn that education improves knowledge and skills as much of the current literature has focused on the benefits of educational opportunities, Gay-Straight Alliance trainings, and more specific educational training opportunities than multicultural competencies courses can provide (Asta & Vacha-Haase, 2013; Case & Meier, 2014;

Dillion et al., 2004; Ji et al., 2009; Ji & Fujimoto; McGeorge & Carlson, 2016; Rivers & Swank, 2017). However, much of the literature focused on the need for greater specificity in the training programs to improve allyship in more narrow, and therefore thorough, ways. For example, Case and Meier (2014) discussed the benefits of having more focused trainings on a smaller sub-section of issues relevant to developing allyship with the LGBT-community, such as functioning as an ally to transgender or gender-nonconforming young people specifically, as opposed to assuming knowledge of transgender issues because a participant might have attended an LGBT training that was broad in scope. Another common recommendation pertaining to the acquisition of knowledge and skills is that LGBT-issues must be discussed in both theoretical classes as well as applied practice, such as in practicum (Hope & Chappell, 2015). Hope and Chapell (2015) assert that it is through applied practice courses that heteronormative assumptions can really be highlighted, challenged, and discussed in a more specific way that would lead to improved skills.

An interesting finding was the impact that advocacy efforts and personal relationships had on the Knowledge and Skills subscale. The literature discusses educational opportunities as being influential in developing knowledge and skills, but did not explicitly indicate that the behaviors of advocacy and personal relationships were tied to the overt act of knowledge acquisition as well. More research is needed to better understand in what ways advocacy and personal relationships contribute to an improved score in Knowledge and Skills, as well as how to make opportunities for engagement in

these areas more accessible. Later in this chapter, I will make recommendations in this regard.

A final surprising finding with these results was that supervision and mentorship did not contribute to an increased score in the subscale of Knowledge and Skills. This could be indicative of the distinct constructs between allyship (which is what is being measured by the AIM and its subscales) versus LGBT-competence in counseling (Moe et al., 2014; Rivers & Swank, 2017). With this in mind, more research would be needed to determine in what specific ways supervision or mentorship could be helpful for increasing knowledge and skills, and whether they contribute only to counseling competence with the LGBT community or whether they also can contribute to a counseling professional's overall levels of allyship.

Openness and Support Subscale

Similar to the Knowledge and Skills subscale, the overall combined effect of all the predictor variables was statistically significant with those engaging in all of the key behaviors having an increased score in the Openness and Support subscale. However, having personal relationships with members of the LGBT-community was the only variable found to have a statistically significant relationship with this subscale on the individual level. In the existing literature, an empathic reaction to the marginalization of the LGBT-community is cited as one of the potentially motivating factors for joining a social justice group such as a Gay-Straight Alliance (Scheer & Poteat, 2016). Rivers and Swank (2017) found that in addition to increasing knowledge and skills, having greater exposure and opportunities to form relationships with members of the LGBT-community

were factors in changing participant's awareness, which could account for some of the increase in the scores in the Openness and Support subscale. These findings suggest that the qualities of openness and support might not be teachable and may be best developed through empathic personal relationships with members of the LGBT-community.

Oppression Awareness Subscale

The overall effects of the combined predictor variables did not have a statistically significant effect on the Oppression Awareness subscale, however the individual ally-identity behavior of engaging in advocacy efforts did have a statistically significant relationship. The finding that advocacy was effective at increasing Oppression Awareness was not an unexpected finding, given that multiple accounts in the literature indicate that engagement in advocacy generates exposure to and understanding of the broader societal forces that keep the LGBT-community in a state of ongoing oppression (DeTurk, 2011; Duhigg et al., 2010; Grzanka et al., 2015). However, without lack of access to or knowledge of opportunities for advocacy efforts (which is a known issue discussed previously), would-be allies may struggle to develop oppression awareness knowledge.

Discussion of Individual Predictor Variables

Mentorship

A lack of access to or knowledge of where to find mentors in the field was a known issue in the existing literature (Asta & Vacha-Haase, 2013; Dillon et al., 2004; Ji, 2007; Ji, 2009), so the lack of participant engagement in mentorship was, unfortunately, not unexpected. Still, given that the qualitative accounts indicated that having access to a

mentor could assist with exploring the ally identity development process, having a safe space to resolve identity conflicts (Asta & Vacha-Haase, 2013), and increasing awareness of the role of LGBT-allies (Duhigg et al., 2010), a lack of participation in this activity was a disappointing finding. The low participation rates in the mentorship domain for this inquiry support Asta and Vacha-Haase's (2013) recommendations that more research is still needed to determine how to make knowledgeable and willing mentors more accessible to helping professionals looking to grow in the LGBT-ally identities. Asta and Vacha-Haase (2013) also made a recommendation that future research should examine the benefits of mentorship in the ally identity development process as well as to examine how allies are currently finding access to appropriate and willing mentors. It was unclear from the current inquiry whether participants had access to and declined to work with mentors or whether mentors were unavailable, however, I will discuss recommendations for further exploration of the lack of participation in the recommendations section.

Supervision

It is known from existing literature that graduates of counselor education programs often feel underprepared to effectively serve LGBT clients upon graduation (Troutman & Packer-Williams, 2014), it was concerning to find that most participants in this inquiry, all of whom were counseling professionals, have not engaged in clinical supervision related to growing their LGBT-ally identities. This lack of education combined with a lack of LGBT-competent supervision could be an issue of clinical competence and scope of practice with LGBT clients (Paprocki, 2014; Rivers & Swank, 2017). However, there is discussion in the literature about the distinct differences in the

constructs between LGBT-allyship and LGBT-clinical competence (Moe et al., 2014; Rivers & Swank, 2017), so it is possible that counseling professionals can be effective allies to the LGBT community without having sufficient clinical competence in LGBT-counseling. More information is needed to explore how the constructs of allyship and clinical competence differ and where they may overlap.

Education

Participants in this current inquiry are reporting engagement in educational training opportunities, and those experiences are positively correlated with increased AIM scores. That is, the educational experiences are related to higher levels of allyship. However, as mentioned previously there is some discussion in the literature about whether allyship and clinical competence are distinct constructs. For example, Rivers and Swank (2017) reported that after completing multicultural competency courses in their graduate training programs, pre- and post-test scores of CITs generally indicate no increase in LGBT-competency. However, pre- and post-test scores of the 37 master's level counseling students who participated in an LGBT-specific training opportunity outside of their multicultural competencies course did yield higher scores in the construct of competence. This could suggest that multicultural competence courses are too broad in scope to make a meaningful difference in a counseling professional's LGBT-competence; however, they might be sufficient for generating an interest in LGBT-ally identity development (which could then lead to a CIT or counseling professional wanting additional training). More research is needed in this area; I will make recommendations for my thoughts on future research later in this chapter.

Advocacy

Asta and Vacha-Haase (2013) interviewed 14 pre-doctoral psychology interns to find out more about their training, experience, and advocacy efforts related to developing LGBT-ally identities. Their findings revealed that their participants lacked knowledge of how to get involved with advocacy efforts. This was a finding also supported by Ji (2007; 2009) who asserted that although advocacy efforts are a productive way for allies to work through the challenges of growing in their ally-identities, hopeful advocates often have trouble locating advocacy opportunities or they are unsure how to get involved. The researchers went on to discuss that the lack of student involvement in advocacy efforts is likely an issue in the clinical training programs of most helping professions, including counseling, but that these training programs likely lack direction on how students can get involved with advocacy or political efforts. The low participant rates for advocacy in the current inquiry may confirm this assertion. The low participation rates reported for practicing professionals and counselor educators found in this inquiry might also be indicative that the lack of awareness of advocacy opportunities might extend beyond counseling programs to those practicing in the field, remaining unaware of how they can become involved. More information is needed to determine how to improve counselors' awareness of national as well as local opportunities to increase involvement in advocacy efforts for the LGBT community.

Personal Relationships

Asta and Vacha-Haase (2013) found that those interested in developing LGBT-ally identities were more likely to have personal relationships with members of the LGBT

community than their peers without an interest in ally identity development. Scheer and Poteat (2016) found that students were more likely to become involved with on-campus advocacy groups, such as gay-straight alliances, if they had personal relationships with members of the LGBT-community. This corroborates with the high number of personal relationships most participants in this study reported having, as well as this behavior having the highest mean participation rate of any of the behaviors identified in this study. This finding might suggest that the empathy involved in having personal relationships with members of the LGBT-community could generate increased empathy and advocacy interest around how to be a good ally to their friends or family, a suggestion echoed throughout the literature (Asta & Vacha-Haase, 2013; Dillon, et al., 2004; Duhigg et al., 2010; Grzanka et al., 2015; Ji et al., 2009; Rostosky et al., 2015). For example, Jones and Brewster (2017) explicitly mentioned empathy as possibly being a factor in contributing to out-group advocacy efforts. It could also suggest that having personal relationships, therefore increasing awareness and empathy, might be a catalyst for allies to become involved in other dimensions of allyship.

RQ2 Discussion

RQ2: Are there significant differences between AIM scores of counselors or CITs who report graduation from or enrollment in CACREP counseling programs and those in non-CACREP counseling programs?

H₀2: There are no significant differences between AIM scores of counselors or CITs who report graduation from or enrollment in CACREP counseling programs and those in non-CACREP counseling programs.

H_{a2}: There are significant differences between AIM scores of counselors or CITs who report graduation from or enrollment in CACREP counseling programs and those in non-CACREP counseling programs.

Although the AIM scores of participants indicating affiliation with CACREP counseling programs versus with non-CACREP counseling programs was slightly higher (71.78 versus 68.68; see Table 10, the difference was not statistically significant. However, as demonstrated in the literature review in Chapter 2 (Asta & Vacha-Haase, 2013; Rivers & Swank, 2017), the relevant codes of ethics (e.g., ACA, CACREP) lack explicit direction around strategies or directives for growing LGBT-competence. The current iteration of the CACREP standards (CACREP, 2016) does place a call to action on counseling programs to explore theories around multicultural counseling, as well as the development of the necessary skills for challenging one's personal biases, examining power and privilege issues and their affect on our clients, as well as the call to action for advocacy work. However, all of these recommendations are made in a general manner with none of them being explicitly directed toward how to grow in allyship with the LGBT-community. Another way in which the current CACREP standards could be more explicit is to offer guidance for supervisors for ways in which they can increase their competence in LGBT-related issues, as the current version simply calls for supervisors to be trained in supervision theory. Along with Rivers and Swank (2017) highlighting previous findings that revealed no significant change in LGBT-competence (as measured by pre- and post-tests) related to completing graduate level multicultural competency courses, the increase in AIM score found in this current inquiry cannot be attributed to

CACREP standards either. This finding could possibly suggest that CACREP programs are not outlining standards that improve levels of allyship for CITs any more clearly or thoroughly than non-CACREP programs. Additionally, existing supervisors and counselor educators may lack knowledge of how to grow in their own allyship in ways that would equip them to provide meaningful educational opportunities or direction to trainees and students on ways to foster their LGBT-ally identity development. These findings suggest that more direction is needed from the CACREP standards, and perhaps the ACA Code of Ethics, on specific strategies for growing their LGBT-competency and increasing their ally-identity development.

RQ3 Discussion

RQ3: Is there a statistically significant correlation between how counselors self-identify their levels of allyship and the results of their AIM score?

H3₀: There is no statistically significant correlation between how counselors self-identify their levels of allyship and the results of their AIM score?

H3_a: There is a statistically significant correlation between how counselors self-identify their levels of allyship and the results of their AIM score.

I was interested to know whether self-proclaimed allies were thinking and behaving in accordance with some of the fundamental thoughts and behaviors of LGBT-allies (as measured by the AIM). Findings for this research question reveal that participants are self-identifying their level of allyship in congruence with their objective AIM score. It was a reassuring finding to know that not only are participants ranking their allyship levels in congruence with the objective measure of the cumulative AIM score,

but that they were also engaging in many of the thoughts and behaviors found to be indicative of practicing allies (as measured by the AIM). That is, participants behave according to the commonly expected behaviors of allies. However, there is some discussion in the literature about the appropriateness of a would-be ally self-identifying as such, with some of the qualitative accounts of exploring allyship finding that participants preferred to reserve the right of the LGBT-community to label someone as an ally. For example, half of the participants in Asta and Vacha-Haase's (2013) study expressed their belief that the label "ally" can only be bestowed upon a person by members of the LGBT-community, suggesting that a person should use caution in self-identifying as an ally, they feel it is up the members of the LGBT-community to deem a person as worthy of the term ally. Even with this ongoing discussion about the concerns with self-labeling as an ally, or the belief that it is "congratulatory" to label one-self as an ally (Grzanka et al., 2015) the findings that self-identified allies are actually engaging in ally-specific behaviors is reassuring.

Level of Licensure and AIM Cumulative Discussion

A final additional inquiry was whether level of licensure had any statistically significant relationship to cumulative AIM score. The mean AIM scores showed little difference between the average AIM scores of CITs and licensed counselors (68.20 compared to 70.21, respectively), however there was a statistically significant relationship between increased AIM score and level of licensure for the counselor educator group (Mean = 78.48). Given that counselor educators would have more experience in the field than CITs and perhaps of licensed counselors, this finding was not

entirely unexpected, however more research is needed to determine the specific reasons for this difference. Because the relationship between licensure level of counselor educators and overall AIM score only narrowly made the cut off for statistical significant, I did not look further into these relationships at this time, but further research is warranted.

Understanding the Findings in the Context of the Getz-Kirkley Model

I used the Getz-Kirkley model of ally identity development as the theoretical framework for this inquiry because their model's stages align with the AIM's subscales. The stages of ally identity development are entry, fear of the unknown, acknowledgment of privilege, engagement, and conscious identification as an ally or advocate. These stages align loosely with the AIM subscales of Knowledge and Skills (entry and engagement), Openness and Support (fear of the unknown and conscious identification as an ally or advocate), and Oppression Awareness (acknowledgment of privilege). Therefore, the critical behaviors identified as independent variables in this inquiry readily align with the Getz-Kirkley model's stages.

As discussed in Chapter 4, not all of the independent variables had statistically significant relationships with the AIM subscales and therefore with the stages of the Getz-Kirkley model. For example, although mentorship and supervision appear in the qualitative literature often as being helpful for ally identity development growth, neither had a statistically significant relationship with the AIM subscales. This was a counterintuitive finding, since many of the qualitative accounts indicated mentorship relationships were a safe space to acknowledge privilege and talk through internalized

biases (Dillon et al., 2004; Ji et al., 2009), something that I would have assumed would contribute to an increased score in the Oppression Awareness subscale and perhaps the acknowledgement of privilege stage of the Getz-Kirkley model. The literature indicated that supervisory relationships were helpful for developing competency with LGBT clients (Chui et al., 2018), yet there was no relationship between participation in LGBT-specific supervision and the Knowledge and Skills subscale, another counterintuitive finding. Within the scope of this inquiry, it is unclear how the behaviors of mentorship and supervision are contributing to an increase in cumulative AIM score or a counseling professional's overall levels of allyship. However, as mentioned previously, it is possible that these specific predictor variables are more closely associated with clinical competence in LGBT-counseling than to ally identity development.

Only one of the variables, advocacy, had a statistically significant relationship to the Oppression Awareness subscale, yet it is also a behavior that most participants indicated they had not participated in. Counseling professionals would benefit from a better understanding about what other types of experiences might contribute to ally identity growth in this area, as well as how to increase access to and engagement in advocacy initiatives, with this being a known issue in counselor education programs.

These findings reveal that education, advocacy involvement, and having personal relationships with members of the LGBT-community can improve a participant's knowledge and skills related to serving as an ally to the LGBT-community, an encouraging finding since education opportunities are often offered in graduate programs and continuing education opportunities. It was also not surprising to find that having

personal relationships with members of the LGBT-community was likely to be related to higher scores on the Openness and Support subscale as well. However it might suggest that those participants who personally know members of the LGBT-community might have a personal interest in expanding their ally-identities.

Overall, an understanding of how the predictor variables impact scores on the AIM subscales reveals that education and training opportunities were not sufficient on their own to yield an improvement in all of the AIM subscales, despite education being the second most engaged in ally identity development behavior (second only to having personal relationships with members of the LGBT community; see Table 6). More information is needed to determine how education opportunities can be expanded to assist in addition dimensions of the AIM as well as how they can perhaps enhance access to other ally-identity development behaviors. For example, it may be possible for educational trainings to link participants with available mentors and LGBT-competence supervisors to assist them with growth beyond the training opportunity.

Limitations of the Study

Several limitations were noted in the current study. The study's most substantial limitation was that it was available only online, which likely excluded some participants without access to the survey who would have been interested in participating. Additionally, the survey was only made available via professional listservs and counseling-related social media sites, which limited the sample and could have excluded interested participants who were not members of these listservs or social media groups. However, the participants' demographics suggest that I still obtained a broad sample,

including counseling students, practicing professionals, and counselor educators. Based on these findings, it does not appear that the potential limitation of only being available online had any significant impact on the sample's representation of licensure levels, which was the primary demographic of which I sought a broad representation.

A second limitation, the reliance on self-report and memory, likely did have an impact on participants. One participant emailed this researcher to report that the maximum number of experiences they could enter for any of the independent variables was 100, which was inaccurate for them as they had engaged in many more than that. However, even with being limited to a maximum of 100 experiences, this participant was still an outlier compared to the other respondents' participation rates, so having a more accurate number may not have revealed any additional findings beyond the participation rates in each activity.

A third limitation was the fact that I only surveyed counseling professionals. This limited the generalizability of the results to counseling professionals and not helping professionals outside the counseling domain. Related to the selection of counseling professionals, I surveyed CITs, licensed counselors, and counselor educators so there was potential for a meaningful difference in score due to length of time in the counseling field.

A final potential limitation could be the Covid-19 pandemic, which affected people's daily habits and may therefore have impeded the ability of interested potential participants to complete the survey or even be made aware of the survey. This could have contributed to the length of time it took for me to reach my sample size, which was

approximately 5 months. It also could have potentially limited the number of ally-identity development opportunities that were available to participant's during this time frame, possibly resulting in lower participation rates in some of the key ally-identity development behaviors. It is unclear what other limitations the Covid-19 pandemic may have caused but I am mindful that it greatly impacted access to a variety of resources, both personal and professional, and therefore very likely had an effect on the results of the study.

Recommendations

Based on the results of this inquiry, I have a few recommendations for further research. A limitation of this inquiry was that I did not design the survey to gather data about whether participants had access to each ally identity development activity. My first recommendation would be to develop further inquiries in such a way that the research will have a more complete understanding of whether opportunities were available and participants chose not to engage versus whether no options were available at all. Furthermore, state licensing boards have varying restrictions on whether continuing education opportunities can be completed online or whether a certain number of training hours must be completed in person, which could further limit access to potential education opportunities for participants. If it was found that a lack of opportunities existed or they were not feasible based on distance, efforts could be made to improve access to each of the experiences during graduate programs and beyond. If it was found that opportunities were available but participants opted not to engage, then the next

concern would be how to increase the likelihood that a would-be participant would have interest in growing their LGBT ally identity.

If a researcher replicates this study in the future, I would recommend allowing participants to enter any whole number to indicate their participation rates in the various ally identity development activities. The data I collected in this survey suggested that higher numbers would be outliers in the data set. However, it would still be worthwhile to know the most accurate numbers of how many opportunities participants engaged in.

Related to the recommendation above, I would allow participants to answer an additional question of where ally-identity development opportunities were made available (in-person or online, through community agencies, through counselor education programs, through professional organizations, etc.). If counselors can better understand where the opportunities are present and where they are scarce, counseling professionals, organizations, and master's level training programs can adjust to how to make training and support more accessible. The literature I reviewed in Chapter 2 emphasized a particular deficit of continuing education opportunities in counselor education programs, so enhancing opportunities for CITs to grow in LGBT ally-identity while in their educational programs would be a logical place to begin. A supplemental study could survey counselor education programs specifically to assess the opportunities being made available to CITs. Further research in this area could focus on whether there is a difference in the motivation levels of counselor educators and their resulting engagement in the predictor variables, or perhaps whether AIM scores increase over time as a practicing counselor. An additional line of question could explore whether there is a

specific behavior or set of behaviors of counselor educators that is distinct from licensed counselors and CITs that could be accounting for the difference.

Another recommendation for further exploration is to consider adjusting the methodology to be a mixed-methods study. By doing so, a future researcher could determine how many ally-identity development opportunities participants are engaging in and ask them to reflect on the specific ways they feel those opportunities have shaped their emerging (or refined) ally identities. A mixed-methods study could also allow the participants to share what motivated them to engage in each category of activity, which would help counselors better understand how we might generate interest and motivation for CITs to want to grow in this area. A mixed-methods study could also allow space for participants to write in additional activities they feel assisted them with their ally-identity development, possibly identifying further predictor variables for a future study.

The differences between the constructs of allyship and clinical competence with LGBT issues was highlighted in the findings of this inquiry given that participants had low rates of participation in clinical supervision but still scored high on the AIM. Although it was out of the scope of this study, I recommend future research be conducted to better understand the distinct constructs of allyship and clinical competence. More information about how they overlap, how they differ, and how one may improve the other could be beneficial to understand how to improve counseling experiences for LGBT clients.

Implications

The results of this study provide counselors with several opportunities to begin enacting social change in the area of LGBT ally-identity development. At the professional level, these findings reveal that those counseling professionals looking to increase their ally identity would benefit from engagement in any, but ideally all, of the following activities: LGBT-specific mentorship, supervision, education, advocacy, and developing personal relationships with members of the LGBT-community. These activities exist in the qualitative literature as having been influential in ally identity growth and now in a quantitative inquiry as having a positive relationship with increased ally identity. This provides some direction for interested professionals looking to grow their ally-identities and promote social change for the LGBT-community, but it also provides some direction for the ACA Code of Ethics and the CACREP standards to be updated to include some recommendations for ways to enhance allyship. A caution to keep in mind, however, is that an increase in ally-identity development related behaviors, and therefore an increase in allyship, is not necessarily indicative of improved competence levels with LGBT- counseling concerns. Still, these activities can be a place for counseling professionals to begin growing in the LGBT dimension of multicultural competence.

At the individual level, this study's results indicate that most counseling professionals have potentially not engaged in any supervision, mentorship, or advocacy efforts related to growing their ally-identities. Perhaps most concerning is the lack of supervision, which could be due to lack of access to LGBT-competent supervisors.

However, this finding makes sense given that most CITs report an overall lack of access to sufficient training opportunities to feel competent to counsel LGBT clients (Asta & Vacha-Haase, 2013; Chui et al., 2018; Cohen-Filipic & Flores, 2014; Johnson & Federman 2014; Rivers & Swank, 2017; Whitman & Bidell, 2014), which would logically lead to a lack of LGBT competent counseling professionals and eventually a lack of LGBT competent supervisors. By identifying that a lack of competent supervision exists, counselors can focus efforts on developing effective training programs that enhance a supervisor's ability to effectively guide a CIT or newly licensed counselor through some of the stages of the Getz-Kirkley model of ally-identity development. Supervisors may be able to more thoroughly explore some of the areas of personal growth that may be limiting their ability to effectively and empathically counsel LGBT clients. The ability of LGBT-clients to more readily have access to LGBT-affirmative counselors would create positive social change within the community by improving mental health outcomes for LGBT-clients.

For the lack of participation in mentorship and advocacy opportunities, professional organizations are a good option for connecting members, especially student members, to other senior members that could help in this regard. Many professional state and national counseling organizations already advertise and encourage involvement in advocacy efforts. However, the lack of participation in this area indicates that many students and professionals either are not aware of the opportunities or are declining participation. If they have not already, I recommend professional organizations make linking members for mentorship opportunities one of the benefits of membership, which

would promote social change through connecting those looking to grow their ally-identities with those who are already more seasoned in their allyship efforts. Again, although many organizations may already be offering these opportunities, the lack of participation indicates that many members, if not most, may not be taking advantage of the opportunity if they are even aware of the opportunity at all. There is also the possibility that many CITs and new professionals are not joining professional organizations. They can be costly for a new professional trying to get started in the profession, but understanding membership rates for professional counseling organizations is a topic for another study.

Conclusion

With greater access to and participation in LGBT ally-identity development activities, it could increase the likelihood that LGBT clients have access to competent and affirmative counseling, improving counseling outcomes for the LGBT community. The existing literature provided counselors with a shortlist of activities that other counseling professionals have found meaningful in growing their ally-identities. Although the independent variables of LGBT-specific mentorship, supervision, education, advocacy efforts, and personal relationships with members of the LGBT-community were collectively found to be positively correlated to higher scores on the AIM, this study found that many counseling professionals who self-identify as allies to the LGBT community have not participated in most of these activities. Through this study's data, counseling professionals now have an improved understanding of what would-be allies are doing (and not doing) to grow their ally-identities. Therefore, this study has identified

some specific areas (supervision, mentorship, and advocacy) to improve access and encourage counselors' participation to improve overall levels of allyship for their LGBT clients.

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Appendix A: Permission to Use Ally Identity Measure

Hello Stephanie,

This sounds like another great project! I'm very interested in what you will find. You have my permission to use the measure for your dissertation, and any future research study.

Good luck!

Nikki Jones

Get [Outlook for iOS](#)

From: Stephanie Fellenger <stephanie.fellenger@waldenu.edu>

Sent: Sunday, September 29, 2019 8:27:50 AM

To: Jones, Nikki <nnjones@coloradomesa.edu>

Subject: Re: Ally Identity Measure

[EXTERNAL SENDER. Only open links and attachments from known senders. DO NOT provide sensitive information.]

Hi Nikki:

I am a doctoral candidate at Walden University with a particular interest in LGBT-ally identity development. I reached out to you a few years back (see below) about my interest in using the AIM for a project for my survey class, and my interest has continued to grow into the hope that I may use it for my dissertation study. Attached is a copy of my Walden-approved prospectus for your review. Chapter 3 of my dissertation requires that I demonstrate written permission to use the AIM in my research, so I am hopeful that you will find my inquiry interesting enough to provide your approval.

I look forward to hearing from you! And thank you for your consideration.

Respectfully,

Stephanie

--

Stephanie Fellenger, MSED., LPCC-S

Appendix B Ally Identity Measure

Ally Identity Measure

DIRECTIONS: Please take a moment to read each question, and indicate the appropriate response that captures the degree to which you agree with the statement. Please answer each item as it pertains to you *right now*. **Please try to respond to every item.**

Throughout the survey, the phrase *Sexual Minority* is meant to be all encompassing of all sexual minority groups and individuals (for example: Gay, Lesbian, Bisexual, Transgender, Questioning, and Queer people).

1. I keep myself informed through reading books and other media about various issues faced by sexual minority groups, in order to increase my awareness of their experiences.
2. I know about resources (for example: books, websites, support groups, etc.) for sexual minority people in my area.
3. I know of organizations that advocate for sexual minority issues.
4. If I see discrimination against a sexual minority person or group occur, I actively work to confront it.
5. Sexual minority adolescents experience more bullying than heterosexual adolescents.
6. I have taken a public stand on important issues facing sexual minority people.
7. I am aware of policies in my workplace and/or community that affect sexual minority groups.
8. I regularly engage in conversations with sexual minority people.
9. I try to increase my knowledge about sexual minority groups.
10. Sexual minority adolescents experience more depression and suicidal thoughts than heterosexual adolescents.
11. If requested, I know where to find religious or spiritual resources for sexual minority people.
12. I am aware of the various theories of sexual minority identity development.
13. I am open to learning about the experiences of sexual minority people from someone who identifies as an LGBTQ person.
14. I know about resources for families of sexual minority people (for example: PFLAG).
15. I have developed the skills necessary to provide support if a sexual minority person needs my help.

16. I have engaged in efforts to promote more widespread acceptance of sexual minority people.
17. I think the sexual minority groups are oppressed by society in the United States.
18. I think sexual minority individuals face barriers in the workplace that are not faced by heterosexuals.
19. I am comfortable with knowing that, in being an ally to sexual minority individuals, people may assume I am a sexual minority person.

Response Option:

All questions are on a 5 point Likert scale, ranging from Strongly Disagree, Disagree, Neither Disagree nor Agree, Agree and Strongly Agree.

Scoring: Total scores range from 19 to 95. Higher scores indicate a higher ally identity levels.

Subscales:

Knowledge and Skills: Add together items 1, 2, 3, 7, 11, 12, 14, 15

Openness and Support: Add together items 4, 6, 8, 9, 13, 16, 19

Oppression Awareness: Add together items 5, 10, 17, 18

Appendix C: Demographic Questions

- 1.) My current age is:
 - Younger than 20
 - 20-25
 - 26-30
 - 31-35
 - 36-40
 - 41-45
 - 46-50
 - 51-55
 - 56-60
 - 61+

- 2.) My gender is:
 - Male
 - Female

- 3.) I am currently:
 - A counselor-in-training
 - A non-licensed/provisionally licensed counselor
 - A licensed/independently licensed counselor
 - A licensed/independently licensed counselor AND a counselor educator

- 4.) I am enrolled in or graduated from a counselor education program that was:
 - CACREP accredited
 - Not CACREP accredited

- 5.) On a scale of 1 (not at all skilled at functioning as an ally to the LGBT community) to 10 (highly skilled at functioning as an ally to the LGBT community), I would rank myself as ____ out of 10 at the present time:
 - 1 (least skilled)
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 (most skilled)

- 6.) **LGBT-specific mentorship** is defined as any non-supervisory guidance from a more experienced counselor related to developing competencies with the LGBT community (i.e., mentor was not functioning in a formal supervisory capacity). Please enter a whole number (example, “1”) to indicate an estimate of how many times you estimate you have participated in LGBT-specific mentorship opportunities. If you do not think you have participated in any LGBT-specific mentorship opportunities, enter 0.
- 7.) **LGBT-specific clinical supervision** is defined as clinical supervision that was explicitly focused on helping to develop LGBT-competencies. This could include university supervision or site supervision, and could also have occurred during group, triadic, or individual supervision. Please enter a whole number (example, “1”) to indicate an estimate of how many times you estimate you have participated in LGBT-clinical supervision opportunities. If you do not think you have participated in any LGBT-specific clinical supervision opportunities, enter 0.
- 8.) **LGBT-specific educational training** is defined as participation in educational training opportunities designed to enhance LGBT-specific knowledge and skills. This could include LGBT-oriented continuing education opportunities, lectures, discussions, or courses offered at the graduate level. Please enter a whole number (example, “1”) to indicate an estimate of how many times you estimate you have participated in LGBT-specific educational opportunities. If you do not think you have participated in any LGBT-specific educational opportunities, enter 0.
- 9.) **LGBT-specific advocacy or political efforts** are defined as participation in advocacy or political efforts related to advancing the rights of, or empathy toward, the LGBT-community. This could include attending rallies or LGBT-specific events, engaging in discussion related to LGBT-specific legislation, publishing or speaking on LGBT-related issues, or presenting on LGBT-specific topics. Please enter a whole number (example, “1”) to indicate an estimate of how many times you estimate you have participated in LGBT-specific advocacy or political efforts. If you do not think you have participated in any LGBT-specific advocacy or political efforts, enter 0.
- 10.) **Personal relationships with members of the LGBT-community** are defined as friends, family members, extended family, colleagues at work, etc. Please enter a whole number (example, “1”) to indicate an estimate of how many personal relationships you have had with members of the LGBT-community over your lifespan. If you do not think you have had any personal relationships with members of the LGBT community, enter 0.