Rapid #: -10024903

CROSS REF ID: **353049**

LENDER: **BOS :: Main Library**

BORROWER: **GAT :: Main Library**

TYPE:	Article CC:CCL
JOURNAL TITLE:	Counseling psychologist
USER JOURNAL TITLE:	The Counseling psychologist
ARTICLE TITLE:	Development and Psychometric Evaluation of the Counseling Women Competencies Scale (CWCS)
ARTICLE AUTHOR:	Ancis, Julie
VOLUME:	36
ISSUE:	5
MONTH:	
YEAR:	2008
PAGES:	719-eoa
ISSN:	0011-0000
OCLC #:	

Processed by RapidX: 12/9/2015 8:52:03 AM

5

Rapid #: -10024903

3

RapidX Upload

Status	Rapid Code	Branch Name	Start Date
New	GAT	Main Library	12/8/2015 6:20:21 PM
Pending	BOS	Main Library	12/8/2015 6:20:40 PM
Batch Not Printed	BOS	Main Library	12/9/2015 10:00:56 AM

CALL #: **BF637 .C6 F698**

LOCATION: **BOS :: Main Library :: Mugar Library**

TYPE:	Article CC:CCL
JOURNAL TITLE:	<The >Counseling psychologist
USER JOURNAL TITLE:	The Counseling psychologist
BOS CATALOG TITLE:	The Counseling psychologist
ARTICLE TITLE:	Development and Psychometric Evaluation of the Counseling Women Competencies Scale (CWCS)
ARTICLE AUTHOR:	Ancis, Julie
VOLUME:	36
ISSUE:	5
MONTH:	
YEAR:	2008
PAGES:	719-744
ISSN:	0011-0000
OCLC #:	BOS OCLC #: 1565312
CROSS REFERENCE ID:	[TN:353049][ODYSSEY:143.215.137.35/ILL]
VERIFIED:	

BORROWER: **GAT :: Main Library**

RAPID ILL

12/9/2015 10:00:56 AM

The Counseling Psychologist
Volume 36 Number 5
September 2008 719-744

10.1177/0011000008316325
http://tcp.sagepub.com
hosted at
http://online.sagepub.com

Development and Psychometric Evaluation of the Counseling Women Competencies Scale (CWCS) Ψ 17

Julie R. Ancis
Georgia State University
Dawn M. Szymanski
University of Tennessee–Knoxville
Nicholas Ladany
Lehigh University

This article describes the development and psychometric evaluation of the Counseling Women Competencies Scale (CWCS). The CWCS is designed to assess clinicians' self-perceived competencies with regard to therapeutic practice with diverse female clients. Through an extensive review of the literature on counseling women and expert review by 32 members of the Section for the Advancement of Women (Division 17, APA), content validity was supported. Exploratory factor analysis, conducted on a sample of 321 male and female counseling and psychology graduate students and professionals, supported a two-factor model consisting of knowledge/skills and self-awareness factors. Findings also provided support for the internal consistency reliability and construct (convergent, divergent, and incremental) validity of the scale.

The fields of counseling and psychology has witnessed increased attention to women's issues and, more generally, to the role of gender in influencing one's attitudes, worldview, and experiences (Cook, 1993; Fassinger & Sperber-Richie, 1997). In 1978, the Division of Counseling Psychology of the American Psychological Association (APA) approved the "Principles Concerning the Counseling and Psychotherapy of Women" developed by the Division 17 Ad Hoc Committee on Women. These principles were subsequently endorsed by Divisions 12, 16, 29, and 35; expanded and published in 1986; and recently revised and updated (APA, 2007).

Ψ 17 The Division 17 logo denotes articles approved for continuing education credit.

Despite the increased attention to women's issues in the counseling and psychology field and the fact that women continue to have higher rates of general and mental health care utilization (Levin, Blanch, & Jennings, 1998; "NIMH Launches First Public Education Campaign," 2003; Potts, Burnam, & Wells, 1991), several authors have described the gender bias that continues to pervade traditional approaches to assessment, diagnosis, and interventions (APA, 2007; Ballou & Brown, 2002; Caplan & Cosgrove, 2004; Gilbert, 1999; Landrine, 1989; Lerman, 1996; Travis, 1991; Worell & Remer, 2003). Earlier research demonstrated the existence of gender-role stereotyping by therapists and counselors in training (Aslin, 1977; Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel 1970; Dreman, 1978; Hampton, Lambert, & Snell, 1986). Both male and female therapists have been found to associate unique beliefs with women's and men's mental health (Maslin & Davis, 1975; Tanney & Birk, 1976) and perpetuate traditional gender-role socialization in therapy (APA, 1975; Nickerson & Kremgold-Barrett, 1990). Analogue studies (Abramowitz et al., 1975; Crosby & Sprock, 2004; Seem & Johnson, 1998; Thomas & Stewart, 1971) as well as studies of actual therapists and patients (Bingham & House, 1973; Pietrofesa & Schlossberg, 1970), demonstrate counselor bias against female clients entering nontraditional careers, displaying nontraditional gender-role behavior, or displaying problem behaviors (e.g., antisocial symptoms) that are inconsistent with traditional gender-role expectations. More recent studies have demonstrated gender typing among psychotherapists (Turner & Turner, 1991) and mental health professionals' tendency to judge female clients as less competent to understand counseling and to give informed consent than male clients (Danzinger & Welfel, 2000).

Several authors (e.g., Brown, 1986; Caplan, 1992; Caplan & Cosgrove, 2004; Hartung & Widiger, 1998; Kaplan, 1983) have described the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*; American Psychiatric Association, 1994) as drawing on gendered stereotypes to define symptoms and, consequently, impacting clinicians' tendency to pathologize women who demonstrate feminine gender roles. For example, *DSM* describes as personality disorders (e.g., histrionic personality disorder and dependent personality disorder) aspects of behavior that are normative for women who conform to the feminine gender role (Caplan & Cosgrove, 2004; Kaplan, 1983). Gender bias in the diagnosis of personality disorders has been demonstrated in several studies revealing that clinicians differentially diagnose male and female subjects exhibiting identical symptomatology (Becker & Lamb, 1994; Ford & Widiger, 1989; Hamilton, Rothbart, & Dawes, 1986; Morey & Ochoa, 1989). For example, females are significantly more

likely to be categorized as histrionic and borderline than males exhibiting identical symptoms (Becker & Lamb, 1994; Ford & Widiger, 1989; Hamilton et al., 1986). Similarly, among clients who meet the standardized criteria for depression, therapists seem to diagnose it more frequently in women than in men and to fail to identify men who do not fit feminine expectations for depression. Among those who do not certify as depressed with standard testing, false positives are more common in women than men (Potts et al., 1991).

Gender bias in counseling is often not direct. Rather, the more subtle "omission" of important components of gender-fair therapy has been found, such as fostering traditional roles, not accepting women's anger, and lack of consideration of the sociocultural context of problems (Ancis & Sanchez-Hucles, 2000; Matlin, 2000; Sesan, 1988). In addition to studies of gender bias and gender-role stereotyping among practitioners and in the profession, several authors have discussed the limitations of the major systems of counseling and psychotherapy, including analytic approaches (Okun, 1992), experiential and relationship-oriented therapies (Enns, 1987a; Lerman, 1992); action-oriented approaches (Kantrowitz & Ballou, 1992; Worell & Remer, 2003), and family systems therapies (Luepnitz, 1988; Silverstein & Goodrich, 2003). Furthermore, Comas-Díaz and Greene (1994) and Landrine (1995) have addressed limitations of traditional psychological theories for use with racial and ethnic minority women.

Alternatively, theoretical approaches and interventions that are particularly facilitative to women in general and to particular subgroups of women have been described in the literature (Alexander, Neimeyer, & Follette, 1991; Ancis & Jongsma, 2007; Brown, 1986; Comas-Díaz & Greene, 1994; Fitzgerald & Nutt, 1986; Gilbert, 1980; Jackson & Greene, 2000; Stein et al., 2001). Many of these feminist–multicultural approaches consider culture, gender, race, ethnicity, class, sexual orientation, and other identities within a historical and sociopolitical context (Ancis, 2004). It is recognized that women are socialized within a unique cultural milieu and set of visible and invisible group memberships (Suyemoto & Kim, 2005). These multiple group memberships intersect and influence each other and are enacted within the family and cultural institutions (Deaux & Stewart, 2001). Also, consideration is given to the contribution of structural factors to women's distress, rather than an exclusive focus on individual pathology. For example, several studies have demonstrated a significant relationship between experiences with sexism and poorer mental health among women (e.g., Klonoff, Landrine, & Campbell, 2000; Koss, Bailey, Yan, Herrera, & Lichter, 2003; Moradi & Subich, 2002; Szymanski, 2005a).

While clinical literature related to specific groups of women and women in general is accessible, counselor trainees' and practitioners' knowledge of women's issues or of relevant interventions remains limited. Psychological, sociological, and biological information of particular relevance to women, such as domestic violence, incest, sexual assault, eating disorders, menarche, pregnancy, birth, and menopause, is not widespread within current counseling and psychology training (Whipple, 1996). Mintz, Rideout, and Bartels (1994) surveyed 268 pre-doctoral psychology interns on their perceptions of their preparation for counseling women. Only 15% of counseling psychology interns had taken a graduate-level course on the psychology or counseling of women, with 82% reporting that it was an elective course. Dupuy, Ritchie, and Cook (1994) conducted a survey of 120 counselor education programs on the inclusion of women's and gender issues in counseling curricula. Fewer than half reported including these issues either in a separate course or as part of other courses in their programs.

Relatedly, little research has been conducted on practitioners' counseling competence with women, who comprise the majority of clients. Although several instruments have been designed to measure practitioners' multicultural competence, such as the Multicultural Counseling and Awareness Scale (MCAS; Ponterotto et al., 1996), the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002), the Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin, & Wise, 1994), and the Multicultural Awareness–Knowledge–and–Skills Survey (MAKSS; D'Andrea, Daniels, & Heck, 1991), the focus of these measures has been counseling racial and ethnic minorities. We could find only one scale, the unpublished Therapy with Women Scale (TWS; Robinson & Worell, 1991) that assesses self-reported counseling practice with women. However, this scale is specifically a measure of practitioners' use of feminist therapeutic behaviors when counseling women. In addition, it does not address therapists' attitudes, biases, and knowledge concerning women, and it does not attend to the experiences of diverse groups of women, such as racial- or ethnic-minority women, lesbians, and women from poor or working classes. Thus, easily accessible and empirically developed and validated instruments to assess clinicians' competencies with diverse women are needed. Such measures may be used to inform training programs and facilitate effective counseling interventions with women clients. To this end, the purpose of our study was to create and provide initial reliability and content and construct validity support for a scale that assesses counseling women competencies.

Method

The development and validation of the Counseling Women Competencies Scale (CWCS) consisted of three phases and was based on previous scale development studies and the scale development literature (Blustein, Ellis, & Devenis, 1989; Burisch, 1984; Ellis & Blustein, 1991; Fassinger 1994; Larson et al., 1992; Nunnally, 1978; Ponterotto et al., 1996). The first phase consisted of initial item development. First, we reviewed the literature on counseling women to ensure that our measure would adequately sample the behavior domain or content that it was designed to measure (Anastasi & Urbina, 1997). We primarily focused on literature related to the psychology of women (e.g., Boston Women's Health Book Collective, 1998; Crawford & Unger, 1996; Kaschak, 1992; Matlin, 1996), feminist therapy (e.g., Brown, 1994; Enns, 1997; Fassinger & Sperber-Richie, 1997; Feminist Therapy Institute, 1990; Worell & Johnson, 1997; Worell & Remer, 1992), guidelines for counseling women (e.g., APA, 1975, 1978; Fitzgerald & Nutt, 1986), and counseling subgroups of women, such as women of color, sexual-minority women, and women with a low socioeconomic status (e.g., Comas-Díaz & Greene, 1994; Falco, 1991; Hill & Rothblum, 1996; Landrine, 1995).

Second, we defined the possible dimensions underlying the construct based on theory (Burisch, 1984). A review of the multicultural (e.g., Sue, Arredondo, & McDavis, 1992) and feminist literature (Fitzgerald & Nutt, 1986; Worell & Remer, 1992) suggests that counseling competence with women may include three dimensions: Self-Awareness, Knowledge, and Skills. Sue et al. (1992) asserted that there are three overlapping but distinct steps to becoming a culturally competent clinician: (a) becoming more aware of one's own attitudes, biases, and stereotypes and how these beliefs and worldviews may translate into counseling practice; (b) increasing one's culture-specific knowledge about the worldviews and experiences of many groups and clients, such as the impact of oppression on psychological functioning; and (c) translating awareness and knowledge into skills to provide culturally sensitive practice with diverse client groups. These three dimensions are integrated into principles concerning counseling with women (Fitzgerald & Nutt, 1986) and guidelines for practice with racial or ethnic minorities (APA, 2003) and sexual minorities (APA, 2000). In addition, they are integrated into the revised guidelines for practice with women (APA, 2007). Furthermore, it can be argued that many manifestations of sexism in counseling and psychotherapy are linked to limited awareness

regarding the effects of gender and sex-role socialization on one's own and others' development, a lack of knowledge of women's experiences, and limited skills with women clients (Enns, 2000; Fitzgerald & Nutt, 1986). The three dimensions as they relate to counseling competence with women are described more fully below.

Self-awareness refers to active self-reflection about the effects of gender and sex-role socialization on one's own development, values, and attitudes toward self and female clients. *Knowledge* was defined as an understanding of the biological, psychological, and social issues pertaining to women in general or particular groups of women in the United States. *Skills* refers to actively developing and practicing relevant and sensitive counseling interventions with diverse female clients. Using these theoretically derived definitions and our literature review on counseling women, we created a preliminary list of items and then provided content validity support via expert review of these items.

The second phase entailed a pilot study to determine which items best captured the a priori constructs as well as clarify the wording of the items. The third phase involved an investigation that included a large-scale national sample to provide support for the evidential validity of the CWCS. The external structure of the CWCS was determined by obtaining convergent validity, divergent validity, and construct-irrelevant variance.

Phase 1: Initial Item Development

The CWCS is designed to assess counseling and psychology trainees' and professionals' competencies with regard to therapeutic practice with diverse female clients. Based on the aforementioned theoretical definitions, as well as a review of the extant literature on multicultural counseling instrumentation and counseling women (see above), 96 items were rationally–theoretically created that attempted to assess self-awareness, knowledge, and skills with regard to counseling women of diverse racial, ethnic, sexual orientations, disabilities, and classes.

Initial content validity was supported by having the scale reviewed by five graduate students and eight psychologists who were considered experts in the area of counseling women based on their self-expressed interest, clinical experience in feminist counseling approaches, and research publications. Participants were asked to (a) assess each item for clarity, (b) identify the extent to which each item represented each of the constructs, (c) provide suggestions for additional items that may be relevant to counseling competence with women, and (d) provide feedback for the type of Likert

scale that would be appropriate (two different types were provided to reviewers). Scale items were revised based on the feedback from these expert raters.

Phase 2: Content Validity

The 96-item scale was then sent to 70 members of the Section for the Advancement of Women (Division 17, APA). Thirty-two participants (91% female, 9% male) responded. They ranged in age from 24 to 58 years old (M = 39.72, SD = 9.33) and their racial breakdown was 81% White/European American, 6% African American, 6% Latino, and 3% Asian American. Seventy-five percent had received their doctorate, 16% had received a master's degree, and 6% had received a bachelor's degree. Participants, on average, were very experienced clinicians (median years of counseling experience = 11 years; median number of clients seen = 100). Participants were asked to (a) assess each item for clarity, (b) identify the extent to which each item represented each of the constructs (i.e., Self-Awareness, Knowledge, and Skills), (c) determine the degree to which items differentiated between the constructs, and (d) provide feedback for type of Likert scale that would be appropriate (two different types were provided to reviewers). A series of paired t tests were conducted to ensure that items from each of the three constructs were indeed significantly responded to differently (i.e., comparing the item for its fit within the construct that it was intended to fit, in comparison to the other two constructs). A total of 49 t tests were conducted using a Bonferroni-adjusted alpha level of .001. Revisions to the scale items were made in wording and presentation as a result of the piloting procedures. Changes were made to clarify wording, eliminate vague or confusing items, and streamline the form layout. Furthermore, items were deleted based on their inability to statistically distinguish between the primary dimensions. The combined effects of the pilot studies resulted in a final retention of 39 items for the CWCS.

Phase 3: Exploratory Factor Analysis, Internal Consistency, and Convergent, Divergent, and Incremental Validity

Participants were recruited via a number of venues (e.g., postal mail, electronic mail, graduate classes) and a variety of professional organizations (e.g., APA Division's 12, 17, 29, 35, and 42; community listings of

psychologists, and two graduate student listservs in counseling and/or psychology programs). Questionnaires were randomly ordered to control for ordering biases.

Participants

Participants were 321 (78% female and 22% male) counseling and psychology graduate students and professionals. Participants ranged in age from 21 to 89 years, with a mean age of 37.32 years ($SD = 13.42$). The sample identified as 81% White/European American, 13% African American/Black, 3% Asian/Asian American, 1% Latino(a), and 2% other.

Participants' highest-degree status was 26% doctorate, 28% master's, and 46% bachelor's. Participants reported that their highest degree was earned in the following: 43% clinical psychology, 17% counseling psychology, 6% school counseling, 4% school psychology, 3% counseling or counselor education, 2% social work, and 25% other. Participants identified as "other" included a variety of human-service-related degrees, including group psychology, criminal justice, and human services and development. Because two of the potential uses of the CWCS are for clinical evaluation and training purposes, we made sure to include a broad range of clinical experience and a large cohort of counseling and/or psychology trainees. Fourteen percent of participants were enrolled in a PhD program, and 69% were enrolled in a master's program. Participants reported practicing in the following settings: school (16%), community mental health (13%), college counseling center (13%), hospital (9%), specialized nonprofit agency (3%), academic program/training clinic (2%), other (7%), and not currently working in applied setting or have not begun clinical training (24%). Median years of counseling experience were 16. In terms of training, 68% of participants had never completed a course devoted entirely to gender issues. Twenty-five percent had completed two courses and 22% had completed three courses that included some gender content.

Measures

CWCS. The CWCS is a self-report measure that was developed for the present study to assess counseling and psychology trainees' and professionals' self-perceived competencies with regard to therapeutic practice with diverse female clients (see Table 1 for final scale items). The CWCS was administered with these instructions: "Using the following scale, rate the truth of each item as it applies to you. Please answer as honestly as possible.

Table 1
Loadings and Corrected Item-Total Correlations for Each CWCS Subscale

Item No.	Subscale and Items	Factor 1	Factor 2	Item-Total *r*
Factor 1: Knowledge and Skills: 15 items; $\alpha = .89$				
17	I am able to help female clients explore the influence of their sex-role socialization on their psychological and behavioral functioning.	.78	.00	.73
7	I am familiar with theories of gender-role identity development.	.69	−.08	.60
10	I am able to demonstrate positive counseling outcomes with female clients.	.66	−.10	.56
18	I am familiar with the basic tenets of feminist therapy.	.62	−.01	.58
8	I am familiar with research indicating that women are more likely to be diagnosed with borderline personality disorder than men manifesting similar symptoms.	.61	−.06	.53
9	I am knowledgeable about women's varied psychological responses to menopause.	.58	−.07	.52
14	I understand how the clinical application of certain psychological theories and models, such as classic psychoanalytic personality theory, may limit female clients' potential.	.57	.08	.59
4	I understand how sex-role prescriptions may influence women's choices and behavior.	.56	.13	.59
16	I am capable of exploring sexual-identity issues when working with lesbian clients.	.55	.15	.58
13	When working with female clients, I strive for a collaborative and egalitarian relationship.	.54	.09	.56
6	I am able to help female clients develop assertiveness skills.	.52	.10	.53
15	When working with minority female clients, I attend to the combined effects of gender and race- or ethnicity-related experiences on their mental health.	.52	.21	.60

(continued)

Table 1 (continued)

Item No.	Subscale and Items	Factor 1	Factor 2	Item-Total *r*
11	I am familiar with the literature indicating that women often experience greater role conflict than men as a function of balancing career and family responsibilities.	.50	−.07	.44
2	When working with female clients, I am able to explore the impact of client and counselor gender on the therapeutic process.	.48	.18	.54
20	I understand that some psychological measures lack validity for female clients.	.47	.12	.52
Factor 2: Self-Awareness: 5 items; $\alpha = .78$				
19	I actively challenge my biases toward racial and ethnic minority women.	−.02	.77	.65
1	I actively engage in an ongoing process of challenging my own sexist attitudes to become an effective counselor.	−.05	.63	.54
12	I actively challenge my biases toward lesbian women.	.02	.63	.52
3	I actively challenge my class biases toward women of different socioeconomic backgrounds (i.e., wealthy, middle-class, and working or lower-class women).	.16	.55	.55
5	I continually monitor my personal functioning through consultation, supervision, or therapy so that my work with female clients is not adversely affected.	.22	.48	.50

Note: "Item No." is for the final scale.

We do not expect competence in all areas." Each statement is rated on a 7-point, Likert-type scale from 1 (*not at all true*) to 7 (*totally true*). Mean total and subscale scores are used with higher scores indicating more counseling women competencies.

TWS. The TWS (Robinson & Worell, 1991) is a 40-item, self-report, Likert-type (1 = *almost never true*, 7 = *almost always true*) measure that assesses practitioners' use of feminist therapeutic behaviors when counseling women. The total score is used. Robinson (1994) reported a coefficient alpha of .88. Validity was supported by factor analysis and correlating the TWS with measures of feminist identity, scientific ideology, and exposure

to feminist educational experiences (Robinson, 1994; Robinson & Worell, 1991). The coefficient alpha for the present sample was .90.

Attitudes Toward Feminism and the Women's Movement Scale (FWM). The FWM (Fassinger, 1994) is a 10-item, Likert-type (1 = *strongly disagree*, 5 = *strongly agree*), measure designed to assess participants' affective attitudes toward the feminist movement. Fassinger (1994) reported an alpha coefficient of .89. Convergent and divergent was supported by reports of significant correlations between the FWM and measures such as gender-role attitudes, sex-role attitudes, dogmatism, and subjective identification with feminism (Enns, 1987b; Fassinger, 1994). The coefficient alpha for the present sample was .81.

Feminist Identity Development Scale (FIDS). Guided by Downing and Roush's model (1984), the FIDS (Bargad & Hyde, 1991) is a 39-item, Likert-type (1 = *definitely disagree*, 5 = *definitely agree*) measure of the five hypothesized stages of feminist identity development. Convergent and divergent validity was supported by relationships between the FIDS and other measures such as perceptions of campus climate for women (Fischer & Good, 1994), rape attitudes (White, Strube, & Fisher, 1998), and preference for a male or female therapist (Moradi & Subich, 2002). Cash, Ancis, and Strachan (1997) reported the following coefficient alphas for the subscales: Passive-Acceptance (α = .85), Revelation (α = .75), Embeddedness–Emanation (α = .82), Synthesis (α = .65), and Active Commitment (α = .82). The corresponding coefficient alphas for the present study were .81, .62, .81, .42, and .82.

MCKAS. The MCKAS (Ponterotto et al., 2002) is a 32-item, Likert-type (1 = *not at all true*, 7 = *totally true*) measure used to assess one's self-perceived general multicultural counseling knowledge and awareness. Convergent, divergent, and criterion-related validity was supported by correlations with other measures such as multicultural counseling competence, social desirability, and ethnic identity development (Constantine, Gloria, & Ladany, 2002; Ponterotto et al., 2002). Ponterotto et al. (2002) reported coefficient alphas of .85 and .85 for the Knowledge and Awareness scales, respectively. Coefficient alphas for the present sample included Knowledge = .92 and Awareness = .79.

Self-identification as a feminist. Similar to the work of Chaney and Piercy (1988), the question, "Would you consider yourself a feminist?" with yes or no response option was included in the demographic sheet.

Marlowe–Crowne Social Desirability Scale (M-CSDS). The M-CSDS (Crowne & Marlowe, 1960) is a 33-item, true–false, self-report instrument that assesses a type of social desirability resembling a need for approval (Paulhus, 1991). Crowne and Marlowe (1960) reported an internal consistency of .88. For the present sample, the coefficient alpha = .83. The M-CSDS is frequently used and has good psychometric support (Crowne & Marlowe, 1964).

Demographic questionnaire. Participants were queried about their sex, age, race, area of study, level of training, degree, setting of training or employment, months of counseling experience, number of clients seen, gender-related coursework, and self-ratings on a 7-point, Likert-type scale of counseling competence with female clients.

For all measures, mean scores were used with higher scores indicating greater counseling women competencies, more positive endorsement of feminist therapeutic behaviors, more positive attitudes toward feminism, lower levels of FIDS Passive Acceptance (lack of awareness or denial of discrimination against women) and higher levels of FIDS Revelation (anger toward sexism and guilt about one's participation), Embeddedness–Emanation (development of close connections with other women, relativistic thinking), Synthesis (transcendence of traditional gender roles and integration of personal and feminist values), and Active Commitment (translation of feminist identity into meaningful action), greater multicultural knowledge and awareness, and a higher tendency to provide socially desirable responses (i.e., a higher need for approval). We expected that CWCS scores would be positively correlated with scores on the TWS, the FWM Scale, later stages of the FIDS, the MCKAS, Self-Identification as a Feminist, and related demographic questions.

The FIDS attends to within-group differences among female mental health professionals. Despite the low internal consistency of certain FIDS subscales, hypothesized relationships to stages of feminist identity development in previous studies conducted tend to be significant and in the expected direction (Moradi, Subich, & Phillips, 2002). Feminist identity development has been identified as a potentially important construct in terms of the degree to which a clinician will actually understand and attend to concerns relevant to women (Hansen, 2002; Moradi et al., 2002). Because the TWS is designed to assess feminist therapy interventions rather than general counseling competence with women, we hypothesized that the TWS would be a better predictor of self-identification as a feminist than the CWCS. We hypothesized that as the CWCS is a measure of clinical

competence with diverse women, it would positively correlate with the MCKAS as a measure of multicultural counseling competence. Furthermore, because the CWCS focuses on counseling competence with diverse groups of women, we hypothesized that the CWCS would add to the prediction (over and above the TWS) of multicultural counseling competence, as measured by the MCKAS and self-reported counseling competence with women, thereby lending some support to the incremental validity of the CWCS. As evidence of divergent validity, we hypothesized that the CWCS would not be significantly correlated with scores on the M-CSDS.

Results

Exploratory Factor Analysis

The significance of Bartlett's test of sphericity ($p < .001$), and the size of the Kaiser–Meyer–Oklin measure of sampling adequacy (KMO = .90) revealed that the CWCS was an excellent candidate for factor analysis. To evaluate the factor structure of the CWCS, a principal-axis factor analysis with squared multiple correlations of the variables serving as initial communality estimates was conducted. Five criteria were used to determine the number of factors to be extracted and rotated for the final solution: (a) Cattell's scree test, (b) percentage of total variance explained by each factor, (c) a minimum loading of 3 items on each factor, and (d) interpretability of the solution, using a factor loading cutoff of .45 and no cross-loadings greater than or equal to .30 (Floyd & Widman, 1995; Tinsley & Tinsley, 1987). Although one primary rule of thumb is to interpret loadings of .32 or greater (Tabachnick & Fidell, 2001), we set our minimum factor loading cutoff at .45 because previous research (e.g., Arrindell & van der Ende, 1985) has demonstrated empirically that the stability of a factor solution is influenced by the magnitude of factor loadings, and we wanted to maximize our and possibly future researchers' confidence in the subscales derived from this factor solution.

After inspecting the scree plot and the percentage of total variance explained by each factor, we studied solutions of one, two, three, four, and five factors. Initial eigenvalues and percentage of variance accounted for by each of the first five factors were: Factor 1 (eigenvalue = 12.30, 31.55% of variance); Factor 2 (eigenvalue = 1.96, 5.02% of variance); Factor 3 (eigenvalue = 1.86, 4.76% of variance); Factor 4 (eigenvalue = 0.62, 4.16% of variance), and Factor 5 (eigenvalue = 1.39, 3.56% of variance). Because we assumed that the factors would be correlated, we used an oblimin rotation.

Inspection of the factor correlation matrix supported this choice with many of the factor intercorrelations for all of the two-, three-, four-, and five-factor solutions around or greater than .32 (Tabachnick & Fidell, 2001). The four- and five-factor solutions were poorly defined, with several items cross-loading greater than .30 on more than one factor and at least one factor on both having fewer than 3 items. The three-factor solution was also poorly defined, with the second factor having only 3 items, with 1 of those items cross-loading greater than .35 on another factor. Both the one- and two-factor solutions were interpretable; however, the two-factor solution accounted for more variance (32% versus 37%) and made theoretical sense (all of the items, except one, loading .45 or greater on the first factor consisted of the aforementioned theoretically derived knowledge and skills items, and all the items loading .45 or greater on the second factor consisted of theoretically derived awareness items). Thus, we selected the two-factor oblique solution to further analyze to simple structure.

To develop the final scale, we eliminated items that had factor loadings less than .45 (no items had cross-loadings greater than or equal to .30) and the one theoretically derived awareness item that loaded on the first factor. An examination of the items not retained was conducted. It appears that these items focused on awareness of one's own beliefs and attitudes, specifically related to sex-role socialization and gender-role identity. Items retained related to knowledge and skills and to more actively challenging one's biases. The above procedures resulted in a 20-item measure. These final 20 items were factor analyzed, using a principal-axis factor analysis, two factors, and an oblimin rotation. All items loaded greater than .45 on their respective factor and less than .30 on any other factor. This two-factor solution for the final 20-item scale accounted for 45% of the variance of the data. Table 1 shows these items and their factor loadings. The remaining analyses included these final 20 items only.

The first factor (eigenvalue = 7.27) accounted for 36.35% of the variance and included 15 items with factor loadings that ranged from .47 to .78. Factor 1 was labeled "Knowledge and Skills." Factor 2 (eigenvalue = 1.69) accounted for 8.43% of the variance and included 5 items with factor loadings that ranged from .48 to .77. Factor 2 was labeled "Self-Awareness."

Reliability and Interscale Correlations of the CWCS

The internal consistency (alpha) for scores on the CWCS full scale was .90. Alphas for scores on the CWCS subscales were: .89 for Knowledge/Skills and .78 for Self-Awareness. Corrected item-total correlations for each CWCS subscale were all greater than .40 (see Table 1).

The correlation between the Knowledge/Skills and Self-Awareness subscales was .56. The Knowledge/Skills and Self-Awareness subscales are internally consistent but correlate only moderately with each other, thereby supporting the two subscales as distinct but correlated dimensions. The CWCS total score was significantly correlated with the Knowledge/Skills ($r = .97$) and Self-Awareness ($r = .75$) subscales.

Convergent, Divergent, and Incremental Validity

Convergent validity of the CWCS was supported by significant correlations between the CWCS full scale and subscales and feminist therapeutic behaviors, attitudes toward feminism and the women's movement, FIDS Passive-Acceptance, FIDS Embeddedness–Emanation, FIDS Active Commitment, Multicultural Counseling Knowledge and Awareness full scale and subscales, and self-identification as a feminist. The CWCS full scale and subscales were not significantly correlated with FIDS Revelation. The CWCS Self-Awareness subscale was significantly correlated with FIDS Synthesis but not with the CWCS full scale and Knowledge subscale. In addition, CWCS full scale and subscales were significantly correlated with several demographic factors, such as number of completed courses devoted entirely to gender issues, number of courses that included some gender content, and self-ratings of competence working with female clients.

To determine whether the TWS would be a better predictor of self-identification as a feminist than the CWCS, a simultaneous multiple regression was conducted. The results of the analysis predicting self-identification as a feminist were significant, $R^2 = .24$, $F(2, 89) = 13.83$, $p < .001$. Consistent with our hypothesis, the TWS ($B = .42$) was the only significant predictor of self-identification as a feminist at the $p < .05$ in that equation. To demonstrate support for the incremental validity of the CWCS, we conducted two hierarchical regression equations, the first predicting multicultural knowledge and awareness and the second predicting self-reported counseling competence with women. TWS scores were entered at Step 1 and CWCS at Step 2 for both regressions. The results of the first analysis were significant, $R^2 = .43$, $F(2, 97) = 36.77$, $p < .001$, and indicated that the CWCS added to the prediction (over the TWS) of multicultural knowledge and awareness. At Step 2, only the CWCS was a significant predictor of multicultural knowledge and awareness (see Table 3). The results of the second analysis were also significant, $R^2 = .29$, $F(2, 90) = 17.91$, $p < .001$, and indicated that the CWCS added to the prediction (over the TWS) of self-reported counseling competence with women. As shown in Table 3,

only the CWCS was a significant predictor of self-reported counseling competence with women at Step 2. Divergent validity was supported, as there were no significant correlations between the social desirability measure and the CWCS total and subscale scores (see Table 2).

Discussion

The findings of this study provide support for the reliability and validity of the CWCS for assessing self-perceived counseling competence with female clients. Content validity was supported by an extensive review of the literature on counseling women and expert review. Construct validity was supported by exploratory factor analysis, which revealed a two-factor model (rather than the theoretically proposed three-factor model) composed of moderately related but conceptually distinct Knowledge/Skills and Self-Awareness factors. This finding of a two-factor rather than three-factor model is similar to that found by Ponterotto et al. (2002) in their development of the MCKAS and suggests that knowledge and skills may be fused (i.e., there may not be distinct steps in developing competence when working with culturally diverse groups of clients). Convergent validity of the CWCS was supported by its significant relationship with the use of more feminist therapeutic approaches, more positive attitudes toward feminism, less denial of sexism and passive acceptance of traditional gender roles, greater connection to women's communities, greater commitment to social change and eliminating oppression, greater self-reported competencies in multicultural counseling, self-identification as a feminist, and more self-reported counseling competence with female clients. Possessing an awareness of social and cultural influences on women's lives and a feminist identification seem to be important aspects of working with women. Limited variability of scores (range = 1–7; $M = 5.40$; $SD = 1.22$; 94% scoring 4 or greater) on the self-reported 1-item measure counseling competence with female clients may have attenuated the findings.

The significant negative relationships between FIDS Passive Acceptance (PA) scores and CWCS scores, and the significant positive relationships between both FIDS Embeddedness–Emanation (EE) and Active Commitment (AC) scores and CWCS scores are consistent with previous studies indicating that lower PA scores and higher EE and AC scores significantly predicted more use of interventions specifically recommended for therapy with women (Juntunen, Atkinson, Reyes, & Guttierrez, 1994) and for supervision of therapists working with diverse female clients

Table 2
Means, Standard Deviations, Alphas, and Correlations Among CWCS and Convergent and Divergent Validity Measures

Variable	*M*	*SD*	α	CWCS Total	CWCS Knowledge and Skills	CWCS Awareness
CWCS Total	5.13	0.85	.90	—		
CWCS Knowledge and Skills	5.16	0.91	.89	.97**	—	
CWCS Awareness	5.06	1.04	.78	.75**	.56**	—
Therapy with Women Scale	5.02	0.65	.90	.66**	.61**	.52**
Attitudes Toward Feminism	3.70	0.55	.81	.39**	.34**	.38**
FIDS Passive Acceptance	1.96	0.56	.81	−.45**	−.42**	−.39**
FIDS Revelation	2.97	0.65	.62	.09	.08	.12
FIDS Emanation–Embeddedness	2.92	0.73	.81	.22*	.21*	.21*
FIDS Synthesis	3.93	0.52	.42	.18	.13	.25*
FIDS Active Commitment	3.50	0.66	.82	.50**	.44**	.53**
Self-Identification as Feminist	—	—	—	.37**	.33**	.35**
MCKAS Total	5.32	0.70	.91	.64**	.60**	.46**
MCKAS Awareness	5.75	0.71	.81	.39**	.30**	.45**
MCKAS Knowledge	5.07	0.89	.92	.61**	.60**	.37**
Marlowe–Crowne Social Desirability Scale	0.34	0.17	.83	−.19	−.19	−.14
Gender courses	2.46	1.97	—	.22**	.21**	.17*
Courses with gender content	0.51	0.91	—	.24**	.22**	.18**
Self-reported competence working with female clients	5.40	1.22	—	.53**	.58**	.23**

Note: CWCS = Counseling Women Competencies Scale; FIDS = Feminist Identity Development Scale; MCKAS = Multicultural Counseling Knowledge and Awareness Scale.

*$p < .05$. **$p < .01$.

Table 3
Summary of Hierarchical Regressions Predicting Counseling Competence With Women and Racial or Ethnic Minorities

Criterion Step	Variables	*B*	*t*	R^2	R^2 Change	Sig. *F* Change	*df*
Multicultural knowledge and awareness							
1	Therapy with Women Scale	.19	1.86	.28	.28	.001	1, 98
2	Counseling Competencies with Women Scale	.52*	5.038	.43	.15	.001	1, 97
Self-reported counseling competence with women							
1	Therapy with Women Scale	−.10	−.86	.08	.08	.006	1, 91
2	Counseling Competencies with Women Scale	.59*	5.064	.29	.20	.001	1, 90

Note: *B* and *t* reflects values from the final regression equation.
*$p < .05$.

(Szymanski, 2005b). This suggests that a lack of awareness of sexism and a critical examination of traditional gender roles may impact psychologists' competence when working with women. Thus, psychologists need to be aware of how their own developmental level may help or hinder their work with female clients (Downing & Roush, 1985).

No significant relationship was found between CWCS full-scale scores and subscale scores and FIDS Revelation and between the CWCS full-scale and Knowledge/Skills subscale and Synthesis scores. However, given the low reliabilities for these two FIDS subscales found in the present study, caution should be used when interpreting these findings. These results are consistent with some previous research, which have found the Revelation and Synthesis subscales problematic (see Moradi et al., 2002). In addition, in several studies, Synthesis scores are not significantly related to other variables as hypothesized by researchers, such as rape attitudes and feminist identity development in women's studies courses (Bargad & Hyde, 1991; Moradi & Subich, 2002).

The significant relationship between the CWCS full-scale and subscale scores and gender-related coursework suggests that training in gender issues may be critical to fostering competent clinicians. Thus, we encourage training programs to offer separate courses on gender issues, integrate women's issues specifically into multicultural counseling courses, and integrate issues pertinent to women throughout the counseling and psychology curriculum. Alternatively, those interested and skilled in counseling women may seek out related educational opportunities.

Findings from the incremental validity analyses suggest that the CWCS adds to our understanding of counseling women. Findings from the divergent validity analyses suggest that the CWCS is tapping constructs that are conceptually distinct from a need for approval or social desirability. One limitation concerns the fact that counselors and psychologists may be savvy about social desirability measures, an issue for most self-report competency measures, as well as diversity-related instruments in general. In an era of ostensible political correctness, clinicians might respond to demand characteristics of the assessment context and thus respond in ways that they think the investigator wants them to respond, rather than in the way they truly feel. Moreover, a valid criticism of self-report multicultural competency scales is that they do not translate directly to demonstrated competence (Constantine & Ladany, 2001). Hence, a critical next step in the continued validation of the CWCS is to compare obtained scores with counselors' demonstrated ability when working with women clients. It would be useful to compare CWCS self-ratings with ratings by others of one's clinical

behavior with women clients. Additional studies are also needed to examine test–retest reliability of scores on the CWCS, to assess whether the factor structure of the CWCS is replicated in additional samples, and to provide additional evidence for the construct validity of the CWCS.

The results of this study may have limited generalizability because of participant self-selection. That is, participants who were interested in gender issues may have been more likely to participate in this study. However, whereas self-selection may affect indices of central tendency, it is less likely to affect the observed relationships among variables, lending some additional confidence in the findings. Generalizability is also limited by the use of convenience samples that were primarily White and contained a large percentage of counselor trainees. Replication using other samples and sampling methods is needed. Because of the cross-sectional and correlational design, inferences cannot be made about causality. Moreover, the fact that the factor analysis and subsequent internal consistency estimates were conducted on the same data set may have optimized the results. Such estimates may shrink if replicated in a new data set.

The CWCS may assess trainees' strengths and limitations with respect to counseling women to help inform graduate programs so that students are taught the necessary competencies for work with women. In addition, instruments such as the CWCS may be used to measure the impact of training with the aim of fostering sensitive, informed, and relevant practice with diverse women clients. The results must attend to the variability of competency based on a trainee's stage of development. Factors such as one's level of training, cognitive complexity, and cognitive development may influence the degree to which one demonstrates competency with respect to counseling women (Ancis & Sanchez-Hucles, 2000). For example, a novice trainee may not possess the diagnostic and intervention skills to intervene effectively with diverse women, whereas those skills may be expected from a more experienced trainee. Similarly, the CWCS may also be used to gather data on clinician's competencies with women who differ in terms of race, sexual orientation, age, class, disability, and values. Avenues for further education and training to prevent misdiagnosis and pathologizing of clients as well as encourage the use of effective interventions may then be pursued.

Future research may examine the training factors resulting in positive changes in counselor competencies. Such factors may include supervisory interventions attending to self-awareness, academic interventions attending to knowledge, and self-efficacy experiences attending to skills.

References

Abramowitz, S. I., Weitz, L. J., Schwartz, J. M., Amira, S., Gomes, B., & Abramowitz, C. V. (1975). Comparative counselor inferences toward women with medical school aspirations. *Journal of College Student Personnel, 16*, 128-130.

Alexander, P. C., Neimeyer, R. A., & Follette, V. M. (1991). Group therapy for women sexually abused as children: A controlled study and investigation of individual differences. *Journal of Interpersonal Violence, 6*, 218-231.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

American Psychological Association (APA). (1975). Report of the Task Force on Sex Bias and Sex-Role Stereotyping in Psychotherapeutic Practice. *American Psychologist, 30*, 1169-1175.

Anastasi, A., & Urbina, S. (1997). *Psychological testing* (7th ed.). Upper Saddle River, NJ: Prentice Hall.

Ancis, J. R. (Ed.). (2004). *Culturally responsive interventions: Innovative approaches to working with diverse populations*. New York: Brunner-Routledge.

Ancis, J. R., & Jongsma, A. E. (2007). *The complete women's psychotherapy treatment planner*. Hoboken, NJ: John Wiley.

Ancis, J. R., & Sanchez-Hucles, J. V. (2000). A preliminary analysis of counseling students' attitudes toward counseling women and women of color: Implications for cultural competency training. *Journal of Multicultural Counseling and Development, 28*, 16-31.

APA. (1978). Guidelines for therapy with women: Task Force on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice. *American Psychologist, 33*, 1122-1123.

APA. (2000). Guidelines for psychotherapy with lesbian, gay, and bisexual clients. *American Psychologist, 55*, 1440-1451.

APA. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist, 58*, 377-402.

APA. (2007). Guidelines for psychological practice with girls and women. *American Psychologist, 62*, 949-979.

Arrindell, W. A., & van der Ende, J. (1985). An empirical test of the utility of the observations to-variables ratio in factor and components analysis. *Applied Psychological Measurement, 9*, 165-178.

Aslin, A. L. (1977). Feminist and community mental health center psychotherapists' expectations of mental health for women. *Sex Roles, 3*, 537-544.

Ballou, M., & Brown, L. S. (Eds.). (2002). *Rethinking mental health and disorder: Feminist perspectives*. New York: Guilford.

Bargad, A., & Hyde, J. S. (1991). Women's studies: A study of feminist identity development in women. *Psychology of Women Quarterly, 15*, 181-201.

Becker, D., & Lamb, S. (1994). Sex bias in the diagnosis of borderline personality disorder and posttraumatic stress disorder. *Professional Psychology, 25*, 55-61.

Bingham, W., & House, E. W. (1973). Counselors' attitudes toward women and work. *Vocational Guidance Quarterly, 21*, 16-23.

Blustein, D. L., Ellis, M. V., & Devenis, L. E. (1989). The development and validation of a two-dimensional model of the commitment to career choice process. *Journal of Vocational Behavior, 35*, 342-378.

Boston Women's Health Book Collective. (1998). *Our bodies, ourselves for the new century: A book by and for women.* New York: Touchstone.

Broverman, I. K., Broverman, D. M., Clarkson, F. E., Rosenkrantz, P. S., & Vogel, S. R. (1970). Sex-role stereotypes and clinical judgements of mental health. *Journal of Consulting and Clinical Psychology, 34,* 1-7.

Brown, L. S. (1986). Gender-role analysis: A neglected component of psychological assessment. *Psychotherapy, 23*(2), 243-248.

Brown, L. S. (1994). *Subversive dialogues: Theory in feminist therapy.* New York: Basic Books.

Burisch, M. (1984). Approaches to personality inventory construction: A comparison of merits. *American Psychologist, 39,* 214-227.

Caplan, P. J. (1992). Gender issues in the diagnosis of mental disorders. *Women and Therapy, 12*(4), 71-79.

Caplan, P. J., & Cosgrove, L. (Eds.). (2004). *Bias in psychiatric diagnosis.* Northvale, NJ: Jason Aronson.

Cash, T. F., Ancis, J. R., & Strachan, M. D. (1997). Gender attitudes, feminist identity, and body image among college women. *Sex Roles, 7/8,* 433-446.

Chaney, S. E., & Piercy, F. P. (1988). A feminist family therapist behavior checklist. *American Journal of Family Therapy, 16,* 305-318.

Comas-Díaz, L., & Greene, B. (Eds.). (1994). *Women of color: Integrating ethnic and gender identities in psychotherapy.* New York: Guilford.

Constantine, M. G., Gloria, A. M., & Ladany, N. (2002). The factor structure underlying three self-report multicultural competence scales. *Cultural Diversity and Ethnic Minority Psychology, 8,* 334-345.

Constantine, M. G., & Ladany, N. (2001). New visions for assessing multicultural counseling competence. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2nd ed., pp. 482-498). Thousand Oaks, CA: Sage.

Cook, E. P. (1993). The gendered context of life: Implications for women's and men's career-life plans. *The Career Development Quarterly, 41,* 227-237.

Crawford, M., & Unger, R. (1996). *Women and gender: A feminist psychology* (2nd ed.). New York: McGraw-Hill.

Crosby, J. P., & Sprock, J. (2004). Effect of patient sex, clinician sex, and sex role on the diagnosis of antisocial personality disorder: Models of underpathologizing and overpathologizing biases. *Journal of Clinical Psychology, 60,* 583-604.

Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology, 24,* 349-354.

Crowne, D. P., & Marlowe, D. (1964). *The approval motive.* New York: John Wiley.

D'Andrea, M., Daniels, J., & Heck, R. (1991). Evaluating the impact of multicultural counseling training. *Journal of Counseling and Development, 70,* 143-150.

Danzinger, P. R., & Welfel, E. R. (2000). Age, gender and health bias in counselors: An empirical analysis. *Journal of Mental Health Counseling, 22*(2), 135-149.

Deaux, K., & Stewart, A. J. (2001). Framing gendered identities. In R. K. Unger (Ed.), *Handbook of the psychology of women and gender* (pp. 84-97). New York: John Wiley.

Downing, N., & Roush, K. (1985). From passive acceptance to active commitment: A model of feminist identity development for women. *The Counseling Psychologist, 13,* 695-709.

Dreman, S. B. (1978). Sex-role stereotyping in mental health standards in Israel. *Journal of Clinical Psychology, 34,* 961-966.

Dupuy, P. J., Ritchie, M. H., & Cook, E. P. (1994). The inclusion of women's and gender issues in counselor education programs: A survey. *Counselor Education and Supervision, 33,* 238-248.

Ellis, M. V., & Blustein, D. L. (1991). Developing and using educational and psychological tests and measures: The unificationist perspective. *Journal of Counseling and Development, 69,* 550-555.

Enns, C. Z. (1987a). Gestalt therapy and feminist therapy: A proposed integration. *Journal of Counseling and Development, 66,* 93-95.

Enns, C. Z. (1987b). *A comparison of nonfeminist and profeminist women's reactions to nonsexist, liberal feminist, and radical feminist therapy.* Unpublished doctoral dissertation, University of California, Santa Barbara.

Enns, C. Z. (1997). *Feminist theories and feminist psychotherapies: Origins, themes, and variations.* New York: Haworth.

Enns, C. Z. (2000). Gender issues in counseling. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling women* (pp. 601-638). New York: John Wiley.

Falco, K. L. (1991). *Psychotherapy with lesbian clients: Theory into practice.* New York: Brunner/Mazel.

Fassinger, R. E. (1994). Development and testing of the attitudes toward feminism and the women's movement scale. *Psychology of Women Quarterly, 18,* 389-402.

Fassinger, R. E., & Sperber-Richie, B. (1997). Sex matters: Gender and sexual orientation in training for multicultural counseling competency. In D. B. Pope-Davis & H. L. K. Coleman (Eds.), *Multicultural counseling competencies: Assessment, education and training, and supervision* (pp. 83-110). Thousand Oaks, CA: Sage.

Feminist Therapy Institute. (1990). Feminist Therapy Institute code of ethics. In H. Lerman & N. Porter (Eds.), *Feminist ethics in psychotherapy* (pp. 38-40). New York: Springer.

Fischer, A. R., & Good, G. E. (1994). Gender, self, and others: Perceptions of the campus environment. *Journal of Counseling Psychology, 41,* 343-355.

Fitzgerald, L. F., & Nutt, R. (1986). The Division 17 Principles concerning the counseling/psychotherapy of women: Rationale and implementation. *The Counseling Psychologist, 14,* 180-216.

Floyd, F. J., & Widman, K. F. (1995). Factor analysis in the development and refinement of clinical assessment instruments. *Psychological Assessment, 7,* 286-299.

Ford, M. R., & Widiger, T. A. (1989). Sex bias in the diagnosis of histrionic and antisocial personality disorders. *Journal of Consulting and Clinical Psychology, 37,* 301-305.

Gilbert, L. A. (1980). Feminist therapy. In A. M. Brodsky & R. T. Hare-Mustin (Eds.), *Women and psychotherapy: An assessment of research and practice* (pp. 245-265). New York: Guilford.

Gilbert, L. A. (1999). Reproducing gender in counseling and psychotherapy: Understanding the problem and changing the practice. *Applied and Preventive Psychology, 8,* 119-127.

Hamilton, S., Rothbart, M., & Dawes, R. M. (1986). Sex bias, diagnosis, and *DSM-III. Sex Roles, 15,* 269-274.

Hampton, B., Lambert, F. B., & Snell, W. E. (1986). Therapists' judgements of mentally healthy beliefs for women and men. *Journal of Rational-Emotive Therapy, 4*(2), 169-179.

Hansen, N. D. (2002). Reflections on feminist identity development: Implications for theory, measurement, and research. *The Counseling Psychologist, 30,* 87-95.

Hartung, C. M., & Widiger, T. A. (1998). Gender differences in the diagnosis of mental disorders: Conclusions and controversies of the *DSM-IV. Psychological Bulletin, 123,* 260-278.

Hill, M., & Rothblum, E.D. (Eds.). (1996). *Classism and feminist therapy: Counting costs.* Binghamton, NY: Haworth.

Jackson, L. C., & Greene, B. (Eds.). (2000). *Psychotherapy with African American women: Innovations in psychodynamic perspectives and practice.* New York: Guilford.

Juntunen, C. L., Atkinson, D. R., Reyes, C., & Guttierrez, M. (1994). Feminist identity and feminist therapy behaviors of women psychotherapists. *Psychotherapy, 31,* 327-333.

Kantrowitz, R. E., & Ballou, M. (1992). A feminist critique of cognitive-behavioral therapy. In L. S. Brown & M. Ballou (Eds.), *Personality and psychopathology: Feminist reappraisals* (pp. 70-87). New York: Guilford.

Kaplan, M. (1983). A woman's view of *DSM-III. American Psychologist, 38,* 786-792.

Kaschak, E. (1992). *Engendered lives: A new psychology of women.* New York: Basic Books.

Klonoff, E. A., Landrine, H., & Campbell, R. (2000). Sexist discrimination may account for well-known gender differences in psychiatric symptoms. *Psychology of Women Quarterly, 24,* 93-99.

Koss, M. P., Bailey, J. A., Yan, N. P., Herrera, V. M., & Lichter, E. L. (2003). Depression and PTSD in survivors of male violence: research and training initiatives to facilitate recovery. *Psychology of Women Quarterly, 27,* 130-142.

Landrine, H. (1989). The politics of personality disorder. *Psychology of Women Quarterly, 13,* 325-339.

Landrine, H. (Ed.). (1995). *Bringing cultural diversity to feminist psychology: Theory, research, and practice.* Washington, DC: APA.

Larson, L. M., Suzuki, L. A., Gillespie, K. N., Potenza, M. T., Bechtel, M. A., & Toulouse, A. L. (1992). Development and validation of the Counseling Self-Estimate Inventory. *Journal of Counseling Psychology, 39,* 105-120.

Lerman, H. (1992). The limits of phenomenology: A feminist critique of the humanistic personality theories. In L. S. Brown & M. Ballou (Eds.), *Personality and psychopathology: Feminist reappraisals* (pp. 8-19). New York: Guilford.

Lerman, H. (1996). *Pigeonholing women's misery: A history and critical analysis of the psychodiagnosis of women in the twentieth century.* New York: Basic Books.

Levin, B. L., Blanch, A. K., & Jennings, S. (Eds.). (1998). *Women's mental health services: A public health perspective.* Thousand Oaks, CA: Sage.

Luepnitz, D. A. (1988). *The family interpreted.* New York: Basic Books.

Maslin, A., & Davis, J. L. (1975). Sex-role stereotyping as a factor in mental health standards among counselors-in-training. *Journal of Counseling Psychology, 2,* 87-91.

Matlin, M. W. (1996). *The psychology of women* (3rd ed.). Fort Worth, TX: Harcourt.

Matlin, M. W. (2000). *The psychology of women* (4th ed.). Fort Worth, TX: Harcourt.

Mintz, L. B., Rideout, C. A., & Bartels, K. M. (1994). A national survey of interns' perceptions of their preparation for counseling women and of the atmosphere of their graduate education. *Professional Psychology: Research and Practice, 25*(3), 221-227.

Moradi, B., & Subich, L. M. (2002). Perceived sexist events and feminist identity development attitudes: Links to women's psychological distress. *The Counseling Psychologist, 30,* 44-65.

Moradi, B., Subich, L. M., & Phillips, J. C. (2002). Revisiting feminist identity development: Theory, research, and practice. *The Counseling Psychologist, 30,* 6-43.

Morey, L., & Ochoa, E. (1989). An investigation of adherence to diagnostic criteria: Clinical diagnosis of the *DSM-III* personality disorders. *Journal of Personality Disorders, 3,* 180-192.

Nickerson, E. T., & Kremgold-Barrett, A. (1990). Gender-fair psychotherapy in the United States: A possible dream? *International Journal for the Advancement of Counselling, 13,* 39-48.

NIMH launches first public education campaign to reach more than 6 million men. (2003, April). *Medical Letter on the CDC & FDA*, pp. 6-7.

Nunnally, J. (1978). *Psychometric theory* (2nd ed.). New York: McGraw-Hill.

Okun, B. F. (1992). Object relations and self psychology: Overview and feminist perspective. In L. S. Brown & M. Ballou (Eds.), *Personality and psychopathology: Feminist reappraisals* (pp. 20-45). New York: Guilford.

Paulhus, D. L. (1991). Balanced Inventory of Desirable Responding. In J. P. Robinson, P. R. Shaver, & L. S. Wrightsman (Eds.), *Measures of personality and social psychological attitudes* (pp. 37-41). San Diego, CA: Academic Press.

Pietrofesa, J. J., & Schlossberg, N. K. (1970). *Counselor bias and the female occupational role* (Report No. ED044749). Detroit, MI: College of Education, Wayne State University. (ERIC Document Reproduction Service No. CH006056)

Ponterotto, J. G., Gretchen, D., Utsey, S. O., Rieger, B. P., & Austin, R. (2002). A Revision of the Multicultural Counseling Awareness Scale. *Journal of Multicultural Counseling and Development, 30*, 153-180.

Ponterotto, J. G., Rieger, B. P., Barrett, A., Harris, G., Sparks, R., Sanchez, C. M., & Magids, D. (1996). Development and initial validation of the Multicultural Counseling Awareness Scale. In G. R. Sodowsky & J. C. Impara (Eds.), *Multicultural assessment in counseling and clinical psychology* (pp. 247-282). Lincoln, NE: Buros Institute of Mental Measurements.

Potts, M. K., Burnam, M. A., & Wells, K. B. (1991). Gender differences in depression detection: A comparison of clinical diagnosis and standardized assessment. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 3*, 609-615.

Robinson, D. A. (1994). *Therapy with women: Empirical validation of a clinical expertise*. Unpublished doctoral dissertation, University of Kentucky, Lexington.

Robinson, D. A., & Worell, J. (1991). *The Therapy with Women Scale*. Unpublished manuscript, University of Kentucky, Lexington.

Seem, S. R., & Johnson, E. (1998). Gender bias among counseling trainees: A study of case conceptualization. *Counselor Education and Supervision, 37*(4), 257-269.

Sesan, R. (1988). Sex bias and sex-role stereotyping in psychotherapy with women: Survey results. *Psychotherapy, 25*, 107-116.

Silverstein, L. B., & Goodrich, T. J. (Eds.). (2003). *Feminist family therapy*. Washington, DC: American Psychological Association.

Sodowsky, G. R., Taffe, R. C., Gutkin, T. B., & Wise, S. L. (1994). Development of the Multicultural Counseling Inventory: A self-report measure of multicultural competencies. *Journal of Counseling Psychology, 41*, 137-148.

Stein, R. I., Saelens, B. E., Dounchis, J. Z., Lewczyk, C. M., Swenson, A. A., & Wilfley, D. E. (2001). Treatment of eating disorders in women. *The Counseling Psychologist, 29*, 695-732.

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development, 70*, 477-486.

Suyemoto, K. L., & Kim, G. S. (2005). Journeys through diverse terrains: Multiple identities and social contexts in individual therapy. In M. P. Mirkin, K. L. Suyemoto, & B. F. Okun (Eds.), *Psychotherapy with women: Exploring diverse contexts and identities* (pp. 9-41). New York: Guilford.

Szymanski, D. M. (2005a). Heterosexism and sexism as correlates of psychological distress in lesbians. *Journal of Counseling & Development, 83*, 355-360.

Szymanski, D. M. (2005b). Feminist identity and theories as correlates of feminist supervision practices. *The Counseling Psychologist, 33*, 729-747.

Tabachnick, B. G., & Fidell, L. S. (2001). *Using multivariate statistics* (4th ed.). Needham Heights, MA: Allyn & Bacon.

Tanney, M. F., & Birk, J. M. (1976). Women counselors for women clients? A review of the research. *The Counseling Psychologist, 6*, 28-32.

Thomas, A. H., & Stewart, N. R. (1971). Counselor response to female clients with deviate and conforming career goals. *Journal of Counseling Psychology, 18*, 352-357.

Tinsley, H. E. A., & Tinsley, D. J. (1987). Uses of factor analysis in counseling psychology research. *Journal of Counseling Psychology, 34*, 414-424.

Travis, C. (1991). The mismeasure of women: Paradoxes and perspectives in the study of gender. In J. D. Goodchilds (Ed.), *Psychological perspectives on human diversity in America* (pp. 91-136). Washington, DC: APA.

Turner, B. F., & Turner, C. B. (1991). BEM sex-role inventory stereotypes for men and women varying in age and race among National Register psychologists. *Psychological Reports, 69*, 931-944.

Whipple, V. (1996). Developing an identity as a feminist family therapist: Implications for training. *Journal of Marital & Family Therapy, 22*, 381-396.

White, A. M., Strube, M. J., & Fisher, S. (1998). A Black feminist model of rape myth acceptance: Implications for research and antirape advocacy in Black communities. *Psychology of Women Quarterly, 22*, 157-175.

Worell, J., & Johnson, N. G. (1997). *Shaping the future of feminist psychology: Education, research, and practice*. Washington, DC: APA.

Worell, J., & Remer, P. (1992). *Feminist perspectives in therapy* (1st ed.). New York: John Wiley.

Worell, J., & Remer, P. (2003). *Feminist perspectives in therapy: Empowering diverse women* (2nd ed.). New York: John Wiley.

Julie Ancis is a professor in the Department of Counseling and Psychological Services at Georgia State University. She received her doctorate in counseling psychology at the University at Albany, SUNY. She is the author of several books including *The Complete Women's Psychotherapy Treatment Planner and Culturally Responsive Interventions: Innovative Approaches to Working with Diverse Populations.* She is currently researching women's experiences in the legal system.

Dawn M. Szymanski, PhD, is an assistant professor in the APA-accredited counseling psychology doctoral program at the University of Tennessee-Knoxville. Her research interests are primarily in the areas of (a) feminist therapy and supervision, (b) lesbian, gay, and bisexual issues, (c) multicultural counseling, (d) psychology of men and masculinity, and (e) research training. In terms of editorial service, she has served as an Editorial Board Member for *The Counseling Psychologist, Journal of Counseling Psychology,* and *Journal of College Counseling.*

Nicholas Ladany, PhD, is Professor of Counseling Psychology at Lehigh University in Bethlehem, Pennsylvania. He is the author of three books on supervision and training: *Critical Events in Psychotherapy Supervision: An Interpersonal Approach, Counselor Supervision: Principles, Process, and Practice,* and *Practicing Counseling and Psychotherapy: Insights from Trainees, Clients, and Supervisors.*